UNFPA Management Response to Evaluation

MANAGEMENT RESPONSE	
Country, Region or HQ division/unit that commissioned the evaluation	Zimbabwe-ESAR
Evaluation Title	End of the Government of Zimbabwe & UNFPA 6th Country Programme (2012-2015) Evaluation
Year of the evaluation	2014
Type and/or focus area of evaluation	CountryProgEval
MR submission date	April 07, 2016
Approved By	
Evaluation Manager	Rudo Mhonde,Programme Officer,Zimbabwe
General Management Response	The Country Office accepts most of the recommendations made by the Country Programme Evaluation team. For the accepted recommendations, management responses have been provided with proposed actions that will be implemented starting in 2015 and to be continued in the next new Country Programme 7, 2016-2020.

RECOMMENDATIONS

Recomendation 1	1.1 Prioritise more effectively, and strengthen internal and external coordination including for IPs and other stakeholders to improve efficiencies, and finalise key recruitments. 1.2 Explore mechanisms to streamline work flow, acknowledge bottlenecks and strengthen inter-unit collaboration and communication to achieve greater synergies within the CO. 1.3 Rapidly complete the full RH typology in 2015 1.4 Review and ensure capacity, particularly in the M&E Unit to deliver on operations research and evaluation at the level required in light of the greatly increased monitoring work load.
Management Response	Accepted
Comments	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	**Comments**
1.1	Key recruitments to be done in consultation with ESARO and DHR. Quarterly review meetings with IPs are institutionalized.	December 31,2015	Management	April 07,2016	
				April 07,2016	
				April 07,2016	Recruitment Process completed
1.2	New organogram to strengthen inter-department coordination and collaboration will be implemented in Jan. 2016	January 31,2016	Management	April 07,2016	
				April 07,2016	
				April 07,2016	
				April 07,2016	New organogram developed and implemented.
1.3	New organogram to strengthen inter-department coordination and collaboration is implemented in Jan. 2016. RH typology will be reviewed and finalised in the organogram.	January 31,2016	Management	April 07,2016	
				April 07,2016	
				April 07,2016	
1.4	To hire a short term consultant to strengthen research including capacity development on research in the office. New organogram to assign the research coordination function to the programme specialist PD with support of a research assistant.	December 31,2015	Management	April 07,2016	

Recomendation 2	Regarding M&E of IPs, standardize criteria for approving quarterly and annual reports.
Management Response	Accepted
Comments	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
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2.1	Continuous monitoring and follow up of all IPs will be done so that they submit their quarterly reports by the 10th of the month after end of each quarter. Quarterly review meetings will be conducted with all IPs A work plan, indicator and recommendations database will be developed to ensure all IPs follow a standard format and they get automated reminders.	December 31,2015	M&E	April 06,2016	
				April 07,2016	A Workplan, indicator and recommendation database has been developed and all IPs are submitting their workplans and progress on indicators through the database. A quarterly IP wokplan review has been institutionalised since April 2015.
				April 07,2016	A Workplan, indicator and recommendation database has been developed and all IPs are submitting their workplans and progress on indicators through the database. A quarterly IP wokplan review has been institutionalised since April 2015.

Recomendation 3	3.1 Strengthen support for integrated SRH and HIV services, remaining abreast of new evidence for efficiencies and effectiveness of results, intensifying support in existing regions and prioritise later expansion according to identified need 3.2 Through a consultative and participatory process, cascade the Linkages Project to lower level facilities in the 7th CP, ensuring strong M&E to measure results; and learn lessons from the project's six partner countries and from other integration strategies in place in Zimbabwe 3.3 Consider supporting time and motion studies in all three centres of excellence to determine bottlenecks in patient flow through the integrated systems for eMTCT/ANC and for SRH services and HIV prevention and treatment; use findings to inform work allocation and job descriptions, and participatory mechanisms for scale up.
Management Response	Accepted
Comments	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
3.1	Support development of electronic patient monitoring system for centres of excellence	December 31,2015	HIV, M&E	April 07,2016	Electronic Patient monitoring system developed and implemented.
3.2	Support exchange visit to Swaziland for Linkages key implementers	December 31,2015	HIV	April 07,2016	Visit undertaken in Oct 2015
3.3	Include expansion of integration approach in CP7	February 28,2015	HIV, Management	April 07,2016	

Recomendation 4	4.1 Ensure tighter prioritization of high impact, evidence-informed strategies, and focus the most attention on districts and populations where needs are known to be highest prior to national scale up. 4.2 Expand ISP supported work in the 26 districts, initially intensifying coverage for results rather than expanding more widely geographically, seeking further funding resources as needed
Management Response	Accepted
Comments	

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4.1	To include in the CP7 (2016-2020) a proposal to concentrate efforts in 20 high burden districts based on poorer SRH indicators.	February 29,2016	Management	April 07,2016	
				April 07,2016	Using data from Census, ZDHS, MICS and other surveys, data analysis for the SRH indicators was conducted and a list of 20 districts were prioritised based on the results.

Recomendation 5	5.1 Engage with MoHCC and other stakeholders on modalities to maximize patient treatment for cervical cancer and avoid generating demand that cannot be effectively addressed. 5.2 Utilize the findings from the H4+ project and maternal deaths surveillance and response assessment greatly to strengthen support around maternal and infant morbidity and mortality 5.3 Support provincial hospitals to meet the seven signal functions of WHO, with essential drugs and commodities and skilled staff, as well as continue to strengthen district and lower level facilities 5.4 Support provincial hospitals to meet the seven signal functions of WHO, with essential drugs and commodities and skilled staff, as well as continue to strengthen district and lower level facilities 5.5 Support regional training centres, to reduce reliance on central facilities, including support for nursing and midwifery schools jointly with UNICEF 5.6 Consider EmONC training expanding into a mentoring mode on the job to ensure quality of service provision and sustained benefits of training 5.7 Raise MWH refurbishment to meet minimum standards and strengthen health education for mothers at MWHs as a feasible, low cost contribution to maternal and neonatal health and well-being.
Management Response	Accepted
Comments	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
5.1	To strengthen cryotherapy and LEEP -To conduct training of equipment technicians on connecting cryoguns to nitrous oxide tanks - to conduct training of health workers in LEEP	July 31,2015	RH	April 07,2016	
5.2	Strengthening MDSR The work is already in progress. Maternal death electronic database is being developed on a pilot bases through support from H4+ 5.2.1 Support setting up of a National MDSR Steering Committee 5.2.2 Roll-out of the electronic maternal death notification database to all provinces	December 31,2015	RH	April 07,2016	Electronic maternal death database was developed and piloted in 33 facilities in 2 provinces. The rollout will be done from 2016 onwards.

5.3	Strengthening RH commodity security - To procure and distribute essential RH and maternal health drugs and commodities	December 31,2016	RH	April 07,2016	This is an ongoing activity. In 2015 UNFPA supported the Government of Zimbabwe with essential RH and maternal health drugs.
				April 07,2016	This is an ongoing activity. In 2015 UNFPA supported the Government of Zimbabwe with essential RH and maternal health drugs.- Procured and distributed 75,000 units magnesium sulphate (500mg/ml (50%), 10ml ampoule) - Procured and distributed 550,000 units (10 I.U./ml, 1ml ampoule) of oxytocin - Procured and distributed Misoprostol 200mcg tablet 5,000 units

5.4	To support policy level in Midwifery and provide the need based support to midwifery school. To train nurse tutors in EmoNC	December 31,2015	RH	April 07,2016	
5.5	To continue to support clinical mentoring which is already being supported in Midlands, Mat North and Mash West province by H4+. To make the priority area in next CP cycle	December 31,2015	RH	April 07,2016	
5.6	Support Maternity Waiting Homes (MWHs) to provide information and services as per the revised MWH operational guidelines -To revise MWH guidelines -- To disseminate and Train Health workers on the revised guidelines - To develop, Print and distribute MWH IEC materials - To conduct Monitoring and Quality Assurance	December 31,2015	RH	April 07,2016	This will be continued in CP7 (2016 - 2020)

Recomendation 6	6.1 Take bold steps to reconceptualise ASRH services regarding modalities and implementing partners, with strong operations research to assess compliance with international guidelines for youth friendly services, and to identify and overcome barriers to access and uptake by females and males; learn from international experience; and carefully evaluate results of integrating ASRH into adult health services 6.2 Explore with partners effective ways to implement community based peer education progammes and other modalities with young people that can be effectively supported and monitored, including community sensitization and education for community leadership and health providers. 6.3 Continue work with youth networks to strengthen young people as rights bearers 6.4 Expand peer education at teacher-training colleges nationwide and strengthen the linkages between this programme and support for comprehensive sexuality education (CSE) in schools 6.5 Contribute to CSE in schools through advocating and supporting curriculum revision, pre- and in-school teacher training to deliver the curriculum effectively and making the subject examinable, in line with international guidelines. 6.6 Strengthen its coordination role with other key stakeholders (e.g. with UNICEF in relation to adolescents) to achieve an effective division of labour for national coverage of quality programming for integrated HIV prevention at national level and also at programmatic level on the ground, with effective IP coordination to achieve synergy, complementarity and greater efficiencies in programming 6.7 Support the Positive Health Dignity and Prevention agenda, not just for adolescents but throughout the HIV programming to a greater extent than apparent during the evaluation
Management Response	Accepted
Comments	

No.	Key Action(s)	Deadline	Responsible unit(s)	Semiannual implementation status updates (reports will be generated on June 30 and December 31)	
				Status	Comments
6.1	To complete the reviews that are currently being undertaken including a regional Youth Friendly Health Services (YFHS) assessment which will be instrumental in addressing this recommendation. In the next CP, UNFPA will also take into account comparative advantage of different implementing partners in this respect.	December 31,2015	ASRH	April 07,2016	
6.2	UNFPA will lead a review of ASRH interventions implemented under the auspices of the national ASRH strategy and a national teenage pregnancy study. This review and study will inform which interventions are effective and give value for money and these will be included in the ASRH Strategy 2016-2020 and the CPAP (2016-2020).	December 31,2015	ASRH	April 07,2016 April 07,2016	

6.3	Youth participation remains one of the cornerstones of UNFPA programming. UNFPA will increase support to the Zimbabwe Youth Council to ensure that youth participation in ASRH programming is meaningful and youth associations and networks can be better organised to represent the young peoples' voice.	December 31,2016	ASRH	April 07,2016 April 07,2016	
6.4	This recommendation will be taken into account in scope of our new thrust towards CSE for in and out of school young people. UNFPA will convene a Joint Programme on Youth Development and lead greater coordination within the UN will also ensure that the work UNESCO does with teacher training colleges can include such a component.	December 31,2016	ASRH	April 07,2016	UNFPA has led in the development of a Joint Programme on Youth Development Proposal
6.5	To provide support to the MoPSE towards curriculum and learner material review. To support advocacy towards making the subject examinable is ongoing.	December 31,2016	ASRH	April 07,2016	

6.6	UNFPA will provide the technical support to ensure better coordination and encourage greater coordination of stakeholders influencing ASRH within the UN and external to the UN. UNFPA is positioning itself to lead on youth development within the UN and thus provide overall leadership to the adolescent programme. Support for the ASRH Coordination Forum through the MOHCC will continue.	December 31,2018	ASRH	April 07,2016	
6.7	UNFPA will increase work targeting the needs of adolescents living with HIV. To take this into consideration on developing CPAP.	December 31,2015	ASRH	April 07,2016	

Recomendation 7	7.1 Maintain the current strategic focus for HIV prevention, except that the linkage of HIV prevention and treatment needs to evolve in line with emerging opportunities and evidence 7.2 Stay abreast of new evidence for the effectiveness or otherwise of HIV prevention strategies with both key vulnerable groups and mainstream populations to ensure optimal investments, guided by the Combination HIV Prevention Approach 7.3 Contribute to advocacy for the rights of sex workers to full SRHR and HIV services, including FSW empowerment to challenge GBV 7.4 Ensure clinic staff in outreach sites are sex worker friendly (as well as adolescent friendly). 7.5 Continue to support HTC demand creation, particularly among FSW, adolescents and in couples 7.6 Support operations research to assess its impact on HIV prevention and treatment uptake in different settings (such as the FSW programme) where it is evaluable.
Management Response	Accepted
Comments	

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				Status	Comments
7.1	Support formation of a sex worker association	December 31,2015	HIV	April 07,2016	
7.2	Advocate with judiciary and police to ensure rights of key populations to health are upheld	December 31,2015	HIV	April 07,2016	Discussions with judiciary and police held, white paper produced in December 2015
7.3	Support sex work programme to evaluate Treatment for Prevention and Treatment as Prevention approaches	December 31,2015	HIV	April 07,2016	Sex work RCT conducted in 2015.
7.4	Support evaluation of pilot programme for young FSW	December 31,2016	HIV	April 07,2016	
7.5	Support gap and needs analysis for Prong 2 of PMTCT in OI/ART settings	December 31,2016	HIV	April 07,2016	
7.6	Include public sector capacity building for providing equitable services for key populations in CP 7	February 29,2016	HIV	April 07,2016	
7.7	Support evaluation of home visit approach for demand generation for general population through baseline and EOP evaluation	December 31,2015	HIV	April 07,2016	

Recomendation 8	8.1 Continue supporting MC at policy level, in the TWG and for coordination staff in government 8.2 Continue funding strategic research to strengthen MC programming, including for demand generation 8.3 Explore with MoHCC the way forward to optimise long-term benefits of MC.
Management Response	Accepted
Comments	

No.	**Key Action(s)**	**Deadline**	**Responsible unit(s)**	**Semiannual implementation status updates (reports will be generated on June 30 and December 31)**	
				Status	**Comments**
8.1	Support MOH in MC research study	December 31,2016	HIV	April 07,2016	

Recomendation 9	9.1 Develop more robust mechanisms to track increased demand and service uptake arising from behaviour change facilitator (BCF) visits and other demand generation efforts, e.g. through peer educators, and assess the relative benefits of different modalities for home visits 9.2 Assess how far BCFs emphasise abstinence-only messaging, and ensure they address male and female condoms, HTC, supporting girls who are HIV positive and reducing stigma, with appropriate approaches for sexually active and non-sexually active members (ASRH) 9.3 Expand links with MoHCC, Africaid's Zvandiri Programme and other partners in the field to boost mentors' support for HIV positive adolescents, including the trained mentors for the Sista2sista groups 9.4 Review roles of other community cadres e.g. village health workers, in relation to BCFs regarding potential synergies and complementarities 9.5 Monitor the extent to which demand may be outpacing service provision in light of the continued threats to health service capacity to deliver, and to sustain standards, and modify the present strategy as needed and/or reconsider its role in health system strengthening in conjunction with key stakeholders and the UN division of labour; consider tailoring demand creation through BCFs to the services available in a given area, given that these vary considerably, rather than routine blanket needs assessment and referral; ensure BCFs know what services are available where, of challenges in access, and that they identify gaps. 9.6 Continue financial and technical support for both the (sex work) implementation programme and its research programme, and take into account the increasing administrative burden on the implementing partner as the programme expands
Management Response	Accepted
Comments	

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9.1	Support mapping of community cadres nationally	December 31,2016	HIV	April 07,2016	Mapping of community cadres in progress.
9.2	Introduce referral tracking via a barcoding system in selected districts	December 31,2015	HIV	April 07,2016	Barcoding system piloted in 6 districts.
9.3	Conduct assessment of administrative work load for sex work programme implementing partner	December 31,2016	HIV	April 07,2016	Assessment completed
9.4	Collaborate with Africaid to develop youth-friendly SRH service training for OI/ART facility staff	December 31,2015	HIV	April 07,2016	Manual developed and trainings ongoing.
9.5	Ensure BCF attitudes are measured in baseline and EOP of home visit approach	December 31,2015	HIV	April 07,2016	Baseline conducted.

Recomendation 10	10.1 Given Zimbabwe's multisectoral and coordinated strategy and policy position for ending GBV, UNFPA should support MWAGCD to convene policy dialogue with key GoZ ministries and departments on the critical pathway for handling GBV cases with increased policy commitment and collective actions to end GBV. In addition, UNFPA should support decentralised coordination at ward, district and provincial levels with a view to supporting community capacity building and actions to end GBV. 10.2 UNFPA should coordinate with IPs, the UN family and with GoZ to enhance GE and GBV programming, targeted at enhancing the work of partners, creating an information sharing and planning platform, and facilitating peer review for enhanced GBV programming. In addition, UNFPA should play a stronger leaderhip role to coordinate partners and maximise the consortium by harnessing its comparative advantage, that of IPs and the leadership and standard setting role of MWAGCD. 10.3 In the context of limited funding support for GBV programming and that UNFPA's GE programme is 90 percent donor funded, UNFPA should use its comparative advantage within the UN family to align the 7th CP to its corporate policy approach of addressing GBV through SRH programmes as a minimum standard to which its operations are held accountable. 10.4 UNFPA should use its knowledge, comparative advantage and mandated leadership role to support the GoZ and IPs to develop mechanisms and capacity to address GBV in humanitarian settings. 10.5 UNFPA should invest in partner consultation to explore wider strategies to prevent GBV within an evidence based strategic framework that clearly defines UNFPA's role as thought leader, advocate, technical expert and capacity builder for efforts to end GBV. 10.6 Given the findings of weak results based programme management (RBM), UNFPA should

	invest in capacity building for RBM for the GE Programme and partners premised on clear theories of change for UNFPA and partner organisations. 10.7 UNFPA should commission a gender review/audit of its country programme to guide and strengthen support for gender mainstreaming in the organisation and in support to IPs. 10.8 UNFPA should explore new funding mechanisms, including use of core funds for GE, in light of heavy donor dependence. 10.9 UNFPA should take into account regional balance in the selection of CSO IPs for the next country programme, redressing the current sole representation of Harare.
Management Response	Partially Accepted
Comments	10.7 Not accepted With the presence of UNWOMEN on the ground, they are responsible for the overall coordination of the process. Gender mainstreaming of all UN Country Offices and their programmes is currently being undertaken by UN WOMEN. A separate review and audit will result in unnecessary duplication of efforts and possibly conflict. 10.8 Partially accepted UNFPA is looking for more funding opportunities for GE. However, given the fact that the ceiling on core resources has been lowering for the last three years and likely to lower even further in the years covered by the 7th CP, this is not a viable recommendation. Instead UNFPA will continue to seek donor funds for GE programmes.

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10.1	UNFPA will seek to influence decisions made at key gender equality such as the interministerial task force against Rape	December 31,2018	Gender	April 07,2016	Government is working to end child marriage. UNFPA is supporting the development of the National action plan to end child marriage, a consultant was hired and has started, working together with UNICEF and UNWOMEN
10.2	To lead in the set up of a GBV Coordination group made up of key stakeholders including UN agencies, government departments and leading CSOs	December 31,2016	Gender	April 07,2016	A GBV Coordination group made up of key stakeholders including UN agencies, government departments and leading CSOs has been set up.

10.3	UNFPA will support MWAGCD to convene coordination mechanisms at provincial and district levels	December 31,2016	Gender	April 07,2016	Coordination meetings being done on a quarterly basis
10.4	UNFPA will lead the process of setting up a national GBV task force which, among other things will spearhead information sharing and play a leadership role in coordinating partners and other stakeholders to maximise use of resources and avoid duplication and fragmentation of efforts.	December 31,2016	Gender	April 07,2016	A national GBV task force formed.
				April 07,2016	A national GBV task force formed.
				April 07,2016	UNFPA is leading the process of setting up a national GBV task force working with UNICEF and UNWOMEN.
10.5	UNFPA will include in the 7th CP addressing GBV through SRH programmes and will collaborate with UNICEF, UNWOMEN and the Ministry of health	December 31,2016	Gender	April 07,2016	UNFPA (working with UNICEF and UNWOMEN) supported the development of an updated clinical guidelines and will be launched by UNFPA.

10.6	M&E Capacity development for officers will be developed and implemented by UNFPA M&E staff or hired experts.	December 31,2015	Gender	April 07,2016	UNFPA received technical assistant from DFID and developed GBV M&E framework and tools. UNFPA Supported all CSO partners to recruit M&E officers and trained them in M&E and use of data collection tools.
10.7	The selection of IPs for the next CP will be done through competitive bidding and effort will be made to achieve regional balance but this will be coupled with efforts to build the capacity IPs where the need for it is perceived so that standards will not be compromised at the expense of regional balance	December 31,2016	Gender	April 07,2016	Included implementing partners from all regions. Micro assessments ongoing.

Recomendation 11	11.1 As well as supporting data capture and analysis, UNFPA should support regular workshops for producers and users at national, provincial and district levels to strengthen use of quality data with which ZIMDAT is regularly populated through the Census and other surveys. 11.2 Given the skills shortage at ZIMSTAT, UNFPA should continue to provide capacity building for ZIMSTAT staff and co-develop a replacement plan to mitigate the current brain drain of trained personnel. A cost-effective approach for continuity might be to design a mentoring scheme using retired and experienced statisticians, demographers and economists in Zimbabwe to work with recent graduates at ZIMSTAT on specific tasks. 11.3 While the use of consultants supported by UNFPA to undertake various tasks to fill the skills gaps at ZIMSTAT is unavoidable, UNFPA should make it mandatory that any consultant seconded to ZIMSTAT has an understudy officer to promote skills transfer. 11.4 As well as supporting data capture and analysis, UNFPA should support regular workshops for producers and users at national, provincial and district levels to strengthen use of quality data with which ZIMDAT is regularly populated through the Census and other surveys. 11.5 Given the skills shortage at ZIMSTAT, UNFPA should continue to provide capacity building for ZIMSTAT staff and co-develop a replacement plan to mitigate the current brain drain of trained personnel. A cost-effective approach for continuity might be to design a mentoring scheme using retired and experienced statisticians, demographers and economists in Zimbabwe to work with recent graduates at ZIMSTAT on specific tasks. 11.6 While the use of consultants supported by UNFPA to undertake various tasks to fill the skills gaps at ZIMSTAT is unavoidable, UNFPA should make it mandatory that any consultant seconded to ZIMSTAT has an understudy officer to promote skills transfer.

Management Response	Partially Accepted
Comments	: Recommendations 11.1 and 11.2 are accepted. However, recommendation 11.3 is not accepted because this is what is already happening. All the consultants that have been engaged by the Country Office to support ZIMSTAT during the implementation of the 6th CP, including those for the development of a cartographic database and training in advanced geographical information system (GIS); development of the new master sample following the 2012 population census; Post-Enumeration Survey (PES); and the census thematic analysis, had at least one understudy who was a ZIMSTAT member of staff.

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11.1	Resuscitate the ZIMDAT Inter-Ministerial Technical Committee	September 30,2015	P&D	April 07,2016	
11.2	Support the ZIMDAT core team at ZIMSTAT to undertake a technical study mission to India	July 31,2015	P&D	April 07,2016	Technical study mission conducted.
11.3	Rebuild the capacity of the ZIMDAT Technical Team at ZIMSTAT in the web-enabled version and mapping features of the database	September 30,2015	P&D	April 07,2016	Completed
11.4	Advocate among UN Agencies for support to the ZIMDAT provincial and district dissemination meetings	September 30,2015	P&D	April 07,2016	
				April 07,2016	Ongoing

11.5	Support short-term training workshops and courses for ZIMSTAT staff	June 30,2015	P&D	April 07,2016	This is ongoing and two short term courses were conducted for CSO Pro and Demographic Analysis.
				April 07,2016	This is ongoing and two short term courses were conducted for CSO Pro and Demographic Analysis.
11.6	Establish technical assistance partnerships between ZIMSTAT and other statistical offices in the areas of demographic analysis and sampling	December 31,2016	P&D	April 07,2016	Planned in CP7 and currently under implementation
11.7	Develop a mentoring programme for ZIMSTAT staff in the areas of demographic analysis and sampling	June 30,2016	p	April 07,2016	Planned in CP7 and currently under implementation.
11.8	Develop a holistic capacity building programme for ZIMSTAT	December 31,2015	P&D	April 07,2016	Planned in CP7 and currently under implementation.
				April 07,2016	Planned in CP7 and currently under implementation.

Recomendation 12	13.1 In view of minimal and intermittent assistance for the PDU, UNFPA should intensify support to strengthen the PDU regarding the ICPD PoA. UNFPA should work with the PDU to develop a strategic plan to assist ministries to integrate population issues in their plans. 13.2 UNFPA should help the PDU develop its work plans around the ICPD PoA, including setting up an inter-ministerial committee for implementation and review, given the multisectoral nature of the ICPD PoA. The PDU mandate needs to be more clearly defined but should prioritise the need for implementing and monitoring ICPD PoA. 13.3 UNFPA has assisted various countries to set up capacity-building institutions in population and development to support implementation of ICPD PoA. UNFPA should develop the capacity of institutions to provide an in-service skills training programme on population and development to enable government planners to integrate population into development planning and policy in various sectors. Experience in South Africa shows that this is cost-effective and, in the long-run, self-financing if other stakeholders like NGOs and the private sector come on board when they realize the utility of the skills for their own organizations. In Zimbabwe, the course could be introduced at the Centre for Population Studies, where review shows that relevant skills are available. Such institutions are sustainable because they use local staff and are established in an institution as an academic programme.
Management Response	Accepted

Comments	All the recommendations are accepted. The strategic importance of the Population and Development Unit (PDU) in the implementation of the ICPD and Post-2015 Development Agenda is well recognised by the CO. However, there were serious constraints during the 6th CP emanating from the huge financial demands of the 2012 population census as well as the unstable institutional home of the PDU which saw it constantly changing between the Ministry of Finance and the Ministry of Economic Planning and Development. Nevertheless, the following actions will be taken to further strengthen the coordination role and capacity of the PDU. In addition, partnerships will be sought with universities for training of Government ministries and other national partners, including civil society organisations, in integration of population issues in development planning frameworks.

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12.1	Fully reflect the work of the PDU in the next (7th) CP	September 30,2015	P&D	April 07,2016	Included in the CPD
12.2	Review the terms of reference for the PDU with the view to aligning it to the implementation of the ICPD and Post-2015 Development Agenda	December 31,2015	P&D	April 07,2016	Ongoing process
12.3	Advocate for the establishment of the Inter-Ministerial Committee on the implementation of the ICPD and post-2015 Development Agenda.	June 30,2016	P&D	April 07,2016	Ongoing
12.4	Document lessons learnt and experiences of other countries in the implementation and coordination of population and development issues	June 30,2016	P&D	April 07,2016	Ongoing
12.5	Make capacity assessment of the University of Zimbabwe Centre for Population Studies (CPS) and other universities with the view to engaging it for training in population and development issues.	June 30,2016	P&D	April 07,2016	Ongoing

Recomendation 13	13.1 The UNFPA P&D Unit is well placed for operations research. The wealth of data produced with UNFPA support needs to be utilized for evidence- based research. 13.2 The omission of population issues in the current economic development blueprint, Zim Asset needs to be addressed. UNFPA needs actively to engage GoZ policy makers on the importance of integrating population issues in the action plans that will be developed for ZIM Asset, through policy dialogue meetings on development and population issues.
Management Response	Accepted
Comments	The recommendations are accepted. The CO has already successfully advocated for in-depth analysis of the 2012 population census data which will see at least ten thematic reports being produced for policy and programme use. However, this process has been lengthy mainly because of the lack of access to micro-level data by the thematic analysts. In this regard, the CO will continue to advocate to ZIMSTAT for access to micro-level household survey and census data by research and training institutions. It was unfortunate that the development of ZIM ASSET was Government-led with very little or no input from UN Agencies. However, the UN has now been fully engaged by the Government in the implementation of ZIM ASSET and UNFPA will take advantage of this positive development to ensure reflection of population issues in the implementation matrices and progress reports.

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13.1	Continue to advocate (together with other UN Agencies and development partners) to ZIMSTAT for access to micro-level household and census data for in-depth analysis by research and training institutions	December 31,2016	P&D	April 07,2016	Ongoing
13.2	Conduct in-depth analysis of the 2015 ZDHS	March 31,2017	P&D	April 07,2016	Still awaiting ZDHS final report due by Dec 2016
13.3	Conduct in-depth analysis of the 2017 Inter-censal Demographic Survey (ICDS)	December 31,2017	P&D	April 07,2016	Still awaiting the 2017 Inter-censal Demographic Survey (ICDS)
13.4	Prepare policy briefs and fact sheets from household survey and census data for policy makers and Parliamentarians	December 31,2016	P&D	April 07,2016	A fact sheet was prepared on the demographic situation of the country from the Census.
13.5	Advocate for integration of population issues in the implementation of ZIM ASSET	December 31,2015	P&D	April 07,2016	Started in 2015. Advocacy ongoing