

## COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR ZIMBABWE

*Second regular session 2021*

<b>Comments by Germany</b>	<b>UNFPA country/regional office response</b>
<p>The programme rationale is well thought through. The aspect of ensuring equitable access to (good) health services depending on individual resources could be made stronger as those with money can get excellent services in private facilities.</p>	<p>The comments from the German Government are appreciated.</p> <p>The principle of leaving no one behind is central to the CPD, and the programme will seek to enable equitable access to SRHR services for all, but particularly the most vulnerable, who may be disadvantaged due to limited access to high-quality care, disability or other access barriers.</p> <p>With the support of the Regional Office, the programme will collaborate with UN agencies and key partners to facilitate financing and financial protection arrangements that will enable equitable access to sexual and reproductive health and reproductive rights for the most vulnerable.</p>
<p>Good that the programme has a focus on five provinces. <u>Question</u>: are the remaining provinces covered by other development partners?</p>	<p>Within the context of the UNSDCF, Health Development Group partners' mechanism, and the engagement with the Ministry of Health and Child Care , a clear division of labour has been agreed, based on each agency's mission, mandate and capacity, including geographical areas of focus. The new programme will build on this division of labour to deliver upstream interventions (at national level) and downstream interventions (in selected provinces), and will complement the work of existing programmes.</p>
<p>The section on GBV is relevant for German Development cooperation – coordination with other development partners should be strengthened.</p>	<p>This comment is well noted, and UNFPA will make deliberate attempts to strengthen collaboration with German development cooperation and other development partners, particularly around issues of GBV.</p>
<p>UNFPA should leverage its relationship with key Ministries to have adequate budget allocation to realize equitable and high-quality social services and protection for women and girls, reducing sexual and gender-based violence and harmful practices, and advancing gender equality and women's empowerment. Currently its</p>	<p>UNFPA will strengthen advocacy with the Government for increased allocation to gender equality, prevention of gender-based violence and high-quality social services, using evidence-based analysis to demonstrate the returns from investing in these priority areas.</p>

<p>predominantly development partner-funded. Little resources and priority is given to it by GoZ.</p>	
<p><b>Comments by Ireland</b></p>	<p><b>UNFPA country/regional office response</b></p>
<p>It is positive to see GBV, Comprehensive Sexuality Education and LGBTI support being mainstreamed, and we look forward to seeing this reflected in practice. It was also positive to see in the Zimbabwe evaluation that a Human Rights Based Approach to programming was well integrated by UNFPA in the country.</p>	<p>We thank the Government of Ireland for this comment, which is well noted.</p>
<p>UNFPA should play a stronger role in ensuring GBV is incorporated across all elements of the emergency response plan. There is also a need for improved coordination and coherence at all levels of the national GBV response including donors, development partners, implementing partners and national and sub-national levels.</p>	<p>UNFPA welcomes the recommendation on mainstreaming GBV across the national response. The new country programme will build on and scale-up the work of the joint UN Spotlight Initiative to end gender based violence, in which UNFPA leads three of the six pillars (prevention, services and data). The Zero Tolerance for GBV programme will also be scaled up, in close coordination with the Government, civil society organizations (CSOs) and other relevant development partners at national and subnational levels.</p> <p>UNFPA will continue to lead the GBV Sub-cluster in the Humanitarian Country Team while providing technical assistance to integrate GBV in the development and operationalization of humanitarian response plans. The country programme will support the implementation of innovative solutions to strengthen GBV prevention and response within the context of the development-humanitarian-peace nexus, and UNFPA will further strengthen advocacy and engagement with relevant stakeholders for GBV integration into national emergency and preparedness plans.</p> <p>The programme will strengthen collaboration and cooperation with the Government and CSO counterparts, including support to enhancing capacities on GBV coordination, prevention and response at national and sub-national levels, within the context of the humanitarian-development-peace framework.</p>
<p>Given current resource constraints, there is a need for greater advocacy with the government for increased government budget allocations for GBV programming, and for strengthening the capacity of CSOs to lobby also.</p>	<p>UNFPA will strengthen advocacy with the Government for an increased financial allocation to GBV prevention and response, including through the work of the Spotlight Initiative, while also supporting the development of a sustainability and exit strategy, to facilitate government ownership when the Spotlight Initiative ends in December 2022.</p>

	<p>Within the context of the UNSDCF, UNFPA will strengthen collaboration with other UN agencies, Government and CSO partners, ultimately, to seek to leverage further resources to scale up the national GBV response.</p>
<p>GBV prevention strategies need to address the underlying causes of GBV and violence against women to stop it before it occurs, target different groups of people in the different environments where they live and work and be reinforced across a range of settings (such as schools, workplaces and the media)</p>	<p>UNFPA welcomes this recommendation. The new country programme will scale up prevention efforts by enhancing community engagement interventions, and exploring innovative sector-based initiatives within the public and private sectors as well as in tertiary institutions, through male engagement and religious and faith-based leadership involvement and media engagement, to address the underlying causes of GBV.</p> <p>UNFPA will continue to work closely with other UN agencies across sectors to ensure GBV prevention is integrated and programmes are tailored to the various audiences, leveraging specific competencies and enhancing coordination within the UNSDCF framework. This will be done by building on ongoing joint programmes and partnerships, including with UN agencies, international NGOs, CSOs and the private sector.</p>
<p>GBV data needs to be strengthened to provide an evidence base for change.</p>	<p>Strengthening the evidence base for GBV at the national level is a priority. This is one of the key deliverables under the Spotlight Initiative under outcome 5, where UNFPA is leading the development and roll-out of a national gender-based violence information management system (GBVIMS), including sectoral capacity-building. This complements funding under the Zero Tolerance to GBV 365 programme, supported by Ireland in the last year of the previous country programme.</p> <p>UNFPA Zimbabwe works closely with the global GBVIMS team of UNFPA, as well as with the global and regional GBV Area of Responsibility, to explore GBV sub-cluster data collection strengthening, and will continue to prioritize this area within the new country programme.</p>
<p>We would like to see the question of how UNFPA proposes to address the very high turnover of trained staff in Zimbabwe addressed in the CPD, as this is identified as a key constraint.</p>	<ul style="list-style-type: none"> <li>• Human resources for health remain a significant challenge in Zimbabwe. As part of health system strengthening efforts, the CPD notes that “<i>UNFPA will strengthen advocacy with the Government to increase domestic funding for family planning and SRH, and expand human resources for health management.</i>”</li> <li>• UNFPA will continue to engage in the technical working group on human resources for health to bring innovation into the issue of staff retention, which is now reflected in paragraph 23 of the document.</li> </ul>

	<p>UNFPA will further contribute to:</p> <ul style="list-style-type: none"> <li>• Joint advocacy efforts with health development partners and the ministries of health and child care and finance to address the issue of staffing, in collaboration with the Public Service Commission. Through this mechanism, incentivizing health service workers at all levels of care will be explored, building on successful models in the country;</li> <li>• Providing technical assistance to the government in health systems strengthening in collaboration with WHO, including in the areas of HR and health financing;</li> <li>• In programming with the government and professional bodies, task shifting will be explored appropriately and initiatives to capacitate health workers at all levels will be strengthened.</li> </ul>
<p>We would like to see deeper consideration of vulnerable groups such as disability and youth across the programme.</p>	<p>The country programme has considered and prioritizes vulnerable groups to ensure that no one is left behind, including within the broader context of the UNSDCF. Interventions will prioritize adolescents and young girls, particularly those living in rural areas and with disabilities.</p> <p>Interventions geared towards promoting inclusion and empowerment of those most left-behind will build on lessons learned from the ongoing UN joint programme on vulnerability, the United Nations Partnership on the Rights of People with Disabilities (UNPRPDP) with Australia and Sweden (which initially comprised three agencies – UNFPA, UNESCO, UNDP – and now also includes UNICEF).</p>
<p>UN coordination can be improved as highlighted in the evaluation, particularly given obvious synergies with WHO; UN Women; WFP etc.</p>	<p>UNFPA has been actively engaged in the development of the UNSDCF 2022-2026, which provides a robust framework for strengthening UN coordination, collective UN action, and from which the CPD is derived. In the development phase, there was considerable coordination and communication with UNCT members, which are close partners to UNFPA, to ensure the country programme benefits from synergies – including with those mentioned as well as WHO, UN-Women and WFP – and also with other partners.</p> <p>Implementation of the UNSDCF continues to be coordinated through the RCO and in close partnership with relevant UN entities - including through joint programming and joint programmes, as well as vertical initiatives that will be implemented in the new country programme. Within this larger coordination framework, UNFPA is currently involved in four joint programmes: the Health Development Fund (UNICEF and</p>

	<p>UNFPA); the Global Spotlight Initiative on GBV (UN-Women, UNDP, UNFPA, UNICEF, UNESCO and ILO); the Joint UN Programme on HIV and AIDS (UNAIDS, WHO, UNFPA, UNICEF, UNDP); the United Nations Partnership on the Rights of People with Disabilities (UNFPA, UNESCO, UNDP and UNICEF); as well as the Zimbabwe Idai Recovery Project (UNOPS, WFP, FAO, UNICEF, WHO, UNFPA, IOM, UNESCO). The country programme will build on lessons learned during the previous cycle within the UN reform context to strengthen coordination and collaboration.</p>
<p>UNFPA should improve its capacity for effective planning, coordination, resource mobilization, reporting and management of financial resources.</p>	<p>UNFPA Zimbabwe has reviewed and revisited its human resources capacity to strengthen programme planning, management skills and delivery in the context of the UNSDCF and the new programme. Ongoing capacity building programmes will also be implemented throughout the duration of the programme, to strengthen staff capacity in programme planning and management</p> <p>In addition, the UN agencies will collectively engage in joint resource mobilization efforts through the UNSDCF, under the leadership of the Resident Coordinator. The UNFPA country office has developed a resource mobilization strategy that will contribute to the UNSDCF strategy, and the Regional Office will provide technical support in identifying and leveraging opportunities for innovative financing.</p>
<p><b>Comments by Sweden</b></p>	<p><b>UNFPA country/regional office response</b></p>
<p>Comprehensive CPD, which articulates the relevant challenges within the country context.</p>	<p>We thank the Government of Sweden for this comment, which is well noted.</p>
<p>The CPD is clear on challenges in the country context, as well as previous shortcomings – including challenges related to sustainability. It is however not clear what the lessons learnt are from previous work. What has UNFPA learnt and what do they now propose to do differently, considering these previous experiences? The document does very much signal a continuation of previous work – “business as usual” and not much of change or innovative thinking. Considering the Zimbabwe context and negative sector trends – learning and identifying new ways of working is key</p>	<p>UNFPA has taken into account the lessons learned in the previous cycle and the recommendations made in the country programme evaluation during the development of the new country programme. Some of these lessons are highlighted in paragraphs 12 and 17; these include: (1) the need for community engagement in reaching the most vulnerable with appropriate interventions; and (2) strengthening resilience building to ensure institutional preparedness and improved capacities to quickly respond to emergencies.</p> <p>One of the key shifts in the new programme is the emphasis on innovation and innovative solutions as an accelerator to drive delivery of key results, applying the lessons learned from COVID-19. Specifically, the programme will apply innovative integrated approaches to deliver high-quality comprehensive sexuality education and</p>

	<p>tailored social and behaviour change communication interventions for in - school, tertiary and out-of-school youth as one key strategy. (paragraph 26 of the country programme).</p> <p>The new programme will also leverage partnerships with other UN agencies and development partners to strengthen the resilience and functionality of health and protections systems to better respond to crises and emergencies. This will facilitate the continuity of services, including sexual and reproductive health and reproductive rights services during emergencies and humanitarian situations.</p>
<p>Should UNFPA at a CPD level make geographical priorities? We believe that a CPD should provide a picture of key challenges as well as priorities at an overall level, but that for example priorities on how to balance work geographically should be specified at a more operational level, in consultations with relevant stakeholders.</p>	<p>The identification of geographical priority areas builds on the findings of the evaluation report; it is based on those areas that demonstrate poor health and other indicators. The selection of these priority areas has also been guided by tools such as the Common Country Assessment, the humanitarian response plans and the National Health Strategy.</p> <p>The interventions will be further elaborated in the operational plans, and since the programme is designed to be flexible and responsive to emerging needs, there is scope for adjustment in geographical areas of focus during the life of the programme.</p>
<p>Could it be useful to present an overall theory of change for UNFPA in the country context, to further clarify rationale behind priorities? We are aware that UNDP Zimbabwe, for example, did have that in their draft CPD.</p>	<p>An overall theory of change has been developed to guide the country programme and can be shared for further review. The programme priorities section has also been strengthened to better summarize the theory of change in paragraph 20.</p>
<p>Delivering as one is highlighted in the CPD. We do however believe that more concrete elaborations on complementarity and division of roles between the relevant UN Agencies also could strengthen the rationale behind priorities and on how to strengthen sustainability of the programme.</p>	<p>The point is well taken. UNFPA will seek to amplify the various joint initiatives with other UN agencies, including leading with UNICEF on the UNSDCF outcome on people-centred, equitable human development and well-being, and other collaborations within the priority area on transformative, accountable, equitable and inclusive governance, to ensure that the most vulnerable and marginalized benefit from more accountable institutions and systems for the rule of law, human rights and access to justice.</p>
<p>Positive that active involvement of men is mentioned in the work against GBV. The relevance of male engagement is however much broader than that and it is invisible throughout the rest of the document</p>	<p>This point is well taken and will be more evident in the development of the country programme operationalization plan, which follows immediately after the CPD approval. Interventions will include a deliberate effort to engage boys and men in GBV programming and scaling up parent-to-child communication programmes to include</p>

	community interventions that target both boys and girls and the parents in the communities .
<b>Comments by the United States of America</b>	<b>UNFPA country/regional office response</b>
We commend UNFPA for appropriately focusing the country programme on addressing the identified challenges. We recommend that UNFPA consider further strengthening its focus on and engagement with the more conservative religious and traditional groups in relation to addressing harmful traditional and religious practices, GBV prevention and access to FP and SRH services	We thank the USA Government for these comments, which are well received. We note the recommendation on increased engagement of additional non-traditional partners; this will be amplified in the new country programme, which will engage partners including faith-based organizations and other traditional leaders. Building on lessons learned from the previous programme cycle community engagement, linkages between service provision and communities, as well as addressing beliefs, attitudes and practices, will be further unpacked in the elaboration of the operational plan. The activities will be developed in close collaboration and engagement with the specific groups.
Recognizing the country’s high maternal and neonatal mortality, as well as high rates of adolescent pregnancy, we encourage UNFPA to go beyond strengthening capacity in midwifery training schools. We encourage UNFPA to consider investments in recruitment, education, training, regulations and working environment. This cadre has been greatly impacted during the COVID-19 pandemic. We also recommend noting relevant linkages with UNICEF for the care for small and sick newborns to further strengthen the document.	<p>UNFPA coordinated with UNICEF in the development of the new country programme, reflecting on the importance of health systems strengthening, including regulation, guidelines, tools and instruments for pre-service and in-service training to improving maternal and child health outcomes.</p> <p>Building on lessons learned from the joint programme with UNICEF, the Health Development Fund initiative, the new programme will increase investments in human resources for health management to facilitate the provision of high-quality integrated SRH services, including maternal health services.</p> <p>Paragraph 23 has been updated to reflect the fact that UNFPA will “<i>strengthen advocacy with the Government to increase domestic funding for family planning and SRH, and expand human resources for health management, including bringing innovation to the issue of staff retention, to facilitate the provision of high-quality integrated SRH services.</i>”</p> <p>It also recognizes that “<i>UNFPA will strengthen delivery of high-quality integrated SRHR services at all levels of the health system, in collaboration with relevant UN agencies and other partners.</i>”</p>