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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Zimbabwe**

Proposed indicative UNFPA assistance: \$39.6 million: \$13.2 million from regular resources and \$26.4 million through co-financing modalities and/or other, including regular, resources

Programme period: Four years (2012-2015)

Cycle of assistance: Sixth

Category per decision 2007/42: A

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

	Regular resources	Other	Total
Reproductive health and rights	7.0	22.8	29.8
Population and development	3.0	1.8	4.8
Gender equality	2.2	1.8	4.0
Programme coordination and assistance	1.0	-	1.0
Total	13.2	26.4	39.6

## I. Situation analysis

1. Zimbabwe faced major challenges from 2000 to 2008. This period was characterized by hyperinflation, a complex political and humanitarian situation, and a breakdown in the delivery of social services. The economy declined by 50.3 per cent, and inflation reached the unprecedented level of 231 million per cent by July 2008. The percentage of the population living below the national poverty line rose from 55 per cent in 1995 to 72 per cent in 2003. This percentage is believed to have increased further due to the persisting adverse economic conditions. All these factors undermined the capacity of both public and private sectors to provide basic services.

2. The situation has stabilized since the formation of an inclusive Government and the introduction of the multicurrency system in February 2009. The economy grew by 5.7 per cent in 2009, while inflation declined to minus 7.7 per cent. Although humanitarian assistance is being scaled down and the country is moving into early recovery, the situation remains fragile.

3. The population was estimated at 12.3 million in 2008, of which two thirds were under the age of 25. The total fertility rate dropped from 4.2 children per woman in 2002 to 3.3 children per woman in 2008. Contraceptive prevalence increased from 53.5 per cent in 1999 to 65 per cent in 2009. Life expectancy decreased from 62 to 46 years for women and from 58 to 41 years for men between 1992 and 2008.

4. The maternal mortality ratio increased from 283 maternal deaths per 100,000 live births in 1984 to 555 in 2005. In 2007, the maternal mortality ratio was 725 maternal deaths per 100,000 live births. High staff attrition and vacancy rates for essential health workers (80 and 51 per cent for midwives and doctors, respectively), shortages of reproductive health commodities and a decline in institutional deliveries (from 72 per cent in 1999 to 60 per cent in 2009) have all contributed to this trend. HIV and AIDS-related conditions are the leading indirect causes of maternal mortality, and account for approximately 25 per cent of all maternal deaths.

5. Young people aged 10 to 24 make up one third of the population. Young women are exposed to the risk of unintended pregnancies, unsafe abortions and sexually transmitted infections. The adolescent fertility rate is higher in rural areas than in urban areas (120 and 70 births per 1,000 women aged 15 to 19, respectively). HIV prevalence is higher among women aged 15 to 24 (11 per cent) than among men the same age (4.2 per cent) and is fuelled by intergenerational sex. The plight of young people is compounded by the lack of employment, gender-based violence and limited access to services.

6. Zimbabwe is one of the few countries with a generalized HIV/AIDS epidemic and high HIV prevalence to have recorded a sustained decline in prevalence. The HIV prevalence rate declined from 26.4 per cent in 1997 to 14.3 per cent in 2009. However, Zimbabwe, with an estimated 48,000 new adult infections in 2009, is still hard-hit by the AIDS epidemic. New adult infections are concentrated among women aged 18 to 29 and men aged 20 to 44. About 90 per cent of adult HIV infections are due to heterosexual transmissions driven by multiple, including concurrent, sexual partnerships, low levels of male circumcision and inconsistent condom use.

7. Despite several gender-responsive laws and policies, including the domestic violence act, gender inequality persists. Women are underrepresented in Parliament (14 and 33 per cent in the lower and upper houses, respectively). About 50 per cent of women have experienced physical and/or sexual violence. Negative traditional norms, compounded by inadequate implementation of the national gender policy and women's limited access to legal aid and productive resources, have hampered progress in reducing gender-based violence.

## II. Past cooperation and lessons learned

8. Despite challenging conditions, the fifth country programme recorded significant achievements. In the area of reproductive health, achievements included: (a) developing several strategic policy and operational documents; (b) building the capacity of health service providers in life-saving skills;

(c) distributing equipment and reproductive health commodities, including blood and blood products; (d) refurbishing maternity waiting homes in 22 districts; (e) providing training for the screening and management of cervical cancer; (f) revamping the national health information system; and (g) supporting adolescent sexual and reproductive health services in 37 of the 62 district hospitals.

9. In the area of HIV prevention, achievements included: (a) expanding the behaviour change programme from 26 districts to all 62 districts, resulting in increased involvement by community leaders; (b) developing the male circumcision policy and strategy, and supporting the national roll-out of the male circumcision programme; and (c) training health-care providers to promote condom use and safer sex. HIV prevalence among pregnant women aged 15 to 24 declined from 14.8 per cent in 2006 to 12 per cent in 2009 in UNFPA-supported districts while remaining stable elsewhere.

10. The population and development component of the fifth country programme supported: (a) the 2008 intercensal demographic survey; (b) preparatory activities for the 2012 population and housing census; (c) the 2010 demographic and health survey, which provides baseline data for 10 impact and outcome indicators for the sixth country programme; (d) the updating of the Zimbabwe statistics database and its annual dissemination; and (e) the establishment of a population and development unit within the Ministry of Economic Planning and Investment Promotion, which mainstreamed population issues in the draft medium-term plan, 2010-2015, and updated the 1998 national population policy.

11. The gender equality component of the previous programme contributed to: (a) the enactment and implementation of the domestic violence act; (b) a multisectoral response to gender-based violence, including: (i) the establishment of three pilot 'one-stop' centres for survivors; (ii) strengthening the capacity of the ministry in charge of gender issues and of law enforcement entities; and (iii) the establishment of monitoring and reporting mechanisms; and (c) the inclusion of gender-equality provisions in the areas of decision-making, economic

empowerment, and health and education in the constitutional reform process.

12. The programme mobilized additional resources for humanitarian assistance to pregnant women and survivors of gender-based violence through the consolidated appeals process, the Central Emergency Response Fund and the Emergency Response Fund in Zimbabwe. UNFPA played a key role within the health and protection clusters by establishing and leading the gender-based violence and reproductive health subclusters.

13. Lessons learned from the fifth country programme include: (a) flexibility in programme delivery modalities is critical for responding proactively to the challenging macroeconomic environment, humanitarian crises and emerging issues; and (b) joint programming is an effective strategy to provide development assistance, but requires diplomacy and negotiation to establish operational modalities.

### **III. Proposed programme**

14. In close consultation with the Government, the United Nations and civil society organizations, the proposed programme has been formulated to contribute to national priorities through four outcomes, as reflected in the United Nations Development Assistance Framework (UNDAF), 2012-2015. The programme is based on: (a) the common country assessment; (b) the draft medium-term plan, 2010-2015; (c) the 2010 Millennium Development Goals status report; (d) the UNDAF joint implementation matrix; and (e) the fifth country programme final evaluation report.

15. The goal of the sixth 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) promoting gender equality and women's empowerment; and (d) improving the utilization of data for development and the integration of population issues into national development planning.

16. Building on past achievements and on its comparative advantages, UNFPA will: (a) seek opportunities for joint programmes; (b) play a leading role within the health and protection clusters to address emerging humanitarian needs among women of reproductive age, young people and survivors of gender-based violence; and (c) develop and implement an advocacy and communication strategy to enhance country programme visibility, and a resource mobilization plan to raise additional funding to achieve the desired results of the country programme.

#### *Reproductive health and rights component*

17. This component includes two outcomes. The first outcome is: increased utilization of comprehensive gender-sensitive and youth-friendly reproductive health services. Three outputs will contribute to this outcome.

18. Output 1: Strengthened capacity of government and civil society partners to deliver reproductive health services. Strategies for this output include: (a) building the capacity of institutions providing integrated reproductive health and HIV prevention services; (b) strengthening the integration of sexual and reproductive health and HIV services; and (c) strengthening capacity to provide training for midwives.

19. Output 2: Increased availability of reproductive health services and commodities. To achieve this output, the programme will support: (a) reproductive health commodity security, including reproductive health commodities to prevent HIV; (b) family planning, including preventing unintended pregnancies among HIV-positive women; (c) emergency obstetric and newborn care; (d) the strengthening of the referral system; (e) the rehabilitation of maternity waiting homes; (f) the launching of programmes on obstetric fistula and on screening for and managing cervical cancer; and (g) expanded coverage of youth-friendly services.

20. Output 3: Increased demand for sexual and reproductive health services at the community level. This output will be achieved through continued

capacity-building of community advocates to mobilize community members to utilize services.

21. The second outcome under this component is: increased adoption of safer sexual behaviour and use of HIV prevention services. Two outputs will contribute to this outcome.

22. Output 1: Increased coverage of interpersonal communication to prevent HIV at the community level. To achieve this output, the programme will support: (a) decentralized social and behaviour change communication, including on reproductive health issues; and (b) the capacity development of community leaders.

23. Output 2: Increased availability of HIV prevention services. This will be achieved by: (a) scaling up safe and voluntary male circumcision services; (b) condom programming; and (c) HIV prevention services targeted at populations that are most at risk.

#### *Population and development component*

24. The outcome of this component is: increased availability and utilization of disaggregated data at national and subnational levels. Three outputs will contribute to this outcome.

25. Output 1: Strengthened capacity of the Zimbabwe National Statistics Agency and line ministries to produce, analyse, disseminate and promote the utilization of population data. Strategies for this output include: (a) resource mobilization and the provision of technical and financial support for the 2012 census and the 2015 demographic and health survey; and (b) the expansion of the national health information system and the updating of integrated, multisectoral databases.

26. Output 2: Strengthened capacity of the Zimbabwe National Statistics Agency to coordinate the national statistical system. This output will be achieved by: (a) establishing sectoral statistical committees; (b) raising awareness among data suppliers; and (c) advocating data utilization.

27. Output 3: Strengthened capacity of the Ministry of Economic Planning and Investment Promotion to coordinate the implementation of national and sectoral policies addressing population issues. This output will be achieved by supporting the efforts of the population and development unit to: (a) integrate gender, reproductive health, HIV prevention and other population issues; and (b) raise awareness of and build political support for the incorporation of key population factors into poverty alleviation strategies.

#### *Gender equality component*

28. The outcome of this component is: an improved policy and legal environment for gender equality and increased utilization of gender-based violence services. Three outputs will contribute to this outcome.

29. Output 1: Increased capacity of leaders to address negative social norms and practices that perpetuate gender inequalities. Strategies to achieve this output include: (a) sensitizing political and opinion leaders on gender equality instruments; (b) undertaking sociocultural analysis to improve responses to gender-based violence; and (c) strengthening the capacity of the ministry in charge of gender issues.

30. Output 2: Increased community awareness of gender-responsive laws, mechanisms and services. To achieve this output, the programme will support: (a) the development and distribution of awareness-raising materials; (b) the launching of mass media campaigns on gender and development issues, including on gender-based violence and its link to HIV and AIDS; and (c) the establishment of forums, including interactive youth centres, to promote dialogue among youth.

31. Output 3: Increased availability of services to address gender-based violence. Strategies to achieve this output include: (a) building the capacity of service providers to employ a survivor-centred approach; (b) establishing referral and coordination mechanisms; and (c) scaling up a 'one-stop' centre programme for survivors of gender-based violence.

#### **IV. Programme management, monitoring and evaluation**

32. UNFPA and the Government will implement the programme within the context of the UNDAF, 2012-2015, in line with the UNDAF joint implementation matrix, and in accordance with UNFPA rules and procedures. Civil society partners will also assist with programme implementation. UNFPA will make efforts to engage in formal joint programmes with United Nations partners and other development partners in the areas of capacity development, HIV prevention, maternal health, response to gender-based violence and data for development.

33. UNFPA and the Government will implement the sixth country programme using a results-based management approach. Baseline data will be completed during the first quarter of 2012. UNFPA and the Government will carry out a midterm review and an end-of-programme evaluation to: (a) assess programme achievements; (b) identify challenges and key steps to remedy constraints; and (c) improve programme performance. UNFPA will document and share good practices and lessons learned.

34. The UNFPA country office consists of a representative, an assistant representative, an operations manager, two national programme officers and five administrative support staff, as per the approved country office typology. The programme will earmark funds for additional national and international project staff to support country programme implementation, prioritizing fixed-term appointments. The UNFPA country office will seek technical expertise from national institutions, the UNFPA regional and subregional offices in South Africa, and from South-South cooperation.

## RESULTS AND RESOURCES FRAMEWORK FOR ZIMBABWE

<p><b>National priorities:</b> (a) access to and utilization of high-quality basic social services for all; (b) universal access to HIV prevention, treatment, care and support; (c) pro-poor, sustainable growth and economic development; and (d) women's empowerment, gender equality and equity</p> <p><b>UNDAF outcomes:</b> (a) increased access to and utilization of high-quality basic health and nutrition services; (b) improved access to and use of HIV prevention services; (c) the Government and other partners generate and utilize data for policy and programme development and implementation; (d) enhanced national evidence-based economic management and pro-poor policy formulation and implementation; and (e) laws and policies established, reviewed and implemented to ensure gender equality and the empowerment of women and girls</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><b>Outcome 1:</b> Increased utilization of comprehensive gender-sensitive and youth-friendly reproductive health services</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of deliveries attended by skilled health personnel Baseline: 60% (2009); Target: 80%</li> <li>• Percentage of women aged 15-49 accessing cervical cancer screening services Baseline: to be determined; Target: 35%</li> <li>• Unmet need for family planning Baseline: 13%; Target: 11%</li> </ul>	<p><b>Output 1:</b> Strengthened capacity of government and civil society partners to deliver reproductive health services</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of district health teams benefiting from capacity-building in planning, implementing, monitoring and evaluating the reproductive health programme. Baseline: 0 (2010); Target: 75%</li> <li>• Number of civil society organizations benefiting from capacity-building in planning, implementing, monitoring and evaluating the reproductive health programme Baseline: 0 (2010); Target: at least one per district</li> </ul> <p><b>Output 2:</b> Increased availability of reproductive health services and commodities</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of district hospitals supported by the programme that offer comprehensive emergency obstetric and neonatal care services Baseline: 40% (2010); Target: 80%</li> <li>• Number of service delivery points supported by the programme that offer a minimum package of youth-friendly sexual and reproductive health services. Baseline: 37 (2010); Target: 74</li> </ul> <p><b>Output 3:</b> Increased demand for sexual and reproductive health services at the community level</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>• Young people's exposure to peer education on sexual and reproductive health and behaviour change communication issues Baseline: 300,000 (2009); Target: 900,000</li> </ul>	<p>Ministry of Health and Child Welfare; Ministry of Youth Development, Indigenisation and Empowerment; Zimbabwe National Family Planning Council; Zimbabwe Youth Council</p> <p>Civil society organizations</p>	\$29.8 million (\$7 million from regular resources and \$22.8 million from other resources)
	<p><b>Outcome 2:</b> Increased adoption of safer sexual behaviour and use of HIV prevention services</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of persons aged 18-44 reporting more than one sexual partner in the past 12 months Baseline: 28.4% (men), 9% (women) in 2010 Target: 18% (men), 7% (women)</li> <li>• Percentage of persons aged 15-49 reporting condom use with a non-regular partner Baseline: 71% (men), 47% (women) in 2010 Target: 80% (men), 70% (women)</li> <li>• Number of men aged 13-49 accessing male circumcision services Baseline: 12,000 (2010); Target: 1.2 million</li> </ul>	<p><b>Output 1:</b> Increased coverage of interpersonal communication to prevent HIV at the community level</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>• Persons exposed to behaviour change efforts Baseline: 9.2 million (2010); Target: 12 million</li> </ul> <p><b>Output 2:</b> Increased availability of HIV prevention services</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of service providers receiving training or refreshment training on male circumcision, condom promotion and other interventions Baseline: 5,000 (2011); Target: 6,000</li> <li>• Percentage of men and women aged 18-44 exposed to male circumcision, HIV testing and counselling, and prevention of mother to child transmission messages. Baseline: 18% (2009); Target: 50%</li> </ul>	<p>Ministry of Health and Child Welfare; National AIDS Council</p> <p>Civil society organizations</p>	

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><b>Outcome:</b> Increased availability and utilization of disaggregated data at national and subnational levels</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of 2012 population census thematic reports produced and disseminated Baseline: 0 (2010); Target: at least 10</li> <li>• Number of health profile reports produced Baseline: 0 (2010); Target: 2 or more</li> <li>• Number of organizational units utilizing Zimbabwe Statistics Database Baseline: 0; Target: to be determined</li> <li>• Percentage of population and health indicators in the medium-term plan, UNDAF, and other development plans with up-to-date data</li> </ul>	<p><b>Output 1:</b> Strengthened capacity of the Zimbabwe National Statistics Agency and line ministries to produce, analyse, disseminate and promote the utilization of population data</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>• Number of staff receiving training or refreshment training Baseline: 0 (2010); Target: 50</li> </ul> <p><b>Output 2:</b> Strengthened capacity of the Zimbabwe National Statistics Agency to coordinate the national statistical system</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>• Number of sectoral statistical committees supported by UNFPA Baseline: 0 (2010); Target: 3</li> </ul> <p><b>Output 3:</b> Strengthened capacity of the Ministry of Economic Planning and Investment Promotion to coordinate the implementation of national and sectoral policies addressing population issues</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of fact sheets produced Baseline: 0 (2010); Target: 3 or more</li> <li>• Report produced for the International Conference on Population and Development at 20 Baseline: report not produced; Target: report to be produced by 2014</li> </ul>	Ministry of Economic Planning and Investment Promotion; Zimbabwe National Statistics Agency	\$4.8 million (\$3 million from regular resources, and \$1.8 million from other resources)
Gender equality	<p><b>Outcome:</b> An improved policy and legal environment for gender equality and increased utilization of gender-based violence services</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of police-reported gender-based violence cases prosecuted under the domestic violence act Baseline: to be determined; Target: to be determined</li> <li>• Percentage of all gender-based violence cases reported Baseline: to be determined; Target: to be determined</li> </ul>	<p><b>Output 1:</b> Increased capacity of leaders to address negative social norms and practices that perpetuate gender inequalities</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>• Number of operational guides and guidelines on gender equality developed with UNFPA support Baseline: 0; Target: 3</li> </ul> <p><b>Output 2:</b> Increased community awareness of gender-responsive laws, mechanisms and services</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Persons exposed to messages on gender-responsive laws and mechanisms Baseline: 0; Target: 5 million</li> <li>• Number of functional interactive youth centres Baseline: 2 (2010); Target: 10</li> </ul> <p><b>Output 3:</b> Increased availability of services to address gender-based violence</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>• Number of 'one-stop' centres for survivors of gender-based violence established Baseline: 1 (2010); Target: 5</li> </ul>	<p>Ministry of Women's Affairs, Gender and Community Development</p> <p>Civil society organizations (Musasa Project, Padare/Enkundleni Men's Forum on Gender); Zimbabwe Women Lawyers' Association</p>	<p>\$4 million (\$2.2 million from regular resources, and \$1.8 million from other resources)</p> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>