



United Nations
Zimbabwe



ZIMBABWE

COUNTRY ANALYSIS REPORT FOR ZIMBABWE

GOVERNMENT OF ZIMBABWE/UNITED NATIONS COUNTRY TEAM

Harare, August 2010





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Location	Southern Africa
Area	390.757 km ²
Natural Resources	Platinum, diamonds, coal, iron ore, copper, zinc, chrome, gold, silver, magnesium limestone, arable land
Bordering Countries	Botswana, Mozambique, South Africa, Zambia
Provinces	Bulawayo Metropolitan, Harare Metropolitan, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, Matebeleland North, Matebeleland South, Midlands
Capital City	Harare: Population - 1 896 134 (2002 national census)
Local Authorities	31 urban authorities comprising cities, municipalities, town councils, and town boards; 60 rural authorities
Population	11 631 657, of which Male = 5 634 180 and Female = 5 997 477 (2002 national census), growing to 12.3 million (2009 estimate)
Constitution	The current Constitution was agreed at Lancaster House, London in 1979. Up to December 2009, 19 amendments had been made to the 1979 Constitution. Work is underway to come up with a new Constitution for the country.
Political System	Republic
Official Languages	English, SiNdebele, ChiShona
Economically Active Population	5 664 924, of which 9.3% classified as unemployed, 30.3% as communal and resettlement area workers, and 60.36% as employed (2004 Labour Force Survey)
GDP	\$5.1 billion (IMF)
	GDP growth rate: 8.1% (2010 estimate from the Ministry of Finance)
Total Foreign Debt	\$7.1 billion as of 31 December 2009 (139.2% of GDP)(IMF)

ACRONYMS

ADR	Alternative Dispute Resolution
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSO	Central Statistical Office
ECD	Early Childhood Development
EMA	Environmental Management Agency
EMIS	Education Management Information System
FAO	Food and Agriculture Organisation
GBV	Gender Based Violence
GDP	Gross Domestic Product
GoZ	Government of Zimbabwe
GPA	Global Political Agreement
HIV	Human Immunodeficiency Virus
HTEI	Higher and Tertiary Education Institution
ICCPR	International Covenant on Civil and Political Rights
ICECSR	International Covenant on Economic, Cultural and Social Rights
IMF	International Monetary Fund
LFS	Labour Force Survey
MDC-M	Movement for Democratic Change M
MDC-T	Movement for Democratic Change T
MDG	Millennium Development Goal
MIMS	Multiple Indicator Monitoring Survey
MMR	Maternal Mortality Ratio
MoAMID	Ministry of Agriculture, Mechanisation and Irrigation Development
MoESAC	Ministry of Education, Sport, Arts and Culture
MoF	Ministry of Finance
MoHCW	Ministry of Health and Child Welfare
MoHTE	Ministry of Higher and Tertiary Education
MoLRR	Ministry of Lands and Rural Resettlement
MoPSLSW	Ministry of the Public Service, Labour and Social Welfare
MoLSS	Ministry of Public Service, Labour and Social Services
MoWAGCD	Ministry of Women Affairs, Gender and Community Development
MoWRD	Ministry of Water Resources and Development
MoYDIE	Ministry of Youth Development, Indigenisation and Empowerment

MTCT	Mother-to-Child Transmission
MTP	Medium Term Plan
NAC	National AIDS Council
NBCS	National Behaviour Change Strategy
NER	Net Enrolment Rate
NERP	National Economic Recovery Programme
NHS	National Health Strategy
NSDS	National Strategy for the Development of Statistics
NSS	National Statistical System
OVC	Orphans and other Vulnerable Children
PASS	Poverty Assessment Study Survey
PITC	Provider-Initiated Testing and Counselling
PLHIV	Person/People Living with HIV
PWMA	Parks and Wildlife Management Authority
SADC	Southern African Development Community
SPR	Strategic Planning Retreat
STERP	Short Term Economic Recovery Programme
TCPL	Total Consumption Poverty Line
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VTC	Vocational Training Centre
WHO	World Health Organisation
ZANU (PF)	Zimbabwe African National Union (Patriotic Front)
ZEC	Zimbabwe Electoral Commission
ZDHS	Zimbabwe Demographic and Health Survey
ZIMSTAT	Zimbabwe National Statistics Agency
ZMPMS	Zimbabwe Maternal and Peri-natal Mortality Study
ZUNDAF	Zimbabwe United Nations Development Assistance Framework

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In line with programming requirements for United Nations Development Assistance Frameworks (UNDAFs), the United Nations Country Team (UNCT), Zimbabwe and the Government of Zimbabwe (GoZ) agreed to implement the roll out process for the Zimbabwe UNDAF cycle 2012-2015. This is referred to as the Zimbabwe United Nations Development Assistance Framework (ZUNDAF) 2012-2015. The ZUNDAF cycle 2007-2011 which is currently under implementation is due to end in December 2011. A Mid-Term Review carried out in November 2009 indicates that a number of programmes, especially those in the social sector, were successfully implemented and enabled Zimbabwe's progress towards attaining the Millennium Development Goals (MDGs), despite a number of country specific challenges which led to the ZUNDAF 2007-2011 being held in abeyance for the whole of 2008.

Programming for the ZUNDAF Cycle 2012-2015 comes against the backdrop of an Inclusive Government having assumed office in February 2009. The Inclusive Government set about crafting a macroeconomic policy framework, namely the Short Term Economic Recovery Programme (STERP), aimed at engendering economic recovery and growth. The STERP was implemented between March and December 2009. The Medium Term Macroeconomic Budgetary Policy Framework, also referred to as STERP II, which is a successor to STERP is the prevailing macroeconomic policy framework while the development of the Medium Term Plan (MTP) to 2015 is being finalised. The MTP seeks to consolidate gains from previous policies and to promote balanced and equitable economic growth. The timeframe of the MTP is harmonised with that of the MDGs in order to promote attainment of the MDGs by 2015. Harmonisation is also in line with the principles of the Global Aid Effectiveness agenda, including the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008), which highlight that aid should be both aligned to and consistent with government priorities.

In place of a full scale Common Country Assessment (CCA), the UNCT and GoZ agreed on a summary analytical document to inform ZUNDAF cycle 2012-2015 preparations. Satisfactory information for the analytical document was provided by STERP and STERP II, the MDG Progress Report (2010), and the draft MTP, together with a range of available research and analytical works from government departments and other studies in various sectors. However, the analytical document will not present the amount and level of detail contained in the cited documents.

One critical issue severely affecting the analytical exercise and the resulting report was the lack of adequate and current data in all areas. This points to the need for capacity development in this area.

The six Thematic Groups and one Working Group all comprising members from the UNCT and the GoZ that are being used as the coordination mechanism in the implementation of ZUNDAF cycle 2007-2011 spearheaded the analytical exercise. The thematic groups are (i) Governance and Human Rights, (ii) Economy, Employment and Poverty Reduction, (iii) Agriculture, Land and Environment, (iv) Population and Basic Social Services, (v) HIV and AIDS, and (vi) Gender. Data for Development is the only working group. Other development partners were consulted at the technical level for purposes of sharing ideas and insights. Overall coordination was provided by the Resident Coordinator's Office (RCO) for the UNCT and by the Office of the President and Cabinet (OPC) for the GoZ.

The report starts with a summary of the country context. This is followed by a section containing detailed thematic analyses wherein different thematic groups provide an overview and detailed problem analysis of their respective thematic areas. All thematic groups used problem trees to aid in their problem analysis. These are attached as appendices to the report. The third major section of the report highlights some of the priority development areas identified by the thematic groups. Some thematic groups attempted gap and role analyses which also form part of this report.

The draft Country Analysis Report constituted the main background document for the ZUNDAF Strategic Planning Retreat (SPR) held in July 2010. Participants at the SPR were drawn from the UNCT and the GoZ. The draft Country Analysis Report was endorsed by participants during the SPR. The subsectors of housing and communications which had not been covered during the analytical exercise were brought up at the SPR for consideration in subsequent rollout processes. It was agreed that they would be dealt with under the Population and Basic Social Services thematic area.

The Country Analysis Report will provide input to the ZUNDAF document in the three main areas of (i) informing situation analysis, (ii) providing the basis for selection of national development priorities and the formulation of outcomes, and (iii) providing baseline information for the Results Matrix.

INTRODUCTION

The Country Analysis exercise which culminated in the drafting of this report is an integral part of the process of rolling out the Zimbabwe United Nations Development Assistance Framework (ZUNDAF) 2012-2015, which started with the drawing up of a Roadmap in February 2010. The report itself is the result of broad based consultations involving the United Nations Country Team (UNCT), the Government of Zimbabwe (GoZ) and other development partners. It is intended to inform the subsequent roll out processes of strategising, developing the Results Matrix, and drafting the ZUNDAF document.

The report starts with a summary overview providing the country context. Emphasis under this section is on highlighting progress made in attaining the Millennium Development Goals (MDGs). The sub-section on MDGs draws heavily on the recently completed Zimbabwe 2010 MDG Status Report 2010, which was taken by the Zimbabwean delegation to the September 2010 UN Summit at the UN General Assembly in New York.

Detailed analyses for each of the six thematic areas and for the area of Data for Development are provided under the main section of the report, 'Thematic Analyses'. Each thematic group and the Working Group on Data for Development provide an overview of developments leading to the present situation in their respective areas, followed by detailed problem analysis using problem trees as tools. Root causes, intermediate causes, and immediate causes are identified using the problem trees. The problem trees are given as appendices to the report, while the narratives in the main text provide an interpretation of them.

During the process of problem analysis, the thematic groups were able to identify key areas for prioritisation in development programming in order to address some of the problems in their thematic areas. These are discussed under a separate section of the report. An attempt was also made under this section to highlight the comparative advantages of the UNCT in some of the thematic areas. For some thematic groups, this section is supplemented with a discussion of gap and role analyses.

1 COUNTRY CONTEXT

1.1 General Country Context

Zimbabwe became a majority ruled constitutional republic after attaining political independence from Great Britain in April 1980, following a protracted armed struggle. Elections have been held every five years since then, under the British brokered Lancaster House Constitution of 1979, to choose Parliamentarians, Senators and the State President. Nineteen amendments have been made to the 1979 Constitution since 1980 with the latest, Constitutional Amendment Number 19, being made in December 2008. The latest elections, which were harmonised to simultaneously cover local government, parliamentary, senatorial and presidential polls, were held in March 2008 following Southern African Development Community (SADC) Guidelines. The March 2008 harmonised elections were conducted in a peaceful atmosphere and produced a 210 member Parliament (House of Assembly), comprising 101 MDC-T members, 99 ZANU (PF) members, and 10 MDC-M members, as well as a 66 member Senate (Upper House). However, these elections failed to produce a clear presidential winner, leading to a run-off in June of the same year.

Political polarisation and inter-party conflict characterised the period immediately before and after the June 2008 Presidential run-off elections, causing reservations about the outcome of the election.

The African Union (AU), under the facilitation of the then South African President, Thabo Mbeki, facilitated negotiations towards a power sharing agreement in an effort to end the resulting impasse. On 15 September 2008 the three major political parties from the March 2008 harmonised elections signed a Memorandum of Understanding (MoU), the Global Political Agreement (GPA), which formed the basis for the formation of an Inclusive Government. This Government assumed office on 13 February 2009. Since the Inclusive Government Zimbabwe has experienced a level of stability which, if well supported, would see the transition to recovery and development

The economy experienced severe challenges over the decade, reaching crisis proportions in 2007 and 2008. According to the draft Medium Term Plan (MTP), 2010, Gross Domestic Product (GDP) is estimated to have contracted by a cumulative 50.3 percent; official inflation peaked at 231 million percent in July 2008; capacity utilisation in industry fell below 10 percent by January 2009; poverty remained widespread; infrastructure had deteriorated; the economy had

become more informalised; and severe food and foreign currency shortages were experienced. The country also faced sanctions from some western countries and the cessation of funding from the Bretton Woods Institutions.

Adoption of a multicurrency payments system in February 2009 marked a significant shift in economic policy. This was reinforced by the crafting and implementation of the STERP, its implementation instrument, the 100 Day Plan, and a revised 2009 National Budget denominated in US Dollars. These policy measures provided an antidote to the scourge of hyperinflation, and a holistic macroeconomic framework for economic recovery. The economy responded positively to these initiatives, with GDP growing by 5.7 percent in 2009 while the year-on-year inflation was -7.7 percent as of December 2009. Industrial capacity utilisation improved from about 10 percent at the beginning of 2009 to between 35 and 60 percent by December of that year.

Other significant macroeconomic changes include price liberalisation, removal of surrender requirements on export proceeds, removal of exchange restrictions, the end of Grain Marketing Board (GMB) monopoly, imposition of budget constraints on Parastatals, and the reform of monetary and fiscal policy frameworks and institutions such as the Reserve Bank of Zimbabwe (RBZ).

Provision of basic social services was affected negatively by the unstable political and economic environment. This was worsened in some years by unfavourable weather conditions such as droughts. The country became increasingly reliant on humanitarian assistance from foreign donors for the provision of basic social services. However, there has been some noticeable improvement across all social service sectors since 2009.

1.2 National Development Framework

The Government's MTP will provide the overarching national development framework for Zimbabwe. The MTP's plan period of 2010 to 2015 coincides with the MDG objectives and time frame. The MTP will also provide national priorities which will inform the ZUNDAF cycle 2012-2015 roll out process. There is emphasis in the draft MTP on infrastructure rehabilitation and development, job creation, poverty eradication, equity, and attainment of a balance in economic transformation across the various sectors and regions of the country.

1.3 Progress towards Attaining the Millennium Development Goals

Eradicate Extreme Poverty and Hunger (MDG 1)

The '2010 Millennium Development Goals Status Report, Zimbabwe' notes a decline in the Human Poverty Index (HPI) from 0.654 in 1990 to 0.513 in 2005. According to the same report, the proportion of people living below the Food Poverty Line (FPL) increased from 29 percent in 1995 to 58 percent in 2003, and an estimated 1.3 million people will be food insecure at the peak of food insecurity in February and March 2011.

Achieve Universal Primary Education (MDG 2)

According to the 2010 MDG Status Report, the Net Enrolment Ratio (NER) increased from 81.9 percent and peaked at 98.5 percent in 2002, before declining to 91 percent in 2009. However, completion rates declined from 82.6 percent in 1996 to 68.2 percent in 2006. The dropout rate was around 30 percent in 2009. There has been a marked deterioration in the pass rates at primary level from 46 percent in 2003 to 20 percent in 2009. The quality of primary education has also deteriorated. Despite the deterioration in primary education, this goal could be achieved by 2015 through: curriculum reform; increasing availability of textbooks and other teaching/learning materials; improving teacher/pupil ratios in the poorer schools; improving teacher morale through better remuneration and other measures; improving school infrastructure; strengthening management; and increased and consistent investment in primary education.

Promote Gender Equality and Empower Women (MDG 3)

Gender disparity can be eliminated at all levels of education. There is no major difference in net enrolments of pupils in primary schools in urban and rural areas between boys and girls. In 2009, there was a slightly higher dropout rate of boys than of girls, possibly because more boys than girls are leaving school to seek jobs. There is near parity in enrolment in secondary school by sex. The majority of tertiary education students are men, except in primary school teacher training colleges where women dominate. The 2010 MDG Status Report concludes that, despite some of these negative trends, Zimbabwe will most likely reach the gender parity target in primary and secondary education.

The fact that there are few women in decision making positions poses a serious challenge. In 2008, women comprised only 19 percent of the Parliamentarians, which is below the 2005 target of 30 percent. At other levels of decision making, 67 percent of Public Service Commissioners, 29 percent of Supreme Court and High Court Judges, 41 percent of Magistrates and 42 percent of Administrative Court Judges are women. Women dominate the informal economy, while there are more men than women in wage employment.

The 2010 MDG Status Report observes that, while progress has been made towards increasing women's participation in some key positions in the civil service, women are still largely under-represented and far below the MDG 3 target. Increasing women's participation in decision making in all sectors at all levels to 50:50 by 2015 is off track and may be difficult to achieve.

Reduce Child Mortality (MDG 4)

According to the 2010 MDG Status Report, the trend for under-five mortality was 102 per 1000 live births in 1999, decreasing to 82 per 1000 live births in 2005, before rising slightly to 86 per 1000 live births in 2009. The infant mortality rate (IMR) followed the same trend. Neonatal mortality decreased from 29 per 1000 live births in 1999 to 25 per 1000 live births in 2006. User fees, HIV and chronic malnutrition have contributed to the increase in child mortality. Pediatric HIV can be eliminated by 2015, while chronic malnutrition will need to be addressed through child feeding programmes and better quality agricultural and food policies to mitigate the impact on those children who are stunted and wasted.

There have been a general challenges in providing immunisation to infants. The 2010 MDG Status Report notes that Zimbabwe has the potential to achieve MDG 4 of 27 per 1000 live birth for under-fives and 22 per 1000 for infant mortality respectively, given the available infrastructure and training facilities.

Improve Maternal Health (MDG 5)

Trends in the maternal mortality ratio (MMR) worsened from 283 per 100 000 live birth in 1994, to 695 in 1999, 555 in 2005/06 and 725 per 100 000 in 2007 (2010 MDG Status Report). The MDG 5 target MMR for Zimbabwe is 174 per 100 000 live births.

The proportion of home deliveries without a skilled birth attendant stood at 69 percent in 2009. The target is universal access to skilled attendance at delivery by

2015 (2010 MDG Status Report). It is unlikely that this Goal can be achieved if more effort and investment is not put towards strengthening the healthcare system and into scaling up coverage of maternity waiting homes as well as putting in place predictable and enhanced health financing policies and mechanisms.

Combat HIV and AIDS, Malaria and Other Diseases (MDG 6)

Zimbabwe has experienced a gradual decline in the HIV prevalence among adults aged between 15 and 49 years, from 23.7 percent in 2001, to 18.1 percent in 2005/06 and 14.3 percent in 2009, due largely to behavioural change. The incidence of HIV peaked at 5.5 percent in 2003, falling to 0.85 percent in 2009. It is expected that the incidence will level out or continue to decline as the country further scales up treatment and prevention efforts (2010 MDG Status Report).

The incidence of malaria has declined yearly from 124 in 2005 to 59 per 1000 in 2009 due to a scaling up of the Government's prevention programme with significant support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The country still faces challenges in the community based treatment of malaria. These challenges are being addressed through the malaria control programme (2010 MDG Status Report).

Cholera has become a yearly occurrence in Zimbabwe since 1998. The 2008 outbreak was the most severe and resulted in 98 592 cases being reported and a record 4 288 deaths (2010 MDG Status Report). Access to health services was severely limited and this was a major reason for the prolongation of the outbreak. The cholera situation has since been contained.

The incidence of tuberculosis (TB) has increased continuously from 97 per 100 000 people in 2000 to 411 in 2004 and 782 per 100 000 in 2007 respectively. This increase is attributable to the high incidence of HIV. It is estimated that 72 percent of TB patients are co-infected with HIV (2010 MDG Status Report). There are ongoing efforts to scale up collaborative TB/HIV activities at all levels of the health delivery system

Ensure Environmental Sustainability (MDG 7)

The economic crisis of 2000 to 2008 forced a significant proportion of the population to rely more heavily on natural resources for their livelihood. This directly led to biodiversity loss. Power shortages experienced from 2007 resulted in significant deforestation with estimates suggesting that between 100 000 and

320 000 hectares of forest cover was lost per annum from 2007 (2010 MDG Status Report). Government has made efforts to ensure environmental protection through the Integrated Conservation Plan (ICP) for the land reform programme.

The 2010 MDG Report states that Zimbabwe reached the target of phasing out ozone depleting substances (ODS) five years ahead of the 2015 deadline. The effects of climate change have been particularly evident over the past decade with the 1980s and 1990s being the driest periods in the 20th Century. There has been a noted shift in agricultural seasons as evidenced by late onset and, at times, late cessation of the rainy season.

Develop a Global Partnership for Development (MDG 8)

Zimbabwe is a member of both the Southern African Development Community (SADC) and the Common Market for Eastern and Southern Africa (COMESA). It is part of a SADC strategic partnership in road, rail and air travel. Other partnership arrangements within the SADC include economic development corridors (EDCs) and spatial development initiatives (SDIs).

According to the 2010 MDG Progress Report, Zimbabwe has made limited progress on striking strategic partnerships and may therefore not meet the targets in MDG 8.

2

THEMATIC ANALYSES

2.1 Governance and Human Rights Thematic Area

2.1.1 Overview

The United Nations Millennium Declaration of 2000 identified governance and human rights as a critical area of focus for governments. Democratic governance is the basis of the exercise of political, economic, social and administrative authority to manage the affairs of the state. Zimbabwe recognises the importance of these complex mechanisms, processes, relationships and institutions through which citizens' groups articulate their interests, exercise their rights and obligations, and mediate their differences. Zimbabwe is a signatory to the core global human rights instruments. The Government of Zimbabwe (GoZ), through its Constitution and the GPA recognises the significance of good governance and the upholding of human rights. As a continuation of earlier commitments, Zimbabwe still prioritises MDGs 1, 3, and 6, as indicated in the MDG 2004 Progress Report, with the cross-cutting issues of gender and HIV being integrated into the governance and human rights theme.

Over the years, the country has demonstrated its desire for an efficient, responsive, transparent and accountable state as a central part of democratic governance through the work of effective public administration with checks and balances upheld through electoral processes. Under the ZUNDAF cycle of 2007 to 2011, the country registered modest advancement towards ensuring good governance and respect for human rights. During this period, the legislative oversight and representational roles of Parliament were enhanced substantially through the implementation of reforms and the establishment and strengthening of Portfolio/Thematic Committees. As part of the broader reforms of Parliament and an increase of checks and balances in the legislative process, a 314 member bicameral legislature was reintroduced.

A wide range of reforms were introduced to strengthen the independence of the judiciary. The lower courts¹ were moved to the Judicial Services Commission from the Public Service Commission. Similarly, preparatory work in the setting up of the pre-trial diversion programme, which is meant to rehabilitate young offenders, was completed but the programme is yet to be launched. Furthermore, achievements were registered in the areas of the establishment of victim friendly facilities, decentralisation of legal aid, and the equipping of critical courts.

¹ Magistrate Courts, Small Claims Court, Labour Court, Administrative Court

Over the years, Zimbabwe has ratified a number of key human rights instruments such as the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC), and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). However, the domestication and implementation of these Conventions are at various stages. The country also needs support in the ratification of upcoming instruments, such as those on migration, and optional protocols to the existing instruments.

During the same period, the Constitution of Zimbabwe was amended to improve citizen participation in national development processes. Since independence, Zimbabwe has established oversight and accountability bodies such as the Office of the Public Protector. However, to enhance and promote transparency, accountability, good governance and the human rights architecture, strategic Commissions such as the Zimbabwe Electoral Commission (ZEC), the Anti Corruption Commission, the Media Commission, and the Human Rights Commission² have been established recently.

2.1.2 Problem analysis

Zimbabwe has a new political dispensation ushered in by the signing of the GPA on 15 September 2008. Constitutional Amendment No. 19 provided the legal basis for the formation of the Inclusive Government in February 2009. This agreement acknowledges the fundamental right and duty of Zimbabweans to make their own Constitution. Article 7 of the GPA provides for a comprehensive, people driven Constitution making process over a period of eighteen months. In the same context, a Constitutional Parliamentary Committee (COPAC) was established to spearhead the Constitution making process.

In order to promote equality, national healing, cohesion and unity, the GPA prescribed the establishment of an Organ on National Healing, Reconciliation and Integration.³ These efforts were aimed at enhancing democratic governance in Zimbabwe but some development challenges remain in areas relating to justice delivery, governance, human rights, mechanisms for the security and protection of persons, and service delivery by public institutions. A detailed analysis of the situation highlighted the following aspects:

² Constitutional Amendment No. 19 of 2008.

³ Article 7 of the Global Political Agreement.

- **WEAK JUSTICE DELIVERY SYSTEM:** The country's judicial system is overstretched due to shortages of financial, human and material resources, leading to a backlog of cases and overcrowding in prisons. The Government has taken policy and legislative measures to address some of the challenges in the judiciary which include the setting up of the independent Judicial Service Commission in June 2010. Currently, the judicial service is understaffed due to serious capacity erosion of professional and skilled personnel. In addition, the use of obsolete recording and transcription equipment hampers the timely delivery of judgments.

Analysis of the challenges revealed that the judicial system was over stretched, from law enforcement, through application of justice, to correctional services. Access by poor and vulnerable groups to justice is further constrained by prohibitive legal costs, and inadequate legal aid and victim friendly facilities. The delay in the implementation of the Pre-Trial Diversion Programme has further increased the backlog of cases. Challenges faced by the Prison Services are attributed to the backlog of cases and to budgetary constraints. Not only does the Prison Service have limited resources to ferry prisoners to and from the courts, but also for provision of basic needs such as bedding, food, utensils and equipment. These limitations are also found in the law enforcement agencies.

Zimbabwe's Alternative Dispute Resolution (ADR)⁴ is a fairly new system to relieve the ordinary courts of the burden of labour disputes and cases, and improve access to justice by disputing parties through less legalistic and procedurally rigid mechanisms, as well as expediting the disposal of disputes. Despite the ADR being in place, most disputes are still resolved through processes involving litigation in the courts of law, a process which is not accessible to workers due to the high costs and procedural technicalities involved. Other issues concern the high arbitration costs, delays in the finalisation of disputes beyond the time limits imposed by the statute, and a backlog of cases in the Labour Court.

Inadequate capacity building programmes are among the underlying

⁴ Labour Relations (Amendment) Act of 2002 and the Labour Act of 2005.

causes of the weak justice delivery system. There is a need for enhancement of institutional capacity in the areas of law enforcement, legislative drafting, legal advice, litigation skills, and implementation of human rights obligations for the efficient and effective delivery of service. A review of policies is also needed to improve efficiency in public institutions and in administrative measures.

- **MECHANISMS FOR THE PREVENTION, MANAGEMENT AND RESOLUTION OF CONFLICT, AND PEACE BUILDING:** In the recent past, the country has witnessed an increase in the degree of political and social polarisation, which easily translated into violence, compromising the security and protection of the person. There have been allegations of various interest groups perpetrating violence and the youth are often perceived as accomplices. This situation is exacerbated by mistrust between the public and law enforcement agencies and is worsened by resource constraints, resulting in weak capacity for law enforcement.

Concerted efforts have been made to curb violence, including enacting appropriate laws such as the Domestic Violence Act to protect families from violence in the home. However, awareness of protective measures is still limited. Emphasis needs to be placed on the promotion of values and practices of tolerance, respect, non-violence, and dialogue as means of resolving differences to ensure the security of all persons and property. To this end, the GoZ established post GPA, specialised restorative and accountability institutions such as the Joint Monitoring and Implementation Committee (JOMIC) and the Organ on National Healing, Reconciliation and Integration⁵ to lay the foundations for a society characterised by mutual respect and tolerance. It is necessary to support these national efforts to enable them to coordinate social dialogue processes effectively for sustained social cohesion and recovery.

- **POOR PUBLIC SECTOR SERVICE DELIVERY:** During 2006 to 2008 the country experienced persistent hyperinflation. Poverty levels increased, with 70 percent of the population in dire need of food during the period under review. The hyperinflation eroded the capacity of the economy to respond effectively to service delivery needs, mainly in the areas of

⁵ Article VII of the Global Political Agreement (GPA), and enshrined in Schedule 8 of the amendments to the Constitution of Zimbabwe.

education and health. This situation was worsened by a brain drain, institutional capacity depletion, diminished resources, and eroding buying power. The loss of critical skills also weakened the ability of the country to respond to capacity development and replenishment programmes.

The Inclusive Government initiated new policies to reverse the economic decline and return the economy to macroeconomic stability. The adoption of the multicurrency system in February 2009 initiated an important phase marked by the stabilisation of the public service sector and the recovery of basic public goods and services provision. This situation also provided the government with an opportunity to institute reforms in the public sector, which included redefining the ministries and departments. To further strengthen performance and service delivery of the entire public sector, the Government continued to implement the Integrated Results Based Management (IRBM) system to enhance efficiency, effectiveness, transparency, and accountability in the public sector, thereby improving service delivery to citizens.

Progress in the public sector recovery process has been curtailed by the weak structural and systemic linkages, inadequate capacities and institutional setups, as well as the shortage of resources. As economic performance stabilises, there has been a need to support a comprehensive capacity building programme to restore crucial public services. Professionalisation of the public sector to enhance efficiency, transparency, and accountability remains a key priority area. Government is making concerted efforts to build the confidence of the public in the entire public service machinery.

- **INADEQUATE PEOPLE'S PARTICIPATION IN DEMOCRATIC GOVERNANCE STRUCTURES AND PROCESSES:** Over time, Zimbabwe has created strategic oversight bodies such as the Office of the Public Protector, the Anti Corruption Commission, and the Zimbabwe Electoral Commission, for transparency, accountability and good governance. The inadequate capacities and institutional structures of these bodies have constrained their effectiveness and responsiveness in engaging their citizenry. It is desirable for the state to constantly strengthen its social contract in upholding the rights of its citizens.

In order to further strengthen people's participation in democratic processes, the Inclusive Government reconstituted existing statutory bodies, comprising the ZEC and the Anti Corruption Commission,⁶ and established the Media Commission and the Human Rights Commission. These Commissions will complement the work of bodies such as Parliament and the Office of the Public Protector in strengthening the accountability and responsiveness of key state players.

Zimbabwe has conducted elections regularly since independence in 1980. Since 2000, there has been contestation over the outcomes of the electoral process on a wide range of areas, inclusive of, but not limited to, impartiality, accountability, transparency, and infringements. Cognisant of these issues, the Inclusive Government reconstituted the electoral management body in terms of Section 100B of the Constitution of Zimbabwe within the framework of the GPA and embarked on widespread electoral reforms. There is a need to support these reforms in order to ensure the credibility, transparency, and integrity of the electoral process. The Government reconstituted the Anti Corruption Commission to curb corruption and patronage practices. To this end, the Commission needs to be capacitated to ensure that the principle of good governance and accountability is upheld across all sectors of the state.

Recognising the importance of the right to freedom of expression and the role of the media in a multi-party democracy,⁷ the Inclusive Government established the Media Commission to ensure that appropriate measures are taken to address the challenges in this sector. As part of strengthening the human rights and rule of law architecture, the Inclusive Government also established the Human Rights Commission to foster a culture of democratic governance. It is necessary to support the enhancement of capacity of these two commissions to deliver on their critical oversight and accountability mandates.

An analysis reflected that these new independent commissions were inadequately capacitated to uphold good governance and human rights. A wide range of hurdles, which include inadequate institutional set ups and coordination, unclear mechanisms for engaging the public, and

⁶ Constitutional Amendment No. 19 of 2008.

⁷ Article 19 of the Global Political Agreement.

technological limitations, hamper the effectiveness of these new commissions. The lack of adequate infrastructure is manifested in the incapacity of commissions such as the Zimbabwe Human Rights Commission, to provide data for state party reports, and other human rights functions.

2.2 Economy, Employment and Poverty Thematic Area

2.2.1 Overview

Poverty, the economy and employment are inextricably interwoven, and the cumulative economic decline Zimbabwe has experienced since the early 1990s has had a negative impact at this nexus. Although economic growth is a necessary condition for poverty reduction and its eventual eradication, it is not a sufficient one. The quality of growth, as measured by its employment intensity, is as important as its quantum in reducing poverty.

The Zimbabwean economy suffered a cumulative economic decline, estimated at 50.3 percent, between 2000 and 2008 (Draft MTP, 2010). This decline contributed to the worsening poverty and employment situation. The proportion of the population living below the Total Consumption Poverty Line (TCPL) rose from 55 percent in 1995 to 72 percent in 2003 (PASS II, 2003). As economic growth declined in Zimbabwe, so did the labour absorptive capacity of the economy such that by 2004, four out of every five jobs in Zimbabwe were informalised, resulting in massive decent work deficits. Unemployment rates had remained below 10 percent between 1982 and 2004 (CSO, LFS, 2004). However, during the same period there was a decline in formal employment (from 1.1 million in 1993 to 990 000 in 2002), and a corresponding increase in informal employment.

Declining economic performance and formal employment as well as increasing poverty levels have had a negative impact on social sectors such as health and education. Maize production declined from 2.06 million tonnes in 2003 to an estimated 1.16 million tonnes in 2007. In 1995, 2002, and 2005, the tonnage did not reach a million.

Population issues, which have a strong bearing on poverty, the economy and employment, as well as other sectors such as the environment and the provision of basic social services, have not been addressed in a coordinated and integrated

manner. The population size almost doubled from 7.5 million in 1982 to 11.6 million in 2002, while the economy actually shrank. Furthermore, Zimbabwe has experienced a massive brain drain, with between 3 and 4 million of its citizens estimated to be living in the Diaspora (UNDP, 2010). The high mortality of the productive age group of 15 to 49 years due to HIV related causes has worsened the dependency ratio and has left an estimated 25 percent of children orphaned or otherwise vulnerable. As a result, the elderly are now taking care of these children as well as chronically ill people (PASS II, 2003). Furthermore, population growth has put pressure on the environment.

2.2.2 Problem analysis

Economy

The country has over some time now suffered from suppressed economic growth emanating from low productivity and capacity utilisation, liquidity constraints limiting access to financing and capital, and low investment and savings levels.

Industrial capacity utilisation has declined. Current figures show that average capacity utilisation by companies, which dropped to 15 percent early in 2009, is approximated at 35 percent (CZI Manufacturing Sector Survey, 2008; UNDP Comprehensive Economic Recovery Policy Series, 2009). A grossly undercapitalised financial sector, and inability to tap external resources, and low revenues continue to be expressed in low levels of investment and savings of less than 5 percent of GDP. In general, productivity has dropped as a result of weakened business linkages, the high cost and unreliability of infrastructure services (energy, transport, water, ICT), and worsening technical skills shortages accompanied by high unemployment among youth, school leavers, and women. The largest category of Zimbabweans living in the Diaspora (40.8 percent) was in the 30-39 years age group, followed by the 20-29 age group at 25 percent, 40-49 age group at 23.7 percent and those at least 50 years of age at 10.5 percent (SIRDC, 2003). In terms of profession, 26 percent were teachers, 25 percent doctors, nurses and pharmacists, 23 percent engineers and other scientists, 17 percent accountants, 5 percent farmers, 2 percent bankers and 1 percent each were clergy and others. The savings and investment ratios have remained very low in the recent past, a trend which has far-reaching implications for growth, employment creation, and poverty reduction.

The perceived country risk associated with the transitory nature of the Inclusive Government remains very high as a result of an unsustainable external debt of approximately US\$5.1 billion, which the Government is not able to service, coupled with a fragile macroeconomic environment and business climate.

All of the above emanate from the vicious cycle of low employment growth, poverty and a lack of participatory policy formulation, incoherence and inadequate implementation of policies, as well as budgetary constraints. Since the 1990s, the country has had several macroeconomic policy frameworks which were not fully implemented. These include: the Zimbabwe Programme for Economic and Social Transformation (ZIMPREST, 1998); the Millennium Economic Recovery Programme (MERP, 2001); the National Economic Recovery Programme (NERP, 2003); Measures to Address the Current Challenges, of February of 2003; the Macro-Economic Policy Framework 2005-2006: Towards Sustained Economic Growth of November 2004, and the National Economic Development Priority Programme (NEDPP, 2006). Recent policies contained in STERP I and II and the three year macroeconomic policy and budget framework seem to have stemmed the decline.

There is still a need to strengthen growth prospects by institutionalising a competitive framework for public-private partnerships for economic development and weakened programmes and institutions to support sustainable enterprise development.

Employment

Conventional measurements of unemployment tend to hide the extent and depth of the challenge. Unemployment is measured using both its broad (passive) and strict (active) dimensions.⁸ Employment status cannot be fully described by unemployment data alone; underemployment data also play a role.

⁸ The use of the broader definition started with the 2004 LFS following recommendations of the 1998 User-Producer of Statistics symposium attended by stakeholders. According to the broad definition, unemployment "...refers to the population age 15 years and above who during the seven day reference period, did not work and had no job or business to go back to, but who were available for work." The strict (active) definition requires that those without a job be available for work and actively look for work. In developing countries such as Zimbabwe, the broad definition is more appropriate because of the limited methods of job search available, especially in the rural areas, and the reality that with limited job opportunities, most job seekers are already discouraged to look for work. The 2004 Labour Force Survey (LFS) estimated active unemployment at only 4.4 percent, which is well below the comparable level of 10.8 percent of 1982. Using the broader definition in the 2004 LFS puts the level of unemployment at a higher level of 9.3 percent during a reference period of 7 days and 11.4 percent during the reference period of 12 months.

The high levels of underemployment in the Zimbabwean economy characterised by high levels of vulnerable employment and working poor, notably among the youth and women, have been a result of increased informalisation of work, alongside low job creation, and low productivity (capacity utilisation) in the formal sector. Using data from the 2004 Labour Force Survey, four out of every five jobs in Zimbabwe are informal. This can be illustrated by the decline in formal employment from 1.14 million in 1993 to 992 400 in 2002, and a corresponding expansion in informal employment by 1 million over the same period. It is not only the quantum of employment that matters, but the returns to labour. The presence of many decent work deficits in the labour market, especially the informal economy, would suggest a problem of underemployment rather than unemployment. This has a clear bearing on poverty and economic performance through losses in productivity, personpower and skills within the country.

Data deficiencies in the informal economy present serious challenges to analysis. However, at independence in 1980, the informal economy was relatively small, accounting for less than 10 percent of the labour force. The Poverty Assessment Study Survey (PASS) II (2003) indicates that the informal economy accounted for 30 percent of those employed, up from 23 percent in 1995. Sixty three percent of the people employed in the informal economy were in the urban areas. By 2004, the share of the formal sector had declined to around 13 percent of the labour force (10 percent of the population).

It also suggests that 53 percent of those employed in the informal economy were women, and 47 percent were men. The PASS II study showed that of all the persons employed in the informal economy, 44 percent were below the TCPL, compared to 36 percent of the formal sector. These results show that poverty is prevalent in the informal economy, especially for women in the urban informal sector.

Youth aged 15 to 24 years constituted the bulk of the unemployed, accounting for 62.1 percent in 1994, 65 percent in 1999, 67.5 percent in 2002 and 59.6 percent in 2004. According to the 2004 Labour Force Survey (LFS), overall youth and female unemployment stood at 15 percent and 19 percent respectively.

This situation, compounded by the absence of an enabling policy framework and active labour market policies, set in motion a host of decent work deficits in the labour market, including vulnerable employment and low productivity, brain

drain, declining capacity for skills development and mismatch of skills demand and supply, and low incomes trapping many working people in poverty.

Poverty

The latest available official statistics indicate that poverty is a serious development problem.⁹ The proportion of households living below the TCPL increased from 42 percent in 1995 to 63 percent in 2003 (PASS II, 2003). However, given that poorer households tend to be larger in size than non-poor households, incidence of poverty was higher at population than at household level. The proportion of the population living below the TCPL rose from 55 percent in 1995 to 72 percent in 2003. The highest incidence of poverty is in the rural areas, where 71 percent of households lived below the TCPL in 2003, compared to 61 percent of households in urban areas. Female headed households and people living with disabilities also experienced higher incidence of poverty than their counterparts. Sixty three percent of female headed households lived below the TCPL in 2003, compared to 53 percent of male headed households. Compared to 58 percent of those without disabilities, 61 percent of people living with disabilities lived in extreme poverty in 2003.

Poverty in Zimbabwe has worsened the human development index (HDI), human poverty index and the food security situation making it difficult for the country to achieve MDG 1 on eradication of hunger and extreme poverty by the year 2015. Zimbabwe's HDI of 0.410 is in the low human development category, having fallen by 12 percent from 0.468 in 1995.

This situation is likely to have worsened since 2003 mainly because of the deteriorating macroeconomic situation, the impact of HIV and AIDS, inequality, the significant drop in agricultural productivity, falling real incomes, rampant shortages of basic food and other commodities, and the 2007/08 global financial crisis. The economy experienced hyperinflation which reached 231 million percent in July 2007, while real GDP is estimated to have declined by a cumulative 50.3 percent between 2000 and 2008. Inequality, as measured by the Gini coefficient, worsened from 0.53 in 1995 to 0.61 in 2003 (PASS II, 2003). HIV prevalence among the adult population aged 15-49 years stood at 13 percent in 2009.

⁹ See pages 7 and 8 of the Zimbabwe 2000-2008 MDG Mid-Term Progress Report.

The high incidence of poverty has mainly been due to weakened social protection systems (lack of social security coverage),¹⁰ lack of decent work and low food production. The weakened social protection system is a result of suppressed economic growth, which has led to increased informal employment where there is little or no social security coverage. This has been exacerbated by the breakdown of families due to the impact of HIV and AIDS. The low food production has been due to low productivity, suppressed economic growth, climate change and constrained access to agricultural inputs and extension services. Yields for maize have fallen from 1 653 kg per hectare in 1993 to an estimated 803 kg per hectare in 2007 (CSO, 2003-2007 Time Series Figures), while the country has experienced frequent droughts and floods in recent years.

The root causes of the high incidence of poverty have been linked to the poor economic growth with limited job creation opportunities that has occurred in the country since the 1980s, emanating largely from inadequate or ineffective pro-poor policies and budgeting, uneven distribution of resources and access to income earning opportunities, globalisation, and unfair trade patterns and systems.

2.2.3 Issues requiring deeper analysis

Firstly, there is a need to collect current and relevant data to facilitate a full description of the economy, employment, and poverty situation in the country to inform policy and programme formulation, implementation, monitoring, and evaluation. The analysis of the 2007/08 Income Consumption Expenditure Survey (ICES) and the 2009 Poverty Income Consumption Expenditure Survey (PICES) undertaken by the Zimbabwe National Statistics Agency (ZIMSTAT) provided new data on poverty and the economy.

Secondly, there is need to look at the impact of the growing external debt, polarised relationships with the west, and the global financial crisis on the economy, employment and poverty. The pending analytical study on the impact of global financial and economic crisis on the MDGs in Zimbabwe will provide a good reference.

¹⁰ Social protection includes social security (measures that provide income security, including pension schemes in case of poverty, unemployment, sickness, disability, etc. and social services which include health services and access to education) and labour protection (which covers occupational safety and health, decent working conditions and risk prevention strategies for protection and integration of the rights of vulnerable groups).

Finally, there is a need to look at the interlinkages between population, poverty and the environment, particularly the impact of population dynamics (growth rates, migration, etc.) on development in Zimbabwe. This analysis should include an exploration of how the economy could benefit from Zimbabweans who are living in the Diaspora.

2.3 Agriculture, Lands and Environment Thematic Area

2.3.1 Overview

Agriculture

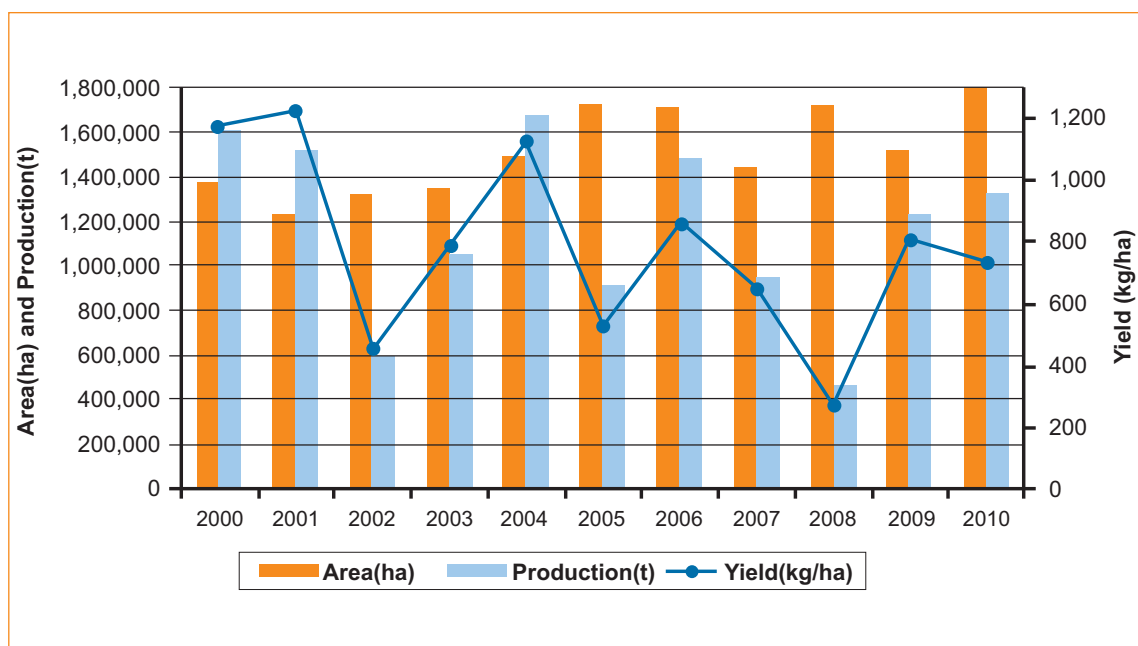
Agriculture plays a pivotal role in Zimbabwe's economy and is a key component of the country's efforts to reduce poverty. The country's agricultural sector is buttressed by its rich natural resource base, including highly productive lands, rich forests, vast freshwater resources, minerals, and terrestrial and aquatic fauna. As such, about 70 percent of the population depends on agriculture for food, income, and employment. It supplies 60 percent of the raw materials required by industry and contributes about 40 percent of the total export earnings. On average, agriculture contributes 15 to 18 percent of the GDP. The potential of the sector has been enhanced by the just completed Land Reform Programme, which availed land to more of the indigenous people of Zimbabwe.

However, Zimbabwe's agricultural production, especially that of key food crops such as maize, wheat, and sorghum, has declined markedly over the past decade. Likewise, the production of cash and export crops, such as tobacco, cotton, and soya beans, has declined, significantly weakening the country's ability to earn adequate foreign exchange. From a surplus producer of staple commodities, Zimbabwe has become a net food importer during the 2000s, increasingly reliant on food aid and imports from regional neighbours. The constraints within the food grains sector are firmly rooted at farm level. Productivity in these sectors has been declining and uncompetitive.

Over the past five years, the national average yield has been below half a tonne per hectare in maize, while in the wheat sector total annual output fell from 325 000 tonnes in 1990 to 18 500 tonnes in 2008 (MoAMID Production Statistics). Figure 2.1 shows a decline in maize production over the years despite an increase in the area under production. Key constraints to the efficient operation of these sectors have been limited access to market information, unreliable supply of low cost inputs (e.g. seed, fertiliser and electricity), limited capacity to mobilise capital

for equipment purchase, high transportation costs due to inadequate road infrastructure and environmental degradation, and vulnerability to climate change. The maize and wheat grain sectors have, therefore, been characterised by low volume and poor quality grain production relative to regional markets, thereby compromising national and household food and nutrition security.

Fig 2.1: Trends in Maize Production



Zimbabwe has a wide variety of domesticated animals. However, their contribution to the national economy has been limited. Formal commercial livestock farmed in Zimbabwe include beef, dairy, poultry, pigs, and to a lesser extent, goats and sheep. There has been a marked decline in commercial beef and dairy cattle production. Although the smallholder sector holds the bulk of the national beef, pig, poultry and small ruminants, productivity and off-take have been low in this sector. Disease incidence has been relatively high in all classes of animals, further reducing productivity.

Zimbabwe is also experiencing the negative impact of the HIV epidemic, with almost 20 percent of its adult population living with HIV. The agriculture sector has not been spared by the epidemic. HIV reduces labour and overall farm productivity, depletes the capital base of affected households and erodes their

livelihood options, thus compromising food and nutritional security. The impact of HIV and AIDS has been felt particularly in smallholder agriculture, because women, who comprise the bulk of the farmers, are more vulnerable to HIV, both in terms of infection and being affected, since they frequently assume the role of caregivers, thus reducing their time in the field.

Gender mainstreaming in agriculture is considered a priority as it allows government to determine the social efficiency and impact of its investments and programmes in addressing food and nutrition security as a public good. Currently, understanding of the concept of gender mainstreaming by incumbents in planning and decision making positions has not reached desirable levels. Capacity building in this respect is necessary in order to improve guarantees of the effectiveness and efficiency of the food and nutrition security objectives of the agriculture sector.

Environment

On the other hand, Zimbabwe is endowed with a stock of natural resources that support the development of a diversified economy, thus enabling the country to address social development issues. A closer look at the soils, lands, waters, air, plants and animals reveals a picture with troubling signs of overuse and diminishing quality and availability of natural resources and there is growing evidence of this phenomenon. This threatens the Zimbabwean economy which is heavily reliant on these resources.

Although Government has launched a number of initiatives, ranging from policy to community based action programmes, to correct the damage being done to the environment, growing poverty has led to over-exploitation of resources. This in turn has led to widespread deforestation, soil erosion, gully formation and siltation of watercourses, and the loss of biodiversity in plant and wildlife species, as there is growing pressure on the land resource. Fresh water supply is equally threatened, and the weakening water and sanitation infrastructure has contributed to an increase in the incidence of waterborne diseases such as cholera.

Environmental degradation has had an impact on agricultural production. The situation is exacerbated by recurrent droughts, the impact of HIV and AIDS, and unstable macroeconomic conditions. Other environmental challenges being

faced by the country include air pollution, water pollution and scarcity, climatic change and droughts, extinction of forest and wildlife species, and access to affordable energy resources among the rural poor. It is estimated that 23 percent of the country's population has access to electricity, but because of production incapacities more households are relying on wood fuel for cooking and heating.

2.3.2 Problem analysis – agriculture and land

Limited access to inputs

The 2000s have been characterised by shortages of key crop inputs such as fertilisers, crop chemicals, and seed. This situation can be attributed to a number of factors affecting input suppliers, including shortages of foreign currency leading to reduced plant capacity utilisation. The costs of livestock production have increased due to shortages and the increased price of stock feeds. Shortages of locally produced raw materials (maize, oilseed cake and animal protein sources) have increased the import content of stock feed products, while periodic shortages of foreign currency led to erratic supply. In remote smallholder areas, the number of input dealers has been declining due to difficulties in obtaining supplies. The operations of private input dealers have also been hampered by lack of finance, poor road infrastructure and an inadequate energy (fuel, electricity and coal) supply.

Limited access to credit

The main challenge facing agricultural finance is the lack of credit from commercial banks which are reluctant to lend to farmers because the absence of security of tenure means that they do not have collateral security. The prevailing global economic conditions have made it difficult for banks to gain access to funds from international financial institutions, which would increase their capacity to extend funds to farmers at much lower interest rates. As a result, agriculture, which traditionally requires both short and long term financing, is facing stiff competition from other sectors for the few available resources.

Market information, research and intelligence

Agricultural marketing information is vital to the development of the agricultural sector as it provides signals to stakeholders to maximise their efforts as well as help on how best to allocate resources. It also improves the bargaining power of producers when dealing with traders and processors and reduces transaction costs by reducing risks.

Currently, the system of collection, analysis, storage and dissemination of agricultural marketing information for planning purposes on production, consumption, exports and imports at national level is inadequate and fragmented. Furthermore, costs for information acquisition and dissemination as well as general access and sharing of information within and outside the sector are high. This constrains decision making in production, harvesting, and processing.

At the local level, data and information collection processes sometimes involve little participation of local communities. The challenge is how to develop an efficient and effective agricultural marketing information system that will also enhance public-private partnership in data collection, analysis and dissemination on supply of and demand for different agricultural products.

Agricultural research and extension

The national agricultural research and extension system has encountered a number of constraints including:

- Inadequate research and operational budgets, as well as high staff turnover;
- The need for updating or replacement of most agricultural infrastructure;
- The scaling back of support for agricultural research from the private agribusiness sector;
- The negative impact of low operational resources on mobility of personnel, communication ability, publication of extension materials and general repair and maintenance of assets.

Appropriate technology packages

The Zimbabwe agriculture sector's changed landscape requires a new and appropriate technology package, given the sizes of new farms. Changing global market opportunities and the requirements of varying agro-ecological zones require area specific technology packages to fully optimise land resource use. Such technology should be user friendly to both men and women. This has affected the use and adaption of such technology by women negatively, thereby affecting their agricultural productivity.

Zimbabwe's land reform programme

Zimbabwe's land reform programme has been implemented in phases since independence in 1980. Phase 1 covered the period 1980 to 1998. The target then

was to acquire 8.3 million hectares of land to resettle 162 000 families. By 1997, 3 498 444 hectares of land had been acquired on a willing seller-willing buyer basis on which 71 000 families were resettled.

Phase II covered the period 1998 to 2000. Only 168 263 808 hectares were acquired and 4 697 families resettled. The fast track phase began in 2000, when 10 816 886 hectares were acquired and 162 161 families resettled (145 775 on the A1 model and 16 386 on the A2 model). A total number of 237 858 households have had access to land under the programme.

Several challenges were faced during the implementation of the land reform programme. Some of these were:

- Compensation of former farm owners has to be finalised and this requires farm valuation. Although the Ministry of Lands and Rural Resettlement (MoLRR) has valued some farms, resources are required to complete the exercise. The Ministry needs to issue A1 settlement permits and 99 year leases for security of tenure. However, this is a technical process which requires title survey of all A2 plots by surveyors.
- The Ministry also needs to be capacitated in terms of human, material, and financial resources to carry out land information management, land auditing, and general farm inspections.
- The Ministry needs to attend to non viable subdivisions and numerous boundary disputes through a re-planning exercise of some of the allocated subdivisions, particularly under the A2 scheme.

Inadequate infrastructure

The issues concerning infrastructure arise from inadequacies in the following areas:

- Investment in the development and rehabilitation of irrigation systems, including micro-agricultural water management programmes;
- Financing of irrigation rehabilitation and development;
- Capacity of the irrigation industry, equipment suppliers and contractors to provide services;
- Post harvest infrastructure leading to a high level of post harvest losses;
- Availability of repair and maintenance workshops close to the farmers; and
- Supply of spare parts on the local market.

Security of tenure

Although Zimbabwe has implemented a land reform programme, there are a number of challenges that affect optimal management of land resources including:

- The issue of security of tenure in the newly resettled areas;
- The length of time taken to register 99 year leasehold, with the issuance rate currently estimated at 1000 leases per year;
- Unclear use rights over some existing A2 and A1 infrastructure; and
- The MoLRR having limited capacity for land surveying, mapping, and valuation for registration purposes.

Impact of HIV and AIDS

The farming community and institutions servicing the agricultural sector have felt the impact of HIV and AIDS. The general impact on subsistence farming households has resulted in the reduction of the area under cultivation, and a decline in yields as a result of delays in or poor timing of essential farming operations. Even with access to good land and rainfall, HIV affected households cannot maximise production and use of natural resources.

Institutional capacity

Institutional capacity for land administration, environmental management supervision, agricultural financing, research, extension, training, and infrastructural support is limited.

In particular, the MoLRR has limited capacity for land surveying, mapping and valuation for registration purposes. This is particularly so in terms of human resources and modern land administration technologies. The Ministry of Environment and Natural Resources (MoENR), and Ministry of Agriculture Mechanisation and Irrigation Development (MoAMID) face similar budgetary and capacity constraints. These ministries do not have adequate technical or human capacity, mainly as a result of brain drain.

Increased frequency and severity of droughts and floods

Zimbabwe is experiencing more hot days and fewer cold days, and the amount of precipitation the country receives is deviating from the mean more frequently (UNEP, GRID, 2002). The observed warming trend in Zimbabwe is generally consistent with global tendencies. A set of climatic extremes show that the

monthly highest daily maximum temperatures for most of the country are increasing by about 2°C per century and the percentage of days with low temperatures is decreasing at a rate of about 15 days per century.

National average rainfall has declined by about 5 percent from 1900 to 2000, notwithstanding the episodes of wetter than average conditions, during the 1920s, 1950s and 1970s. The 1980s and early 1990s witnessed probably the driest periods of the century. It has been observed that competing responses, such as increasing number of dry days, coupled with increases in rainfall intensity, working at different timescales, tend to mask climate change signals in time-averaged total rainfall.

The droughts in the past two decades have caused deaths from malnutrition, destruction of infrastructure, and loss of livelihood assets, while floods from cyclone activities in the past decade have compounded the negative impact upon recovery efforts. The response is a reactionary one based on the provision of handouts instead of proactive long term climate change planning. The meteorological and hydrological community and national disaster institutions have become of paramount importance to human safety and wellbeing in the face of climate change. However the institutional capacity to anticipate and plan for climate change impact is extremely weak.

Human-wildlife conflict

Crop damage and livestock attacks by wild animals, particularly elephants, lions and leopards, continue to haunt farmers. In addition, problem birds, particularly queleas, have a significant negative potential to reduce the wheat and other small grain crops. In 2009 alone, about 250 reports of attacks on small grains, mainly wheat crop by quelea birds, were received. As a result, about 1 345ha were sprayed yielding a success rate of about 75.2 percent. This indicates that the Parks and Wildlife Management Authority (PWMA) is doing its best under difficult circumstances to contribute to food security by protecting crops. However the Authority faces a number of challenges, among them inadequate transport and communication facilities. Therefore, it is necessary to capacitate the Authority in these and other areas to achieve the desired objectives.

2.3.3 Problem analysis – environment

The major developmental issue in the environment sector in Zimbabwe is the reduced quality and quantity of natural resources. This results from the interplay

of the four major challenges of deforestation, siltation, all forms of pollution, and poaching of flora and fauna. A number of causes underlie these major environmental challenges in Zimbabwe.

Deforestation

Increasing levels of all forms of degradation, mainly deforestation, soil erosion, formation of gullies and siltation, have been identified as the major environmental issues bedeviling Zimbabwe. The major cause of deforestation in Zimbabwe is uncontrolled forest fires. Pronounced damage has been caused by these fires and in 2009 a total of 904 774 ha of forest land was destroyed. The highest hectareage, totaling 338 541 ha, was destroyed in Mashonaland West and the lowest destruction rate was in Midlands Province with 7 118 hectares. Ten deaths were recorded as a result of these veldt fires countrywide in 2009. While the rate of deforestation in Zimbabwe has not yet been precisely established, information from the Food and Agriculture Organisation (FAO) estimates the rate at 312 900 ha per annum. Most of the deforestation takes place in communal and resettlement areas where the rate of tree planting is less than 25 000 ha per year. Clearly this rate of tree planting in these areas is not sufficient to offset the deforestation trend, implying that the vegetation cover is likely to continue dwindling until the culture of social forestry planting improves.

Insecurity of tenure coupled with lack of proper land use and land use planning have led to unsustainable practices such as overgrazing, deforestation, erosion, siltation, and reduced quantity and quality of water resources.

The lack of sustainable energy alternatives has further accelerated deforestation in both rural and urban areas as poor households resort to the use of fuel wood for cooking. In Zimbabwe, more than 80 percent of people in the rural and peri-urban areas depend on biomass (mainly wood, cow dung and crop waste) for cooking and lighting and have limited access to modern energy (electricity, paraffin, gas, etc). Alternatives do exist. These include biogas technology for cooking and solar power for lighting, as well as hydropower and wind energy for various applications. However, these alternatives are either not known or are too expensive for the communities that most need them. Technologies also exist that reduce the amount of firewood used, but these have not been adopted fully.

Erosion and siltation

In Zimbabwe, soil erosion, soil infertility, siltation, deforestation, over harvesting

of wood for fuel, medicines and crafts as well as the conversion of land for agricultural purposes are the main causes of land degradation. Poverty and the lack of livelihood options and alternatives for water and energy have also increased the country's disposition to land degradation. The gaps in awareness programmes and land use planning have been cited as contributing to accelerated degradation in the newly resettled areas. One can draw linkages between biodiversity, climate change and land degradation. For example, well conserved ecosystems are likely to yield higher biodiversity, while a drastic change in the ecosystem due to severe land degradation may threaten the habitats of certain species. Well conserved ecosystems are also likely to have forests that can act as carbon sinks, thereby reducing the level of carbon emissions.

There is a need for up-to-date studies to establish the rates of soil erosion and soil formation in Zimbabwe as the currently existing data are drawn from studies carried out in the late 1980s and early 1990s. The consequences of this erosion are seen in general declines in crop yields and very high rates of siltation of reservoirs, especially of the smaller dams used for rural water supplies. Small dams are likely to fill with sediments within fifteen years of construction and even the larger irrigation schemes are affected adversely by siltation. It has been estimated also that in some areas the cultivation of maize may only be possible for another fifteen years before soils become too shallow for crop growth; sorghum cultivation may be impossible within 30 years.

Poaching

Poaching of both flora and fauna is one of the worst environmental and security challenges that Zimbabwe faces. There has been a general increase in poaching of wildlife by both foreign and local nationals since 2000. A total of 145 elephants, 91 buffaloes, 113 impala, 56 kudu, 42 zebras, and a rhino were poached in 2009 in Parks estates alone (MoENR, statistics). The total value of wildlife poached in 2009 was more than \$2 million. Heavy poaching has been experienced countrywide on both Parks and non Parks estates. Poaching has also shown itself in the illegal and unsustainable harvesting of forest produce from Demarcated Forests protected under the Forest Act.

The unlawful occupation by some communities of designated forest and wildlife conservancies has also resulted in rampant and widespread poaching activities. A number of forests protected by the Forest Act and other wildlife conservancies

have been occupied by smallholder farmers, resulting in poaching of both flora and fauna for the farmer's livelihoods. Lack of incentives for proper management that are rooted in insecurity of tenure has left many of these farmers with no option but to harvest these resources unsustainably.

Reported cases of human-wildlife conflict, particularly of humans being killed or injured, appear to be increasing. For instance, a comparison of the whole of 2009 against just five months (January to May) of 2010 indicates an increase of more than 50 percent.

The most problematic species include elephants, lions, and crocodiles. Efforts to curb human-wildlife conflict have been stepped up by empowering communities to use different deterrent methods such as the chili project for elephants. However, wildlife also suffers from human attacks, sometimes leaving wild animals with injuries that further perpetuate conflict between humans and wild animals. Reducing this conflict is the rationale behind the establishment of community empowerment programmes like the Communal Areas Management Programme for Indigenous Resources (CAMPFIRE) by the PWMA, other community based natural resource management programmes, and the initiation of the wildlife-based land reform programme. These programmes are designed to create a value for wildlife and promote resource conservation by the communities living with the animals. Recently the MoENR launched the Human-Wildlife Conflict Project designed to further inform and empower communities to deal with these conflicts and live in harmony with wildlife.

Pollution

Zimbabwe's energy resource base is diverse, but is largely dominated by the country's vast coal reserves with proven reserves based on exploration work carried out to date standing at 12 billion metric tonnes. In Zimbabwe fuel wood provides close to 51 percent of the total domestic energy supply, followed by coal (20 percent), liquid fuels (15 percent), and electricity (14 percent). Almost all rural households use wood as the main cooking fuel, as against 40 percent of urban households. In terms of electricity production, 33 percent is generated from coal fired thermal power stations, while the rest comes from hydropower and imports.

Zimbabwe imports all of its petroleum fuels, most of which go into transport (70.5 percent) and commerce and industry (19 percent). The country requires

about 1 billion litres of diesel and 900 million litres of petrol per annum as well as sizeable quantities of kerosene and jet A1. High levels of pollution from industry, vehicles, and household emissions continue to be a major environmental concern. To reduce pollution levels from the energy sector will require the adoption of appropriate renewable energy technologies, i.e. clean energy technologies with no or reduced emissions (Zimbabwe Energy Sector Resource Assessment, 2007).

Population pressure in the urban areas has overburdened sewerage and water reticulation systems, creating serious environmental health problems such as the much publicised cholera outbreak in 2009. The once functional household waste management system has deteriorated, resulting in huge mounds of uncollected waste. Non-deterrent penalties and inadequate monitoring capacity of the Environmental Management Agency (EMA) and lack of capacity among locals are the major causes of lack of corporate social responsibility, slow uptake of low carbon and renewable energy technologies, and unsustainable environmental practices.

Invasive alien species also threaten ecosystems. For example, major sources of fresh water supply to main urban centres, such as Lake Chivero near Harare, are choked with water weeds, posing a serious threat to urban water availability and water based livelihoods such as fishing and tourism. Illegal mining activities have also led to the increase in deforestation, siltation and water pollution. The water quality ambient monitoring points across the country indicate that pollution levels in most rivers and dams are rising. Most of the ambient points' samples taken around the country indicate high levels of pollution. The water quality results reveal that Manyame catchment area and Upper Gwayi confluence are heavily polluted. Most of the ambient points in Harare Province are polluted. Sample results in the Mukuvisi River show that the river is heavily polluted. Manyame River is in the 'polluted' category. This constitutes significant retrogression in terms of achievement of the national water and sanitation targets specified in MDG 7.

Air pollution is responsible for shifts in climate patterns manifesting in increased frequency and severity of droughts and floods in Zimbabwe. However, neither the identified issues nor climate change can be dealt with separately; addressing degradation, pollution, and their underlying causes and root causes is also a response to vulnerability to climate change. Inadequate monitoring and non

deterrent penalties have resulted in the disregard of policy and regulatory provisions, which has increased the rate of deforestation, poaching, and pollution. Resource constraints on the part of the resource managers and monitors renders them incapable of dealing effectively with these challenges.

2.3.4 Role analysis for agriculture, lands and environment

The main players in the agriculture and lands sector are the MoAMID and MOLRR. The MoAMID is made up of the following departments: Economics and Markets, Agricultural Extension Services (AGRITEX), Agriculture Education, Mechanisation, Irrigation, Veterinary Services, and Research and Specialist Services. The roles played by these departments concern practising good crop and livestock production, policy research and implementation, provision of extension and advice to farmers, rehabilitation and development of irrigation infrastructure, and livestock health and management. The MoLRR is responsible for managing the country's agricultural activities. The two ministries are constrained in their quest to deliver these services by limited skills and financial resources.

Other players include the MoWRD, farmer organisations, and non-governmental organisations (NGOs). The MoWRD is involved in construction and management of water, while the Ministry of Finance provides adequate budgetary allocations for agricultural development. Farmer organisations are involved in policy advocacy and advising farmers. The UN, multilateral and bilateral organisations provide technical support and mobilise resources.

Environment is a cross-cutting sector that interacts with various stakeholders in using, managing and monitoring natural resources. Each entity has defined roles in solving problems as provided for by the relevant policy. The MoENR and the Ministry of Energy and Power Development (MoEPD) are responsible for the creation of an enabling environment through supportive and facilitative legislation, policies, strategies, and guidelines. It also has the mandate to provide the much needed human and financial resources for the different environmental programmes and projects. The Ministry is assisted in implementing environmental provisions by three departments, namely the Environmental Management Agency, the Forestry Commission, and the Parks and Wildlife Management Authority.

Capacity constraints limit all of these institutions in the discharge of their duties. Rural District Councils are also important stakeholders that should implement

policy and regulatory provisions. Another major stakeholder, the private sector, is expected to follow the provisions of legislation in its operations, but limited skills, technology, and financial capacity have hindered this sector in taking up its role in sustainable development. The community at large, including both traditional leaders and individuals, is collectively responsible for the management of natural resources by using them sustainably but communities are also entitled to benefit from the commercialisation of resources. Currently a lack of knowledge prevents communities from effectively realising either their rights or their responsibilities in sustainable resource use.

2.4 Population and Basic Social Services Thematic Area

2.4.1 Overview

During the past decade, Zimbabwe has experienced economic difficulties which escalated in 2008. The unprecedented deterioration of the economic environment during this decade affected the wellbeing of the majority of Zimbabweans, particularly as it resulted in a sharp decrease in funding for social services in real terms over the years. Overall basic social services have been affected the most by the brain drain. Poverty has increased vulnerabilities, hence exerting more pressure on the government to provide for a larger number of vulnerable populations. HIV has also had a severe impact across the board and has led to an increase in the number of orphans. The cholera experience of late 2008 and early 2009 is symptomatic of underfunded water and sanitation systems, especially for urban areas. Analysis under this thematic area covered the four critical areas of health, education, social protection, and water and sanitation.

2.4.2 Problem analysis

Health

The Zimbabwean health system has been in decline over the past decade resulting in the systematic decrease in coverage of most basic services and rising maternal and child mortality rates. This decline is most noticeable in the key areas of maternal and child health such as the Expanded Programme on Immunisation (EPI) and obstetric care for pregnant women, which were once high-performing core elements of Zimbabwe's primary healthcare system.

Based on data from the Zimbabwe Demographic and Health Survey (ZDHS, 2005/06), Multiple Indicator Monitoring Survey (MIMS, 2009), the Zimbabwe Maternal and Perinatal Mortality Study (ZMPMS, 2007) and other studies, it has

been realised that Zimbabweans are suffering and dying from easily preventable and treatable conditions, e.g. HIV related illness, TB, diarrhea, acute respiratory infections, malaria, malnutrition, injuries, hypertension, pregnancy related and perinatal complications, and mental health disorders.

The health status of the Zimbabwean population can be summarised as follows:

- Although a decline has been recorded, the HIV prevalence currently stands at an unacceptably high level of 14.3 percent (15-49 year age group), with only 215 109 of an estimated 574 000 persons (503 00 adults and 71 000 children) who require treatment actually receiving antiretroviral therapy (ART) by the end of 2009;
- Tuberculosis remains a leading cause of morbidity with an incidence rate of 782 per 100 000 people (WHO Global TB Control Report, 2009);
- Child health status indicators are declining, with infant mortality and under-five mortality rising from 53 and 77 per 1000 live births in 1994, to 67 and 94 per 1000 live births respectively in 2009 (MIMS, 2009);
- The nutritional status of children indicators are unacceptably high, with stunting increasing from 29.4 percent in 1999 to 35 percent among children under 5 years old (MIMS, 2009);
- Maternal mortality levels are at an unacceptably high level of 725 deaths per 100 000 live births (ZMPMS, 2007), with skilled attendance at birth declining from 73 percent in 1999 to 60 percent in 2009 and institutional delivery declining from 72 percent to 60 percent over the same period (MIMS);
- Perennial cholera epidemics, exacerbated in urban areas by breakdown of sewerage and water supply and treatment systems, and compounded by declining water and sanitation coverage in rural areas, have resulted in the loss of over 4 269 lives out of a total of over 98 000 cases by end of June 2009;
- With malaria incidence at 9.4 percent, it is estimated that over five million people are at risk of contracting malaria, with an average of 1.5 million reported cases and over a 1 000 deaths annually;
- Outbreaks of rabies and anthrax continue to be reported in some parts of the country (Rapid Disease Notification System (RDNS) routine data);
- There is continued and increasing public health significance of chronic non-communicable conditions such as diabetes (10 percent) and

hypertension (27 percent) (Zimbabwe STEPS Survey, 2005) and cancers of the reproductive system (29.4 percent of all cancers in women are cervical cancer and 11.1 percent are breast cancer, while prostate cancer accounts for 11.4 percent of all cancers in men) (National Cancer Registry, 2009 Annual Report).

- World Health Organisation (WHO) figures (ZIMSTAT) for 2008, estimate life expectancy in Zimbabwe at 44 years for men and 43 years for women, one of the lowest in the region and in the world.

Most health indicators have fallen during the past decade. Consequently, the country is off track for most of its health targets, including the MDG targets (Table 1) and the 78 percent that had been set for the Zimbabwe United Nations Development Assistance Framework (ZUNDAF) 2007-2011 (WHO Global TB Control Report, 2009).

The establishment of the Inclusive Government together with the stabilisation of the economy in 2009 has created an enabling environment for the health sector to move from emergency planning mode to the completion of an ambitious five year National Health Strategy (2009-2013) (NHS). The formulation of this strategy is a first step toward resuscitating the health sector and also in defining what needs to be done to make up lost ground in meeting its targets with special emphasis on the MDGs and the ZUNDAF targets. The major challenge facing the resuscitation of the health sector is lack of resources – financial, human and material. Various studies and surveys carried out in Zimbabwe over the past three years point towards the inadequacies of the health system building blocks (human resources; medical products, vaccines and technology; health financing; health information; service delivery and leadership and governance) that are prerequisites for a functional health delivery system, resulting in the public shying away from public health institutions.

There is gross underutilisation of public sector institutions because of various forms of non-functionality in the health care system:

- Public sector human resources for health vacancy levels (December 2009) are at unacceptable levels of 50 percent for doctors, 54 percent for environmental health technicians, over 80 percent for midwives, 47 percent for nursing tutors, and over 50 percent for pharmacy, radiology, and laboratory personnel.

- Health management has weakened as a result of high attrition rates of experienced health service and programme managers. This has an impact on supervision and monitoring and is evidenced by reduced quality of service provision.
- Health professionals cannot provide services without adequate medicines and equipment. Access to essential drugs and supplies has been greatly reduced with stock availability at 60 percent for vital items and 32 percent for all categories of items on the essential drugs list as at the end of 2009 (UNICEF Report). Vital items should be 100 percent available.
- Medical equipment, critical for diagnosis and treatment is old, obsolete, non-functional or, in some cases, non-existent.
- The bulk of physical health infrastructure is in a state of serious disrepair. Fixed plant and equipment, such as laundry machines, kitchen equipment and boilers are also non-functional. As a result, very few public health institutions are able to meet basic hospital standards for patient care and infection control measures (Comprehensive RH assessment 2010, preliminary results).
- As a result of the serious shortage of transport and telecommunications, several programmes, including timely patient transfer, EPI outreach services, malaria indoor residual house spraying, drug distribution, support and supervision of districts and rural health centres have been severely compromised.
- The health system is grossly underfunded. The 2010 budgetary allocation represents approximately US\$12 per capita/annum, against the WHO recommendation of at least US\$34.

Zimbabwe's health system, based on available evidence, is not performing at a level that will enable it to address the country's disease burden.

The main objective of the MoHCW is to increase coverage, access to, and utilisation of basic preventive, curative and rehabilitative services and care for the poor and vulnerable groups, with an emphasis on scaling up implementation of comprehensive primary healthcare services and its corresponding referral facilities. However, this objective cannot be met with a non-functional health system.

Addressing the root causes of the disease burden is the only way to reduce the suffering of the people of Zimbabwe. It is known that priority diseases and conditions (maternal related illnesses, childhood illnesses, HIV and AIDS, TB, malaria, diarrhoeal diseases, nutritional deficiencies, injuries and selected non-communicable diseases) are responsible for 70 percent of illnesses and deaths. Most of these are the diseases and conditions to which the MDG targets refer. Cost effective, evidence based interventions to reduce the burden of illness and deaths are already known.

Problem analyses of selected aspects of the health situation in Zimbabwe aimed at determining the root causes are presented below.

- **MATERNAL MORBIDITY AND MORTALITY:** A problem tree analysis of maternal mortality (MDG 5) indicates that utilisation of maternal health services may be low because of financial constraints or physical inaccessibility of the facilities, while referral to higher levels of care is affected by poor transport and communication systems. Additional appropriate and quality care is impacted upon by the shortage of experienced professionals, medicines and other commodities.

Maternal mortality therefore remains a cause for concern as most maternal deaths are preventable through increased access to family planning, antenatal care, clean and safe delivery and post natal care. Furthermore, effective interventions to treat the leading causes of maternal deaths, namely HIV and AIDS, haemorrhage, hypertension/eclampsia, sepsis, malaria and obstructed labour, already exist. While HIV is a major contributor to maternal deaths, the 2007 ZMPMS noted that only 34 percent of pregnant mothers had been tested for HIV. Furthermore, only 1.8 percent were taking ARVs. More recently, the 2009 MIMS reported that 58 percent of women aged 15 to 49 years had been tested for HIV.

The 2007 ZMPMS further notes that successful prevention and treatment of haemorrhage, hypertension/eclampsia and sepsis, the three leading direct causes of obstetric deaths, have a potential to reduce maternal deaths by 46 percent.

Both the 2004 Maternal and Neonatal Health Services Assessment and the 2007 ZMPMS used the 'three delay model' (described below) to highlight the challenges women face with reproductive health issues. In the 2007 ZMPMS, the three delays altogether contributed to 72.8 percent of all maternal deaths. The first delay, identified as the time lost in recognising the seriousness of the situation and deciding whether or not to seek medical attention, was found to be contributing to 56.4 percent of all maternal deaths. The second delay, the time needed to reach a health facility or a trained service provider, once a decision is taken to seek care, was found to be responsible for 5.3 percent of all maternal deaths. The study also confirmed that lack of communication facilities, lack of transport and financial constraints contribute to delays in receiving care. User fees have become a significant factor in decreasing use of health services by women at risk. The third delay, which looks at receipt of appropriate and effective treatment once the referral challenge has been overcome, contributed to 11 percent of all maternal deaths (ZMPMS, 2007). The study also noted that the third delay was caused almost entirely by health system deficiencies, the most important being shortage of personnel, lack of skills, and inadequate drugs and supplies.

In turn, root causes such as poverty, inadequate investment in health, and negative cultural practices have an impact on all the intermediate factors. Although gender inequality still exists, the 2007 ZMPMS noted that the inability of the woman to decide for herself or concern over the lack of a female provider at the facility were not significant barriers to delivering in a health facility.

The problem tree for High Maternal Morbidity and Mortality is given as Appendix 5.

- **CHILD MALNUTRITION:** Problem tree analysis of malnutrition (MDG 1) indicates that low agricultural productivity, the HIV pandemic, low coverage of water and sanitation with attendant poor hygiene practices leading to chronic or recurrent diarrhoea, and poor community knowledge of complementary feeding practices, all compounded by deficits in the health delivery system, have resulted in an increase in under-five stunting rates to 27.6 percent and the emergence of chronic malnutrition as a major concern.

Accordingly, malnutrition (a composite index of stunting and wasting) remains a common problem in Zimbabwe and is still a leading underlying cause of morbidity and mortality among children below five years of age. High levels of malnutrition reflect food insecurity in the country. The current economic challenges and recurrent droughts continue to have a negative impact on national efforts to ensure that there is enough food for the children, let alone the whole nation.

In general, malnutrition rates among children under five years of age have remained high over the years, increasing from 13 percent in 1999 to 17 percent in 2006. Wasting (weight-for-height) among children under five years of age has remained static at 6 percent (ZDHS 2005/06), while stunting (height-for-age) in children under five years increased from 29.4 percent (ZDHS, 1999) to 35 percent (MIMS, 2009). At this rate, the target of reducing by two thirds, between 2000 and 2015, the proportion of under-five children who are undernourished is not likely to be met.

The problem tree for high under-five stunting rates is given as Appendix 6.

As with maternal morbidity and mortality, the problem tree analysis of child mortality and morbidity (MDG 4) shows that high under-five morbidity and mortality rates are largely attributable to deficiencies within health systems, which in turn result in infections and abnormalities, contributing to deaths. These direct causes result from a number of intermediate factors, including physical, economic and social barriers to accessing healthcare, unsafe water and lack of sanitation, low levels of health education, lack of access to treatment for HIV and related conditions, and poor transport and communication facilities. These in turn can be attributed to such root causes as poverty, inadequate investment in health, high maternal mortality and lack of access to essential drugs. Overall, immunisation coverage has declined from 67 percent of all children aged 12 to 23 months in 1999 to 53 percent in 2005/06 (ZDHS).

The problem tree analysis of high peri-natal, infant and under-five morbidity and mortality is given as Appendix 7.

- **ADDRESSING THE DISEASE BURDEN:** The various studies carried out in Zimbabwe over the past three years point to the inadequacies of the six

health system building blocks (human resources; medical products, vaccines and technology; health financing; health information; service delivery; and leadership and governance) that are prerequisites for a functional health delivery system. This has led the public to avoid public health institutions.

A composite look at all the highlighted priority diseases and conditions demonstrates that interventions to strengthen these six health system building blocks and the response capacity of the public health delivery system will reduce the disease burden significantly.

A composite problem tree for the health sector is given as Appendix 8.

Some suggested strategies in response to the situation outlined above are:

- Health system strengthening based on primary healthcare principles;
- Evidence based, high impact, cost effective health interventions; and
- Addressing the social, environmental and economic determinants of health.

Water, sanitation and hygiene (WASH)

Zimbabwe has experienced a decline in access to safe water supply and basic sanitation services. This trend has continued sharply during the past decade, further compromising the health of a population already affected by high levels of food insecurity and the HIV pandemic.

Reports from urban settlements, including growth points, give a consistent picture of effluent and raw sewage outflows entering the rivers and dams that are the major sources of bulk water supply. Lack of water flow causes frequent sewer blockages. Water treatment plants are dysfunctional or lack chemicals and many distribution systems are in need of repair.

In the rural areas the sources of safe water are insufficient and characterised by broken down hand pumps, so that communities are forced to resort to unprotected water sources. In the communal and resettlement areas, access to safe sanitation is very low and sanitation facilities are non-existent in some areas, often because they have either filled up or collapsed, with no new investments. Moreover, knowledge, attitude, behaviour and practice (KABP) gaps still exist and are a risk factor in WASH related epidemics. The situation is attributed to a

plethora of factors, including the general economic decline, political instability, eroded institutional, community and household capacity, persistent droughts and the effects of the HIV pandemic.

The problem tree analysis for high morbidity and mortality due to diarrheal diseases (WASH sector) is given in Appendix 9.

The WASH sector has been operating in an environment of economic decline, poor planning capacity, a weak policy framework and strongly negative cultural beliefs and practices, all of which have created freefall in the delivery of WASH services.

The economic decline has meant the country cannot make any new investment in the sector. New catchment dams, water and sewerage treatment plants, new safe sanitation facilities for the rural population and new protected water sources or even putting seed money into participatory community capacity building efforts have become a major challenge. This is compounded by poor capacity to plan for WASH in the absence of up-to-date information on the WASH situation, making evidence based effective planning for development difficult. In the absence of credible data and given diminished institutional capacity to consciously plan for WASH, integrating cross-cutting issues such as livelihoods, environmental sustainability and HIV, advocating for WASH to be a national priority has been a challenge.

This is further compounded by a weak policy framework for WASH. Currently the WASH policy is in its draft form and hence there is no guiding framework for overall sector development.

The lack of access to safe water and basic sanitation by vulnerable populations, poor hygiene behaviour and practices and an incapacitated healthcare system have culminated in frequent diarrhoeal and cholera outbreaks in the country. The last big outbreak of cholera in 2008 affected all the ten provinces (urban and rural) in the country, with 60 out of the 62 districts being affected. More than 98 000 cumulative cases and 4 300 deaths had been reported with a Crude Case Fatality Rate (CFR) of 4.3 percent, which is well above the WHO standard of less than 1 percent. In addition, about 62 percent of the deaths occurred at home (MoHCW Weekly Epidemiological Bulletins, 2009). Diarrhoea also remains one of the top ten diseases affecting under-fives in Zimbabwe (MIMS, 2009), with more than 400 typhoid cases reported in Harare alone in 2010.

Without recovery in the WASH sector, Zimbabweans will face more deaths, illnesses, and pollution of rivers and water courses, alongside continuing poverty and negative impacts on livelihoods, industry and tourism, with an attendant increase in hardship, particularly for women and children.

Results from the 2009 MIMS indicate that the proportion of people in rural areas with access to safe drinking water declined from 70 percent in 1999 to 61 percent in 2009. The 2004 National Water and Sanitation Inventory revealed that 35 percent of water points were broken down, with current field estimates and anecdotal evidence indicating more than 60 percent of water points non-functional. For sanitation, the 2009 MIMS revealed that only 43 percent of the rural population use an improved sanitation facility, while 33 percent of the total population in Zimbabwe practice open defecation.

The upshot of the foregoing situation is high morbidity and mortality due to diarrhoeal diseases such as cholera, typhoid, dysentery and others, which are a direct consequence of the consumption of contaminated water and food, poor access to safe water supply especially in rural areas, contamination of natural water courses as a result of the discharge of raw industrial and domestic sewage, particularly in urban areas, compounded by a weak administrative framework. The foregoing is a direct consequence of poor hygiene practices such as failure to wash hands during critical times, unhygienic collection, transportation and storage of water and poor food handling among others.

Progress to achieve the water and sanitation MDG 7 target in Zimbabwe is off track. For rural areas, the country has five years to raise safe water coverage from 61 percent to 85 percent, and improve sanitation from 43 percent to 71 percent (2010 MDG Status Report). The situation is rendered less clear by the fact that there are glaring inconsistencies between and among different data sources and a lack of reliable up-to-date data on the WASH situation in the country. This misinformation is exacerbated by the lack of a reliable up-to-date inventory of the WASH facilities in the country. An up-to-date inventory is necessary for evidence based planning and budgeting for sector recovery.

The HIV pandemic continues to exert greater than normal demand on WASH services as home based care for the terminally ill requires even safer solid waste disposal. Similarly, solid waste management has been divorced from sanitation interventions and piles of waste have become an eye sore in many city areas and

a breeding ground for rodents and flies which can be a source of infection. It is necessary to create an enabling environment through the development and updating of supportive national policies, strategies and guidelines, and to harmonise the roles and responsibilities of various actors in the sector. Urgent attention should be given to the poor information management systems currently in place.

Priority should also be given to the improvement of water supplies as the nation is plagued by poor access to safe water. An aged infrastructure, including conveyance systems, pumps, inadequate water treatment chemicals, and inconsistent power supplies, has resulted in erratic water supplies for urban communities. In rural areas, it is estimated that 65 percent of water points fitted with a hand pump are malfunctioning at any point in time (National Coordination Unit (NCU): 2009). In the new resettlement areas, there are very few water sources available. The population is scattered away from the water sources (dams or boreholes, usually sited at the former farmhouses) and thus travel very long distances to a safe water source or have to rely on unprotected water sources such as rivers and dams.

Disparities in WASH access exist between different types of settlement and within some of the settlements. In the rural areas, there is a serious discrepancy between the established communal settlements and the newly resettled areas, for which there is no clear development policy. Some of the resettlement areas are not serviced by communal water points and sanitation coverage is next to zero. Within the urban areas, inequalities entrenched during the pre-independence era still exist. Access to safe sanitation in the low density suburbs in most urban set-ups is high because the suburbs are serviced by septic tanks. Conversely, the overpopulated high density suburbs are, by design, the recipients of the waste (effluent and gaseous) generated in city centres and industries, since most treatment plants are located in these areas. Because of population growth and rural to urban migration, sewerage pipe bursts caused by excessive pressure are now common. Moreover, lack of spares for pumps and motors of the now obsolete equipment and inadequate chemicals, an aged infrastructure, and lack of community based initiatives for urban water supplies hamper efforts to provide adequate safe water in the urban areas.

The peri-urban areas rank among the worst affected in terms of WASH access and coverage as there is no guiding policy framework for these areas. The

population in the peri-urban areas is the most vulnerable as they are without appropriate WASH delivery systems and hence can be epicentres of transmission of WASH related diseases.

Zimbabwe has experienced persistent droughts since 2000 that have resulted in severe stress in both surface and underground water. In addition, the effects of Cyclone Eline (2000), Cyclone Japhet (2003), the earthquakes in some parts of the country, and the recurring floods continue to be felt, as rehabilitation initiatives have not yet covered all affected communities. Cyclones and floods have washed away the WASH investments in these areas. Flooded areas present a WASH emergency as the water sources become contaminated or washed away and vulnerable communities find themselves with no safe source of drinking water.

Climate change and global warming are starting to have effects on the world and Zimbabwe is not spared. Drying dams and rivers and recurrent droughts have been the norm in the past ten years. Unpredictable weather patterns will also take toll on WASH related issues in the country and Zimbabwe remains highly vulnerable to these natural phenomena.

Social protection

Social protection has been identified as one of the key pillars in human and social development, capacitating individuals and communities with the means to manage risks. Zimbabwe has prioritised provision of social protection in the upcoming Medium Term Plan 2011-2015.

The country has witnessed worsening human poverty and development and increasing vulnerability. A Ministry of Labour and Social Services (MoLSS) survey estimates that there are 900 000 households living in chronic poverty, of which over 600 000 households have able bodied individuals who ordinarily would have been fending for themselves and 300 000 households are welfare cases and require continued cash transfers from Government. These are households that are headed by the elderly, and people living with disabilities or chronic illness.

The country has also carried an increasing number of orphans and other vulnerable children (OVC). Currently, there are an estimated 1.3 million OVC, the majority of whom are cared for under community based mechanisms. It is worth noting, however, that the majority of these children are under the care of the elderly or in female headed households (PASS II). The 2007 United Nations Children's Fund (UNICEF) and FAO study Understanding the livelihoods of

children with disabilities and their families in Zimbabwe, reports that households caring for children with disabilities are experiencing continued depreciation in livelihoods, compromising the children's access to health, education and nutritional support. Apart from children with disabilities, the 2006 ZDHS indicated that children in the poorest households lacked access to most basic services, as demonstrated in the table below.

Table 2.1: Proportion of children affected by severe deprivation, by wealth quintile

	Type of Deprivation							Overall
	Shelter	Sanitation	Water	Info	Food	Education	Health	
Poorest	24.4	20.4	11.7	9.6	0.6	0.5	1.9	24
Second	16.2	11.9	8.8	5.5	0.5	0.3	1.6	22
Third	3.1	5.4	6.3	4.5	0.4	0.2	1.2	20
Fourth	1.8	0.5	1.2	0.5	0.4	0.1	1.0	17
Richest	0.6	0.0	0.1	0.0	0.2	0.0	0.6	16
Total	46.1	38.2	28.1	20.0	2.0	1.2	6.3	

Source: ZDHS, 2006

Food insecurity has also worsened over the years, mainly caused by poor access to inputs and exacerbated by recurring droughts and other natural disasters. The 2009 Zimbabwe Vulnerability Assessment Survey (ZimVac) indicated deteriorating poverty conditions, food insecurity and vulnerability to diseases and epidemics in both urban and rural areas. The report showed that 33 percent of the households assessed in urban areas were food insecure compared to 24 percent in November 2006. It also showed that most households had reduced food quantity intake as well as reducing the number of meals per day, thereby compromising their nutritional standards.

Government and its development partners have put in place a number of programmes to provide social safety nets to vulnerable groups through cash transfers and other broader risk management initiatives. These programmes include the Basic Education Assistance Module (BEAM), the National Action Plan for Orphans and other Vulnerable Children (NAP for OVC), and government assisted health insurance and cash transfers to indigent families, the elderly, people living with disabilities and food insecure households through the Public Works Programme. Government and the private sector have also promoted the Decent Work Agenda in a bid to mainstream the working population into the

broader employment based social security schemes such as private and public pension schemes, medical aid and insurance schemes. The coverage of these employment based schemes is currently limited to those in formal employment, which is only 35 percent of those who are recognised as employed.

The poor economic performance and hyperinflation weakened these social protection initiatives as cash transfers and pension contributions were wiped away and most programmes, including BEAM, actually collapsed. This unfavourable environment and poor remuneration also resulted in increased emigration of Zimbabweans, including youth in the productive age range and professional employees, to other countries, further crippling institutional capacity and coordination of the existing programmes and social service provision in general. Moreover, mobile populations are frequently exposed to risks and vulnerabilities such as sexual and gender based violence, trafficking or smuggling in persons, lack of access to health and other basic social services and other forms of exploitation, and therefore require targeted assistance.

One of the major challenges that have been encountered in the provision of social protection is that currently there is no comprehensive and overarching social protection policy framework. As a result, there is lack of proper coordination of social protection programmes and initiatives. Apart from aiding coordination, availability of such a policy framework would provide a platform for coordinated resource mobilisation and sustained funding of social protection programmes.

The problem tree for the social protection sector is given as Appendix 10.

Education – an overview

The deterioration of Zimbabwe's economy during the past ten years has had serious negative impacts on the delivery of education services, and this is reflected in a number of key education indicators. The 2006 Education Management Information System (EMIS) data as well as data generated from the 2009 MIMS show that there has been a decline in access to primary and secondary education. Similarly, data collected in 2009 reflects that, between 2007 and 2009, enrolments in some vocational training centres (VTCs) and higher and tertiary institutions (HTEIs) declined substantially. Furthermore, efficiency in the primary and secondary school sector has declined, with dropout rates rising substantially between 2001 and 2008. Meanwhile, process and outcome indicators reflect a decline in the quality of education.

Despite the challenges faced by the education system over the past ten years, the sector has registered progress in several respects that future efforts can build upon. Among these are the following:

- Early childhood development (ECD) classes have been attached to 94.6 percent of primary schools and training of ECD teachers is under way in primary teachers' colleges;
- Over 527 000 learners, mainly OVC, benefited from the BEAM in 2009 and 560 000 learners stand to benefit in 2010, while over 16 000 students in HTEIs have had access to higher and tertiary education through Government's cadetship scheme;
- Gender parity in primary school enrolment has generally been maintained;
- Literacy rates among the 15 to 24 years age group have remained high;
- Over 1 000 satellite schools have been established, mainly in the newly resettled farming areas;
- Life skills, guidance and counselling programmes are part of school and tertiary curricula;
- The Child Friendly School (CFS) framework has been adopted nationally to guide school improvement programmes;
- A new draft education policy is now in place, and should provide guidance to the future development of the education sector, while formulation of a comprehensive National Skills Development Policy and the Brain Drain of Skilled Professionals to Brain Gain Policy are at an advanced stage;
- A Zimbabwe Human Capital website to attract Zimbabweans from the Diaspora has been established;
- The Zimbabwe Council for Higher Education (ZIMCHE) was established to oversee the maintenance of quality teaching, training and research in institutions of higher learning;
- Government has established 42 vocational training centres and four additional universities, and transformed five polytechnics into degree awarding institutions, and the registration of private training providers has been increased;
- Government has increased the capacity for certifying skills through Trade Testing; and
- Government has put in place the Integrated Skills Outreach Programme (ISOP) to cater for students who cannot be absorbed by formal institutions.

The main challenges facing the education sector can be summarised as:

- Declining access to basic, post basic, vocational and higher and tertiary education;
- Declining quality of the education provided at all levels;
- Inadequate funding for the sector;
- Exclusion of children with special learning needs, particularly those with disabilities;
- Poor working conditions for teachers, trainers and lecturers, and an inadequate package of incentives, including low remuneration;
- Inadequate learning, teaching, and training materials and outdated equipment in schools, vocational institutions and HTEIs;
- Weak school and institutional leadership, management and supervision;
- Shortage of appropriately skilled staff as well as equipment for effective system planning, monitoring and supervision;
- Under-provision of infrastructure and basic services, especially in the new settlements and for ECD;
- Shortage of school infrastructure and learning and teaching materials in new settlements;
- The general state of disrepair of infrastructure in schools, vocational training institutions and HTEIs;
- Loss from vocational and tertiary institutions of teachers, trainers and lecturing staff, particularly in mathematics and sciences, medicine and engineering, through migration;
- Insufficient vehicles for supervision, monitoring and evaluation;
- Shortage of equipment and machinery to support the implementation of vocational and technical education and training;
- Non-availability of a fully functional, computerised EMIS system to provide up-to-date statistical data;
- Poor connectivity between Head Office and provincial offices, district offices, schools and tertiary institutions;
- Limited access to information and communication technologies (ICTs) by teachers, lecturers and students;
- An education sector response to HIV that is not comprehensive or effective; and

- An outdated school, vocational and tertiary education curriculum that is long overdue for reform.

Interrelationships among the challenges are summarised in the problem tree in Appendix 11.

The education sector has faced four persistent challenges over the past ten years, namely: declining access rates; greater wastage consequent upon declining efficiency; declining quality and relevance of education; and persistent gender inequalities at all post-primary levels. All four result from the shortage of human, financial and material resources which has eroded the capacity of the Ministry of Education, Sport, Arts and Culture (MoESAC), Ministry of Higher and Technical Education (MoHTE) and Ministry of Youth Development, Indigenisation and Empowerment (MoYDIE), communities and their partners for the delivery of education services of a good quality to all children, youth, and adults. The poor performance of the economy and the attendant rise in levels of poverty have exacerbated the impact of epidemics such as cholera, and natural disasters. Negative cultural, religious and gender related values and practices have also had an impact on access to education by specific social groups that were already vulnerable, among them OVC, girls and women, and children in marginalised communities.

One serious constraint is the dearth of data, particularly in the MoESAC, to help track trends on key indicators. Similarly, in tertiary education, human capital management has been hampered by outdated national data on distribution of skills, particularly in the private sector. Funding has not been forthcoming for the sector to conduct a comprehensive skills audit/survey.

Due to capacity constraints in EMIS units, the latest comprehensive set of statistical data on education available in published form is for 2006, and to date there are no officially published statistics. Any data presented for 2007, 2008, 2009 and 2010 were drawn from the respective ministries' unpublished sources.

Education – access issues

The table below provides a summary of statistics on enrolment in the primary and secondary school subsector between 2006 and 2009.

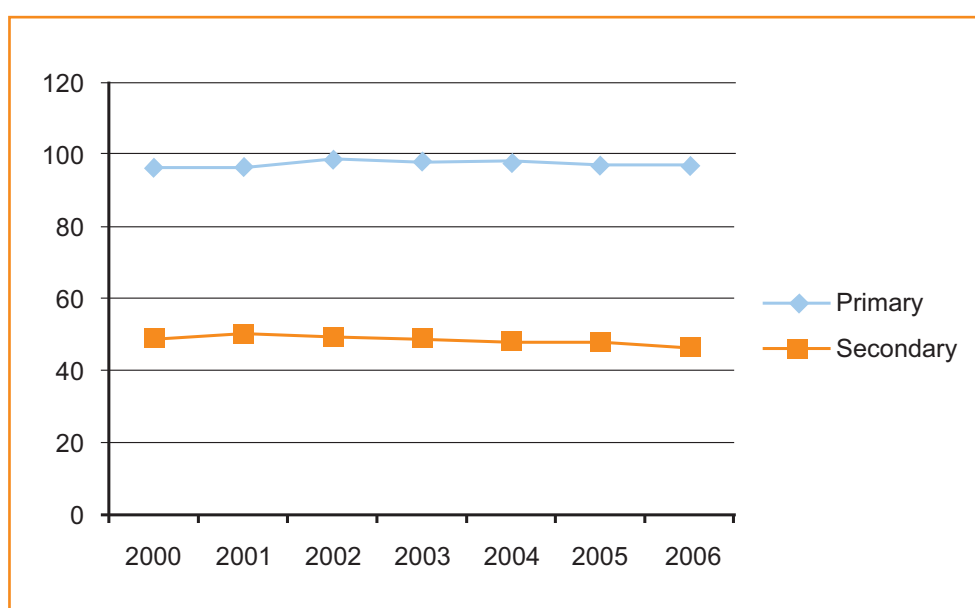
Table 2.2: Comparison of primary and secondary school enrolments, 2006 and 2009

Indicator	Year		% Change
	2006	2009	
<i>Primary</i>			
Girls' enrolment	1 237 270	1 238 301	+ 0.08
Boys' enrolment	1 255 990	1 235 468	- 1.63
All	2 493 260	2 473 769	- 0.78
<i>Secondary</i>			
Girls' enrolment	426 956	386 586	- 9.46
Boys' enrolment	460 739	396 732	- 13.90
All	887 695	783 318	- 11.76

Source: MoESAC, Statistics Unit, 2010

Throughout the 1990s, Zimbabwe maintained relatively high levels of primary school enrolment which stabilised at around 2.4 million. Net enrolment rates (NER) increased from 83 percent in 1995 to a peak of 98.5 percent in 2002. Since 2003, there has been a gradual decline. Trends in NERs for the period 2000 to 2006 are summarised in the figure below.

Figure 2.2: Primary and secondary NERs, 2000-2006



Source: Ministry of Education, Sport and Culture, 2007

The 2009 MIMS recorded a NER of 91 percent, lower than the over 96 percent NER generally recorded between 2003 and 2006. Between 2007 and 2009, universities, polytechnics and teachers' colleges registered a 7.70 percent, 6.99 percent and 21.50 percent drop in enrolment respectively.

The decline in enrolments in both the primary and secondary subsectors is attributed to the failure by parents and guardians to raise money for fees, levies and school uniforms. Against current income levels and the prevailing poverty brought about by the harsh economic environment, the cost of education is prohibitively high. To ensure the participation of vulnerable groups (particularly those orphaned by AIDS) in primary and secondary education, Government introduced a fund that provides direct financial support to such children, called the Basic Education Assistance Module (BEAM). Records supplied by MoESAC show that 527 000 learners received BEAM assistance in 2009 and 560 000 received it in 2010. However, the number of needy children exceeds the number that available resources can cater for. A particularly vulnerable group is those with various forms of disability, estimated at 469 000 children. In the 1990s, about 30 percent of these children benefitted from special education facilities, but estimates are that this has declined to only 15 percent (Chakanyuka, Chung and Stevenson, 2009:67).

The most recent trends in VTCs show a decline in enrolments, as is clearly illustrated in the table below.

Table 2.3 Enrolment in vocational training centres

Year	2007	2008	2009	2010
Enrolment	3381	4018	3381	2976
% Change (with 2007 as base year)		+ 18.84	0.00	- 11.98

Source: MoYDIE, 2010

Although enrolment in VTCs rose between 2007 and 2008, it stagnated in 2009 and declined by 11.98 percent in 2010.

As shown in the table below, between 2007 and 2009, enrolments in all three categories of HTEI declined substantially, by an average of 10.04 percent, with the highest decrease registered in teachers' colleges, particularly in primary

teachers' colleges. This decrease has implications for the primary and secondary school subsectors which depend on these colleges for their supply of qualified teachers.

Table 2.4 Enrolment in universities, polytechnics and teachers' colleges, 2007 and 2009

Category of Institution	Year		% Change
	2006	2009	
University	53 788	49 645	- 7.70
Polytechnic	14 210	13 217	- 6.99
Teachers' College, Primary	11 197	8 390	- 25.07
Teachers' College, Secondary	3 547	3 184	- 10.23
All institutions in all categories	82 742	74 436	- 10.04

Source: Ministry of Higher and Tertiary Education, 2009

The drop in student enrolments in HTEIs was caused by limited holding capacity in terms of infrastructure, equipment and staff, as well as the shortage of candidates with the requisite entry qualifications (especially passes in mathematics and science) for some of the programmes offered. In addition to this, approximately 75 percent of parents and guardians of students in HTEIs fail to provide the tuition fees required (Baseline Survey, 2009). While the Government has introduced the Cadetship Scheme to assist students who cannot afford the tuition fees, the demand for cadetship funds has outstripped available funding. Because of budgetary constraints, the government is unable to fully honour its obligation to pay fees for indigent students, thus limiting their access to higher and tertiary education.

The distance of the school from home remains a problem for 14 percent of children nationally. The worst affected provinces are Mashonaland Central, Matabeleland North and Matabeleland South where more than 20 percent of children live more than 5 kilometres from their school. The problem also exists in resettlement areas (GoZ, 2006). Due to the harsh macroeconomic environment

prevailing in the country, some children dropped out of school, especially in upper primary and secondary school in search of employment in neighbouring countries.

Orphanhood poses a major threat to children's access to pre-school, primary and secondary education. Zimbabwe has an orphan rate of between 17.5 and 26 percent (GoZ, 2009:86; CSO/UNICEF, 2009:27), which is higher than the continental average. Around 75 percent of orphaned children lost their parents to AIDS. Thus, by 1998, Zimbabwe had over a million orphaned children. Given that 35 000 households were headed by children, the implication is that 1 in 70 households in Zimbabwe was child-headed. Orphanhood reduces the chances of children gaining access to and staying in school because of their inability to afford school fees uniforms and other requisites.

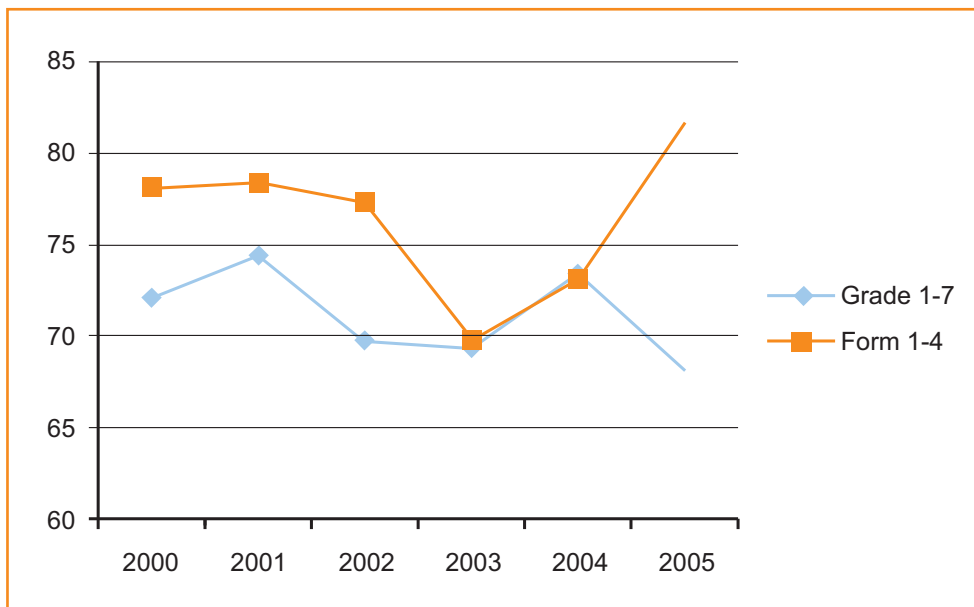
There are no major differences between NERs for urban and rural areas. The NER for urban areas is 94 percent, while that for rural areas is 90 percent. Rural children are more likely to drop out, probably because of the demand for labour in most rural families.

Gender parity has largely been achieved at primary school level, Girls constituted 49.62 percent of all pupils in 2006, rising to 50.06 percent in 2009. In HTE, women constitute 40 percent of the total student population, which is below the SADC average of 49.9 percent and the MDG target of 50 percent. Women make up 39.2 percent of the student population in universities, 44.3 percent in polytechnics, and 69.4 percent in teachers' colleges. Female under-representation in university education and polytechnics and over-representation in teachers' colleges is a result of gender stereotyped social values and roles.

Education – efficiency issues

Although enrolments have remained relatively high, primary school completion rates dropped from 82.6 percent in 1996 to 73.9 percent in 2000, 73.4 percent in 2005 and 68.2 percent in 2006, as illustrated below.

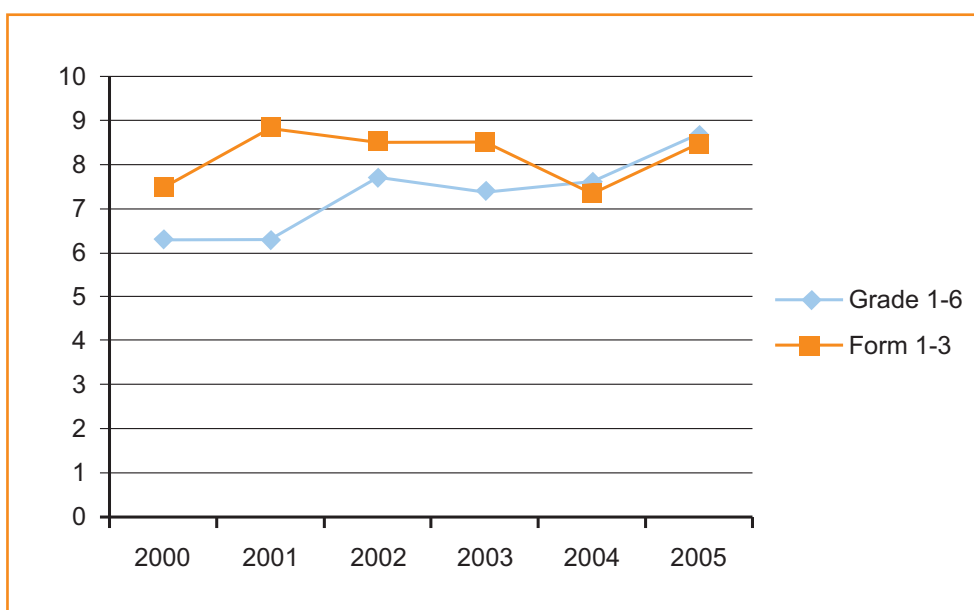
Figure 2.3: Primary and secondary school completion rates, 2000-2005



Source: Ministry of Education, Sport and Culture, 2007

Meanwhile, dropout rates for both primary and secondary education have generally increased between 2000 and 2005, as Figure 2.3 below shows.

Figure 2.4: Dropout rates: Grade 1-6 and Form 1-3, 2000-2005



Source: Ministry of Education, Sport and Culture, 2007

Using the 2006 primary school dropout rate of 8.7 percent and the transition rate from Grade 7 to Form 1 of 70 percent, it can be estimated that close to 200 000 children drop out of school every year (Chakanyuka, Chung and Stevenson, 2009:1). Ministry of Education, Sport, Arts and Culture statistics also show that more boys than girls dropped out of school in 2009. Whilst the reasons for the increase of male dropouts have not been investigated, this may be because of boys leaving school to take up work. With 20 to 50 percent of families experiencing food shortages, inadequate nutrition has been one of the reasons for dropping out of school over the past decade. The 2003 PASS conducted by the Ministry of Public Service, Labour and Social Welfare (MoPSLSW) shows that 48 percent of families were very poor, while 63 percent were below the TCPL. These reasons for dropping out appear to affect rural children more than urban children. School feeding programmes by the local community, supported by the international community, have gone a long way towards stabilising school enrolments and promoting school attendance, but such programmes cover only a small proportion of schools. Such a programme is most effective when food can be purchased from local producers, as this provides a local market, thereby assisting in poverty reduction through greater productivity. However, recurrent droughts have sometimes made this impossible. Enabling the 30 percent of children who presently drop out of school every year to return to school therefore remains a serious challenge.

Education - quality and relevance

Process and outcome indicators show that there was a notable deterioration of the quality and relevance of education over the period 2000 to 2009. The shortage of learning and teaching materials such as textbooks, stationery and equipment has adversely affected the quality of education. Chakanyuka, Chung and Stevenson (2009:42) established that, in the sample of rural schools surveyed, the proportion of children sharing textbooks on a 1:9 textbook/pupil ratio ranged between 41.3 percent and 55.6 percent with some of the schools having only the teacher's copy or no textbooks at all. Neither have schools and HTEIs been able to maintain their infrastructure and equipment. A large proportion of this is now in a state of disrepair and most equipment in HTEIs is obsolete (Chakanyuka, Chung and Stevenson, 2009; MoHTE, 2009). The shortage of equipment has resulted in serious deficits in the implementation of, particularly the technical and vocational, curriculum.

The shortage of appropriately trained teachers, lecturers and other specialised staff has had a negative impact on the quality of education. The education sector has lost a considerable portion of its most highly qualified and experienced staff through a massive brain drain. The table below shows the drop in the number of teachers in primary and secondary education.

Table 2.5: Staffing trends in primary and secondary education: 2006 and 2009

Teachers by Sex	Year		% Change
	2006	2009	
<i>Primary School Teachers</i>			
Female teachers	34 887	33 495	- 4.00
Male teachers	31 333	28 778	- 8.15
All teachers	66 220	62 273	- 6.00
<i>Secondary School Teachers</i>			
Female teachers	15 121	14 105	- 6.72
Male teachers	21 054	18 292	- 13.12
All teachers	36 175	32 397	- 10.44

Source: MoESAC, Statistics Unit, 2010

While the decline in the number of teachers is not consistent with the decline in enrolments, a closer look at vacancy rates portrays the picture of a system in stress. The vacancy rates in primary and secondary schools are 24.2 percent and 24.6 percent respectively, with the rates for Matabeleland South (primary) and Mashonaland Central (secondary) being as high as 44.9 percent and 45 percent respectively (MoESAC, 2010). Although no data are available on the training status of teachers, it is likely that untrained teachers will fill most of the vacant posts.

The shortage of suitably skilled curriculum developers has resulted in most syllabuses not being revised over the past ten to 26 years when, ideally, they should be reviewed every five to seven years. The school curriculum is therefore outdated, and has increasingly been unable to respond to the needs of learners, the economy and society in general. Furthermore, the shortage of learning and teaching materials, unattractive working conditions, poor remuneration, and low morale among teachers, result in poor teaching and poor implementation of the school curriculum.

The HTE subsector has also suffered staff losses, as summarised in Table 2.6.

Table 2.6 Lecturing staff in higher and tertiary education institutions, 2007-2009

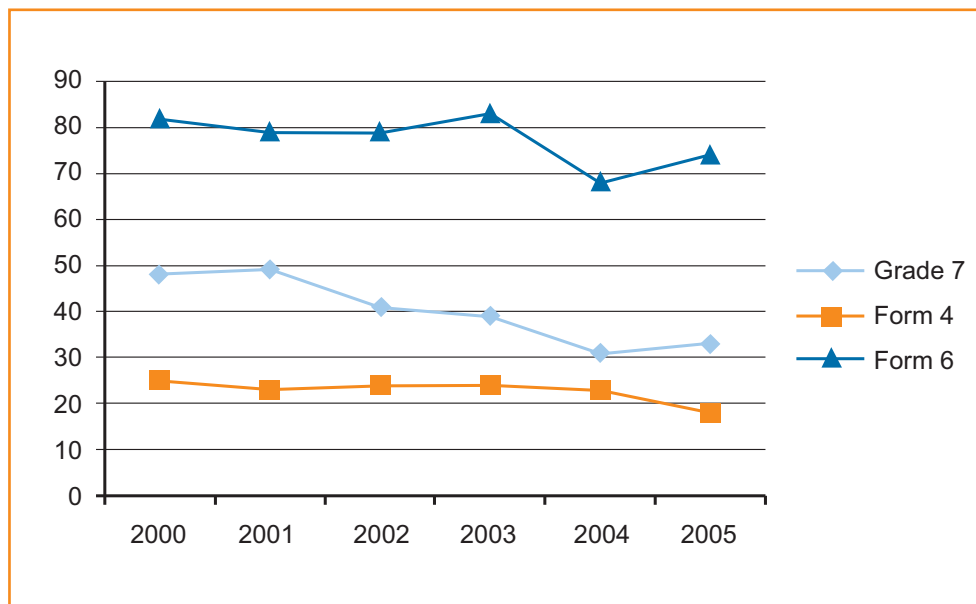
Category of Institution	Lecturing staff		% Change
	2007	2009	
University	2 093	2 065	-1.34
Polytechnic	1 261	1 004	-20.38
Teachers' College	859	1 059	+23.28
Total	4 213	4 128	-2.02

Source: Ministry of Higher and Tertiary Education, 2009

In HTE, there was an overall decline in staffing of 2.02 percent between 2007 and 2009, with the highest registered in polytechnics (20.38 percent). In teachers' colleges, there was actually an increase of 23.28 percent at a time when enrolments were declining. Vacancy rates in HTEIs ranged from zero to 74 percent, and were mostly a result of resignations and personnel absconding (MoHTE, 2009:24). Data available also suggest that teachers and lecturing staff in science and mathematics were in particularly short supply in schools and in teachers' colleges (Chakanyuka, Chung and Stevenson, 2009; MoHTE, 2009). Only 27.26 percent of lecturing staff in universities in 2009 were female, with the figures for polytechnics and teacher colleges being 35.76 percent and 40.04 percent.

The low morale and brain drain have also weakened the professional leadership and supervision of schools. Supervisory services in particular have suffered as a result of the lack of transport (vehicles and fuel) and communication facilities. Meanwhile, there are reports of an increase in the use of corporal punishment in schools, which makes them unfriendly to learners (Chakanyuka, Chung and Stevenson, 2009).

Figure 2.5: Grade 7, Form 4 and Form 6 pass rates, 2000-2005



Source: Ministry of Education, Sport and Culture, 2007

The education sector has for many years been sustained largely through the participation of parents. Because of growing poverty, parents have not been able to continue to provide the requisite support to schools, particularly against the decline in Government's funding levels. The demands of schools on already overburdened parents have strained the relationship between the school and the community, resulting in the weakening of school governance systems. At the outcome level, pass rates at Grade 7 and Form 4 declined between 2000 and 2005, as illustrated above (Figure 2.4), while pass rates for Form 6 have generally been stable. The worst year of the economic decline was 2008. While data for 2006-2009 are not available, pass rates most probably declined much further.

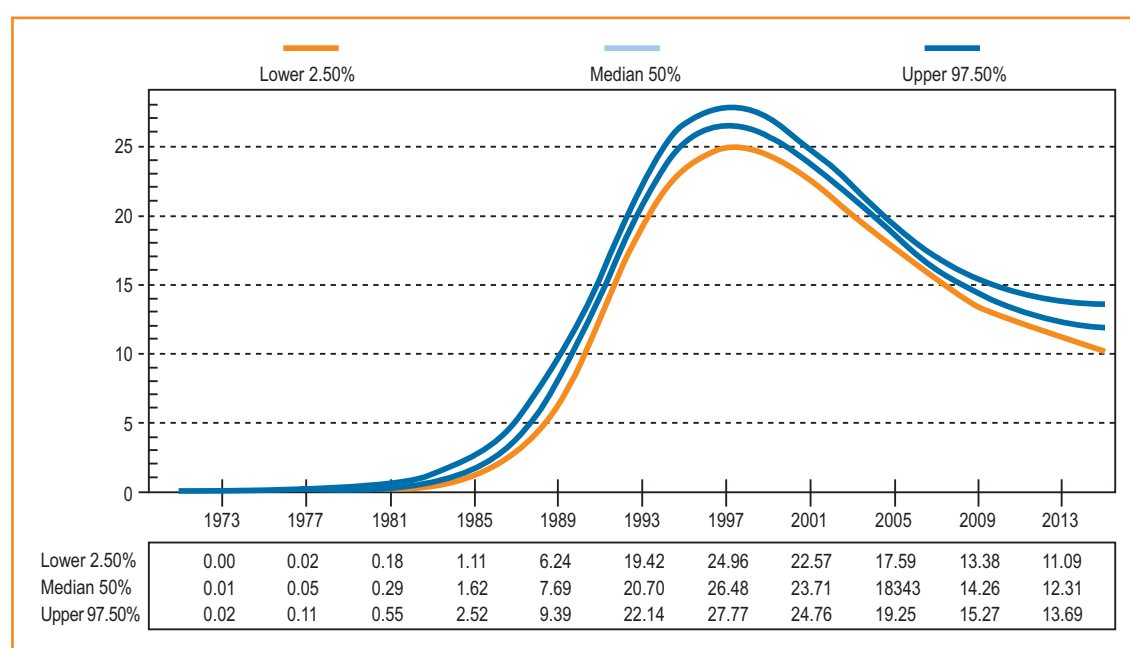
2.5 HIV and AIDS Thematic Area

2.5.1 Overview

The MoHCW and National AIDS Council (NAC) coordinated the compilation of the HIV and AIDS section of this report with support from the One UN Team on HIV and AIDS. The country set up an UNDAF Thematic Group on HIV and AIDS composed of government ministries, NAC, civil society and UN agencies. The Thematic Group created an enabling environment for the data collection and analysis.

Zimbabwe is one of the countries in Sub-Saharan Africa worst affected by the HIV epidemic.¹¹ The estimated HIV prevalence among adults fifteen years and above was 14.3 percent according to the national HIV estimates of 2010.¹² There were an estimated 1 187 822 adults and children living with HIV in 2009.

Figure 2.6: Adult HIV Prevalence, 2009



A decline in HIV prevalence was confirmed to have started in the late 1990s. Declines were observed in sentinel surveillance of pregnant women, cohort studies and in the National HIV Estimates process that models available data. In the adult population (15 years and above), using the current 2009 EPP and Spectrum software, HIV prevalence in Zimbabwe was estimated to be 26.48 percent in 1997, 23.7 percent in 2001, 18.4 percent in 2005, and further declined to 14.3 percent in 2009. In pregnant women (15-49 years), HIV prevalence declined from 17.7 percent in 2006 to 16.1 percent in 2009. The epidemic in Zimbabwe is believed to be declining as result of behaviour change, with prevention programmes as well as the impact of mortality having contributed to risk reduction.

¹¹ Central Statistical Office Population Projections 2009.

¹² Ministry of Health and Child Welfare, Zimbabwe National HIV Estimates 2009.

2.5.2 Problem analysis

The Zimbabwe National Strategic Plan on HIV and AIDS (ZNASP) 2006-2010 aims at universal access to prevention, treatment, care and support. Progress in coverage has been made in all areas, but large gaps remain. The improvements reflect the efforts that the GoZ and partners are making in a resource constrained environment. Current government funding through Ministry of Finance and the AIDS Levy, and bilateral and multilateral support has been crucial in scaling up the existing national multi-sectoral response to HIV and AIDS, but has been insufficient to achieve universal access. There is still a wide range of challenges to be addressed. The three main problems remain the high number of new infections, high morbidity and mortality, and the large number of orphans and other vulnerable children and adults.

In line with these three major problems, three main development priorities are defined:

- **REDUCE THE NUMBER OF NEW INFECTIONS:** Despite the downward trend in overall prevalence, the rate is still extraordinarily high (2009: 14.3 percent) and so is the number of new infections which were estimated at over 63 000 in 2009.

Heterosexual transmission is estimated to account for around 80 percent of all new HIV infections. A National Behaviour Change Strategy (NBCS) 2006-2010 was developed to guide systematic and strategic programming in the area of promoting behavioural change to prevent sexual HIV transmission. The focus of the behaviour change strategy is to address the behaviour related key drivers and underlying factors of the HIV epidemic in Zimbabwe, i.e. multiple concurrent sexual partnerships, age-different sexual relations and transmission in long term discordant couples. As outlined in the strategy and reflected in the problem tree in Appendix 12, there is a need to address underlying issues such as gaps in knowledge around these risk factors, low risk perception and stigma, which relate to root causes such as unfavourable social norms, gender imbalances and specific cultural practices. The key aspects of the NBCS are creation of an enabling environment, and adoption of safer sexual behaviours and reduction of risk behaviours through leadership involvement, community mobilisation, interpersonal communication and multi-media approaches. These approaches need to be scaled up and refined on the basis of evidence from ongoing and future studies.

There has been a gradual increase in the number of condoms distributed over the years. The numbers of male condoms distributed was 89 956 552 in 2009,¹³ while the figure for female condoms was 4 491 916 in the same year. Despite the wide distribution network for condoms, a number of factors such as low risk perception cause low use in long term relationships, including within discordant couples, and inconsistent use in casual sex. Male circumcision was identified in the ZNASP as one potential service based HIV prevention intervention strategy since low levels of male circumcision have been found to facilitate HIV transmission, as confirmed by research. Research was proposed to assess the feasibility and acceptability of large scale male circumcision and a pilot the initiative in selected geographical areas. In November 2009, the Male Circumcision Policy was launched as a component of the overall HIV prevention strategy. It will be a priority to increase the availability and affordability of male circumcision services.

Among the affected populations in Zimbabwe are sex workers, cross border traders, women, young people, men who have sex with men (MSM), mobile populations, truckers, internally displaced people, uniformed personnel (soldiers, police, game rangers, customs and immigration officers), prisoners, the physically challenged, survivors of rape and sexual abuse, illegal immigrants, and injecting drug users. Coverage of programmes for key affected populations varies, but mostly is relatively low.

The MoESAC policy (Circular 16 of 1993) is that all schools should provide life skills based HIV and AIDS education to pupils. The Ministry expects all teachers to provide this for about two hours a week. The main challenges are weak coordination of youth programmes and absence of focal persons for the implementation of HIV prevention activities in tertiary institutions.

The second largest mode of transmission of HIV is mother-to-child transmission (MTCT). The Prevention of mother-to-child transmission (PMTCT) programme has been one of the key pillars of the HIV response in Zimbabwe. Until recently, comprehensive PMTCT services were based on the single dose Nevirapine (sdNVP) to reduce MTCT. In December

¹³ Condom Distribution Database, AIDS and TB Unit, MoHCW, March 2010.

2008, the country introduced a more efficacious PMTCT regimen.¹⁴ However, only 200 out of 1 543 sites (13 percent) offer this regimen. It is a priority for Zimbabwe to further scale up comprehensive PMTCT. In an effort to scale up HIV testing the country introduced provider initiated testing and counselling (PITC) in all health facilities but, due to human resource constraints, implementation has been limited to around 900 of 1 543 sites (58 percent). Since HIV testing and counselling is an entry point to most other HIV and AIDS interventions, the PITC scale up remains a critical priority.

Paediatric HIV infections are an issue of paramount importance in the country and also continue to be a major challenge in the overall HIV response. For example by the end of 2009, 215 123 HIV infected patients were on highly active anti-retroviral therapy (HAART) out of the 387 649 needing it (57 percent coverage); about 21 000 (9.5 percent) of these were children below 15 years (an estimated 50 000 were in need of ART). Of these children on treatment, only about 700 were younger than 18 months, implying that most of the children on treatment are the long survivors since it is known that over 50 percent of infants infected by HIV die by two years of age in the absence of intervention. Of the 282 health facilities in the country that offer ART, less than half (104) offer paediatric ART.

The current national coverage of the early infant diagnosis programme stands at 13 percent of all HIV exposed infants. In 2009 it was estimated that about 12 200 infants were exposed, but of these only 4 143 infants were tested, and 846 (20.4 percent) were found to be positive. Therefore, there is a need to scale up early infant diagnosis and early initiation of treatment.

- **REDUCE THE HIGH MORBIDITY AND MORTALITY ASSOCIATED WITH HIV AND AIDS:** Due to the continued weakening of health systems coupled with economic challenges over the past decade, the country still faces exceptionally high rates of morbidity and mortality associated with HIV and AIDS. In 2009 alone there were an estimated 84 000 deaths from AIDS among children and adults. In Zimbabwe the TB incidence rate is

¹⁴ Module 9: More Efficacious ARV Prophylaxis of Mother to Child Transmission (PMTCT), MOHCW, 2008.

estimated to be 782 per 100 000 people. The target is to scale up opportunistic infection and ART services towards universal access. An estimated 503 000 adults and children are in need of ART in 2010 (based on criteria set out in the new WHO guidelines), against 215 109 people on treatment at the end of 2009.¹⁵

It is estimated that 70 percent of all TB patients are co-infected with HIV but there is no routine surveillance among TB patients. There is therefore a need to enhance collaboration between TB and HIV programmes. The goals of TB/HIV activities are to establish mechanisms for collaboration between TB and HIV/AIDS programmes, decrease the burden of TB in people living with HIV and decrease the burden of HIV in TB patients. Currently, of concern is the lack of diagnostic services for TB (sputum examination and CXR) which may lead to a delay in treatment of TB and initiation of ART. The country needs to consider the policy of Isonicotinylhydrazine (INH) preventive treatment (IPT) in TB/HIV dually infected patients.

- **INCREASE SUPPORT TO WOMEN AND GIRLS, INCLUDING THOSE WITH DISABILITIES, TO COMBAT THE SPREAD OF HIV:** Although Zimbabwe has registered a downward trend in HIV prevalence, the epidemic still wears a female face. Of the estimated infected number of 1 189 279, about 1 037 530 are adults, of which 617 792 are females. Recent studies have shown that those 15-24 years of age are the group most vulnerable to HIV with the prevalence of females being 7.5 percent compared to 3.5 percent for males in the same age group. Young women and girls are three times more likely to be infected with HIV than young men in the same age range, especially in Zimbabwe where heterosexual contact is responsible for about 92 percent of new infections and intergenerational sex between older men and young females is rampant. Women and girls with disabilities who are HIV positive face double stigmatisation, first as people with disabilities who are perceived to be sexually inactive and secondly as HIV infected persons.

The risk of HIV transmission is greater when sex is forced. Recent interviews with women's organisations showed that high incidence of

¹⁵ Coverage Based on 'Ministry of Health and Child Welfare, Zimbabwe National HIV Estimates 2009.

gender based violence (GBV) in the form of rape and sexual assault and domestic violence fuel the spread of HIV among women and girls. The threat of physical violence is a strong deterrent to requesting condom use, particularly with a partner who may view the request as an accusation of infidelity. Women who do not have access to antenatal care do not benefit from PMTCT programmes that could prevent vertical transmission of HIV to the unborn and apparently MTCT is responsible for about 7 percent of infections in newborn babies.

Care and support for people living with HIV and other chronic illness is largely provided through community home based care and in 2008, 77 percent of those providing home based care services were women or girls. Gender inequalities and widespread negative cultural practices, poor access to health services, stigma, lack of knowledge about one's status, and lack of understanding and appreciation among programme implementers on why women and girls are more vulnerable to HIV continue to drive the epidemic among women and girls.

- **INCREASE SUPPORT TO THE HIGH NUMBER OF ORPHANS AND VULNERABLE CHILDREN AND OTHER VULNERABLE GROUPS:** The number of orphans due to AIDS was estimated to be 1 031 752 in 2009. The country is still faced with the challenge of providing comprehensive support services to OVC. The Government developed a National Action Plan for Orphans and Vulnerable Children (NAP for OVC) through the Ministry of Public Service Labour and Social Welfare (MoPSLSW) in 2005 to increase reach to OVC with basic services including educational, medical, legal, and psychosocial assistance. However, the majority of OVC currently do not have access to these services, which points to the need to further scale up support. According to a recently conducted national survey, only about 21 percent of the OVC in Zimbabwe are receiving basic external support (MIMS, 2009).¹⁶

A number of efforts are underway to strengthen support for people living with HIV (PLHIV) including post-test support groups, psychosocial support, advocacy and access to treatment and care, as well as a large scale anti-stigma campaign. However, PLHIV still face a variety of

¹⁶ Multiple Indicator Monitoring Survey (MIMS), Central Statistical Office, 2009.

challenges such as inadequate access to balanced nutrition, and limited access to treatment and support for livelihoods.

Major challenges facing Zimbabwe's HIV and AIDS response

Some of the challenges in responding to HIV are outlined below:

- **THE ECONOMIC ENVIRONMENT:** Although external funding has been received for HIV and AIDS and the AIDS Levy began to increase in value again after dollarisation, overall external and internal funding levels for the HIV response have been lower than in other countries with comparable epidemics. This has affected the coverage of most preventive, treatment and care programmes. The inflationary pressures arising from the drought, low economic growth, high fuel prices on the international market, sanctions and high HIV and AIDS disease burden have had a negative effect on the effectiveness of the response to HIV in Zimbabwe. Consequently, the economic challenges encountered in the period 2000 to 2008 led to poverty, unemployment and international migration among the general population at unprecedented levels.¹³ Many women then engaged in cross border trading, exposing themselves to sexual and other forms of abuse in the course of their work.
- **LIMITED FUNDING FOR THE NATIONAL HIV AND AIDS RESPONSE:** The global and local economic meltdown; politically-induced tension, anxiety, and uncertainty in the country; and less than optimal external donor support, especially to the public sector, contributed to the inadequate funding of the national response in 2008 and 2009. For example, many PLHIV eligible for ART were on the waiting list for ART in 2008 and 2009. There is a need for domestic and international resource mobilisation to cover the existing funding gaps.
- **HUMAN RESOURCE CHALLENGES:** Many health facilities in Zimbabwe were chronically short of staff as a result of remuneration not commensurate with the prevailing economic conditions in 2008.¹³ This was coupled with a massive exodus of staff to neighbouring Southern African countries and abroad. The challenges associated with staff attrition in the health sector have had an impact on the quality and coverage of HIV and AIDS health programmes. The shortage of

equipment also made work in the health sector non-conducive, leading to low morale.

- **WEAKENED HEALTH SYSTEM:** The economic challenges that the country has gone through have severely dented the country's health system. Zimbabwe's health facilities are reeling under a severe shortage of essential supplies such as lab equipment, reagents, drugs, HIV test kits and home based care (HBC) kits. Health facilities suffer from frequent breakdowns of essential lab equipment such as CD4, haematology and chemistry machines which are essential for provision of quality HIV services. Hospitals have poor transport and communication facilities, making referral of patients difficult.
- **HEALTH SECTOR RESPONSE:** The health sector in Zimbabwe includes organised public and private health services (health promotion, disease prevention, diagnosis, treatment and care). Non-governmental organisations, community groups, professional associations, the pharmaceutical industry and teaching institutions also contribute to the healthcare system.

2.6 Gender Equality and Women's Empowerment Thematic Area

2.6.1 Overview

Women's empowerment can be defined through the five major components of (i) women's sense of self-worth; (ii) their right to have and determine choices; (iii) their right to have access to opportunities and resources; (iv) their right to have the power to control their own lives within and outside the home; and (v) their ability to influence the direction of social change to create a more just social and economic order locally, nationally and internationally.¹⁷

At the regional and global levels, Zimbabwe is party to a number of instruments intended to improve the promotion and protection of the rights of women and ensure the attainment of gender equality.¹⁸ At the national level, the two leading national policy instruments to achieve gender equality and women's

¹⁷ State of the World's Population 2006 'A Passage to Hope: Women and International Migration', UNFPA, NY.

¹⁸ Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the African Union (AU) Constitutive Act, the Solemn Declaration on Gender Equality in Africa, the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2008), the SADC Declaration on Gender and Development (1997) and SADC Protocol on Gender and Development (2008), and the Millennium Development Goals.

empowerment are the National Gender Policy (NGP) and The National Gender Policy Implementation Strategy and Work Plan which outlines Priorities for Gender Mainstreaming and Empowerment of Women for the period 2008-2012. In the past five years, progress has been recorded in both policy and programmes in advancing gender equality and women's empowerment in Zimbabwe. These include the ratification of progressive gender equality instruments, Amendment 17 to the current Constitution which added sex, marital status and physical disability to the prohibited grounds for discrimination, affirmative action under Section 23(3) (g), which is designed to correct historical discrimination, and the Domestic Violence Act (2006).

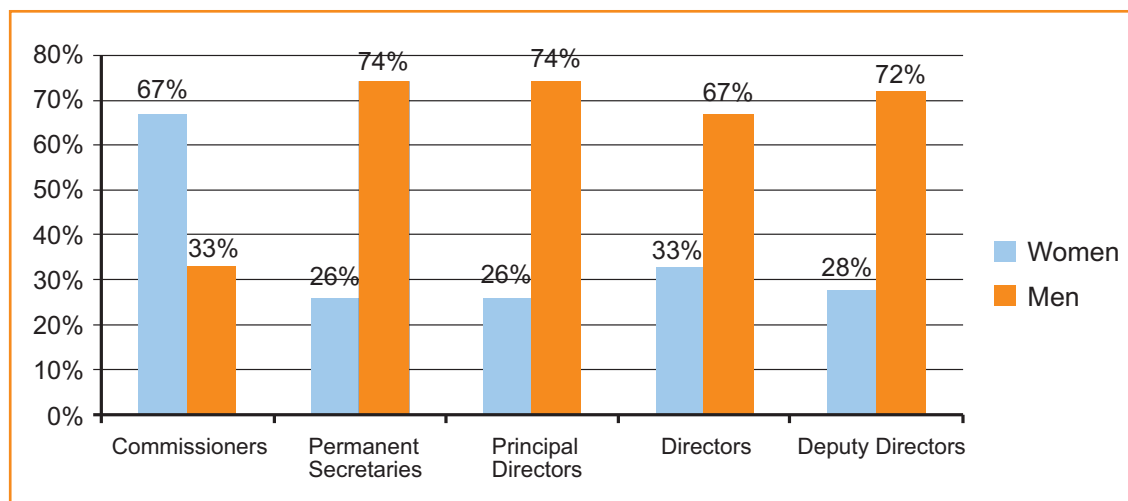
Despite the many instruments, policies and laws in place, implementation has been slow due to inconsistencies between statutory and customary law, lack of resources, and resistant attitudes and perceptions based on patriarchal and religious beliefs. For example, the Constitution¹⁹ still allows discrimination on matters of personal law and customary law, a duality that hinders women's full enjoyment of human rights.

The number of women in decision making positions remains low, and women are disproportionately infected and affected by the HIV pandemic. With a maternal mortality rate of 725 deaths per 100 000 births,²⁰ women continue to die while giving life. While gender parity in education has been attained at primary level and is achievable at secondary level, significant gaps still exist at higher and tertiary levels which are important to women's access to and participation in the job market. Despite reforms aimed at empowering the Zimbabwean population, women remain marginalised in the main economic sectors. Levels of GBV remain a concern and a major barrier to women's active participation in development. Mechanisms established to enforce the implementation of gender equality measures have largely been ineffective. As gender is mainstreamed throughout this country analysis, some of the problems outlined here are discussed in detail within other thematic areas. This section therefore pays attention to those challenges that other thematic areas may be technically limited to articulate and are fundamental to the attainment of gender equality in all other spheres of development.

¹⁹ Section 23(3).

²⁰ Zimbabwe Maternal and Perinatal Mortality Study, 2007.

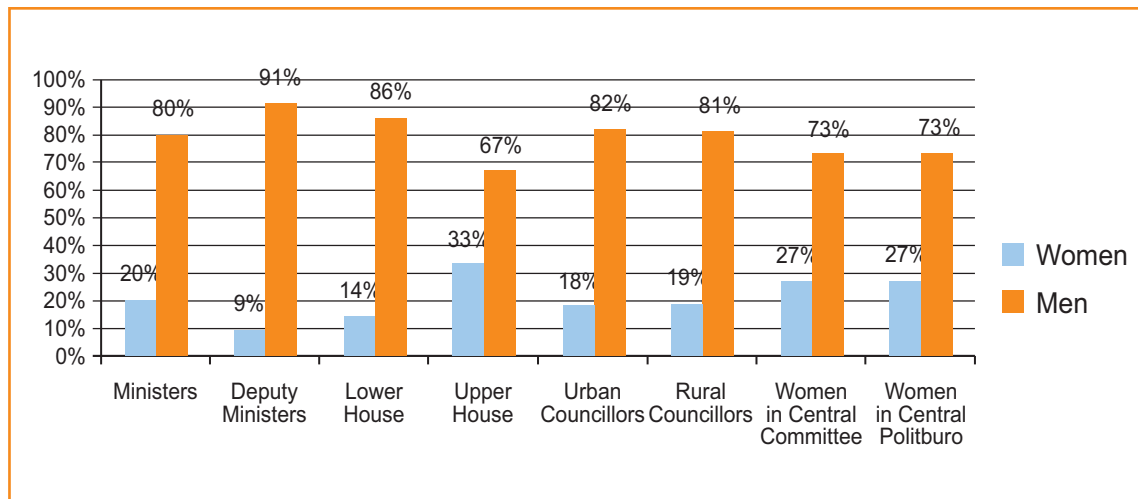
Figure 2.7: Public Services Sector Composition by Gender



Source: Ministry of Women Affairs, Gender and Community Development

The MDG 3 Target to increase the participation of women in decision making in all sectors, and at all levels to 50:50 by 2015 is still a serious challenge, although the trend shows a gradual rise in participation rates, with women's parliamentary representation rising from 8 percent in 1980-84, to 14 percent in 1990-95, and up to 18.55 percent in 2008. The following tables show levels of women's participation in the public sector as well as in politics, which in turn influences their participation in the various sectors of the economy (Zimbabwe CEDAW State Party Report, 2009) This trend is assumed to be mirrored in the private sector although there are difficulties in gaining access to data to ascertain the level of participation and representation of women in decision making in this sector.

Figure 2.8: Political positions by gender



Source: Ministry of Women Affairs, Gender and Community Development

Zimbabwean society largely expects women to be subordinate to men and to be confined to traditional gender roles such as looking after the family and doing other household duties. This general lesser view of women contributes to the often negative attitude towards those women who participate in politics. There is a perception that women may not be effective leaders due to their multiple roles. In the labour market, men are preferred candidates partly because of the comparatively higher costs associated with female employees. These include maternity leave, and time off from work to care for children, the sick and elderly members of the family. These negative stereotypes are prejudicial to women's prospects for political and technical appointment and can only be changed through a mind shift in society so that women and men are valued equally. The intense polarisation that characterises most of Zimbabwe's electoral processes has fuelled violence in communities and created a disabling environment for women's safe participation in politics. Furthermore, the limited pool of female leaders who serve as role models to young women perpetuates the vicious cycle of women's low participation in public life.

To date, there are no clear, legislated affirmative action provisions to close these gaps. Additionally, the Electoral Act is silent on the requirement for political parties to indicate commitment to gender equality through adoption of a quota system before registration. Neither the Labour Act nor the Public Service Act specifically provides for affirmative action in employment and there are no

effective mechanisms to monitor and hold the responsible authorities accountable. However, advocacy for a constitutional guarantee for 50:50 representation in all decision making positions is underway in the current constitution making process.

2.6.2 Problem analysis

Women's participation in key economic sectors

Although women constitute 52 percent of Zimbabwe's total population, they are still largely marginalised from mainstream economic activities. According to the PASS, 2003, 60 percent of the 14 percent of illiterate adults in Zimbabwe are women. Women perform 53 percent of all economic activity, but their work is rendered invisible because it is not measured and is lowly paid. A UNICEF (2004) report noted that 90 percent of women in Zimbabwe are farmers, informal sector workers, and community organisers.

The National Gender Policy recognises that 86 percent of women live in rural areas and these women constitute more than 70 percent of all agricultural labour in the country. The 2003 PASS showed that, of the 80 percent (5million people) living below the Poverty Datum Line (PDL), 70 percent were women. The PASS also showed that 74 percent of female-headed households fell into the 'poor' and 'very poor' categories. Real income for males was three times that of females and females had a higher structural unemployment rate of 70 percent compared to males (56 percent). A 2004 labour force survey revealed that women dominate the informal sector (53 percent) while men constituted 47 percent. Other studies have reported that more than 70 percent of the people in the low paying informal sector are women. As a corollary to this, a 2006 study on gender participation in the economy showed that only 22 percent of participants in the formal sector were women as the sector was dominated by men.

In the agriculture sector, from which 65 percent of women are estimated to derive their livelihood, a FAO study revealed that communal land ownership is male dominated with the average arable land holding for male headed households being 2.73 hectares while that for female headed households stood at 1.86 hectares. Men were noted to be dominating in making decisions on how the land is used and what is grown on it. The land reform programme models (A1 and A2) have been heavily skewed in favour of men, despite the fact that women are the highest number of participants in this sector. At the conclusion of the Land Reform Programme, only 18 percent of beneficiaries under the A1 model

(peasant farmers) were female headed households while under the A2 model (commercial farmers) women constituted only 12 percent. Those women who applied for land together with their husbands often had the land registered in the husband's name. This has created a potential inheritance problem in the event that the husband dies first. Other constraints faced by women in this sector include limited access to credit due to lack of collateral security, lack of sustainable markets, and limited security of tenure resulting from discriminatory customary laws.

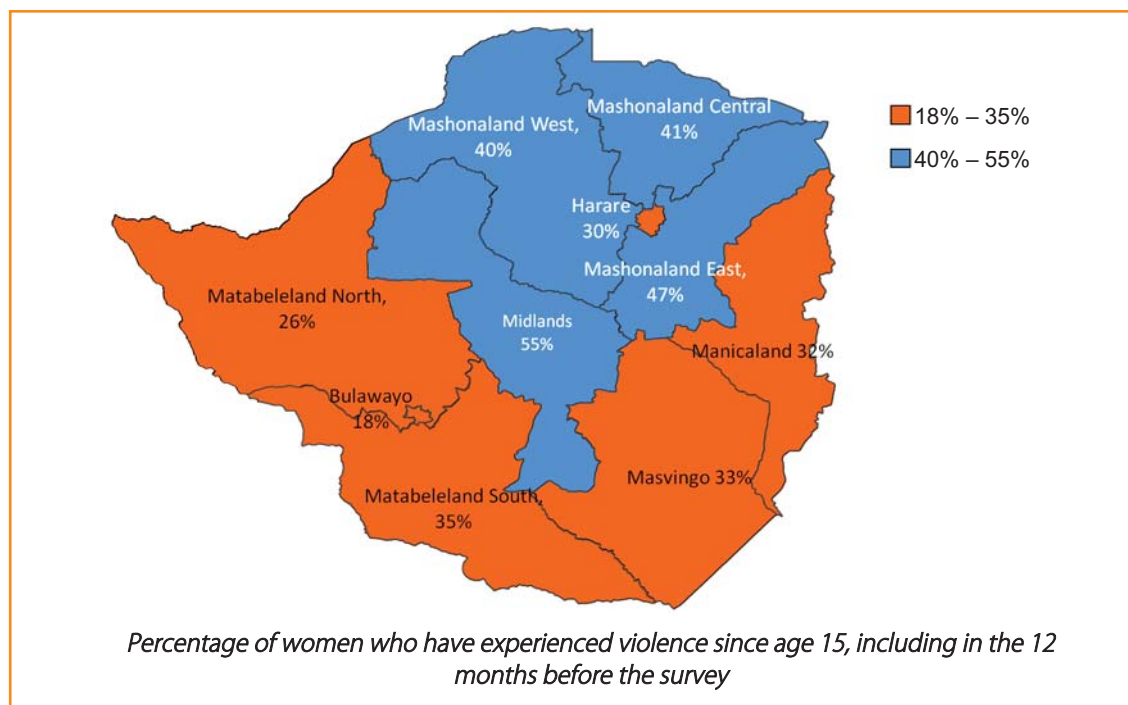
In other sectors such as mining, tourism, construction and manufacturing, the entry barriers for women include lack of capital and lack of exposure as these sectors are dominated by men who control entry processes and resources. In 2004 women-owned enterprises constituted 75 percent of small scale enterprises. These enterprises, however, faced discrimination and marginalisation which limit their access to credit and this in turn stunts their growth. While Zimbabwe adopted a small and medium enterprises (SME) framework in 2002, it fails to address the needs of women-owned enterprises because of the lack of clear policies and interventions targeted at women. Women face a multitude of labour related challenges including GBV (sexual harassment, sexual exploitation and abuse) which are heightened as a result of their predominant engagement in trading activities.

Gender based violence

Despite the enactment of several gender responsive laws and policies, such as the Domestic Violence Act (2007), women and girls in Zimbabwe continue to be the victims in 99 percent of GBV cases, especially within the private sphere. Forty seven percent of women in Zimbabwe have experienced either physical or sexual violence (or both) at some point in their lives, while 25 percent have been sexually abused (ZDHS, 2005/06).

Despite being passed into law, the Domestic Violence Act (2007) still faces resistance from strongly traditional people in Zimbabwe. This sociocultural context affects women's ability to use the protective measures of the law as they fear to be castigated by their families. This is compounded by women's economic dependence on men and limited access to legal aid.

Figure 2.9: Prevalence of violence against women across the country



Source: 2005-06 ZDHS - CSO and Macro International

Awareness of the provisions of the Domestic Violence Act is still not widespread and is less so in rural than in urban areas. A much higher number of cases are reported in urban areas than in rural areas. For example, from January 2009 to September 2009, the Harare Magistrates' court received 462 applications for protection orders, while the Mutoko court only received seven; Masvingo had received 76 applications while Mwenezi had received one. As a result of the inaccessibility of Magistrates Courts, rural women take their cases to traditional courts which have a much lower jurisdiction.

In May 2009 a joint GBV assessment mission by the United Nations Population Fund (UNFPA), UNICEF, and the International Organisation for Migration (IOM) was conducted in the district areas of Mberengwa, Mudzi, and Mutare. Data collected during the assessment indicated a general recognition of GBV as a protection priority but one with extremely limited resources for comprehensive response. Most communities lacked access to basic lifesaving response services such as healthcare, psychosocial support for survivors of GBV (both adult and child), and legal aid. In those communities where some minimal services do exist, they are limited in scope and capacity. In November 2009 the MoWAGCD, with

support from UNFPA, completed a mapping exercise of GBV actors in Zimbabwe. While there are over 200 organisations working in the area of GBV, over 90 percent of them were found to focus on information dissemination and psychosocial support. Support services such as medical care, and legal and security assistance are mainly provided by the state which has challenges such as shortages of skilled personnel, equipment and supplies.

Ineffective gender management system

The gender management system is comprised of the MoWAGCD, gender focal persons (GFPs) in line ministries, the Parliamentary Portfolio Committee on Gender, the Parliamentary Women's Caucus, and the women's movement. There is limited coordination among the above institutions, resulting in a fragmented approach to gender mainstreaming despite the existence of a policy and implementation strategy. According to the Gender Policy Implementation Strategy, accountability for mainstreaming is through line ministries, while monitoring and evaluation are carried out by GFPs and gender committees through quarterly reports. However, responsibility for gender mainstreaming is not one of the key result areas of the focal persons. Gender focal persons are often not part of the ministerial management, and hence are excluded from senior management and policy planning meetings. The absence of gender mainstreaming guidelines and limited gender analysis skills further hinder effective gender mainstreaming.

While a number of NGOs focus on the promotion of gender equality, their effectiveness and coordination is hampered by polarisation and competition for resources. The absence of a national system for monitoring and evaluation by the gender machinery compounds the fragmentation and lack of information on progress.

Through the Gender Budgeting programme, the MoF managed to engender the Call Circulars of 2008 and 2009. However, the effectiveness of the gender management system remains compromised by the lack of full implementation of gender responsive budgeting. Despite the ministry's elaborate structure from national to Ward level, its operations are crippled by a lack of qualified personnel, lack of equipment (including furniture, vehicles, computers and consumables) and inadequate funding.

2.6.3 The limitations facing women in Zimbabwe

Women in Zimbabwe have inadequate information on their rights and the mechanisms that have been established for their protection. They face negative attitudes and perceptions from society, particularly against those who choose to assert themselves. Their participation in key economic sectors is further limited by inadequate access to financial resources and this has the effect of perpetuating their dependence on men. In many cases, women also have inadequate access to affordable healthcare and legal aid.

Different duty bearers lack the capacity to meet their obligation to protect and fulfil women's rights due to the following challenges:

- The absence of legislative provisions for affirmative action in key areas such as politics and employment;
- Non-resourcing of institutions mandated to provide and enforce gender equality and protection measures such as the Anti-Domestic Violence Council, the Police Victim-Friendly Units and the courts;
- Inadequate coordination among various actors resulting in a fragmented approach to gender equality;
- A lack of technical guidelines for sectors to mainstream gender;
- The absence of a national system for monitoring and evaluating the effectiveness of strategies and progress made, and
- Insufficient donor support to national systems and programmes.

2.7 Data for Development Thematic Area

2.7.1 Overview

In the 1980s and 1990s Zimbabwe had a well developed statistical system built around strong routine information systems and a comprehensive National Household Survey Capability Programme (NHSCP). The system received adequate budgetary allocations from the National Treasury and was also well supported, both technically and financially, by development partners including donors and the UN. However, it began to deteriorate in the late 1990s with the onset of economic and political challenges that saw donor withdrawal and dwindling budgetary allocations for statistical development.

Currently, planning, monitoring, evaluation and reporting processes, including on the MDGs and other national development processes, suffer from a lack of up-to-date data in the majority of sectors. According to the Zimbabwe National Statistics Agency (ZIMSTAT), most statistical series are outdated as exemplified by the following: Labour Force Survey (2004); actual GDP figures (2004); poverty assessment (2003); census of industrial production (1999); state of the environment report (1998); and census of services (1981/82). There are also no data on women's representation in decision making bodies of the private sector. This has resulted in policy and decision makers and other users of statistics working with estimates.

2.7.2 Problem analysis

The main producers of statistics in the country are ZIMSTAT and line ministries. These institutions have not been able to produce current data in recent years mainly due to limited capacity (shortage of equipment, technology and skills), low response rates and weak coordination of the national statistical system. ZIMSTAT, which is the mandated producer of official statistics, has suffered most from low response rates from line ministries, local authorities and business establishments as well as inadequate budgetary support for collection of primary data from households and farmers.

The National Statistical System (NSS) is weak and suffers from limited coordination in statistical production and inadequate human resources. Data are not provided in a timely manner and are not easily accessible. On the other hand, the NSS has some strengths which include readily available competencies, existence of an established statistical infrastructure in most organisations and compliance with professional and international standards.

The dearth of current data has forced policy and decision makers as well as other users of statistics to either use estimates or conduct their own ad hoc rapid assessments. The uncoordinated NSS, which manifests itself in lack of harmonisation of definitions, concepts and tools, has resulted in duplication of effort, conflicting data and unnecessary waste of public resources. The main cause of lack of coordination in the NSS is the absence of a costed National Strategy for the Development of Statistics (NSDS) which builds upon sector-specific strategies.

The root causes of inadequate current data include the following:

- Slow implementation of the Census and Statistics Act of 2007 the operationalisation of which was only realised in July 2009 and the setting up of the Board in April 2010;
- Budgetary constraints;
- Statistical illiteracy where suppliers of data mistake ZIMSTAT for the Zimbabwe Revenue Authority (ZIMRA);
- Increased demand for data against dwindling budgetary resources;
- Institutional factors such as delays in the auditing of local authority accounts and the low status that is accorded to statistical units within ministries and institutions; and
- Delays in the transmission of data to the national level.

Data gaps also exist due to the absence of mechanisms for data collection during policy and programme formulation as well as an undeveloped culture of putting data at the centre of planning, implementation, monitoring and evaluation of policies and programmes.

The problem tree for data for development is given as Appendix 14.

2.7.3 Role and pattern analysis

The NSS comprises users, producers and suppliers of data as well as training and research institutions. Users, who include government ministries, individual citizens, the private sector, civil society and the international community, have a right to timely and accurate statistical information. Producers of statistics who include ZIMSTAT, government ministries, business establishments, farmers, households, training and research institutions and the international community, have varied obligations. ZIMSTAT and government ministries should produce timely, accurate and relevant data for the various users. In addition, it should coordinate the effective and efficient production of statistics, promote the use of statistics for evidence based decision making, raise awareness of statistics, and involve users and other producers in the production of statistics. The MoF as the parent ministry for ZIMSTAT has an obligation to provide adequate funding for the production of statistics and to create a conducive legislative environment for this to take place. Line ministries and local authorities should collect, archive and provide timely and relevant data and also cooperate with other producers of statistics. Business establishments, farmers and households should respond to

surveys by providing accurate information requested by statistical agencies as well as contributing to the development of statistical skills and personpower through scholarships and funding of training and research institutions. Training and research institutions should provide human resources, while the international community should provide standards and frameworks as well as financial support for the actual production of statistics.

2.7.4 Capacity gap analysis

Individual citizens lack adequate information and organisational capacity to exercise their rights, while the government lacks human, financial and technical capacity to fulfil its obligations.

3

DEVELOPMENT PRIORITIES FOR THEMATIC AREAS

3.1 Preliminary Assessment of UNCT Comparative Advantages

The comparative advantages offered by the UNCT are:

- The ability to mobilise technical capacity on a global scale and provide backstopping support using local, regional and international staff.
- The ability to mobilise resources from the international community as well as internally.
- Cordial relationships with Government, donors and other development partners.
- The technical capacity to provide direct support for planning, strategy and policy development, the development of EMIS, and the generation of additional information through research studies. It can tap into its network of experts and institutions to provide such support, facilitating the process through sharing of international experiences of similar contexts and best practices that can serve as useful benchmarks for Zimbabwe.
- The capacity to support Government in developing monitoring systems to facilitate targeting. Zimbabwe is a signatory to the World Declaration on Education for All as well as the Dakar Framework for Action. In addition, it subscribes to the SADC Protocol on Education and Training, and the SADC regional norms and standards in specific areas such as EMIS. The UN can use these international human rights instruments and regional protocols, norms and standards as well as playing an advocacy role in ensuring that Government honours its commitments in the field of education.
- The ability to give momentum to the strengthening of statistical systems by assisting in building partnerships, particularly internationally, around technically and financially complex issues that are beyond its capacity to handle alone. This is particularly relevant when it comes to the establishment or rehabilitation of infrastructure and the provision of educational materials and equipment. It can also assist Government in defining criteria for setting priorities that ensure sustainability, feasibility, affordability and high impact of interventions while assuring equity by gender, geographical location and social groups that need special attention.

United Nations support in institutional capacity development could take the form of the identification of skills needs for the sector. The UN also has access to experts, and learning and training materials and resources, both traditional and innovative, that the education sector can make use of. There are also institutions that offer specialised training programmes that could benefit the sector. Although the UN may not be in a position to address the intractable issue of staff remuneration and other incentives, it could play a role by assisting Government to develop appropriate policy frameworks and policies, drawn from international experience that can be adapted to the local context, in order to address this issue from the long term perspective.

United Nations agencies have promoted the employment of global frameworks that ensure effectiveness of interventions in addressing broader issues in education. For instance, the UN supports HIV and AIDS interventions in the education sector within a single framework that ensures greater effectiveness. The Global Initiative on Education and HIV and AIDS (EDUCAIDS), is a multi-country UNAIDS initiative launched in 2004 to promote, develop and support comprehensive education sector responses to HIV and AIDS, with a focus on preventing the spread of HIV and protecting the core functions of the education system from the worst effects of the epidemic. Similarly, the Child Friendly School initiative was promoted by the UN and its partners as a comprehensive framework for promoting retention, relevance and quality in education.

The UN works with member states to develop, promote and ensure compliance with international statistical guidelines, standards and norms. These include the Fundamental Principles of Official Statistics and General Data Dissemination Standards. There are also sector specific guidelines and standards such as the 1993 System of National Accounts (SNA) and International Classification of Diseases (ICD) used for classification of cause of death.

3.2 Priorities under Governance and Human Rights

In furtherance of democratic governance and human rights, attention will be paid to strengthening the national institutions, processes and capacities that accelerate human progress with a view to eradicating poverty through development, and equitable and sustained economic growth. The focus during ZUNDAF cycle 2012-2015 will be on supporting social cohesion processes, sustained capacity development of public sector delivery systems and the

national oversight bodies such as Parliament, the Public Protector, Commissions and other strategic civil society entities. Particular attention will be paid to the following strategic areas:

- Strengthening of state organs and institutional capacity to meet their mandate for public service delivery efficiently and effectively;
- Capacitating national public institutions, law enforcement agencies, the judiciary and the correctional system to promote and protect human rights;
- Enhancement of social dialogue tracks and processes to foster national equality, healing, cohesion and unity;
- Observance of rule of law, and respect for the Constitution and other laws to enhance the realisation of freedoms; and
- Strengthening the national electoral mechanism.

3.3 Priorities under Lands, Agriculture and Environment Issues

The following have been identified as priority development areas for improved food security and sustainable management of natural resources and the environment:

- Increased crop and livestock productivity and production;
- Strengthening of institutional capacity for research, extension and policy analysis in the areas of crops, livestock, mechanisation, water resources development and irrigation, agricultural education, forestry, natural resources management, and climate change;
- Developing a comprehensive land policy;
- Land valuation, title surveys, land auditing and land information management system development, and farm re-planning;
- Development and rehabilitation of rural agricultural infrastructure, i.e. storage facilities, roads, irrigation, dip tanks, handling pens, mechanisation;
- Increased support services to farming communities with special emphasis on women, youths and vulnerable groups;
- Promotion of sustainable and environmentally sound agricultural practices, e.g. conservation agriculture;
- Development and promotion of climate change adaptation measures

and appropriate technologies suitable for the different categories of smallholder farmers;

- Promoting and strengthening farmer organisations as a vehicle for sustainable agricultural development;
- Improved food and income safety nets for vulnerable groups;
- Establishment of lands, agricultural, environment and natural resources and climate change information systems; and
- Mainstreaming of gender and HIV in the lands, agriculture and environment sectors.

3.4 Priorities under Population and Basic Social Services

3.4.1 Education

Five specific priorities which the UN can support over the next five years are:

- 1 **SECTOR DEVELOPMENT:** The future development of the education sector will require a sector-wide planning approach that departs from the crisis mode that has characterised it over the past ten or so years. To do this, technical support for sector planning, strategy and policy development will be required in the initial stages while planning capacity will be developed and strengthened over time. Given the current situation in which there is a serious dearth of educational data, it is necessary to strengthen the EMIS to ensure evidence based planning and policy development processes. In addition to the general EMIS, specific studies should be undertaken to fill in any information gaps observed. For example, there will be a need for information on the demand and supply of professional skills over time in order to inform priorities in the teacher education, university and vocational and technical education training systems.
- 2 **ENSURING ACCESS BY DISADVANTAGED AND MARGINALISED SOCIAL GROUPS:** Support efforts towards the provision of universal access to primary education, and to expand access to post-primary education. Vulnerable groups that have suffered most from the impacts of the economic recession over the years, such as OVC, children with disabilities, girl children generally, and boy children in specific geographical locations, and young people who for various reasons dropped out of school prematurely, will need to be specifically targeted.

- 3 **PROVISION OF FACILITIES, LEARNING AND TEACHING MATERIALS:** The establishment of infrastructure and provision of learning and teaching materials and equipment to schools, tertiary institutions and universities to address issues of access, efficiency and quality will require a massive, sustained, long term investment by Government. To accomplish this, Government will need to work with other partners, each of whom should focus on areas that are consistent with its mandate, interest and capacity.
- 4 **CAPACITY DEVELOPMENT:** Massive capacity development will be required at all levels in order to ensure restoration of education service delivery to pre-2000 levels. Planning, curriculum reform and development, education management, instructional leadership and supervision, research, monitoring and evaluation are all functions that require skills, which the sector has systematically lost over the past decade.
- 5 **A COMPREHENSIVE SECTOR RESPONSE TO HIV AND AIDS:** The education sector has to provide education services to a large number of OVC and indigent students in HTEIs. While BEAM and the Cadetship scheme will go some way in meeting the education needs of this group, this should be sustained through a more robust and comprehensive HIV and AIDS prevention strategy that contributes to improved targeting.

3.4.2 Water, Sanitation and Hygiene

The national priority for WASH is sector recovery made up of the following specific priorities:

- Needs assessments in both rural and urban areas to establish the situation on the ground including disparities between various segments of the population;
- Rehabilitation of broken down boreholes in the rural areas in order to restore safe and adequate water supply services to the 70 percent levels of 1999;
- Rehabilitation of obsolete urban and growth point water and sewerage reticulation systems;
- Provision of new safe water sources in rural areas and expansion of the capacity of water and sewerage reticulation treatment facilities in urban areas to cater for expansion over the years;
- Provision of adequate water treatment chemicals to urban areas and

growth points and ensuring that local authorities sustain the availability of same;

- Elimination of open defecation in both rural and urban areas;
- Scaling up of hygiene promotion with particular emphasis on behaviour change communication using participatory health and hygiene promotion approaches;
- Establishment of sustainable tariff structures;
- Development of information management systems at all levels;
- Institutional and community capacity development;
- Development of a disaster risk reduction plan; and
- Creation of an enabling environment through the development and updating of supportive national policies, strategies and guidelines.

3.4.3 Social protection

The priorities under social protection are to:

- Develop a social transfer framework and subsequently a national social protection policy framework;
- Increase support to social safety nets programmes such as BEAM, health assistance, public assistance, public works programmes, school feeding programmes and nutrition programmes;
- Provide protection and assistance to displaced persons, vulnerable cross-border migrants and children living and working on the streets, including victims of trafficking; and
- Expand social security systems such as pension and health insurance schemes to cover employees in non formal employment and farm work.

3.5 Priorities under HIV and AIDS

The priorities under HIV and AIDS reflect a multiple approach as elaborated below:

- REDUCTION OF SEXUAL TRANSMISSION OF HIV: Achieve quick wins through the increase in community and national action for sexual and reproductive health and rights, and in individual commitment to safer sex, especially among the most vulnerable.

- PREVENTION OF MOTHERS DYING AND BABIES BECOMING INFECTED WITH HIV: Scale up access to and the use of quality services for the prevention of mother-to-child transmission as an integral part of sexual and reproductive rights for women, their partners and young people.
- ENSURING THAT PEOPLE LIVING WITH HIV RECEIVE TREATMENT: Support the scale up and sustenance of treatment coverage, bridge the gap between sexual and reproductive health and HIV, integrate nutritional support within treatment programmes and enhance the skills of health workers.
- REMOVING PUNITIVE LAWS, POLICIES, PRACTICES, STIGMA AND DISCRIMINATION: Collaborate with civil society, private sector and other relevant stakeholders for zero discrimination in all efforts.

A cross-cutting strategy will be to improve Zimbabwe's strategic information generation, analysis and use, including through the mobilisation of novel sources.

3.6 Priorities under Gender Equality and Women's Empowerment

The following are the priorities for this theme area:

- Increasing the representation, participation and involvement of women in politics and decision making at all levels to 50 percent in the public and private sectors by 2015;
- Increasing the participation of women to 50 percent by 2015 in the key economic sectors of agriculture, mining, manufacturing and tourism;
- Promoting gender responsive budgets and programmes in all sectors by 2012;
- Increasing awareness of family laws and legislation that promote women's rights among the populace by the end of 2012;
- Achieving parity at tertiary and educational institutions; and
- Contributing to the formulation of a gender sensitive Constitution by 2011.

3.7 Priorities under Data for Development

The first priority is the development of a national strategy for the development of statistics, the strategic goals of which will be to:

- Achieve greater organisational and institutional development;
- Better identification, prioritisation and meeting of user needs;
- Improving customer care;
- Improving data quality; and
- Increasing the accessibility of official statistics.

The NSDS will provide a holistic, coherent, comprehensive and sustainable framework for improving the whole national statistical system and will address institutional, organisational and technical constraints and processes.

Another priority is to improve utilisation of data in development planning, implementation, monitoring and evaluation through the following:

- Finalisation and subsequent implementation of the NSDS;
- Strengthening the capacity of ZIMSTAT and line ministries to produce relevant and timely statistics and information;
- Strengthening the capacity of ZIMSTAT to coordinate the national statistical system; and
- Establishment and strengthening of functional national and sector specific information management systems.

Finally, the total commitment of Government to funding 'core statistical activities' of the NSS is a priority. Commitment should be driven by the fact that official statistics are a public good and an essential part of the development infrastructure, the provision of which is the responsibility of Government.

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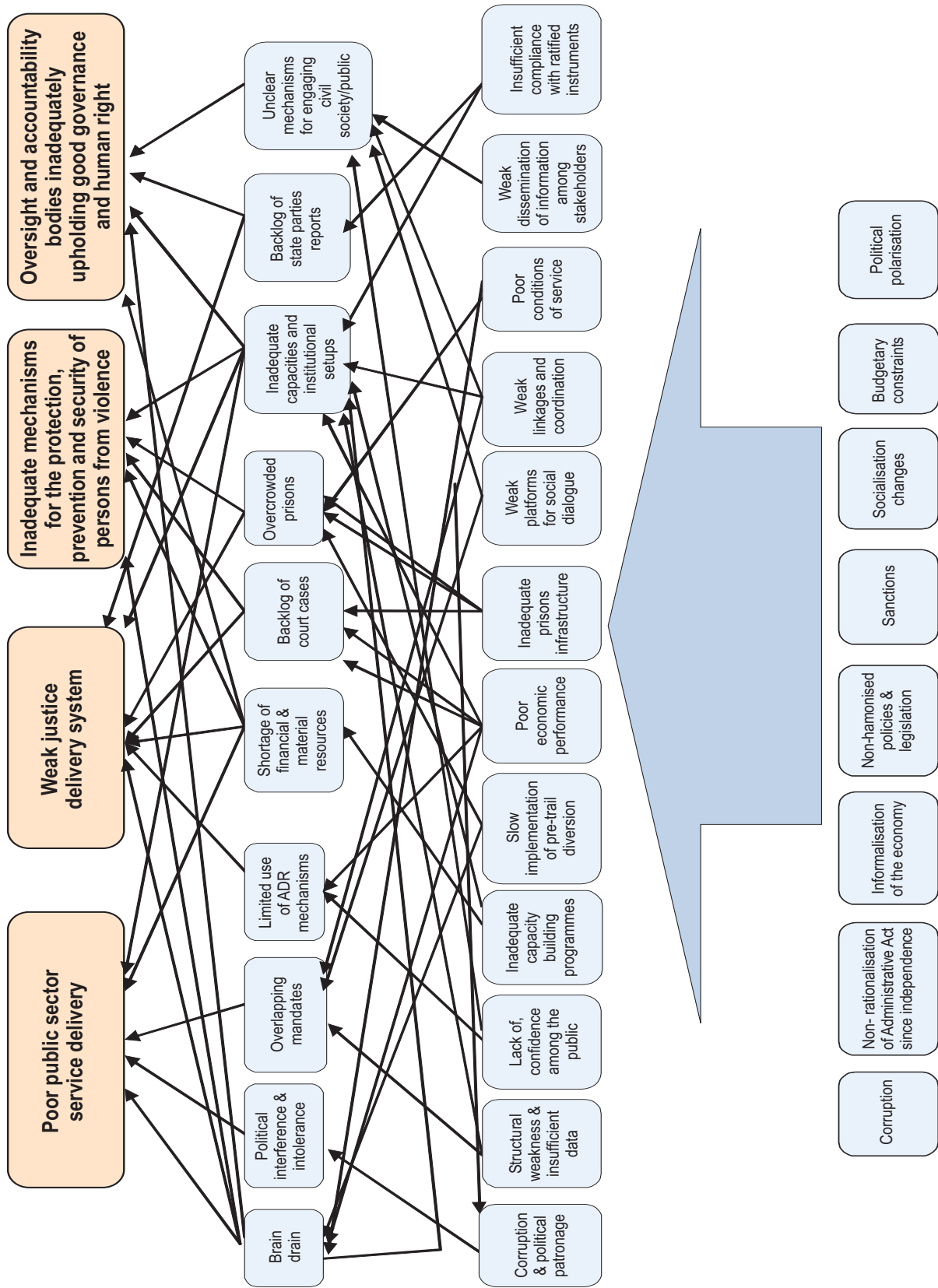
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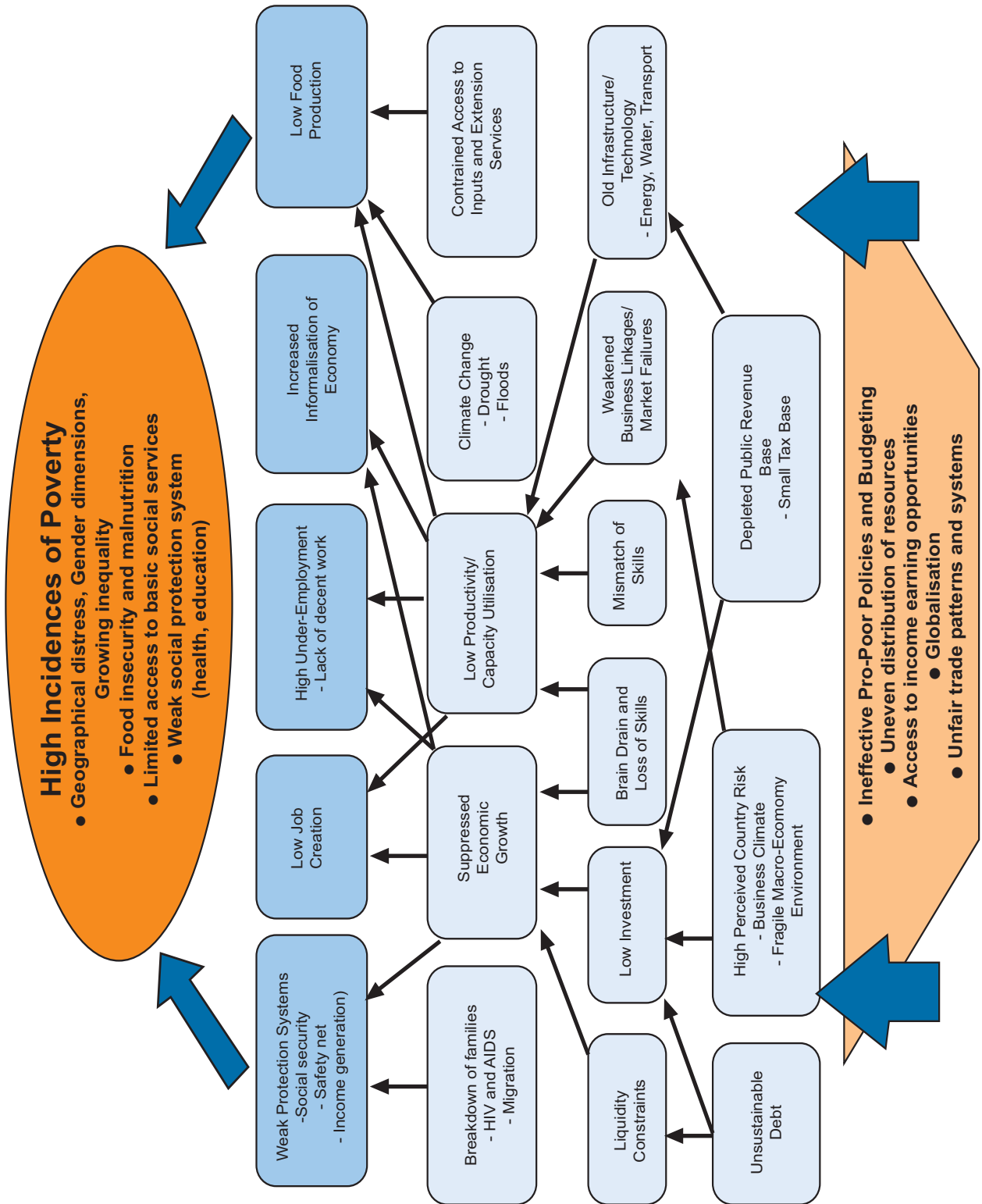
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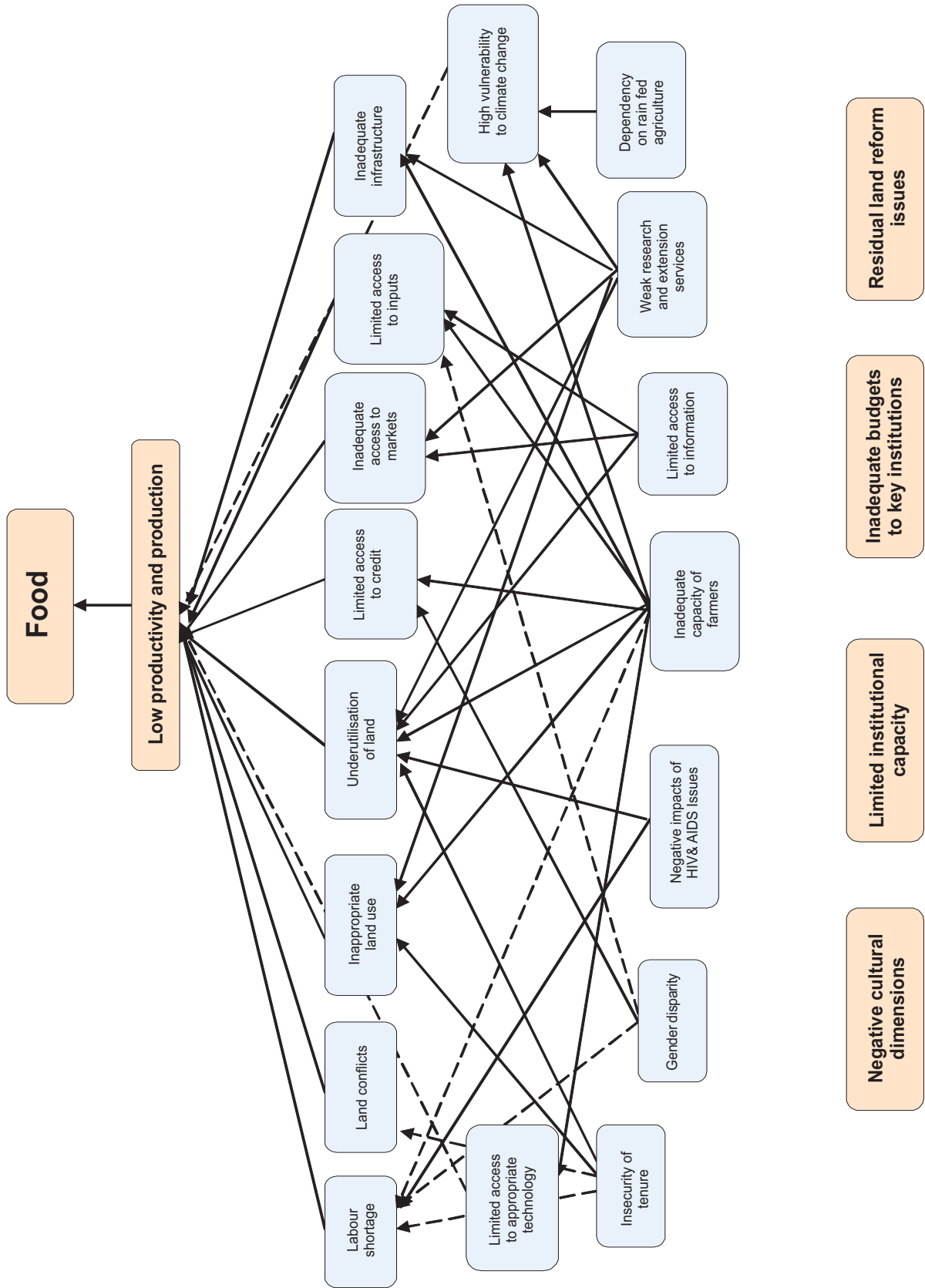
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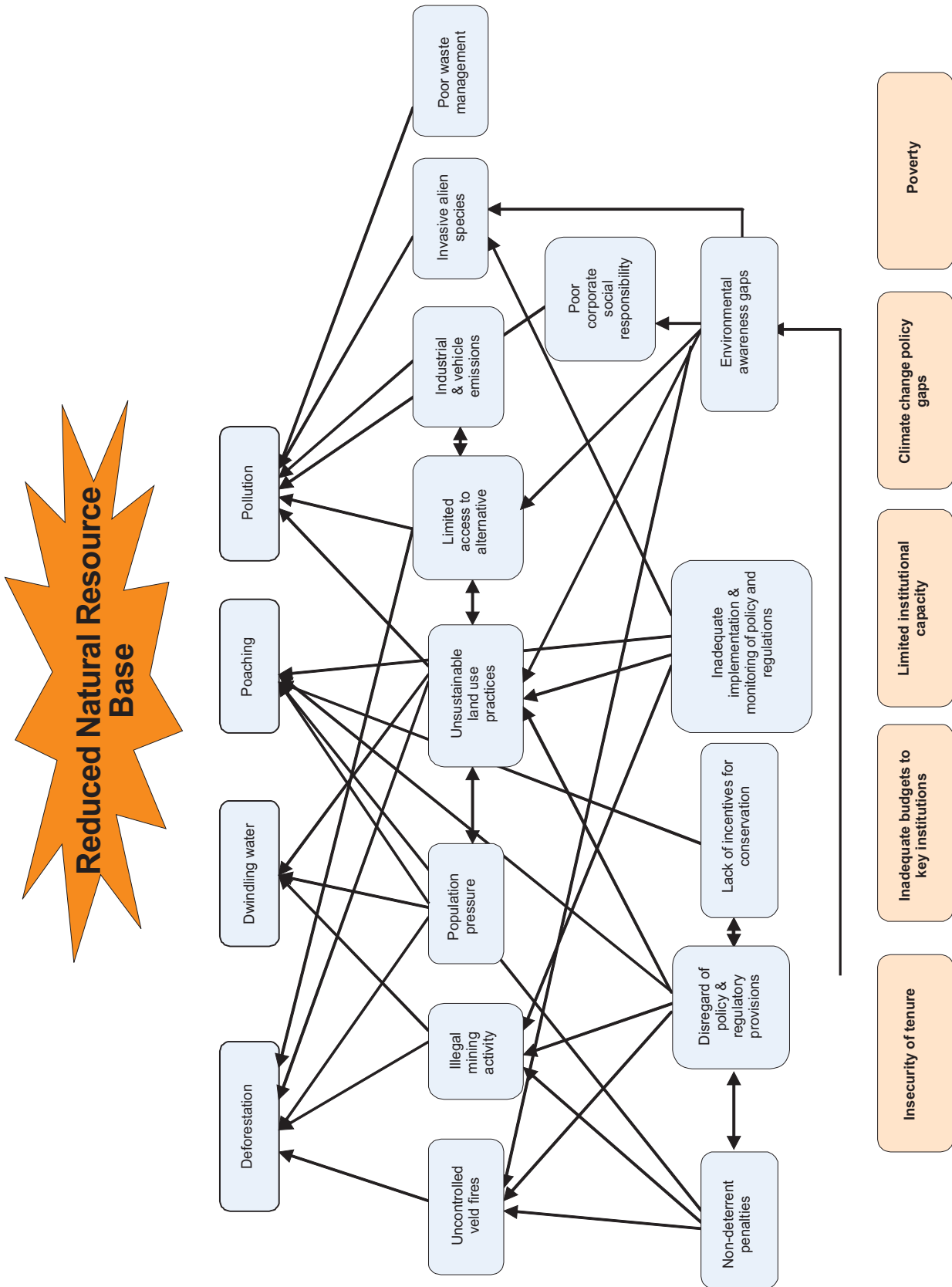
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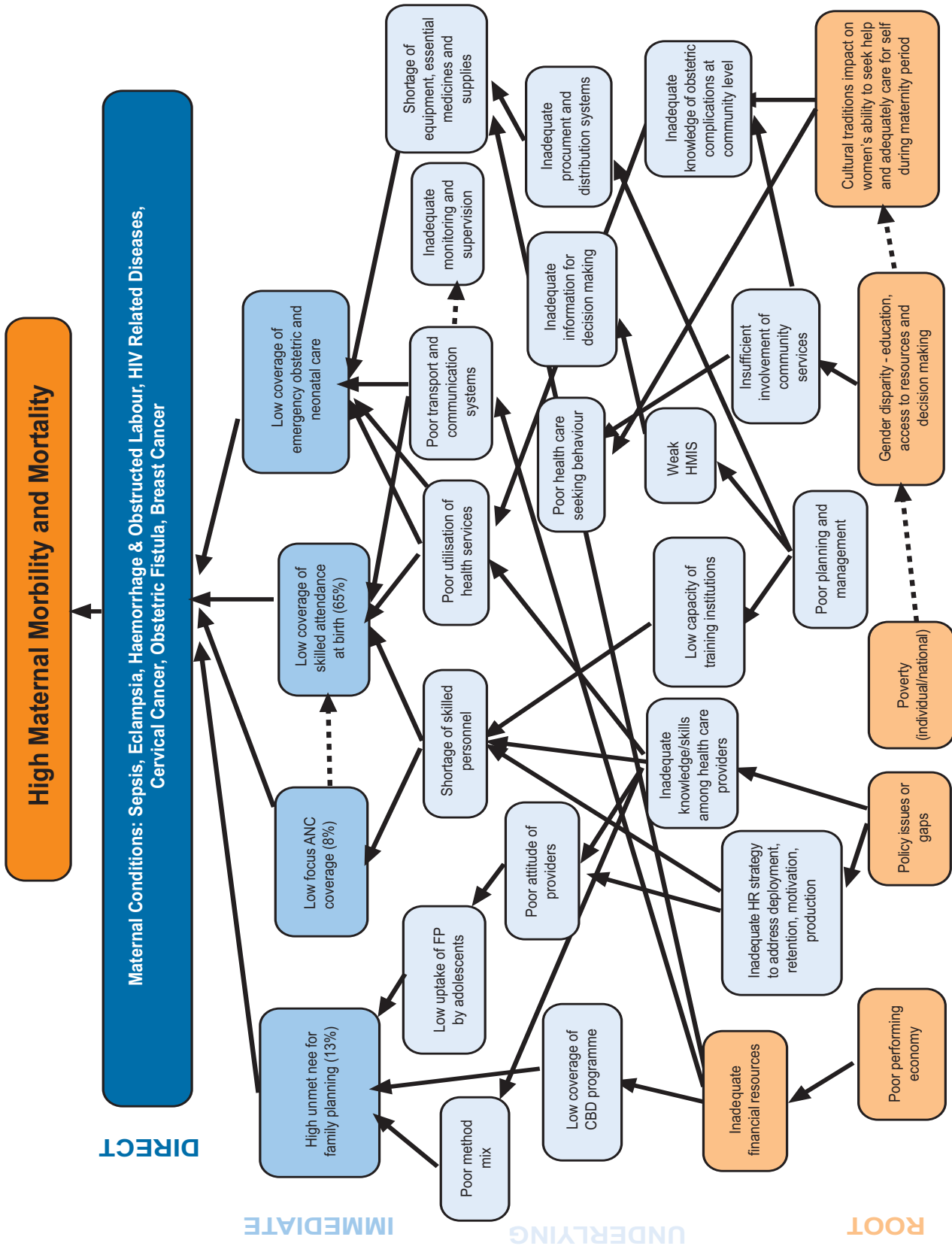
APPENDICES

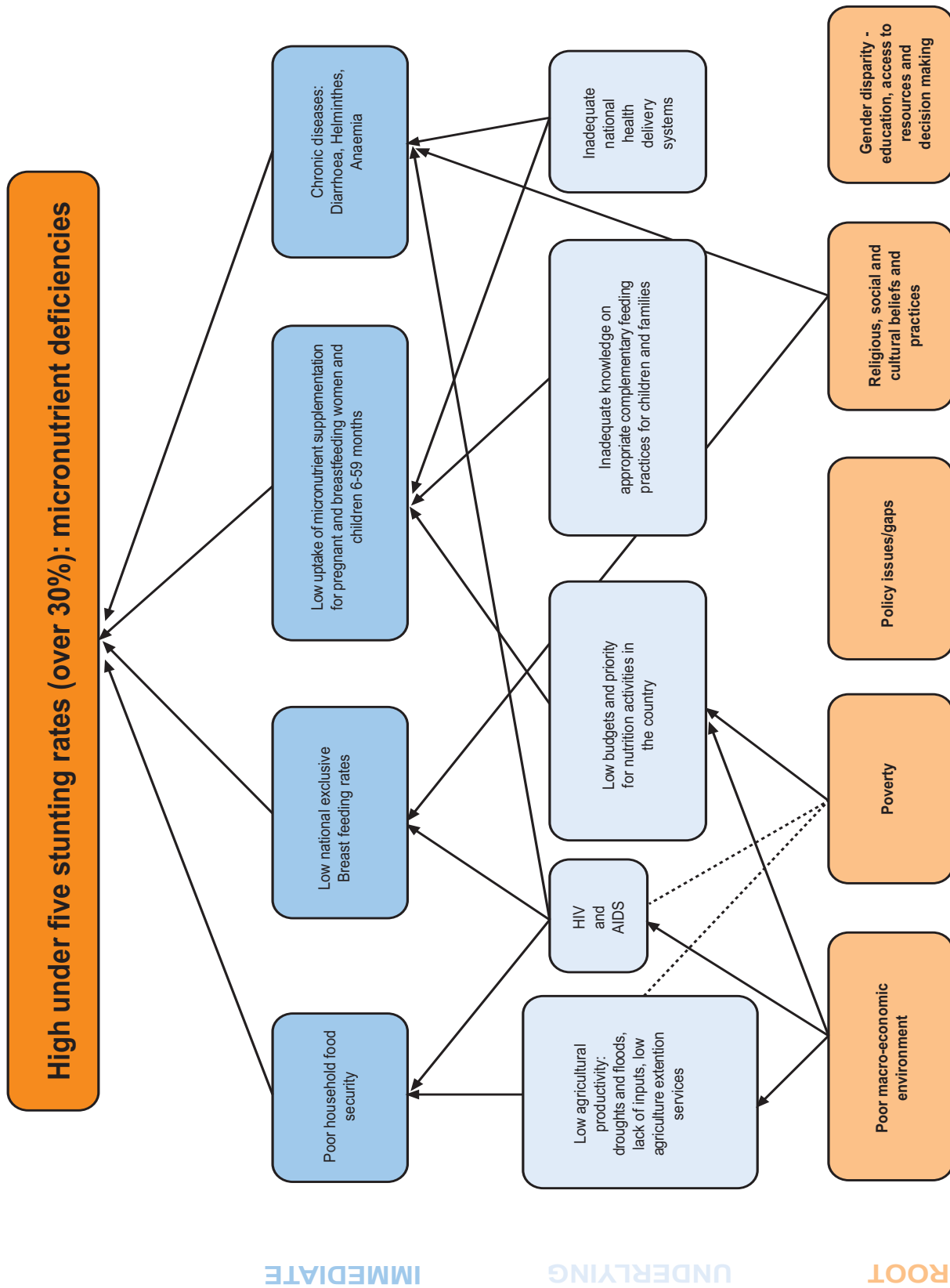


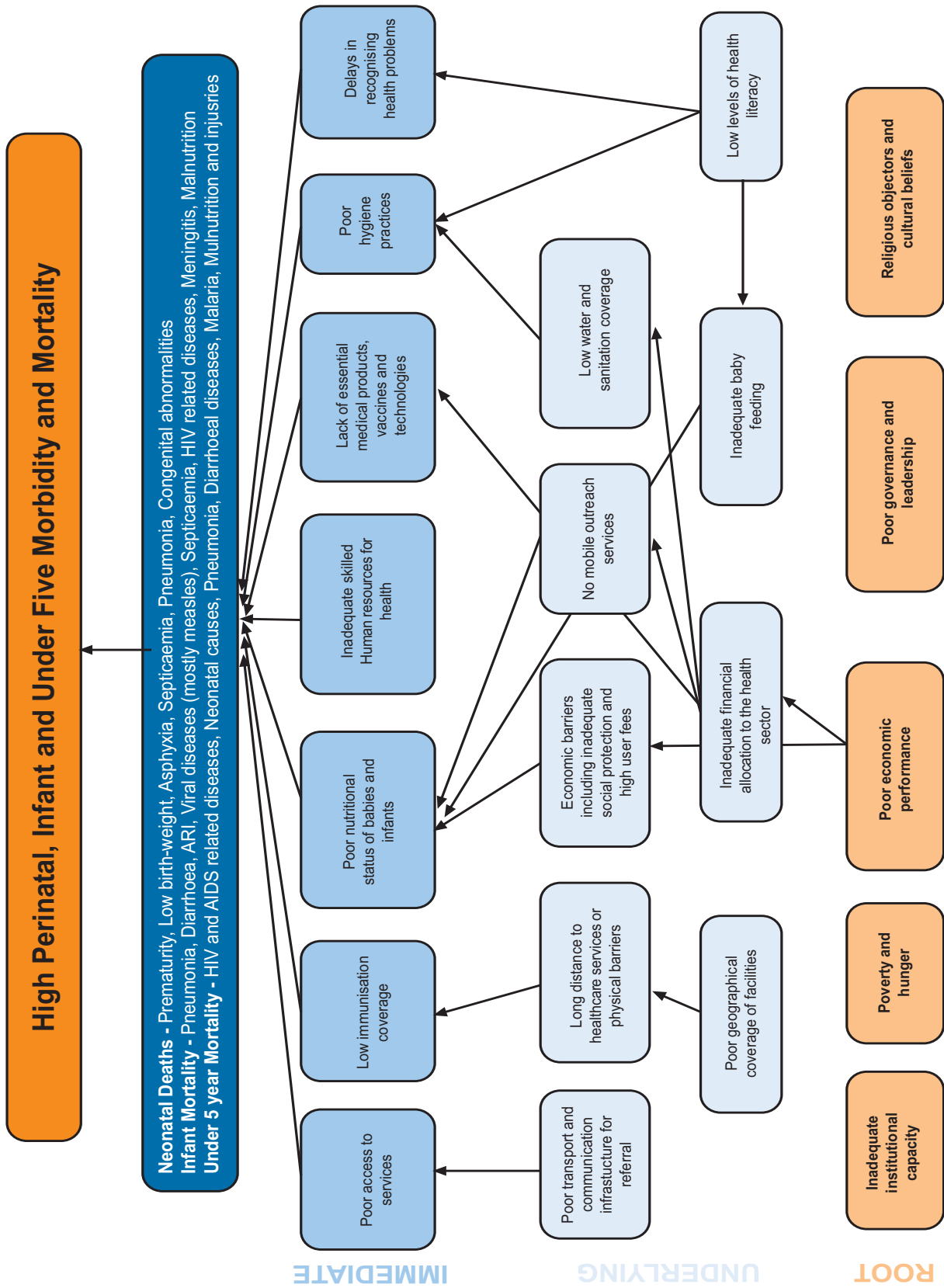


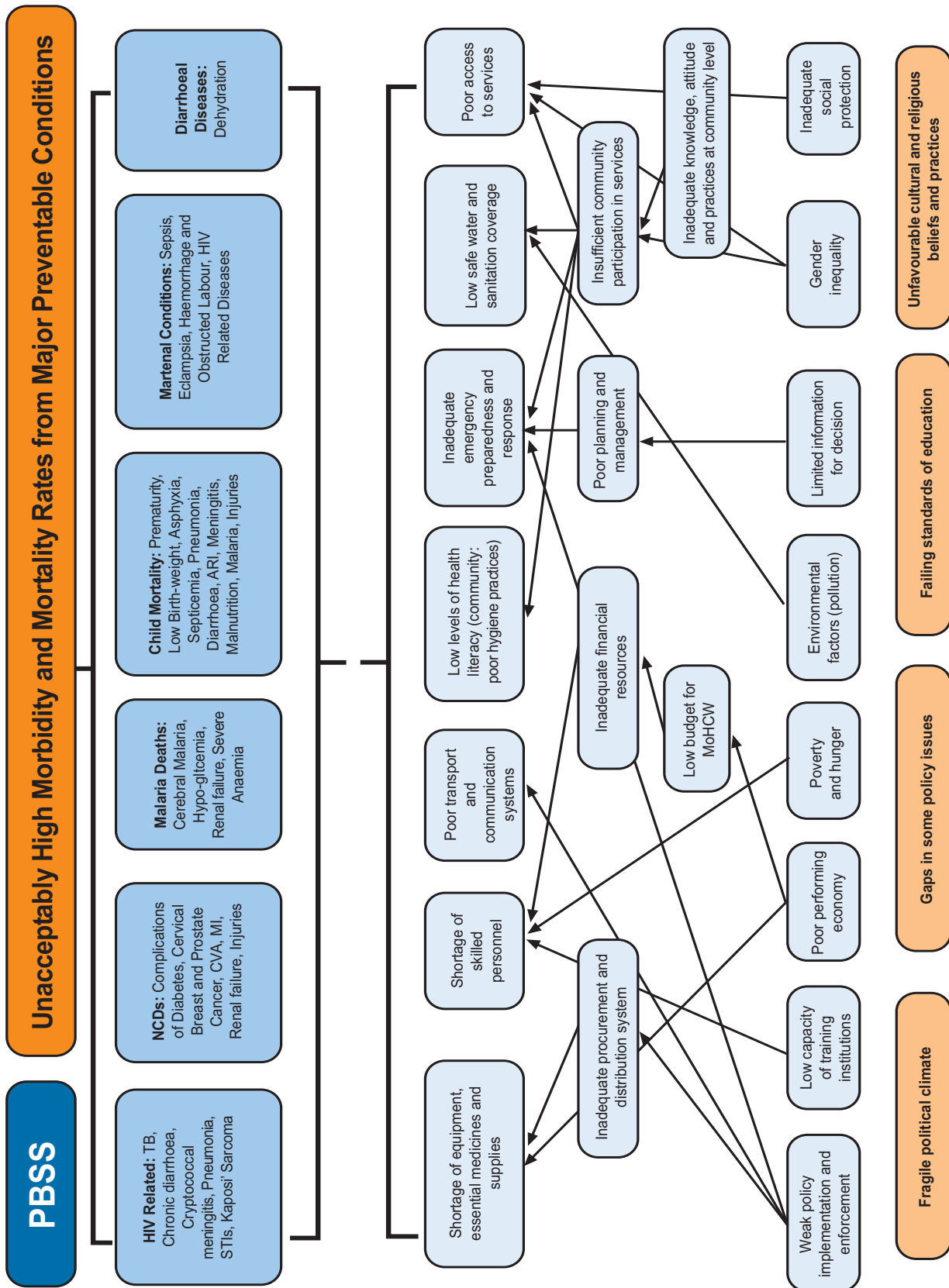


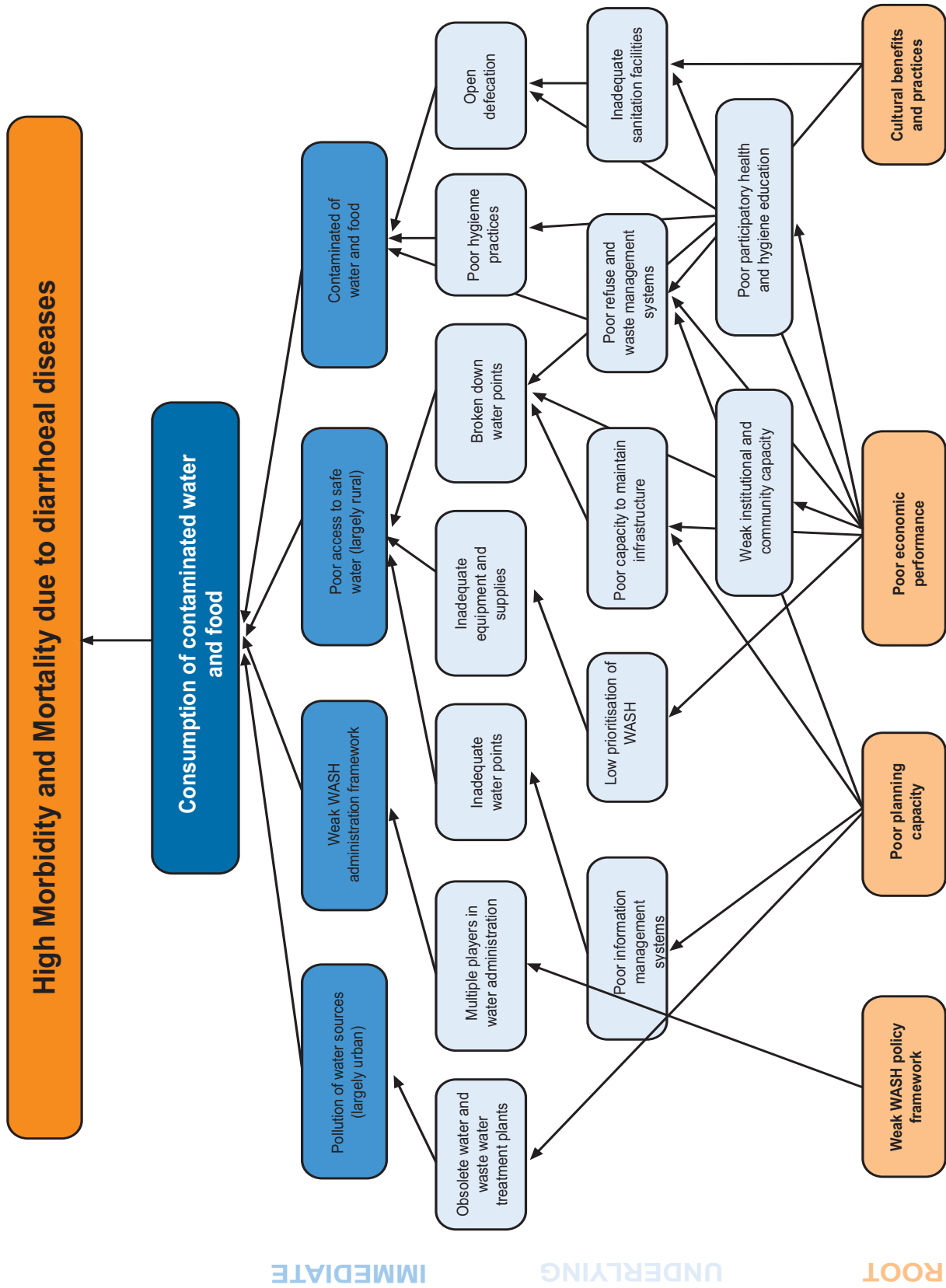












Inadequate social protection systems for vulnerable individuals and households to manage risk

