This sixth issue of the UN in Zimbabwe Newsletter highlights the “Countdown: 1000 Days to Achieve the Millennium Development Goals – MDGs” advocacy campaign, with specific focus on MDG 5 – Improving Maternal Health. It also provides Zimbabwean perspectives on the Post-2015 Development Agenda. This issue further reports on issues of Sexual and Reproductive Health, HIV & AIDS, Malaria, and Gender Based Violence. In addition, the newsletter provides updates on the Decent Work Programme and highlights on the 2013 Zimbabwe Humanitarian Gaps Appeal.

Countdown: 1000 Days to Achieve the Millennium Development Goals and the Post-2015 Agenda

On 5 April 2013, a global advocacy campaign was launched by the UN Secretary General on the 1000 days remaining to achieve the Millennium Development Goals (MDGs).

The MDGs are a set of eight global goals agreed to by 189 heads of states, including Zimbabwe, to be achieved by 2015.

These goals include: cutting poverty and hunger by half, promoting decent work, reducing maternal and child mortality, combating HIV and other diseases, tackling unsafe water and sanitation, expanding education, and empowering women and girls.

The UN Country Team held an MDG advocacy campaign from 5 to 11 April 2013, which included statements as well as web-based and social media advocacy.

The campaign culminated with an MDG Dialogue event focusing on accelerating progress on the MDGs in Zimbabwe, with particular attention to MDG 5 on improving maternal health. The event featured panel discussions with senior Government and
UN officials, as well as dialogue with the audience, including civil society, academics, media, and development partners.

Opening the MDG Dialogue event, the UN Resident Coordinator, Mr. Alain Noudehou, said Zimbabwe has achieved commendable progress on some MDG targets, including in the areas of education, reducing child mortality, and combating HIV. He also noted that Zimbabwe was off track on some MDG targets, such as the high rate of maternal mortality, eradicating extreme poverty and hunger, creating employment, and ending gender based violence.

In Zimbabwe, the maternal mortality rate stands at 960 per 100,000 live births – 92% higher than the average rate in Sub-Saharan Africa. It is a major concern. The UNFPA Representative, Dr. Tambashe, attributed the problem to the “three delays”: identification of the medical complication, lack of access to medical care, and the quality of medical care.

Dr. Okello, WHO Representative, underscored that high maternal mortality is not only a health challenge, it also has a social dimension. He appealed to the public and media to be more active in the fight against maternal mortality.

The Government is addressing the high maternal mortality issue in a comprehensive manner, asserted Dr. Mhlanga, Principal Director of Preventative Services in the Ministry of Health and Child Welfare. Measures taken include the introduction of the AIDS levy, the training of primary care nurses, and providing an incentive scheme to doctors posted in rural clinics. Complementing these efforts is the work of the UN and development partners through mechanisms such as the Global Fund, the Health Transition Fund, and the Integrated Support Programme on reproductive health.

Moving forward, the dialogue concluded that to reduce the maternal mortality rate in Zimbabwe, there is a need to: ensure availability of blood for pregnant women; upgrade laboratory services; increase and sustain the availability of anti-retroviral drugs; increase and sustain the availability of anti-malaria drugs; strengthen the Health Information System; and to conduct an audit of each case of maternal death so as to draw lessons.

The Government & UN intensify advocacy to accelerate progress on the MDGs.

In order to build a clear, coherent, and inspiring Post-2015 development agenda, wide and open consultations are necessary,” stated the UN Resident Coordinator, noting that the UN would continue to support such national consultations to articulate Zimbabwe’s voices in shaping the Post-2015 Development Agenda.
Addressing Sexual and Reproductive Health Challenges

To address the challenge of women and girls’ sexual and reproductive health, the Government of Zimbabwe, in partnership with the United Nations and other Development Partners, launched a four year national Integrated Support Programme on 14 February 2013.

The Integrated Support Programme, by the end of 2015, will deliver results which include: contributing to the prevention of over 800,000 unintended pregnancies; distributing 64 million male and female condoms; providing 300,000 male circumcisions for both adults and newborns; providing HIV testing and counselling services to 400,000 people; cervical cancer screening for 290,000 women; and services to 7,000 survivors of sexual assault and rape.

The Programme has mobilised USD 95 million in grants from the Governments of Britain, Ireland, and Sweden.

“800,000 unintended pregnancies to be prevented.”

The Minister of Health and Child Welfare, Hon. Dr. H. Madzorera said, “It is not acceptable for an HIV positive woman doing very well on anti-retroviral treatment to die prematurely from cervical cancer. It is therefore important that Sexually Transmitted Infections (STIs), HIV, cervical cancer, and gender based violence are addressed together to ensure that women get the maximum benefit from our health system.”

“Sexual and reproductive health challenges remain a major problem for both women and girls in Zimbabwe, leading to unsafe abortions, unplanned pregnancies, increased sexual violations, and new STIs and HIV”, said the UNFPA Representative, Dr. Tambashe.

In her statement delivered on behalf of the funding partners, Ms. Jane Rintoul, Head of the UK Department for International Development (DFID) in Zimbabwe said, “It gives me a great pleasure to see such a united front that is aiming at improving the health of Zimbabwe’s poor and vulnerable populations, with the primary focus on women.

Meanwhile, with a grant of USD 13 million from the European Union, a four year National Programme on Revitalization of Maternity Waiting Homes was launched on 1 February 2013.

The Programme aims to contribute towards the reduction of maternal mortality by providing a comprehensive package, which includes the refurbishment of 105 health facility based maternity waiting homes; procurement of 62 ambulances at district level; training of 800 health workers; nutritional support to pregnant women; and community awareness activities to promote utilization of maternal health services.

At the launch, the EU Head of Section-Social Services, Mr. Jorge Pereiro, urged communities to embrace the maternity waiting homes as a way of, “ensuring safe delivery in a safe environment”.

“Together USD 108 million mobilized to enhance sexual and reproductive health.”

The United Nations, through the ZUNDAF has been supporting national efforts in scaling up cervical cancer screening, public sector male circumcision service, HIV prevention amongst sexual workers, and scaling up of survivor-friendly services to victims of gender based violence.
Zimbabwe has shown that it is possible to end AIDS. With 10 times fewer resources for HIV and AIDS per capita than other countries in sub-Saharan Africa, Zimbabwe has expanded coverage of anti-retroviral treatment among adults, from 15% in 2007 to 70% in 2012, reaching 600,000 people living with HIV.

The country has reduced HIV prevalence from 16% in 2007 to 14.3% in 2012. New infection rates among adults between 15 to 45 years of age have been reduced from 12.9 per 1000 in 2007 to 7.5 in 2012. Mother to child transmission has also been reduced from 22% in 2011 to 18% in 2012. These results have generated optimism that it possible to end AIDS in Zimbabwe.

Addressing journalists on 27 March 2013, Ms. Tatiana Shoumilina, UNAIDS Country Coordinator said, “The evidence is clear – in order to halt and reverse this epidemic, the need for setting key priorities, strong coordination, capacity at all levels to effectively respond, and doing more with limited resources must be promoted. In the spirit of global solidarity and shared responsibility, that is what Zimbabwe and its partners have been doing”.

“600,000 people living with HIV now have access treatment services in Zimbabwe.”

The United Nations has been instrumental in mobilizing resources through the Global Fund, the Health Transition Fund, and the Integrated Support Programme.

Accordingly, Zimbabwe is adopting an Investment Case approach to achieve the three zeros: Zero New HIV infections, Zero Discrimination, and Zero AIDS Related Deaths. On 6 February 2013, the National AIDS Council and the United Nations jointly convened an inclusive stakeholder consultation to develop a blueprint on how to accelerate the expansion of the investment approach to HIV response.

The new HIV investment case approach marks a shift in understanding, contributing to the development of individuals, communities, and the nation at large as opposed to disbursement thinking. The African Union, the Global Fund, and UNAIDS have all adopted the Investment Case approach. The approach aims to (i) address the needs of those most affected by and vulnerable to HIV; (ii) promote empowerment, participation, inclusion, and gender equality; and (iii) ensure accountability and transparency.
Empowering Community Health Workers in the Fight Against Malaria

With support of the UN, Zimbabwe has managed to reduce the number of people suffering from malaria from 136 per thousand people in 2000 to 22 per thousand in 2012. In addition, malaria related deaths have declined from an average of 3000 deaths per year in the early 2000s to below 300 deaths in recent years.

Speaking on the eve of the launch of the Zimbabwe-Zambia Cross-Border Malaria Initiative, held on 25 April 2013 in Livingstone, Zambia, Deputy Minister for Health and Child Welfare, Dr. Douglas Mombeshora expressed gratitude to the UN for its unwavering support in the campaign to combat malaria, leading to “commendable achievements”.

Launched to coincide with the 2013 World Malaria Day, the main objective of the Zimbabwe-Zambia malaria initiative is to scale up universal coverage of malaria control interventions towards malaria pre-elimination in seven targeted cross-border districts from the two countries.

"Enhancing door-to-door outreach campaign key to malaria control."

The initiative will also support the two countries to coordinate their malaria control interventions, harmonise policies, and synchronise operations at community level to help accelerate a reduction in malaria transmission among the border communities and contribute significantly towards malaria reduction.

A total budget of over USD 800,000 has been approved for the two countries for 2013 from existing UN managed Global Fund Grants. “There is need to strengthen cross border collaboration activities since mosquitoes that spread malaria know no boundaries” said Dr. Mombeshora.

Meanwhile, the National Malaria Control Program with the support of the UN managed Global Fund started distribution of 1.3 million insecticide nets to 15 targeted high malaria transmission districts. The distribution of the nets will help protect vulnerable population including children under five, pregnant women, and mothers, and will contribute towards the achievement of universal coverage of nets. In addition, a total of 140 tonnes of spray has been procured for indoor residual spray activities in 2013 and 2014. Spray is one of the major vector control activities implemented to control and eliminate malaria.

In a related development, the UN managed Global Fund to Fight AIDS, Tuberculosis, and Malaria handed over 124 bicycles to community health workers in Matabeleland province in February 2013. The bicycles will be used to conduct door-to-door campaigns by community health workers, sensitizing the public on behaviour change activities, as well as following up of malaria cases and identification of mosquito breeding sites.

“UN supports the distribution of 1.3 million Mosquito Nets to ensure universal coverage.”

“We believe if the bicycles are effectively used they will contribute to the elimination of malaria in Matabeleland South Province,” said Iolanda Fortes, who coordinates the UN managed Global Fund to Fight AIDS, Tuberculosis, and Malaria grants in Zimbabwe.

Noting that the bicycles came at an opportune time when the province is already intensifying elimination strategies in line with the National Malaria Control Strategic Plan, Provincial Administrator, Mr. Khumalo urged service providers to “effectively use these bicycles for improving management of the malaria programme and all other health programmes in the province.”
In Zimbabwe, Gender Based Violence (GBV) remains a threat to the empowerment of women and girls, human rights, as well as peace and security.

According to the 2011 Zimbabwe Demographic and Health Survey, 1 in 4 women reported that they had experienced sexual violence, and 1 in 3 women aged 15 to 49 have experienced physical violence since the age of 15. About 43% of women between 15 to 49 years have experienced physical or sexual violence or both.

To end violence against women and girls, Zimbabwe has taken major steps. In 2012, with the support of the United Nations, the Government of Zimbabwe launched its National Gender Based Violence Strategy which seeks to improve the efforts of Government, partners, civil society, and donors to prevent and respond to GBV.

Zimbabwe has also put legislation in place to combat domestic violence and established the 4Ps’ Campaign – Prevention, Protection, Participation, Programmes. The latter is informed by the Africa UNiTE to End Violence against Women Campaign, the regional component of the UN Secretary General’s Global UNiTE Campaign.

The UN in Zimbabwe, in a statement delivered by UNHCR Representative, Mr. Marcelin Hepie, commended the Government of Zimbabwe for taking steps to end violence against women and girls through the 4P’s campaign.

Mr. Hepie highlighted UN programme support through the 2012-2015 Zimbabwe United Nations Development Assistance Framework aimed at improving gender equality and ending violence against women and girls.

The United Nations has been supporting initiatives to strengthen the legal and policy framework, build the capacity of law enforcement officers and the judiciary, implement plans to end GBV, and build advocacy and communications campaigns to raise awareness on ending GBV.

The 5th session of the “Wednesday@UNIC” public discussion forum, which took place on 17 April 2013, featured discussions on what needs to be done to achieve targets on MDG 3 - Gender Equality and Women’s Empowerment - in Zimbabwe.

Guest Speaker, Ms. Hodan Addou, UN Women Representative said the United Nations has been supporting national efforts in a range of areas to achieve the targets of Gender Equality and Women’s Empowerment. UN supported results include: providing women with access to micro-finance schemes and markets and technical advice resulting in the inclusion of most women’s demands in the new constitution.

During the discussion, participants reflected on some measures that include targeted interventions for girls through scholarships, and introducing quotas for women in elective positions or appointed bodies to accelerate progress on MDG 3.

Ms. Addou closed the discussion by stating that there is an urgent need to take action on the rates of violence against women and girls in Zimbabwe as this surely impacts progress towards achieving MDG 3 and other development goals. While Zimbabwe has legislation in place to combat Gender-Based Violence and has ratified relevant international conventions, implementation needs to accelerate.
A Decent Work Country Programme to Create Productive Employment

In Zimbabwe, underemployment and unemployment remains high. The 2011 Human Development Report shows that formal employment accounted for only 38.2% of total employment and that 61.9% of the employed were engaged as unpaid family workers and self-employed. The underemployment and unemployment pressure is particularly high for youths, representing 81% of the unemployed.

In support of the Medium Term Plan, the United Nations launched the International Labour Organization’s 2012-2015 Decent Work Country Programme on 14 February 2013. The Programme was complemented by the parallel launch of the ‘Skills for Youth Employment and Rural Development’ – a four year programme worth USD 8 million funded by the Danish Government.

In addition to providing income, work in general can pave the way for broader social and economic advancement, strengthening individuals, their families, and communities. Such progress, however, hinges on work that is decent. Alluding to this, the UN Resident and Humanitarian Coordinator, Mr. Alain Noudehou said, “The Decent Work Programme reflects priorities on the social, economic, and political agenda of the international community. For this reason, the United Nations has prioritized the promotion of decent jobs as one of the key targets for achieving MDG 1 – Eradicating Extreme Poverty and Hunger.”

Hon. Mpapiwa, Minister of Labour and Social Services said, “The Decent Work Country Programme is a framework for promoting decent productive work in conditions of freedom, equity, security, and dignity.”

The Decent Work Country Programme is anchored on the four key principles of: creating jobs, guaranteeing rights at work, extending social protection, and promoting social dialogue. To achieve these targets, Hon. Deputy Prime Minister, Prof. Arthur G. Mutambara argues, “We (the Government) have to promote employability, foster talent, and invest in technology with particular focus on empowering the youth.”

In support, the United Nations supported Youth Skills Development Programme is being implemented in most provinces of the country with the objective of reducing poverty by economically empowering disadvantaged and vulnerable young women and men in the rural and peri-urban communities. The Programme equips youths with skills to exploit identified viable local economic opportunities and has so far supported over 2000 participating youths.

“USD 8 million mobilised to assist youth skills development.”

“Over 2000 jobs created for youth.”

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USD 131 million Required to Address Humanitarian Needs in 2013

The humanitarian situation in Zimbabwe has continued to improve. This is due to the concerted effort by the Government of Zimbabwe, the United Nations, donors, and other humanitarian actors to address the humanitarian needs arising from the challenges that the country faced over the last decade.

"Zimbabwe: on the road to recovery and sustained economic growth.

During the launch of Humanitarian Gaps Appeal, the UN Resident and Humanitarian Coordinator, Mr. Alain Noudehou said, “Despite these positive gains, some pockets of humanitarian challenges still persist”. To address the remaining humanitarian needs, the Government and the United Nations, in collaboration with development partners, launched the Zimbabwe Humanitarian Gaps Appeal for 2013, with an appeal for USD 131 million.

The Appeal, which is 50% less than the 2012 request, contains 10 high-priority humanitarian projects in the areas of food, health, water, sanitation and hygiene, and protection, with over 80% earmarked for food assistance.

At the launch, Permanent Secretary of the Ministry of Regional Integration and International Cooperation, Mr. Tadeous Chifamba, noted, “This appeal marks a departure from previous appeals under the Consolidated Appeal Process as there is general consensus that Zimbabwe is on the road to recovery and sustained economic growth.”

As a representative of the donor community, Ambassador of Norway, H.E Ms. Ingebjørg Støfring said, “As donors, we will play our part to ensure a responsible transition from emergency assistance to recovery and development. As we collectively do so, it is critical that existing humanitarian gaps are closed carefully, lest we lose the recent gains.”

In 2013, in addition to mobilizing resources to address the remaining vulnerabilities, major efforts will also focus on strengthening the capacity of Government to lead emergency preparedness and disaster risk reduction programmes. As such, support was provided to the Department of Civil Protection, including support to contingency planning.

"Donor contributions to the 2013 Humanitarian Gaps Appeal of USD 131 million stands at USD 79 million (60.2%)."

According to the UN Office for Coordination of Humanitarian Affairs financial tracking services, as of 26 April 2013, the donor response to the humanitarian appeal of USD 131 million stands at USD 79 million (60.2%) with USD 60.5 million being carried over from last year and USD 18.5 million in new commitments.

Other News


UN in Zimbabwe Website Enhanced: The United Nations in Zimbabwe website home page has been enhanced to better communicate UN programme results in support of national development priorities. Since its launch in April 2012, the website has provided information to over 20,000 users from over 160 countries. Visit the website at www.zw.one.un.org

UN in Zimbabwe Sponsors HIFA Community Outreach Activities: The annual Harare International Festival of the Arts (HIFA) for 2013, which runs for six days, kicked off on 30 April 2013. The UN in Zimbabwe has sponsored urban regeneration initiatives through art and the First Street Platform (free stage) aiming at promoting the MDGs and fostering community based development and creativity.

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