



USAID
FROM THE AMERICAN PEOPLE

ZIMBABWE

**Country
Development
Cooperation
Strategy**

2016 -2021



Acronyms and Abbreviations

AfDB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
AIPPA	Access to Information and Protection of Privacy Act
ART	Antiretroviral Therapy
AU	African Union
CBO	Community-Based Organization
CCF	Complex Crisis Funds
CDA	Country Data Analytics
CDCS	Country Development Cooperation Strategy
CIDA	Canadian International Development Agency
CLA	Collaborating, Learning, and Adapting
CPI	Consumer Price Index
CSO	Civil Society Organization
DCHA	USAID Bureau for Democracy, Conflict, and Humanitarian Assistance
DFID	Department for International Development (UKAID)
DHS	Demographic and Health Survey
DO	Development Objective
DOTS	Directly Observed Therapy-Short Course
DRG	Democracy, Rights, and Governance
EG	Economic Growth
EU	European Union
FP	Family Planning
FP/RH	Family Planning/Reproductive Health
GBV	Gender-Based Violence
GCC	Global Climate Change
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHG	Greenhouse Gases
GNU	Government of National Unity
GOZ	Government of Zimbabwe
HDI	Human Development Index
HH	Household
HIV	Human Immunodeficiency Virus
IFI	International Financial Institution
IR	Intermediate Result
LAPM	Long Acting and Permanent Methods
LUCF	Land Use Change and Forestry
M&E	Monitoring and Evaluation
MCHIP	Maternal and Child Health Integrated Program
MDR-TB	Multi-Drug-Resistant Tuberculosis
MEL	Monitoring, Evaluation, and Learning
MFI	Micro-Finance Institution
MNCH	Maternal, Newborn, and Child Health
MOHCC	Ministry of Health and Child Care
MP	Member of Parliament
MSME	Micro, Small, and Medium Enterprises
NATF	National AIDS Trust Fund

NGO	Non-Governmental Organization
NMCP	National Malaria Control Program
NPL	Non-Performing Loan
OVC	Orphans and Vulnerable Children
OVT	Organized Violence and Torture
PAD	Project Appraisal Document
PEA	Political Economy Analysis
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PMP	Performance Management Plan
PMTCT	Prevention of Mother-to-Child Transmission of HIV
POSA	Public Order and Security Act
POZ	Parliament of Zimbabwe
PPR	Performance Plan and Report
RAU	Research and Advocacy Unit
RF	Results Framework
RH	Reproductive Health
RMNCH	Reproductive, Maternal, Newborn, and Child Health
SADC	Southern African Development Community
SDG	Sustainable Development Goal
SERA	Strategic Economic Research and Analysis
SIDA	Swedish International Development Cooperation Agency
TB	Tuberculosis
TRACE	Transparency, Responsiveness, Accountability, and Citizen Engagement
US	United States
UN	United Nations
UNAIDS	United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VMMC	Voluntary Medical Male Circumcision
WASH	Water, Sanitation, and Hygiene
WB	World Bank
WHO	World Health Organization
ZANU-PF	Zimbabwe African National Union - Patriotic Front
ZDERA	Zimbabwe Democracy and Economic Recovery Act of 2001
ZEC	Zimbabwe Electoral Commission
ZIMSTAT	Zimbabwe National Statistics Agency
ZPF	Zimbabwe People First

Executive Summary

Zimbabwe was once one of Southern Africa's most vibrant, productive, and resilient countries. However, for close to two decades, the nation has faced a series of political and economic shocks, the roots of which come from decades of poor governance and deeply entrenched and growing levels of corruption.

Zimbabwe has an estimated population of 14.2 million people, of whom about 10 million live in rural areas. Life for the average Zimbabwean is increasingly difficult, with 63 percent of all households living in poverty and 16 percent in extreme poverty. At the root of this poverty is a lack of economic opportunities caused by a failure to adhere to rule of law, recognize property rights, and create a secure environment for domestic and foreign investment. Exacerbating Zimbabwe's economic woes is the growing impact of climate change¹. The collapse of the commercial agricultural sector resulted in an over-reliance on small scale, rain-fed agriculture. As Zimbabwe's climate becomes more erratic, farmers have found it more difficult to produce sufficient yields, greatly contributing to the country's recurrent food insecurity.

Not surprisingly, Zimbabwe's Human Development Index (HDI) value is 0.509 – a score that places the country in the low human development category. The country's high mortality and morbidity rates are a result of an under-resourced health delivery system, which is overstretched by high rates of HIV, tuberculosis, malaria, and maternal and childhood illnesses. More than a decade of worsening economic conditions and rising costs have eroded a once vibrant health system, which now functions largely due to donor assistance. That said, the health sector has produced notable results, such as an HIV prevalence rate that declined from 20 percent in 2006 to a current rate of 15 percent.

Zimbabwe's future remains uncertain as President Robert Mugabe, now 92 years old, continues as one of Africa's longest serving dictators. There are no clear plans for succession, which is increasingly creating political factionalism and in-fighting within the ruling party, as well as an unpredictable and fluid environment. To remain flexible in such a fluid operating environment, the Mission has developed a scenario-based strategy to position itself to respond to emerging opportunities.

Goal

There are opportunities for progress, despite the challenging environment. It is these opportunities that produced USAID's current successes, which include reductions in HIV prevalence and stunting rates, and more resilient communities. The Mission will continue to capitalize on these openings in the quest to achieve the goal, which is aspirational in nature – an aspiration shared by those within the Mission and the Country Team. USAID/Zimbabwe's goal is:

Inclusive, accountable governance and a healthy, engaged citizenry drive social, political, and economic development with equal opportunity for all

This is a 15-20 year goal. The interests of the U.S. Government are ambitious, and it requires a long-term vision for Zimbabwe to transition to a more open and accountable country, where citizens actively engage with their leaders, live healthier lives, and are more economically secure.

In crafting this statement, Mission staff agreed that the goal must address the need to create opportunities for citizens to become drivers of social, political, and economic change that is characterized by good governance. In acknowledging the principal root causes of Zimbabwe's current social, political, and economic situation, assessing USAID's comparative advantage, and recognizing the role of other donors,

¹ See Annex 4: Climate Change Considerations

the Mission selected three development objectives to achieve this goal. These development objectives form the basis for the CDCS results framework and include the following crosscutting issues: gender, youth, local champions, and good governance.



I. Development Context, Challenges, and Opportunities

Country Context and Challenges

Zimbabwe was once one of Southern Africa's most vibrant, productive, and resilient countries. Long considered the breadbasket of Africa, the last two decades have brought a series of political and economic shocks, the roots of which come from decades of poor governance and increased levels of corruption. It is within this context that Zimbabweans struggle to forge an optimistic path for the future.

Political Context and Challenges

Zimbabwe's political future remains uncertain as President Robert Mugabe continues as one of Africa's longest serving presidents, ruling the country for the last 36 years. At age 92, he is the world's oldest serving leader, and there are no plans to discuss succession. Since independence in 1980, Zimbabwe has held regular national elections, but these elections have been deemed significantly flawed by international observers. The dominance of a single party since 1980 has meant that Zimbabwe has failed to develop strong democratic foundations, and ruling party structures have become conflated with the state.

Economic Context

Zimbabwe has an estimated population of 14.2 million people,² of whom about 10 million live in rural areas. Life for the average Zimbabwean is increasingly difficult. The most recent government figures state that in 2012, 63 percent of all households were living in absolute poverty and 16 percent were in extreme poverty.³ At the root of this poverty is a lack of economic opportunities caused by a failure to adhere to rule of law, recognize property rights, and create a secure environment for domestic and foreign investment. Since the early 2000s, Zimbabwe has continued to deindustrialize, currently operating at only 34 percent of its capacity.⁴ Not surprisingly,

Box 1: Zimbabwe's Recent History in Brief

Zimbabwe's recent history is one marred by poor economic and political decisions that continue to create and exacerbate shocks. In late 1997, President Mugabe agreed to unbudgeted payouts to war veterans, causing a 70 percent drop in the value of the Zimbabwean dollar. In 2000, the Government of Zimbabwe (GOZ) implemented a land reform program where war veterans carried out government-orchestrated farm invasions. This led to the almost complete collapse of commercial agriculture, and by 2008 production had declined by 62 percent. Hyperinflation peaked in 2008, reaching 250 million percent, contributing to a severe food security crisis where half of the rural population was dependent on humanitarian assistance for survival.

Additionally, 2008 was marked by excessive electoral violence. Due to internal and external pressure, President Mugabe and the opposition leader Morgan Tsvangirai reached a power sharing agreement and formed the Government of National Unity (GNU). The GNU (2009-2013) offered respite with implementation of more economically sound policies and practices, including the formalization of the U.S. dollar as the main currency and the drafting of a new constitution.

Flawed elections in 2013 marked the return to dominance by a single party and failed economic policies. The 2013 Constitution has not been implemented fully, and the economy began to decline with company closings and high levels of unemployment. A brain drain, particularly with health professionals, also took its toll creating a diaspora that is estimated to be as many as three million people, approximately 18 percent of Zimbabweans.

Today's situation is not bright as Zimbabwe is currently embroiled in political infighting amongst the elites, with economic growth projected to be 1.5 percent. Additionally, the country is in its second year of an El Niño-related drought, with the number of food insecure projected to peak at 4.1 million from January to March 2017.

² Central Intelligence Agency, The World Factbook, Zimbabwe.

³ Poverty numbers for Zimbabwe vary with figures as high as 72 percent. The 63 percent for absolute poverty and the 16 percent for extreme poverty are both from the 2011/2012 Poverty, Income, Consumption, and Expenditure Survey (PICES) conducted by the Zimbabwe National Statistics Agency (ZIMSTAT).

⁴ Confederation of Zimbabwe Industries Manufacturing Sector Survey Report, 2015.

the economy has shifted from formal to informal, with 94.5 percent of employment reported as informal as of 2014.⁵

This disproportionately affects women in what is referred to as the feminization of poverty.⁶ As women and men compete for fewer jobs, the gender-based differentials that permeate all aspects of society become more apparent; men move into sectors traditionally dominated by women, decreasing their earning opportunities. Even in sectors where women dominate, such as agriculture where they make up more than 65 percent of total employment, women often do not control economic resources having to defer to male family members to conduct transactions such as selling livestock.

As Zimbabwe's economy continues to contract, the Government of Zimbabwe (GOZ) is desperately seeking an influx of assets. The dollarization of the economy means that the GOZ does not control money supply, and the current policy environment has resulted in very limited foreign investment and a serious liquidity crisis. With few options, factions within the ruling party are pursuing a re-engagement strategy with the West. A major thrust involves working with the international financial institutions (IFIs) to clear current debt arrears with an eye toward resumed access to international borrowing. With an external debt estimated at 7.1 billion dollars (51 percent of the GDP), Zimbabwe currently has an estimated 5.6 billion dollars of debt in arrears.⁷

It is uncertain whether the arrears clearance will come to fruition, and even if Zimbabwe manages to clear its arrears to the IFIs, there are significant hurdles to new borrowing. The potentially positive aspect to this process is that with limited options it could force the GOZ to engage in meaningful economic and governance reforms.

Climate Change

Exacerbating Zimbabwe's economic woes is the growing impact of climate change. The collapse of the commercial agricultural sector resulted in an over-reliance on small scale, rain-fed agriculture by farmers who often are not trained and frequently lack inputs. As Zimbabwe's climate has become more erratic, farmers have found it harder to produce sufficient yields to meet demand. This has greatly contributed to the recurrent food insecurity as small-scale farmers, many of whom do not have access to irrigation, provide approximately 70 percent of Zimbabwe's staple crops.⁸ With a pattern of crop failures happening in every three out of five years, food and nutrition security remains a persistent problem.⁹ Furthermore, climate change is likely to alter the patterns of water- and vector-borne diseases such as malaria, increase conflict around water access, as well as reduce access to clean water. The concern is that these new stresses will further erode coping strategies and pose additional threats to health and livelihoods.

In addition to food security, the tourism and industrial sectors are also experiencing the repercussions of climate change. As water scarcity affects livestock and humans, it also affects wildlife. This does not bode well for a sector dependent on a vibrant wildlife population. Already burdened by erratic utilities, industries also face climate-related challenges in the form of increased power shortages due to lower

⁵ Zimstat Labour Force Survey, 2014.

⁶ Beyond Income: Gendered Well-being and Poverty in Zimbabwe, http://www.unicef.org/zimbabwe/ZIM_resources_beyondincome.pdf

⁷ Munyati, Chido, Why US Reengagement Is Critical to Zimbabwe's Debt Arrears Clearance Strategy, <http://www.foreignpolicyjournal.com/2016/03/04/why-us-reengagement-is-critical-to-zimbabwes-debt-arrears-clearance-strategy/>

⁸ IRIN, *Zimbabwe short-changing it's small-scale farmers*, <http://www.irinnews.org/report/99548/zimbabwe-short-changing-its-small-scale-farmers>

⁹ FEWSNET, Zimbabwe Food Security Brief, 2014

water levels in hydroelectric dams. As the country entered the second year of the 2014-2016 drought, estimates were that the Kariba dam, which both Zimbabwe and Zambia rely heavily on for electricity, only had sufficient water to supply electricity for six months.¹⁰ Recent rains may provide some relief, but these concerns are indicative of Zimbabwe's vulnerability to climate change. (Please see Annex 4 for more details on climate change impacts on Zimbabwe.)

Human Development

Zimbabwe has amongst the highest HIV prevalence and maternal mortality rates in the region. Not surprisingly, Zimbabwe's Human Development Index (HDI) value is 0.509 – a score that places the country in the low human development category. The country's high mortality and morbidity rates are a result of an under-resourced health delivery system, which is overstretched by the high burden of HIV, tuberculosis (TB), malaria, and maternal and childhood illnesses. A decade of worsening economic conditions and rising costs have eroded a once vibrant health system, which now functions largely due to donor assistance.

The health sector has produced notable results in the areas of HIV; TB; malaria; maternal, newborn and child health (MNCH); and family planning/reproductive health (FP/RH). The national response to the HIV epidemic has scaled up prevention and treatment interventions, resulting in an estimated 290,000 lives saved through antiretroviral treatment (ART) since 2009 and a 50 percent decrease in the number of new HIV infections over the last ten years.¹¹ The TB treatment success rate increased from 67 percent in 2006 to 80 percent in 2015, which meets the National TB program objective and World Health Organization recommendations.¹² Malaria incidence declined by 79 percent, from 136/1,000 in 2000 to 29/1,000 in 2015.¹³ Although the maternal mortality rate declined significantly from 960 deaths per 100,000 live births in 2010/11 to 614 deaths per 100,000 live births in 2014,¹⁴ this rate remains too high by regional standards. The contraceptive prevalence rate increased from 60 percent in 2006¹⁵ to 67 percent in 2014.¹⁶ These are noteworthy gains given the general economic decline and political context and speak to the technical and financial support provided by the donor community. Sustaining these gains will require both continued donor engagement and collaboration with the Ministry of Health and Child Care (MOHCC) to improve the systems and implementation of policies that surround the delivery of health services.

Opportunities

While the current environment is difficult and unpredictable, there are windows of opportunity in which USAID can continue to affect positive change. The Mission currently sees the following opportunities on which to build for continued success:

- Progress on the key health indicators demonstrates potential for further gains while reducing the influence that high disease burdens have on the economy;
- Mid-level capacity and commitment within selected GOZ ministries can present windows for positive dialogue on key issues that advance USAID's work in Zimbabwe;

¹⁰ Reuters, *Zimbabwe's main hydro power dam running out of water after drought*, <http://www.reuters.com/article/us-zimbabwe-drought-powerstation-idUSKCN0VS1GM>

¹¹ MOHCC, National HIV/AIDS Estimates, 2015

¹² World Bank, <http://data.worldbank.org/indicator/SH.TBS.CURE.ZS?page=1>

¹³ Zimbabwe Malaria Program Performance Review, March 2016.

¹⁴ Zimbabwe Demographic and Health Survey, 2010-11.

¹⁵ Ibid.

¹⁶ Zimstat Multiple Indicator Cluster Survey, 2014.

- Implementation of the 2013 Constitution, which establishes a progressive framework for rights and freedoms can be an avenue for advancing democratic reforms and protecting human rights;
- An active and resilient civil society, which is interested in building skills, knowledge, and experience;
- Openings within the GOZ for policy reform due to economic stagnation; and
- Well-educated adult population presents a wide base of human capital for the country's development.

The other window of opportunity is the Zimbabwean people. Zimbabweans have demonstrated a remarkable resilience and willingness to work hard despite any circumstances, and many remain committed to building a democratic and prosperous nation. Should the political and economic picture improve, they certainly still have the human capacity and motivation to reverse the decades of decline. Certainly, the progress that occurred during the GNU is indicative of the country's potential. It is because of this potential that USAID adopted an aspirational 15 to 20 year goal to assist with the transition to a more open and accountable country, where citizens actively engage with their leaders, live healthier lives, and are more economically secure.

II. Results Framework

USAID/Zimbabwe approached the development of a new results framework (RF) from several vantage points. In addition to conducting the necessary analysis (see Annex 3), the Mission also took into consideration U.S. national security interests; the United Nation's Sustainable Development Goals (SDGs) for Zimbabwe; Zimbabwean expertise; and lessons learned from the Mission during the design and implementation of the last CDCS, from implementing partners and from other donors. The process culminated in what was dubbed the "Big Weeks," four weeks that the Mission devoted to listening, discussing, debating, and eventually formulating a RF that is well rooted in the Zimbabwean context, supports U.S. national interests, and will assist Zimbabwe in obtaining their SDG targets.

Sustainable Development Goals

USAID's focus in Zimbabwe is consistent with the SDGs and with the countries priorities. Of the 16 goals under the new strategy, USAID projects will cover the following nine:

- Peace, justice, and strong institutions
- Gender equality
- Reduced inequalities
- Reducing poverty
- Ending hunger
- Clean water and sanitation
- Decent work through economic growth
- Good health and well being
- Climate action

This significantly overlaps with the GOZ's SDG priorities, although there is not complete alignment. The GOZ has chosen to focus on the following that support several SDGs:

- Poverty reduction and food security
- Sustainable social and economic infrastructure
- Health equity
- Universal primary and secondary education
- Climate change adaptation and mitigation

Goal

USAID/Zimbabwe, through a collaborative, Mission-wide process, developed a goal that represents a vision for Zimbabwe in 15 to 20 years. This vision is aspirational in nature – an aspiration shared by those within the Mission and the Country Team. USAID/Zimbabwe’s goal is:

Inclusive, accountable governance and a healthy, engaged citizenry drive social, political, and economic development with equal opportunity for all

In constructing this statement, Mission staff agreed that the goal must address the need to create opportunities for citizens to become drivers of social, political, and economic, change that is characterized by good governance.

In acknowledging the principal root causes of Zimbabwe’s current social, political, and economic situation, assessing USAID’s comparative advantage in providing development assistance, and recognizing the role of other donors, the Mission selected three development objectives to help achieve this goal. These development objectives form the basis for the CDCS results framework and include the following crosscutting issues: gender, youth, local champions, and good governance.



Crosscutting Themes

Accountability and Governance

Increasing accountability and improving governance, both political and economic, is at the foundation of achieving progress in Zimbabwe.

The challenge is how to foster processes that allows citizens to find voice and agency to demand that public servants and elected officials become accountable and able to respond. Championing local leaders and agents of change, the Mission is already seeing cases where women assume the leadership of the community-led construction of a dam, for example. This is both breaking gender norms as well as increasing opportunities for effective collaboration between communities and local leaders. As the Mission moves forward with the new strategy, addressing accountability and governance will continue as a crosscutting theme and an essential component of project design.

Gender

Gender dynamics represent critical concerns and important opportunities in Zimbabwe. The 2015 Southern African Development Community (SADC) Gender Protocol declared the low political, economic, and social status of the majority of women in Zimbabwe as one of the country's major post-2015 development challenges. Women experience higher levels of food insecurity, lower participation as political candidates, greater barriers to accessing credit and finance, and higher HIV prevalence rates than men do.¹⁷ Zimbabwean women are hardworking, but time and resource poor. Marrying young, youthful childbearing, and the increased likelihood of being relegated to the informal sector are just some of the reasons Zimbabwe ranks 110 out of 149 on the Gender Inequality Index.^{18, 19}

Additionally, gender-based violence (GBV) permeates society; approximately three women in 10 have been victims of physical violence, with family relatives as the main perpetrators. According to the Demographic and Health Survey (DHS), one in four females report having had forced sex before the age of 15 years. As with physical violence, almost all assaults were by partners.²⁰ The implications for future physical, reproductive, and emotional problems are self-evident. The growing numbers of child marriages and the related health issues are of deep concern and signal a need for greater knowledge of the constitutional guarantees of the girl child.^{21, 22}

Youth

Youth now comprise 61 percent of Zimbabwe's population, while 41 percent are under the age of fifteen.²³ Referred to as "born frees" – those born after Zimbabwean independence in 1980, today's youth face dim prospects as they grow up in households with staggering rates of poverty and declining access to quality health and education services, clean water and proper sanitation, and other basic services necessary to produce productive citizens.

This youth bulge can be a potential power for growth. However, given the current levels of despair, they could easily become participants in unrest or mass action as has happened in the past. The challenge is how to harness this latent energy, when youth face a multitude of cultural barriers, including entrenched patriarchal and hierarchical structures and norms that prevent them from voicing their views. Zimbabwe's youth are in 'waithood' – a status of waiting to be adults, a status that is now prolonged due

¹⁷ Zimbabwe DHS, 2010-2011. For example, young women (15-24 years) are nearly twice as likely to be HIV positive as men are.

¹⁸ ZIMSTAT and UNICEF, "Multiple Indicator Cluster Survey, 2014 Key Findings," 24% of women ages 15-19 are married or in union.

¹⁹ For 2013, Zimbabwe's score is 0.516. This index is a composite measure, which captures the loss of achievement within a country due to gender inequality. It uses three dimensions reproductive health, empowerment, and labor market participation.

²⁰ 92%

²¹ Child marriage almost exclusively affects the girl child.

²² Young girls are more vulnerable to infection, including HIV; lack power to negotiate safe sex; are at higher risks of maternal mortality and morbidity; and miscarriage or other delivery complications. Other issues that are devastating to their well-being include loss of educational opportunity; treatment as domestic servants; and total dependency on the 'husband' and "often suffering repeated rape, physical and psychological abuse with no recourse. They have weak psycho-social support structures as their families and extended family networks are ashamed of being identified with them because of either religious, and or moral reasons." See RAU, "Child Marriages – the Arguments," 2015.

²³ Using Agency definition of 0-24 years of age; culturally, in Zimbabwe youth can extend until such time as a person has work, a spouse, and children – in other words an adult is someone who has demonstrated responsibility.

to the increasing social and economic difficulties the country faces. The result is the marginalization of a significant portion of Zimbabwe's population, potentially sabotaging the country's future.

III. Development Objectives

Development Objective 1: Expanded Inclusive and Sustainable Economic Opportunities

Development Hypothesis: If the business operating and investment environment is improved, competitiveness increased, nutrition improved, and resilience to climatic and other shocks built, then there will be a strong foundation for target populations to take advantage of inclusive and sustainable economic opportunities.

Illustrative DO 1 Indicators
<ul style="list-style-type: none"> • Prevalence of poverty (and/or depth of poverty) • Global Competitiveness Ranking (from the World Economic Forum) • Stunting rates for children under 5 years of age (gender disaggregated)²⁴

Context

With high rates of poverty and an increasingly informal economy, the average Zimbabwean has seen a sharp decline in standard of living, which has led to recurrent food security issues. Poverty is more prevalent in rural areas where 68 percent of people live, and the majority of those people depend directly or indirectly on agriculture for employment and food security.²⁵ The economy as a whole, once heavily reliant on agriculture for employment and poverty reduction, now generates only 14 percent of total GDP from the sector. Major crop yields are only about half of pre-2000 levels before the advent of the Fast Track Land Reform Program and the associated takeover of commercial farms.²⁶ Agriculture, nevertheless, remains an important source of income, employing a third of the formal labor force. The collapse of commercial farming not only caused unemployment, it led the country on a path of food insecurity and food deficits, leaving behind severely damaged upstream and downstream agribusinesses that previously provided inputs and processing. Moreover, the general decline in formal employment has forced many workers into poorly remunerated and insecure informal jobs and thus had a direct impact on both poverty and hunger.²⁷ The dollarization of Zimbabwe's currency in early 2009 helped to stabilize certain aspects of the economy; however, it has not been nearly enough to overcome policy choices that have caused a downward economic spiral, resulting in an uncompetitive economy with high levels of poverty and food insecurity.

While generally declining, the share of food insecure households varies from year-to-year, reflecting the strong reliance on rain-fed agriculture. The result is significant periodic spikes in the numbers of food insecure people during the lean season based on rainfall patterns. An over-reliance on subsistence agriculture on rain-fed land means that farmers are facing the harsh reality of climate change. While

²⁴ Source: Zimbabwe Demographic and Health Survey

²⁵ Source: Zimbabwe Poverty, Income Consumption and Expenditure Report 2011/2012, April 2013, ZimStat.

²⁶ Based on data from the Commercial Farmers Union for 20 major agricultural products including maize, wheat, tobacco, cotton soya beans, groundnuts, sugar, dairy and beef.

²⁷ In 2011, 94% of paid employees received an income equal to or below the total consumption poverty line for an average family of five, while three out of every four employed persons in Zimbabwe are classified as being in 'vulnerable employment.'

climate and rainfall variability have been high across southern Africa for the past century, evidence suggests that climate change will likely cause rainy seasons to be shorter, with increasing temperatures, higher variability in weather patterns, more frequent droughts, and occasional flooding. To adapt to these changes, farmers need to build resilience to shocks by harvesting and storing water, using it more efficiently, and shifting away from maize towards small grains and seed varieties that tolerate new climatic realities. However, Zimbabwe is a country that prefers to grow maize despite the changing climate and increasing concerns regarding water scarcity. This preference is reinforced by the government, which distributes maize rather than other seeds thereby frequently undermining free market incentives. Unfortunately, many Zimbabweans have yet to accept fully the realities of climate change and its implications. This year, which is the second year of an El Niño-related drought, approximately 28 percent of the rural population was estimated to be food insecure during the peak of the lean season from January to March 2016. This number is expected to increase in anticipation of El Niño's continued effect on Zimbabwe.

In recent years, several major studies documented and emphasized the link between good nutrition and economic growth.²⁸ With Zimbabwe's stunting prevalence at 28 percent,²⁹ the GOZ acknowledges the importance of nutrition in its strategic and policy documents.³⁰ These policies and plans are consistent with USAID's policy emphasizing adequate nutrition in the first 1,000 days of a child's life, and USAID will encourage their full implementation.

Crosscutting Issues

The consequences of a weak economy and increased food insecurity do not affect Zimbabweans equally. Youth and gender dynamics represent critical concerns, but also important opportunities. Young adults from the ages of 15 to 35 are the most affected by unemployment or underemployment and the most prone to the social and political manipulation that has contributed to past violence and instability.³¹ As youth remain a potential source of social upheaval, they are a segment of the population that cannot be ignored. In response, activities will seek to mobilize and engage youth positively in economic activities in order to transform the youth bulge from a potential burden to a key driver of growth.

Gender dynamics are also critical, as Zimbabwe's economic decline does not affect men and women equally. Women play a critical role in agriculture in Zimbabwe but have limited access to and ownership of productive assets such as land and agricultural inputs. This is not the only barrier for greater female participation in the economy. A labor market assessment carried out by USAID in FY 2015 identified the following primary barriers to gender equality in the labor force:

- An inadequate legal framework
- Low female representation in leadership
- Absence of skills among women
- Sexual harassment at work
- Lack of access to means of production
- Negative cultural practices
- Gender stereotypes
- Male dominance in a variety of trades and roles

²⁸ World Bank, "Repositioning Nutrition as Central to Development," <http://siteresources.worldbank.org/NUTRITION/Resources/281846-1131636806329/NutritionStrategy.pdf>.

According to the report, malnutrition is costing countries up to 3% of their GDP.

²⁹ Zimbabwe "Multiple Indicator Cluster Survey," 2014.

³⁰ The Food and Nutrition Security Policy, the Zimbabwe National Nutrition Strategy (2014-2018) and the Zimbabwe National Food Fortification Strategy. The goal is to "promote and ensure adequate food and nutrition security for all people at all times in Zimbabwe, particularly amongst the most vulnerable and in line with our cultural norms and values and the concept of rebuilding and maintaining family dignity."

³¹ Zimbabwe 2014 Labour Force Survey. ZimStat. March 2015.

In response, under DO 1, USAID will continue to promote more equitable household and community decision-making, thereby enabling women to participate more fully in transforming the economic status of their households, communities, and the country. Current and future activities will also strive to empower women to increase their control and ability to influence decisions over income and assets alongside men. The Mission already has had success in this endeavor and will build on existing interventions. For example, Food for Peace (FFP) resources will continue to empower women with farming skills, introducing them to new technologies and management practices to engage better in commercial value chains and increase income. FFP activities will also continue to promote women's leadership in farmer groups, community asset management committees, and village savings and lending groups. These activities will continue to be complemented by Feed the Future (FTF) programs, which address women's lack of economic decision-making power within the household and lack of access to technical training, technology, and tools for productive livelihoods.

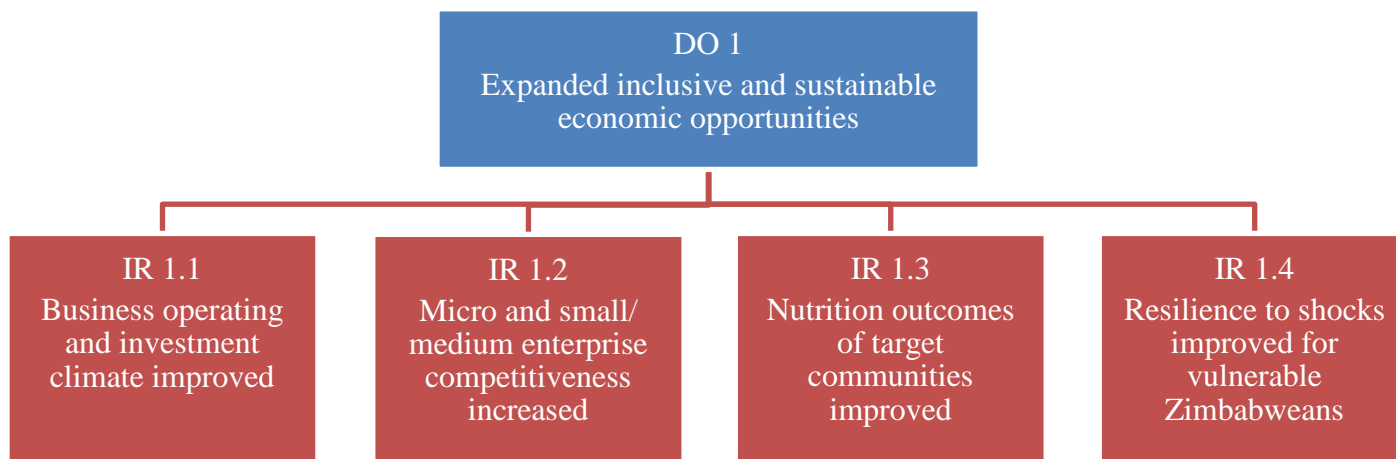
Broadly speaking, DO 1 will support transparency, accountability, and good governance through evidence-based policy research by non-government and government organizations. This is to inform better economic policy processes and decision-making, and to encourage inclusive economic growth and investment. DO 1 will also build the fundamentals of accountability and good governance at a grassroots level through participatory and inclusive activity components. Examples include community-led disaster risk reduction committees and asset management committees, which oversee the use and maintenance of communal assets created or rehabilitated.

Because the factors that negatively affect the economy are broad, the Mission designed an integrated DO that addresses the most relevant factors impeding inclusive, sustainable economic growth. The IRs in DO 1 complement one another by improving the economic and business environment to foster opportunities for equitable growth, while simultaneously building the capacity and resilience of the most vulnerable to engage in the broader economy. Food security is woven into the DO by improving the economic environment that ensures a sufficient supply of food, as well as opportunities for households to access food. The Mission will continue to ensure that FTF and FFP complement and leverage one another so that whenever feasible, the impact of these activities will be expanded through co-location, joint targeting, or strategic alignment. There are opportunities to explore the greater integration related to FTF and FFP activities under DO 1, as well as between these activities and the Maternal Child Health and Nutrition activities under DO 2.³²

Critical Assumptions and Risk Factors

- Relative consistency in political and economic conditions
- Low levels of domestic and foreign investment and low capacity utilization in businesses do not significantly worsen
- Southern African Development Community economic climate does not significantly worsen
- Increasing climatic variability makes current agricultural practices increasingly susceptible to erratic (or low) yields, depressing the agriculture sector and increasing food insecurity (Risk)

³² Funding for Feed the Future and MCHN in Zimbabwe is modest, and the geographic overlap of these ongoing activities is restricted to several wards in one province, so the potential for extensive integration is limited.



Intermediate Result 1.1: Business Operating and Investment Climate Improved

This IR addresses the institutional, policy, and procedural constraints that discourage investment, inhibit competitiveness, and undermine nutrition and food security. USAID will accomplish this result by supporting policy dialogue and strengthening business/farm organizations’ and other stakeholders’ advocacy capacity, improving evidence-based participatory decision-making by the state, and facilitating the implementation of pro-growth policy reforms.

Interventions will promote the use of evidence-based policy research to inform advocacy efforts and build the capacity of a wide range of business, farm, and other stakeholder organizations to create demand for reform. By increasing availability and access to high-quality public information, the expected result is that there will be more effective pressure for reform and dialogue regarding the policy environment needed to foster inclusive economic growth. USAID will emphasize those policies that support inclusion of the poor and vulnerable, including women and youth, in economic activities, asset ownership, leadership, and decision-making.

The policy and advocacy interventions will be complemented by assistance to help business and farm organizations enhance their management capacity, improve their member support services, grow membership, build financial strength, and improve understanding of gender dynamics. Key actors include labor unions, farmers unions, commodity associations, business and trade associations, and other private or public entities.

***Box 2: A Focus on Men:
Reducing the Workload of Women***

Understanding the gender dynamics in rural areas, USAID looked at workload issues as it relates to improving the nutritional status of children under two. The result was re-examining how activities interact with women and with men. Through social behavior change messaging, USAID now encourages young men to participate in childcare practice groups. These groups help shift gender dynamics and spread childcare responsibilities within households. Men care groups have become popular and, anecdotally, it appears that gender norms are beginning to change as men gain a greater appreciation of work at the household level and participate more with raising their children.

Intermediate Result 1.2: Micro and Small/Medium Enterprise Competitiveness Improved

This IR will improve the competitiveness of micro, small, and medium farms; agri-businesses; and other enterprises by enhancing agricultural productivity, strengthening market linkages, enabling access to finance and technology, and expanding entrepreneurship and employment opportunities. The agriculture sector will be the primary focus due to its importance to the rural economy and food insecurity.

Most Zimbabwean businesses are characterized by very low productivity, high costs, limited access to critical inputs

such as finance and technology, and unreliable access to water and electricity. USAID will work with businesses to help mitigate the negative impact of the challenging environment and improve their competitiveness. USAID will also support interventions that seek to link the informal and formal markets.

As a result of the collapse of the formal sector, employment opportunities have shrunk dramatically, leaving youth, particularly those in rural areas, with few prospects. Consequently, many rural youth migrate to cities or cross the border searching for opportunity, but most end up unemployed or eking out a few dollars a day in the informal sector. For those seeking to enter formal employment, in partnership with the private sector, USAID will help youth to build job-related and communication skills, confidence, a work ethic, resiliency, and a network of contacts. For youth looking to become entrepreneurs, USAID will provide the skills and assistance to start their own businesses successfully.

Finance, even in the formal sector, is consistently the most frequently reported constraint to business operations.³³ For informal enterprises without a credit history or collateral, access to finance is even more difficult. Under this IR, USAID will increase access to finance with an emphasis on women and smallholder farmers.

Intermediate Result 1.3: Nutrition Outcomes of Target Communities Improved

This IR responds to the growing awareness of the importance of nutrition in a nation's economic development. With the wide acceptance that good nutrition is essential for individual and community productivity and that the first 1,000 days of life are critical for a child's future cognitive development, the Mission understands the importance of nutrition in achieving expanded economic opportunities that are inclusive and sustainable in nature. This IR tackles malnutrition and stunting by improving the diversity and adequacy of household diets, supporting adoption of appropriate nutrition behaviors, and improving access to reliable water and sanitation.

USAID will use a comprehensive approach that employs complementary interventions to improve nutritional outcomes. These will likely include increasing dietary diversity and use of less-commonly consumed nutrient-dense local foods, encouraging essential nutrition behaviors and practices, promoting exclusive breast feeding and hygienic food handling practices, and providing micronutrient-enhanced supplementary food for pregnant and lactating women and young children. DO 1 activities will coordinate as appropriate with activities under DO 2 that have maternal and child health components. By focusing on activities that improve access to clean water and sanitation facilities as well as the resilience activities in IR 1.4, USAID expects to have a significant impact on malnutrition and stunting.

Intermediate Result 1.4: Resilience to Shocks Improved for Vulnerable Zimbabweans

Resilience to shocks, particularly among vulnerable and highly food-insecure communities, is a fundamental platform needed for inclusive development. This IR will strengthen the absorptive, adaptive, and transformative capacities of communities to reduce their vulnerability to climate, natural, and economic shocks. Activities under this IR will also strengthen the ability of communities to understand, predict, and cope with the negative effects produced by shocks. Accordingly, USAID will focus on interventions that diversify and strengthen livelihoods, protect and enhance community assets, establish risk mitigation systems, and provide timely and sufficient humanitarian assistance when necessary. These efforts will prevent households from resorting to negative coping mechanisms and suffering the loss of critical assets in times of crisis.

³³ According to the 2011 World Bank Enterprise Survey and the 2015/2016 Global Competitiveness Report.

This is part of USAID’s continued support of Zimbabwe’s transition from dependence on humanitarian assistance to increased resilience and strengthened livelihoods, which will ultimately enable the vulnerable to participate in the broader economy. The focus will be on helping the most vulnerable households cope with shocks without falling further into poverty.

Development Objective 2: Increased Number of Zimbabweans Living Longer and Healthier Lives

Development Hypothesis: If the burden of disease is reduced by strengthening health systems and addressing the leading causes of illness and death, then Zimbabweans will live longer and healthier lives.

Illustrative DO 2 Context Indicators	
<ul style="list-style-type: none"> • Under-5 mortality rate • Maternal mortality rate • HIV incidence rate 	<ul style="list-style-type: none"> • TB incidence rate • Malaria incidence rate

Context

High levels of preventable deaths, a heavy disease burden, and an under-resourced health service delivery system all contribute to a low life expectancy and poor health status of Zimbabweans. The delivery system is weak and overstretched by the high burden of HIV; TB; malaria; and maternal, newborn and childhood (MNCH) illness, disease burdens that are complex and intertwined. HIV, TB, and malaria are the most common causes of death in pregnant women and children under the age of five.³⁴ The single most significant contributing factor to the TB burden is the AIDS epidemic with 68 percent co-infection rates.³⁵ Malaria is the third leading cause of mortality and morbidity.³⁶ Three-quarters of maternal deaths are preventable,³⁷ and nearly half of women who die of pregnancy-related complications are infected with HIV.³⁸ While the Ministry of Health and Child Care (MOHCC) has policies that address the most prevalent health risks and are aligned with the World Health Organization (WHO) guidelines, more is needed to ensure these standards are appropriately implemented nationwide.

Zimbabwe’s prolonged economic crisis is at the root, leading to an eroded health system that is now heavily dependent upon donors. Currently, health receives about 8 percent of the total government budget as compared to the 15 percent called for in the Abuja Declaration.³⁹ Although the national budget’s contribution to the health sector had been declining, it has stabilized in the last few years to around \$330 million annually for MOHCC.⁴⁰

Box 3: Addressing Gender-Based Violence

GBV is widespread in Zimbabwean society, and despite Zimbabwe’s relatively strong GBV legal framework, women and children remain vulnerable to multiple forms of violence. A recent United Nations report on GBV showed that all forms of GBV, especially physical and sexual violence, remain high in Zimbabwe. The risk of experiencing GBV increases substantially as women move into adulthood and enter into marital and other forms of sexual relationships with men. A National Baseline Survey on the Life Experiences of Adolescents found that 33 percent of women in Zimbabwe had experienced sexual violence by age 18 and that only 2.7 percent of them received professional help for any incident of sexual violence. USAID will focus its GBV interventions on mitigation, education, and prevention, incorporating men and women as well as youth and adults into GBV activities. Activities will focus on providing services to address physical and sexual violence against adolescent girls, as well as political intimidation and violence targeting women.

³⁴ MOHCC National Health Profile

³⁵ World Health Organization Global TB report, 2015.

³⁶ MOHCC National Health Profile.

³⁷ Annual Report for Notified Institutional Maternal Deaths: 2010-2011.

³⁸ Maternal and Perinatal Mortality Study, 2007.

³⁹ 2016 National Budget Statement.

⁴⁰ Ibid.

The majority is allocated for salaries although the GOZ has placed a freeze on hiring of nurses. Alternative financial mechanisms, such as the national AIDS levy and results-based financing schemes, help support the sector, but donor dependency will continue to be a major issue given the large gaps between needs and GOZ resources.

Given Zimbabwe's significant disease burden, USAID/Zimbabwe is taking a highly focused approach to improving the health and wellbeing of Zimbabweans by targeting the major causes of morbidity and mortality and coordinating closely with the GOZ, who is the largest provider of health services. Since HIV, malaria, and TB are the top three causes of illness and death, efforts to improve prevention, care, and treatment services for these diseases have the highest potential to reduce morbidity and mortality in Zimbabwe. Also included are reproductive health (RH) and MNCH, given the links and the importance of reducing maternal child mortality. Interventions will be prioritized according to the major causes of disease and deaths, with a preference given to activities that have the highest potential to increase the number of Zimbabweans living longer lives and to achieve the greatest impact on the health status of the population.

Crosscutting Issues

DO 2 has a specific crosscutting theme based on the critical role that health systems play in improving health status. The DO focuses on the major disease problems and the leading causes of mortality and morbidity, but will also support a harmonized approach to health systems strengthening that cuts across the four IRs. This is particularly important in the areas of human resources for health, data use for decision-making, supply chain and logistics management, and implementation of policies and guidelines. Due to the MOHCC's limited financial capacity, USAID and other donors (including the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank) support the majority of health systems strengthening activities, such as human resources for health and health financing. Donor coordination will continue and resources leveraged in this area, as health systems strengthening remains critical to achieving health outcomes.

While working to strengthen elements of the health system described above, USAID will target its interventions in geographic areas and populations where the greatest disease or health risk burdens exist.⁴¹ Approaches will specifically target youth and women, as they are the most vulnerable. For example, women 15-24 years old are nearly twice as likely to be HIV-positive as men are, with 7 percent prevalence compared to 4 percent in young men.⁴² Pregnant women, particularly those in their first pregnancy, are more susceptible to developing malaria due to decreased immunity during pregnancy. The spacing and prevention of unwanted pregnancies is a well-known intervention that can drastically improve health outcomes in women of reproductive age.

USAID will work across the four IRs to improve accountability and governance within the health system. For example, in supply chain management, USAID will increase GOZ capacity to effectively forecast, procure, and distribute drugs and other health commodities. Working with local government authorities on provision of public health services also presents an opportunity to address a gap in policy adoption and implementation by promoting appropriate and timely implementation of internationally recommended policies. Lastly, upholding the patient charter (which defines client rights and standards of care) and

⁴¹ E.g., in order to reach 80% ART coverage nationally, the focus is on 36 priority districts where 80% of the HIV-positive individuals live. For malaria control focus is the three eastern rural provinces that account for about 83% of all malaria cases and 50% of all malaria deaths in 2014. MNCH activities will target Manicaland where the maternal mortality rate is one of the highest in the country and malaria transmission is also high.

⁴² ZDHS 2010/2011

ensuring informed consent for various health services will continue to be offered as part of quality service delivery.

In the health sector, youth face specific challenges that limit their access to health services, including family planning, reproductive health, and HIV and AIDS. Some of these barriers are due to age-differentials between them and the provider, unavailability of services in areas where youth tend to gather, and health messages that are not tailored to youth as a specific audience. USAID will continue to provide youth-friendly services to reach this population in family planning, reproductive health, and HIV and AIDS. Activities include peer education, community HIV treatment support groups, mass media and social marketing campaigns, and trainings for health care providers on how to interact with youth clients.

Women and girls are at the center of DO2. Given the high levels of maternal mortality, unacceptable levels of GBV, and the large percentage of women infected with HIV, this strategy identifies women and girls as a critical target population and primary intended beneficiaries of improved essential health services. The ability of mothers to access essential health services and health-related knowledge is fundamental to the health of Zimbabwean families. USAID's approach towards addressing gender concerns is wide reaching, focusing on barriers to improving health status.

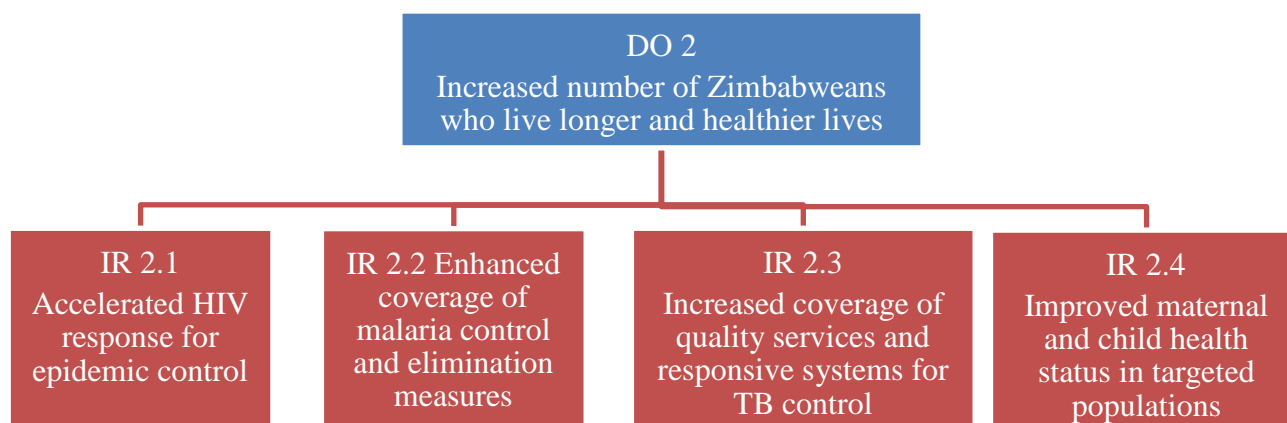
GBV is particularly problematic as it permeates Zimbabwean society; approximately three women in 10 have been victims of physical violence, with family relatives as the main perpetrators. (See Box 3) According to the 2011 Demographic Health Survey (DHS), one in four females report having had forced sex before the age of 15 years. As with physical violence, almost all of assaults were by partners. The implications for future physical, reproductive, and emotional problems are self-evident. The growing numbers of child marriages and the related health issues are of deep concern and signal a need for greater knowledge of the constitutional guarantees of the girl child.⁴³

USAID has focused its GBV interventions on mitigation, education, and prevention, incorporating men and women as well as youth and adults into GBV activities. USAID's GBV activities focus on providing services to address physical and sexual violence against adolescent girls, as well as political intimidation and violence targeting women. Zimbabwe has been experiencing a rise in early marriages due to religious, economic, and social factors, and USAID seeks to address these issues across its foreign assistance program. In each relevant IR, service delivery will include care, treatment, and referral services for survivors of GBV, which is a significant development issue in Zimbabwe.

Critical Assumption and Risk Factors

- GOZ and donor funding for the health sector remains stable
- The AIDS levy is discontinued or levy revenues diminish (Risk)
- Disease outbreaks drain public sector and donor resources for health (Risk)
- The health worker hiring freeze continues to affect the human resource base (Risk)

⁴³ Child marriage almost exclusively affects the girl child. Young girls are more vulnerable to infection, including HIV; lack power to negotiate safe sex; are at higher risks of maternal mortality and morbidity; and miscarriage or other delivery complications. Other issues that are devastating to their well-being include loss of educational opportunity; treatment as domestic servants; and total dependency on the 'husband' and "often suffering repeated rape, physical and psychological abuse with no recourse. They have weak psycho-social support structures as their families and extended family networks are ashamed of being identified with them because of either religious, and or moral reasons." See RAU, "Child Marriages – the Arguments," 2015.



Intermediate Result 2.1: Accelerated HIV Response for Epidemic Control

HIV and AIDS remains the leading cause of mortality and morbidity in Zimbabwe, with more than 38,600 people having died of AIDS related causes in 2014 (3,218 deaths per month). The HIV prevalence rate among people aged 15-49 is estimated to be 16.7 percent, and the total number of people living with HIV was around 1.6 million in 2014. In 2014, about 54,762 people were newly infected with HIV.⁴⁴ The U.S. Government's President's Emergency Plan for AIDS Relief (PEPFAR) program supports the national HIV program in prevention, testing, treatment, and care and support activities. In the 36 scale-up districts in Zimbabwe, improved services and community outreach will benefit the entire population while some activities will target high-risk and vulnerable groups.

Current funding for antiretroviral therapy (ART) is insufficient to achieve high coverage and epidemic control on a national scale. To address this gap, this strategy will include an increased emphasis on providing treatment services for HIV-positive Zimbabweans, in line with the shift in PEPFAR priorities toward a more concentrated effort on treatment. Activities will focus on identifying HIV-positive Zimbabweans and getting them onto appropriate treatment, with the goal of identifying 90 percent of the HIV-positive population, getting 90 percent of HIV-positive individuals on treatment, and achieving viral load suppression within 90 percent of those on treatment. Through these accelerated efforts, the PEPFAR program aims to achieve epidemic control in Zimbabwe during the CDCS period.

Intermediate Result 2.2: Enhanced Coverage of Malaria Control and Elimination Measures

Malaria is the third leading cause of death and illness in Zimbabwe.⁴⁵ While the total number of reported malaria cases decreased from 1.8 million in 2006 to 536,000 in 2014, from 2012 to 2013 malaria incidence rose 32 percent from 22 to 29 per 1,000. In 2014, the rate increased again to 39 per 1,000, a 34 percent increase from 2013.⁴⁶ While this trend may partly be due to increased diagnostic capacity, it is likely that the consistent application and adoption of malaria prevention measures may have declined in some communities or households.

⁴⁴ MOHCC National HIV Estimates Report, 2014.

⁴⁵ MOHCC National Health Profile.

⁴⁶ MOHCC National Malaria Control Programme Annual Report, 2014.

USAID will continue to provide assistance as part of the U.S. President's Malaria Initiative (PMI) that is coordinated with national efforts led by the GOZ's National Malaria Control Program (NMCP). Some districts remain in the malaria control phase, while others are beginning the transition to pre-elimination of malaria. Interventions will seek to reduce the transmission of malaria by scaling up either indoor residual spraying (IRS) or long-lasting insecticide-treated nets as effective vector control interventions to 90 percent of the population residing in malarious districts. As two of the major malaria donors in Zimbabwe, PMI and the Global Fund to Fight AIDS, Tuberculosis and Malaria will continue to coordinate efforts under the leadership of the NMCP to achieve the vector control coverage goal. In addition, activities will seek to improve country capacity and strengthen systems to ensure accurate quantification, procurement, distribution, prescription, and use of diagnostic tools and medicines to improve case management.

Intermediate Result 2.3: Increased Coverage of Quality Services and Responsive Systems for TB Control

TB is the second leading cause of mortality and morbidity in Zimbabwe. Between 2012 and 2014, the national mortality rate increased from 38 to 40 per 100,000 while TB incidence (including HIV+TB) decreased from 562 to 552 cases per 100,000.⁴⁷ As HIV is an important determinant of TB, there is a need to improve and scale-up integrated TB and HIV care and treatment. While the TB treatment success rate remains high at 81 percent,⁴⁸ the National TB Program Strategic Plan recognizes that treatment and prevention efforts are hampered by a wide-reaching set of issues. These include inadequate human resource capacity, the burden of TB/HIV co-infection, a weak national laboratory network, inadequate diagnostic capability for childhood TB, and insufficient engagement of individuals and communities infected or affected by TB.

The TB burden in Zimbabwe is a complex problem, but at the core is the need to prioritize strengthening the programmatic and diagnostic management and leadership of TB. TB detection, care, and management approaches will be more integrated with other services and focus on children, women, and key priority populations like those with HIV, those working in mines, migrants, and clients with non-communicable diseases and hepatitis. Support will be provided to expand and improve TB infection control measures within the health care service delivery system, as part of improved prevention and control efforts. In addition, TB operational and management systems will be strengthened to ensure a more responsive environment for effective delivery of TB services. These include investments in laboratory and specimen transport, capacity building of health staff, and increased routine use of data for decision-making.

Intermediate Result 2.4: Improved Maternal and Child Health Status in Targeted Areas

Although the maternal mortality rate has declined from 960 deaths per 100,000 live births in 2010/2011⁴⁹ to 614 in 2014,⁵⁰ it remains unacceptably high. Three-quarters of maternal deaths are preventable and are largely due to postpartum hemorrhage, sepsis, malaria, eclampsia, and anemia. Similarly, despite a decrease in the under-five mortality rate in recent years, it also remains high at 75 per 1000 live births.⁵¹ Again, these deaths are all preventable. Zimbabwe's contraceptive prevalence rate increased from 59 percent in 2010⁵² to 67 percent in 2014.⁵³ Yet the total fertility rate that had declined since 1988 increased between 2006 and 2011 with higher rates among rural women (4.8 vs. 3.1).⁵⁴

⁴⁷ National TB Program Annual Report.

⁴⁸ National TB Program Annual Report.

⁴⁹ Zimbabwe Demographic and Health Survey, 2010-11.

⁵⁰ Zimstat Multiple Indicator Cluster Survey, 2014.

⁵¹ Zimstat Multiple Indicator Cluster Survey, 2014.

⁵² Zimbabwe Demographic and Health Survey, 2010-11.

For optimal use of available resources, USAID will focus on the province with the highest maternal and infant morbidity and mortality rates. Practices and barriers, such as early marriage, early sexual encounters, and limited decision-making power among women and girls, impede access to services for pregnant women and girls, and a significant number of births still occur without a skilled health provider. Interventions to encourage health-seeking behaviors, increase use of services, and identify and treat women and girls affected by GBV, will be evidence-based, targeted, and sensitive to Zimbabwe's sociocultural context and changing demographics. Most women have limited access to long acting and permanent methods (LAPM) of contraception, especially in rural areas. Interventions will focus on increasing access to family planning (FP) through outreach services in rural areas to bring LAPM contraction options to rural populations.

Development Objective 3: Improved Accountable, Democratic Governance that Serves an Engaged Citizenry

Development Hypothesis: If Constitution-driven reforms are advanced and if the democratic principles of participation, inclusion, transparency, and accountability are strengthened within government and civil society institutions, then Zimbabwe will develop more accountable, democratic governance systems that are informed and influenced by active citizen engagement that will serve the interests of all Zimbabweans.

This DO reflects the assessment that weak systems of accountability underpin Zimbabwe's broader development challenges and need to be addressed through several vantage points. Decreasing barriers to participation, especially for women and youth, is critical and must be carefully balanced with efforts to increase accountability of government institutions so that they can adequately respond to citizen demands.

Context

Though imperfect, Zimbabwe's 2013 Constitution enshrines unambiguous respect for fundamental human rights, gender equality, and a framework for tackling the legacy of human rights abuses. Citizens have a basis for discussing development problems in the context of their social, political, economic, and civil rights. Although the current environment is fluid, the Mission believes there is a window of opportunity to build on the Constitution and promote accountability, human rights, and active citizenship, while fostering more inclusive, representative structures and processes for participation. To achieve these goals, barriers to civic participation by women and young people, who make up the vast majority of the population must be reduced.⁵⁵

Crosscutting Issues⁵⁶

Women and youth face significant and particular barriers to participation in political processes. On the other hand, partially in recognition to the barriers women face, Zimbabwe's new constitution mandates that the government must take measures to ensure equal representation of women and men at all levels of the government and dictates a temporary quota for women's seats in Parliament until 2023. The 2013

⁵³ Zimstat Multiple Indicator Cluster Survey, 2014.

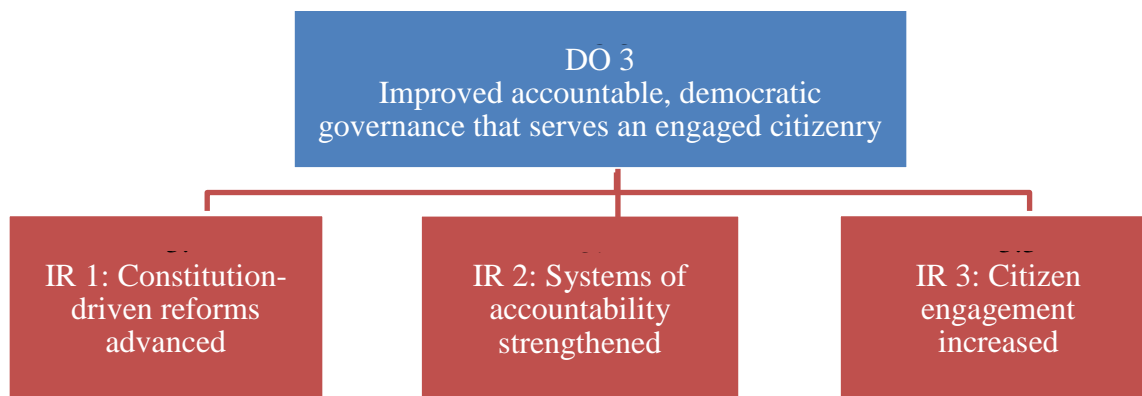
⁵⁴ Zimbabwe Demographic and Health Survey, 2010-11.

⁵⁵ According to the Zimbabwe 2012 Census, women represent 51.9% of the population, while 76.8% is under the age of 35. Those figures suggest that approximately 89% of the population is either female or under the age of 35. Of that, 35.9% of the population is between the ages of 15 and 34 while children under the age of 15 make up 41.1%.

⁵⁶ Please note that accountability and governance are core to this DO and as such, affect the other DOs. Therefore, are not included as cross-cutting issues.

general election brought women’s representation in Parliament from 20 percent to 35 percent. Women now chair 40 percent of the 20 Parliamentary committees.

Youth face additional obstacles to participation in political and governance processes, and USAID will continue its focus on empowerment, looking at both marginalized youth and youth in leadership positions.



Intermediate Result 3.1: Constitution-driven Reforms Advanced

Although the Constitution has been in effect since 2013, around 400 existing laws have yet to be aligned, including key legislation affecting protection of human rights and freedom of the press and assembly. Thus, this IR focuses on increasing awareness of constitutional rights, roles, and responsibilities and advancing Constitutional alignment of laws, policies, and procedures. USAID will accomplish this by working with CSOs to use a variety of platforms to provide information and support dialogue about constitutional rights, roles, and responsibilities. Across all DOs, USAID will seek opportunities to foster learning and discussion about the Constitution, which not only includes rights such as the right to human dignity and personal security, but also the right to education, health care, water, food, and property.

Intermediate Result 3.2: Systems of Accountability Strengthened

This IR will foster stronger accountability systems in Zimbabwe. This will be achieved by increasing the independence and effectiveness of Parliament; improving democratic electoral processes to reflect better citizen voices; and activating mechanisms for citizen advocacy and oversight. The absence of accountability lies at the root of Zimbabwe’s development failures – the government has not responsibly served or safeguarded its citizens, and citizens have been unable to hold their government to account. Throughout activities under this IR, USAID will seek ways to foster systems of accountability that incorporate active participation and oversight from citizenry in the expectation that this will lead to greater transparency and create incentives for government responsiveness. USAID will broaden its previous focus on election events to encompass the entire electoral cycle, environment, and institutions, with an emphasis on civic and voter education.

Intermediate Result 3.3: Citizen Engagement Increased

This IR will reduce barriers to the participation of youth, women, and other vulnerable groups, improve civil society’s representation of informed citizen views, and improve the ability of solution holders to work effectively with citizens.

IV. Monitoring Evaluation and Learning Plan

USAID's monitoring, evaluation, and learning (MEL) activities will be oriented towards collaborating, learning, and adapting (CLA). The Mission will focus MEL on ensuring good tracking of progress of ongoing activities, learning from MEL activities as well as adapting programs and activities to emerging learning and the evolving context within Zimbabwe. Within four to six months of CDCS approval, USAID will develop a performance management plan (PMP).⁵⁷

Collaborating, Learning, and Adapting

USAID has begun crafting a deliberate approach to foster an environment that not only values, but also actively promotes and seeks to expand CLA. The CDCS is a living document that requires review, examination, and adjustment to consistently assess the soundness of the development hypothesis and ensure that the Mission remains on the best course to advance its development objectives. These processes occur through CLA. It is an iterative yet systematic and planned process that involves development, testing, and refinement of various processes, methods, and applications meant to enhance Mission and partner knowledge and allow for nimble, evidence-based course corrections. USAID views CLA as a means toward an end: improved development effectiveness through joint problem analysis, resolution and prioritization.

While the CLA plan represents the Mission's first step in articulating its CLA approach, it will be refined throughout the CDCS timeframe. In accordance with emerging Agency guidance, the Mission will first develop a full CLA plan as part of formulating the Mission-wide PMP, which will occur four to six months after approval of the CDCS. Thereafter, the Mission will produce complementary materials and processes that aid both staff and implementing partners in practical and utilization-focused CLA applications. These applications will lead to deeper coordination and integration, evidence-based knowledge that incorporates input from an increasingly diverse set of stakeholders, and management processes and techniques that provide USAID managers with a menu of adaptive management options allowing for agile corrective actions.

In conducting the CDCS development process and reflecting upon internal practices, it is apparent that the Mission already carries out numerous CLA activities that lead to collaboration and learning. The Mission will leverage these endeavors to strengthen CLA resulting in intentional collaboration and learning, and the systemization of these practices will form the basis of a coherent, Mission-wide CLA system.

Monitoring. Monitoring will inform routine adaptive management of activities through data collection, synthesis and reporting. The Mission will use existing mandatory USAID program cycle requirements to track activities progress. As per standard requirements, implementing partners will be required to submit an M&E plan detailing standard and custom indicators as well as targets and baselines for awards. During the quarterly and annual reporting periods, implementing partners will be required to report on these indicators. USAID and implementing partners will use these reports to discuss progress and challenges and decide on any changes or management decisions.

The Mission's performance against the results framework will be measured through the PMP. During the portfolio review processes, the Mission will deliberate on achievement of annual targets and decide on any adaptive action or management decisions. The implementation-focused portfolio review will also discuss performance on PPR indicators.

⁵⁷ The PMP will provide more details on indicators, data quality assurance, data collection, analysis and reporting procedures, evaluation plan and a detailed CLA plan.

Evaluation. In line with the USAID evaluation policy, evaluation will be geared toward accountability and learning. Accountability will focus on measuring the effects, progress, and impacts of USAID programing while learning will inform new program designs and changes or modifications in processes and practice. A detailed evaluation plan will be provided in the Mission PMP. Using the PMP, the Mission will track implementation of evaluation recommendations. Some of the major learning agenda items that the evaluation plan will draw from include:

Development Objective 1:

- Changes to seasons and impact of ideal crop planting calendars and implications of shifting livelihood zones due to climate change
- With a gender specific focus, in response to climate change in Zimbabwe, how can rural households best diversify their livelihoods to not only survive, but also thrive in the face of heightened climate stress and uncertainty?
- Need for more information on GOZ-civil society dialogue and adoption of policy recommendations

Development Objective 2:

- What is the effectiveness of social franchising in provision of family planning services?
- How do strengthened GBV activities contribute to improved GBV prevention and response?
- How effective is the integration of ART and OVC programing?

Development Objective 3:

- Analyze the barriers for participation for women and youth, and Zimbabweans at large.

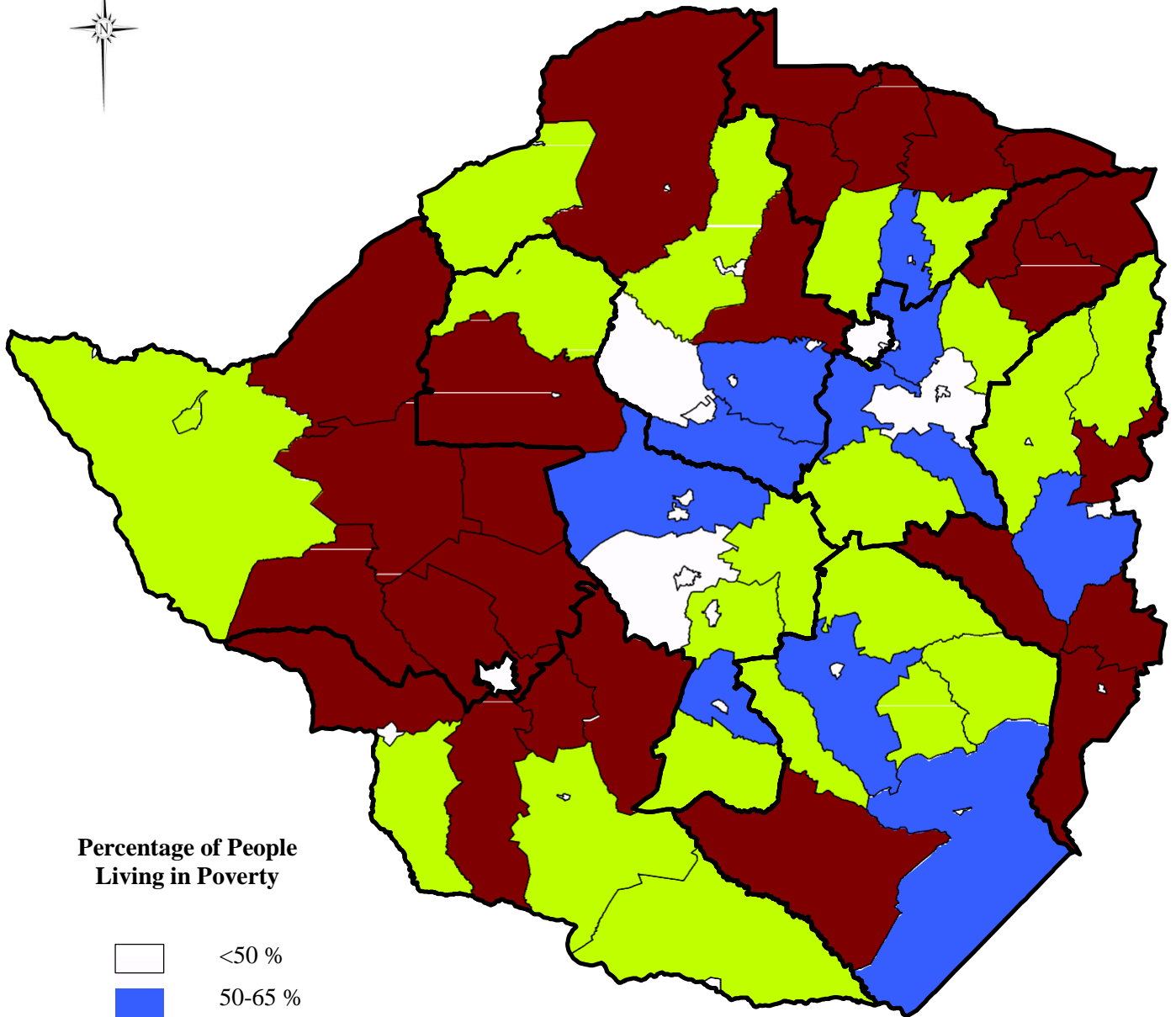
Annex 1: Illustrative DO level indicators

The Mission will develop a full Performance management Plan (PMP) to capture monitoring, evaluation and learning associated with the CDCS. The indicators stated below **are illustrative** and will be revised during the PMP development process.

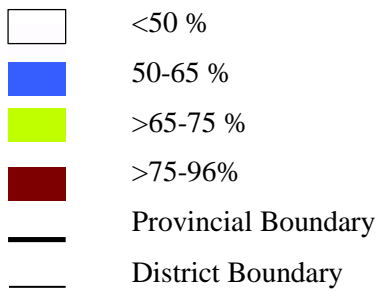
Illustrative DO 1 Indicators
<ul style="list-style-type: none"> • Prevalence of poverty / extreme poverty (target areas, gender, age disaggregated) • Global Competitiveness Report ranking • Stunting rates for children under 5 years of age (gender disaggregated)
Illustrative DO 2 Indicators
<ul style="list-style-type: none"> • Maternal mortality rate • Number of new HIV infections per year • Malaria incidence rate
Illustrative DO 3 Indicators
<ul style="list-style-type: none"> • Percentage of Zimbabweans who report some form of civic or political participation (Afrobarometer Q19-20) • Freedom in the World index score (Freedom House) • Worldwide Governance Indicators index score (World Bank)

Prevalence of Poverty

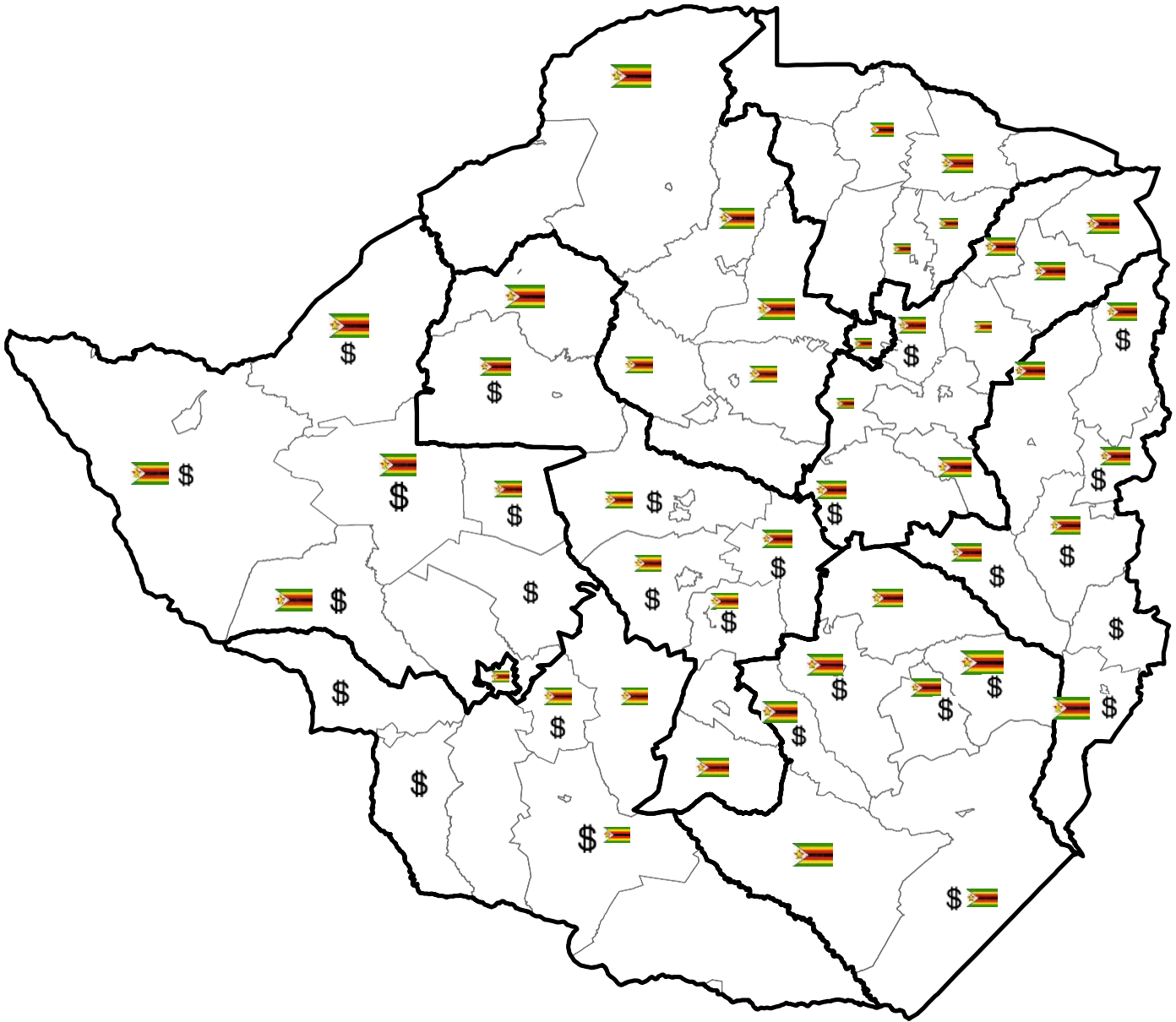
Annex 2: Maps



Percentage of People Living in Poverty



USAID Operational Districts



DO 1: Inclusive & Sustainable Economic Opportunities activities (FFP, FTF, and other economic growth activities)



DO 2: Health activities are nationwide

DO 3: Democracy, Rights, and Governance activities



Provincial boundaries



District boundaries

Annex 3: Donor Support in Zimbabwe

The GOZ is heavily reliant on donors to provide major financing for the social sectors and the humanitarian assistance. Donors in Zimbabwe include the United Kingdom (UK), U.S., Global Fund, European Union (EU), Japan, Germany, Australia, Sweden, Norway, Denmark and Switzerland. Donor support is declining with Australia significantly reducing their support and Norway and Denmark planning to withdraw from Zimbabwe next year. The top bilateral donors are the U.S., UK, and the EU with many of the smaller donors frequently working through the United Nations (UN) system.

Economic Growth and Agriculture

In the agricultural sector, the UK's Department for International Development (DFID) program, implemented in partnership with AUSAID, incorporates assistance in agricultural productivity, nutrition, and markets. It also includes subsidized agricultural inputs and safety nets. DFID and AUSAID's focus is primarily the drier parts of the northern half of Zimbabwe. The EU focuses on support to the GOZ agricultural extension service, agricultural productivity with an emphasis on smallholder irrigation and livestock, and a small nutrition component. The EU is also funding a significant natural resource management initiative.

Other donors in the agricultural sector include the Swiss, Australian Aid and the German development organization. These donors provide support in training in good agricultural practices, market linkages, community gardens and community seed production, harmonization of seed laws and protocols across the region, development and expansion of mobile financial services and information, reducing post-harvest losses through low-cost grain storage technologies, rehabilitation of irrigation schemes, and integration of climate change in vulnerability assessments and analyses.

Humanitarian Assistance

The field of humanitarian donors is small. USAID is by far the largest traditional donor, followed by DfID and the European Commission. Non-traditional donors including China and Brazil have sporadically contributed in-kind food aid, often directly to the GOZ.

Health

In the health sector, the major donors include the Global Fund to Fight AIDS, Tuberculosis, and Malaria, DFID, EU, SIDA, UN Agencies (WHO, UNAIDS, UNICEF, UNFPA), and the World Bank. Other NGOs provide support in more focused health areas such as Elma, CHAI, and CIFF. The Health Transition Fund is a pooled funding basket that aims to improve maternal, child health, family planning, and reproductive health services. Although opportunities for private sector investments are limited, several companies such as EcoNet have collaborated with NGOs to utilize technologies for improved health outcomes. In addition, the Minister of Finance announced at the end of November 2014 that the AIDS Levy (NATF) would be extended to the mining sector in 2015, which is expected to add approximately \$13 million to the \$32 million annual revenue of the Fund.

Democracy, Human Rights, and Governance

Several donors in addition to the U.S. have traditionally supported programming in the DRG sector: Canada, Australia the European Union, and several European countries (i.e. the UK, Netherlands, Sweden, Norway, and Denmark) on a bilateral basis.. In particular, DfID, AusAID, and Danida are jointly funding "Transparency, Responsiveness, Accountability and Citizen Engagement" (TRACE), a civil society sub-granting mechanism, while the EU also works with Parliament and is planning robust support for the Zimbabwe Electoral Commission (ZEC). Additionally, the international financial institutions (World Bank and African Development Bank (AfDB)) have started providing limited assistance in this

sector. However, the pool of donors has been shrinking since 2000 due to concerns over government accountability and human rights. The last DRG project by the Canadian International Development Agency (CIDA) ended in 2013, and the Norwegians and the Danish (Danida) are closing their Embassies and development programs in 2016-2017, while AusAID funding has been zeroed out. Coordination meetings with the remaining donors working in the DRG sector take place on a bi-monthly basis. In a number of sub-sectors, such as electoral assistance, parliament, or civil society, subgroups also meet regularly to ensure coordination of effort.