UNITED STATES
DEPARTMENT OF STATE

USAID
FROM THE AMERICAN PEOPLE

ZIMBABWE

U.S. FOREIGN ASSISTANCE PERFORMANCE PUBLICATION
Fiscal Year 2009

FY 2009 FOREIGN ASSISTANCE GOALS

Despite the formation of the Transitional Government in February 2009, Zimbabwe's political situation remains fragile, and could easily decline into conflict. United States Government (USG) assistance directly contributed to multiple foreign assistance goals in this challenging environment, which included the provision of humanitarian assistance and support to democratic institutions. U.S. government (USG) programs seek to support the development of a strong, democratic, market-oriented Zimbabwe that is able to advance its own development agenda through effective regional and international partnerships.

There were many implementation challenges in FY 2009, including slow progress and lack of consensus by the parties of the Transitional Government to fulfill the terms of the Global Political Agreement (GPA). In addition, there continue to be immense human and financial resource constraints, which limit the Government of Zimbabwe's ability to meet social service requirements, particularly in health. Despite these challenges, USG assistance programs achieved significant success in FY 2009.

HIGHLIGHTS BY PROGRAM OBJECTIVE

Health

By the end of 2008, most public and many private health care facilities had closed their doors for financial reasons. Services have rebounded in part because of donor efforts to revive the sector. The focus of USG health programs is to decrease morbidity and mortality. The majority of USG funding for health assistance continues to be for HIV/AIDS prevention, control, and treatment. However, additional funding in FY 2009 allowed the USG to expand toward emergency health interventions designed to strengthen the general health care system and to address prevailing gaps in basic health care services, particularly related to maternal and child health, family planning, and tuberculosis and malaria control. The core health challenges in Zimbabwe are poor compensation for and out-migration of medical health professionals, inadequate training, inadequate stocks of medicine and medical supplies, lack of equipment, and disrepair of infrastructure, transportation and telecommunication systems.

HIV/AIDS

The United States supports programs through the U.S. Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief (PEPFAR) that made significant progress in combating HIV/AIDS. In FY 2009, 17,000 pregnant women received support to prevent transmission of HIV to their unborn children, 118,000 new clients received HIV-related palliative care, 59,000 orphans and vulnerable children received support services, and 40,000 individuals received anti-retroviral therapy. In addition, the United States supplied 95 percent of the male condoms and virtually 100 percent of the female condoms available in Zimbabwe through either public sector distribution or social marketing programs. Socially marketed condoms, distributed with USG support, represented around 55 percent of all condoms distributed in the country. U.S. assistance for voluntary HIV counseling and testing (VCT) services reached 360,000 persons in FY 2009 and accounted for about half of all persons tested in Zimbabwe that year. U.S. assistance also strengthened the capacity of the national supply-chain logistics system to distribute commodities associated with HIV/AIDS treatment and care. When the supply chain nearly collapsed in 2009 due to a decrease in funding from the Government of Zimbabwe, U.S. assistance helped avert a national catastrophe by ensuring that general health supplies and drugs continued to reach service delivery points throughout the country. The national HIV prevalence rate has declined from approximately 24.6 percent in 2003 to 13.7 percent at the end of 2009 and HIV/AIDS mortality rate has declined from 2,200 deaths per week to 1,600. Though these statistics remain high, they reflect the success of the partnership between the Ministry of Health and Child Welfare and donors like the United States to reduce the impact of the HIV/AIDS epidemic.

Family Planning

USAID supports a robust family planning program, which focuses on integrating family planning and reproductive health (FP/RH) services into other health services, including services for youth, the prevention of mother-to-child transmission of HIV/AIDS, HIV counseling and testing, care and support for orphans and vulnerable children, and palliative care services. Activities to promote integration included building capacity of service providers (1,026 trained) and supporting 195 health care sites that provided 403,815 people with FP/RH services. Through a USAID-supported FP/RH media campaign, an estimated 2.7 million people heard FP/RH messages. At the policy level, USAID supported the development of the National Family Planning Council's strategic plan, which will lead ongoing efforts within the country to integrate FP/RH services into other health care initiatives.

Maternal and Child Health

FY 2009 was the first year the U.S. Mission received funding for maternal and child health activities. Funding was used to support a national campaign for measles immunization. The national objective of the campaign was to reach at least 95 percent of children 9 to 59 months old (1,787,287 children) with measles vaccine. USAID contributed to this multi-donor funded campaign by procuring needles, syringes, and injection safety-disposal boxes. Overall, the immunization campaign achieved commendable results, reaching 90 percent coverage of eligible children.

Tuberculosis

During FY 2009, Zimbabwe's National Tuberculosis (TB) Program developed a new five-year strategic framework and implementation plan and revised their monitoring and evaluation (M&E) system in line with World Health Organization (WHO) guidelines with USAID support. With USAID assistance, the National TB Program also initiated a pilot program in Midlands Province to gauge the feasibility of implementing activities at a national scale. The Midlands Province pilot

program trained 300 health workers at the provincial, district, and rural levels, and introduced case management for drug-resistant TB into the training curriculum. The pilot program also strengthened the TB drug supply logistics system through a pilot drug distribution effort that was done in collaboration with the U.S. Supply Chain Management System Program. The lessons learned will be invaluable in designing a similar distribution system for TB laboratory consumables. Health personnel in Midlands Province were trained on the use of WHO-compliant M&E tools, and now use them consistently. To help improve coordination and synergies across national health initiatives, the National Anti-retroviral Therapy and the National TB Programs came together to develop national TB and HIV guidelines on case detection, treatment, patient referrals, case recording, case reporting, patient follow-up and infection control. Adoption of the protocols is complete and the guidelines are now being used by the national health system.

Malaria

Recognizing a potential health catastrophe stemming from a lack of government funding to support malaria control activities, USAID partnered with the National Malaria Control Program (NMCP) to strengthen malaria control activities in the highest risk districts. USAID-funded activities in FY 2009 supported an emergency accelerated indoor residual spraying (IRS) program in partnership with NMCP, WHO, and the United Kingdom's Department for International Development. Targeting the 20 most malaria-prone districts, the partners carried out an aggressive IRS program in February and March 2009. A total of 651,340 rooms were sprayed, which constituted 84 percent of the cumulative estimated need. As a result of the campaign, an estimated 929,600 people were protected from contracting malaria.

Democracy and Governance

In FY 2009, USAID provided funding for democracy and governance programs to assist the Transitional Government in achieving the provisions of the Global Political Agreement (GPA), a document that sets out benchmarks for achieving greater democracy in Zimbabwe. A principal area of USG assistance was support for the constitutional reform process. Because of slow progress by the parties in reaching agreement on key aspects of the GPA, the constitutional reform process did not proceed as quickly as expected. However, civil society organizations with USAID support developed a common vision for contributing to the constitutional reform process, which they identified as a key issue in the GPA. In addition, USAID provided capacity building assistance to Parliament and local government administrations to enable them to better perform their core business functions.

Civil Society: Media and Constitutional Reform

During FY 2009, civil society focused on constitutional and media reforms. USAID supported civil society efforts to jump-start a people-driven process that fed into the Constitution Parliamentary Committee (COPAC)–led formal constitutional reform process. USAID provided funding for an all-stakeholders conference convened by the National Constitutional Assembly (NCA) and attended by 610 delegates drawn from grassroots structures and NCA members. The conference provided a platform for ordinary Zimbabweans and civic organizations to develop a vision on important issues to be raised in the development of a constitution, thus making it a more people-driven process as called for in the GPA. USAID also supported the development of a framework for civil society engagement in the constitutional reform process, a civil society leadership conference, and a People's Constitutional Convention. Civil society worked with COPAC on the outreach and thematic committees, and they continue to influence the drafting processes. Civil society also

educated Zimbabweans on the constitution through road shows, leaflets, public meetings, and press statements so that citizens could discuss constitutional issues during the outreach meetings.

While the constitutional reform process was unfolding, civil organizations were still attending to victims of organized violence and torture from the election violence in 2008. Due to the relative calm and peace following the formation of the Transitional Government, several victims and survivors began seeking medical and legal assistance. An excess of 8,000 cases were recorded in terms of medical assistance and over 3,000 received legal assistance.

Zimbabwe's independent media played a critical role in highlighting cases of abuse of legal restrictions. The Ministry of Information Media and Publicity and other stakeholders, including some members from civil society, held a media conference in which key issues around opening of the print and electronic (radio and TV) were tabled as part of the GPA reform package. The conference resulted in a package of required reforms including the introduction of Media Practitioners Bill. The absence of immediate resolve to accept and license new radio stations continued to limit the available sources of alternative news and information. USAID continued to support local media organizations in advocating for reforms but also in producing short thematic and sector-specific newsletters for human rights and residents' organizations. USAID supported the formation of a media-based public accountability organization to focus on investigative journalism training, research and use of new technologies to improve transparency.

Parliamentary Reform

There has been slow progress on the legislative front due to the sporadic sitting of Parliament. Despite this, USG support helped Zimbabweans increase Parliament's oversight functions. In particular, USAID supported individual members of Parliament (MPs) in drafting private member bills through partnerships with legal drafters and scholars, research, study and exchange visits. USAID also provided MPs with training on constituency outreach and leadership development, building the skills of parliamentary committees in critical areas like budget analysis, monitoring, and consultative debate. Notably, with USAID assistance, the Budget and Finance Committee produced a report on the Supplementary Budget, which outlined recommendations that were adopted and implemented by the Executive. USAID also supported training for various thematic committees that were formed as part of the constitutional reform process under the direction of the Parliamentary Select Committee.

Local Government

In FY 2009, the USG trained councilors and mayors throughout the country on leadership skills and good governance practices. USG funding supported the production of simplified information tools to inform newly elected local council officials about the relevant laws governing their work, an important contribution to capacity building for elected officials considering that half of the local councilors had never occupied public office before. In addition, the USG supported two local organizations to facilitate training sessions to strengthen the capacity of local councilors to ensure democratic and efficacious administration of local authorities. Three hundred and fifty six councilors from eight districts participated in the trainings. Such workshops help civic leaders develop the skills necessary to manage local government effectively, efficiently, and democratically. Ward committees used USAID funding to rehabilitate community structures, such as boreholes for water access.

Humanitarian Assistance

In FY 2009, USAID provided approximately $166.6 million in food aid and $30.9 million in non-food humanitarian aid in Zimbabwe.

Food Aid

During the 2008-09 hunger season, USAID provided 189,000 metric tons of food aid, distributing rations to more than 2 million people. USG commodities included maize, bulgur wheat, vegetable oil, sorghum, and legumes. The program interventions also included food for assets, vulnerable group feeding, urban and institutional safety nets, and a unique market assistance program.

Non-food Humanitarian Assistance

In FY 2009, in response to a countrywide cholera outbreak that affected 55 of 62 districts and caused 4,282 deaths, USAID provided more than $7.3 million in emergency assistance to combat the epidemic. This funding supported the provision of emergency relief supplies for affected populations; water, sanitation, and health interventions; and hygiene promotion and social mobilization activities. USAID also provided critical support in the area of humanitarian coordination and information management, which enabled the Ministry of Health and Child Welfare to monitor the course of the cholera epidemic, apportion resources, and respond to new outbreaks. In addition, USAID implemented a range of programs related to agriculture and food security during FY 2009. These included construction and rehabilitation of water catchment structures, training in conservation farming, distribution of agricultural inputs, and improvement of livestock health.