



ZIMBABWE



UNITED NATIONS

Z I M B A B W E

MILLENNIUM DEVELOPMENT GOALS



2000 - 2007 MID-TERM PROGRESS REPORT



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Zimbabwe Millennium Development Goals

2000-2007 Mid-Term Progress Report

A report of the Government of Zimbabwe to the United Nations.

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FOREWORD

The millennium declaration was adopted by 187 Heads of States and Governments at the Fifty-Fifth Session of the United Nations General Assembly in September 2000. This declaration culminated into the adoption of the Millennium Development Goals (MDGs) and Zimbabwe is proud to be a signatory to this noble declaration.

The MDG targets set for the nation serve as social development benchmarks for all developmental policies and interventions. As a way of monitoring country progress towards achieving these goals, periodic reports are produced to act as a guide and monitoring tool to measure successes realized and challenges encountered. It is against this background that previous periodic reports were produced which culminated in the production of the 2007 MDG mid term report. This report provides an analytical summary of the progress made, key challenges faced, priority areas for intervention by both government and development partners and the estimated cost required to achieve the set national targets by 2015. As evidenced in this report, the Government of Zimbabwe is committed and seeks to reaffirm commitment to social development and poverty eradication so that no man, woman, or child in our country will be subjected to abject and dehumanizing conditions of extreme poverty.

While Zimbabwe has scored considerable progress on some MDGs, serious economic and social challenges continue to conspire against the full realization of set targets. This should therefore be a call to the entire nation, business, labour, farmers, bureaucrats, politicians and civil society to mainstream these nationally set MDG targets into all their development activities. Through a unity of purpose coupled with the necessary support from our development partners, our people can realize and achieve better living standards. A breakthrough in turning around the economy is paramount as the country has potential to quickly recover and gain considerable mileage in the attainment of the MDGs by 2015.

The Government and people of Zimbabwe remain committed to supporting a broad based economic recovery process as a necessary pillar in meeting the 2015 MDG targets and will therefore continue to welcome international, humanitarian and developmental support and assistance.



Hon. P. Mpariwa (MP)
Minister for Labour and Social Services and
Chairperson of the National MDG Taskforce

ACKNOWLEDGEMENTS

The 2007 Zimbabwe Millennium development goals Mid term report was made possible through the participation of Government Ministries and departments, the United Nations country team, private sector and the civil society organizations. The government of Zimbabwe would like to acknowledge the tireless efforts of all its officers, sector ministries, as well as civil society representatives in shaping the content of this report.

The following sector ministries facilitated the consultative process through the coordination and chairing of various thematic groups.

| SECTOR MINISTRY | THEMATIC GROUP AND GOALS |
|---|---|
| Ministry of Public Service, Labour and Social Welfare | Chair of the National MDG Taskforce |
| Ministry of Public Service, Labour and Social Welfare (Department of Social Services) and Ministry of Agriculture and Rural Development | Social Development and Agriculture (Goal 1) |
| Ministry of Health and Child Welfare | Health (Goal 4 & 5) HIV and AIDS (Goal 6) |
| Ministry of Education, Sports and Culture. | Education (Goal 2) |
| Ministry of Youth Development, Gender and Employment Creation | Gender (Goal 3) |
| Ministry of Environment and Tourism | Environment (Goal 7) |
| Ministry of Finance and Economic Development | Global Partnership (Goal 8) |

In addition the government of Zimbabwe would like to acknowledge the invaluable technical and financial assistance by the United Nations Development Programme (UNDP) and the country team (UNTC) who backstopped the thematic groups. Their support included the provision of relevant literature, technical direction, costing the goals, financials resources to facilitate the entire report production process, as well as the recruitment of a team of local consultants to compile the report.

In this regard, the Government of Zimbabwe would like to acknowledge the following UN agencies for backstopping the thematic groups in their respective areas of expertise

| UN AGENCY | THEMATIC GROUP AND GOALS |
|---|---|
| UNDP | Overall backstopping of the MDG process |
| UNDP Country Office & UNDP SURF | All thematic groups (Goal 1-8) |
| UNICEF, UNFPA, UNIFEM, ILO, FAO, UNIDO, WORLD BANK, IMF | Social development and Agriculture (Goal 1) |
| UNESCO, UNICEF | Education (Goal 2) |
| UNIFEM, WHO | Gender (Goal 3) |
| WHO, UNFPA, UNFPA CST, UNICEF | Health (Goal 4 & 5) |
| UNAIDS, WHO | HIV/AIDS (Goal 6) |
| UNDP | Environment (Goal 7) |
| UNDP, UNDP/SURF, WORLD BANK, IMF | Global Partnerships (Goal 8) |
| UNIC & UNDP | MDG Advocacy campaign preparation |

CONTENTS

| | |
|--|-----------|
| Foreword | iii |
| Acknowledgements | iv |
| List of Abbreviations and Acronyms | vi |
| Zimbabwe: Development Context | 1 |
| Goal 1: Eradicate Extreme Poverty and Hunger | 6 |
| Goal 2: Achieve Universal Primary Education | 18 |
| Goal 3: Promote Gender Equality and Empower Women | 28 |
| Goal 4: Reduce Child Mortality | 40 |
| Goal 5: Improve Maternal Health | 48 |
| Goal 6: Combat HIV And AIDS, Malaria and Other Diseases | 54 |
| Goal 7: Ensure Environmental Sustainability | 66 |
| Goal 8: Develop Global Partnerships for Development | 76 |
| Assessment of Monitoring and Evaluation Capacities | 92 |
| Proposed MDG and Poverty Monitoring Structure | 94 |
| Annexes | 95 |

ABBREVIATIONS AND ACRONYMS

| | |
|--------|---|
| AREX | Agricultural Research and Extension |
| AIDS | Acquired Immune Deficiency Syndrome |
| BEAM | Basic Education Assistance Module |
| BEST | Better Environmental Science Teaching |
| BSPZ | Better Schools Programme Zimbabwe |
| CBD | Convention on Biological Diversity |
| COMESA | Common Market for Eastern and Southern Africa |
| CSO | Central Statistical Office |
| SSCAC | Social Services Cabinet Action Committee |
| DEO | District Education Officer |
| DOTS | Directly Observed Treatment Short Course |
| EMIS | Education Management Information System |
| EOC | Essential Obstetric Care |
| FDI | Foreign Direct Investment |
| FPL | Food Poverty Line |
| GDI | Gender Related Development Index |
| GDP | Gross Domestic Product |
| GEM | Gender Empowerment Measure |
| HDI | Human Development Index |
| HPI | Human Poverty Index |
| HPSP | Health Promoting Schools Programme |
| IMF | International Monetary Fund |
| IMR | Infant Mortality Rate |
| IPMAS | Integrated Poverty Monitoring Analysis System |
| ITN | Insect Treated Nets |
| MDGs | Millennium Development Goals |
| MERP | Millennium Economic Recovery Programme |
| MAM | Ministry of Agricultural Mechanisation |
| MOESC | Ministry of Education Sport and Culture |
| MOHT | Ministry of Higher and Tertiary Education |
| MPSLSW | Ministry of Public Service, Labour and Social Welfare |
| MMR | Maternal Mortality Ratio |
| NACP | National AIDS Coordination Programme |
| NERP | National Economic Revival Programme |

ABBREVIATIONS AND ACRONYMS

| | |
|----------|---|
| NER | Net Enrolment Ratio |
| NGO | Non-Governmental Organisation |
| ODA | Official Development Assistance |
| OECD | Organisation for Economic Cooperation and Development |
| OVC | Orphans and Vulnerable Children |
| PASS | Poverty Assessment Study Survey |
| PPTCT | Prevention of Parent to Child Transmission |
| PSC | Public Service Commission |
| RBZ | Reserve Bank of Zimbabwe |
| RDC | Rural District Council |
| TCPL | Total Consumption Poverty Line |
| TB | Tuberculosis |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| VCT | Voluntary Counselling and Testing |
| WDI | World Development Indicators |
| WSSD | World Summit on Sustainable Development |
| ZDHS | Zimbabwe Demographic Health Survey |
| ZHDR | Zimbabwe Human Development Report |
| ZIMPREST | Zimbabwe Programme for Economic and Social Transformation |
| ZINTEC | Zimbabwe Integrated National Teacher Training Course |
| ZIMVAC | Zimbabwe Vulnerability Assessment Committee |
| % | Percent |
| .. | Data not available |
| ... | Not applicable |

Graphs legend

Throughout the Report, the following legend is used in all the line graphs.

| | |
|-----|-------------|
| ◆ | Actual |
| ■ | Estimate |
| --- | Target line |
| ● | Target |

ZIMBABWE

DEVELOPMENT CONTEXT



Zimbabwe is a landlocked country with a land area of 390 757km², of which 85% is agricultural land and the remaining comprises national parks, state forests and urban land. Official population figures are 10.4 million for 1992, 11.8 million for 1997 and 11.6 million for 2002. The annual average inter-censal population growth rate between 1997 and 2002 was 1.1 percent compared to 2.2 percent between 1992 and 1997.

At independence in 1980, Zimbabwe inherited a dual economy characterized by a relatively well-developed modern sector which enjoyed targeted colonial state support co-existing with a highly marginalized, largely poor rural sector that employed about 80 percent of the labour force. This historical structural poverty and vulnerability template largely exists to this day despite concerted efforts by the independent state to systematically dismantle it. It remains the foundational cause and cornerstone of structural chronic poverty, vulnerability and food insecurity in the country.



DEVELOPMENT PROGRESS AND CHALLENGES IN ZIMBABWE IN THE POST INDEPENDENCE ERA

i. Growth with equity era 1980-1990

As alluded to earlier, at independence in 1980, Zimbabwe inherited a dual economy characterized by a relatively well developed modern sector and a largely poor rural sector that provided livelihood to about 80 percent of the country's population. As such the poverty reduction agenda became a priority throughout the first decade of independence. Real GDP growth averaged 3-4 percent per annum recording a record high of 7 percent in 1990. Government spending was geared towards increased social sector expenditures, expansion of rural infrastructure and redressing social and economic inequalities through the land resettlement program. In urban areas, the minimum wage, black affirmative and indigenization policies, basic commodity price controls etc were pursued in order to ensure decent living conditions of the urban population. The overall outcome of these policies was very strong social indicators (health and education) for Zimbabwe. The emphasis on social sectors by the growth with equity policy was beneficial to women who dominate social reproduction activities. However, by the end of the 1980s, it was clear that the stagnating economy would not be able to sustain this welfarist state expenditure, and the country adopted the Economic Structural Adjustment Programme (ESAP) in 1991 in an effort to revamp the economy.

II. Economic reforms era, 1991-1999 – Worsening Vulnerability

The decade of the 1990s witnessed a downturn in economic fortunes as economic decline set in amidst continued structural inequalities and increasing poverty. Some

of the factors behind this negative downturn included recurring droughts and floods as well as the non-realization of the growth objectives of the then newly adopted “Economic Structural Adjustment Program (ESAP), 1991-1995”. The economy shrunk consistently as companies closed down or scaled down operations as a result of the stiff competition in the opened up economy. As a result unemployment increased, inflation was on the rise and overall poverty and hardships increased for the majority of the urban population. Real GDP growth averaged 1.5 percent per annum between 1991-1995 and by 1995 annual inflation averaged around 22.6 percent per annum from a single digit in the 1980s decade. The outcry by both the urban and rural population as a result of ESAP induced hardships is well documented in the many evaluations of this first reform program. The Social Dimensions of Adjustment (SDA) Program and the accompanying Social Dimensions Fund (SDF) were instituted under the Ministry of Public Service, Labour and Social Welfare, to try and cushion the suffering and vulnerable segments particularly of the urban population. However, with the rampant structural poverty in urban and rural areas, the SDF was overwhelmed and its cushioning impact became largely ineffective.

Cost recovery in education compromised education for females under increased economic hardships and cultural preferences whilst cost recovery in health largely compromised the health of the poor in general and women in particular. Research evidence showed that the general attendance at clinics dropped as most people failed to pay the required health fees. Thus cost recovery in health which was meant to improve efficiency in running the health delivery system in reality shifted the health care burden from the state to women who became unpaid home nurses. Women increasingly failed to pay maternity fees and were reportedly being detained longer hours after delivery for failure to pay these fees. Home deliveries also increased. Overall, maternal mortality consequently increased. Maternal mortality was exacerbated by the negative impacts of the HIV and AIDS pandemic which were increasingly being felt in the economy.

On economic impacts of ESAP, as inflation rose and breadwinners lost jobs women were reported to be working longer hours for paid and unpaid work than before as they spent more time finding ways to feed their families. The increased volume of work was not accompanied by improvement in household welfare but was only for basic survival. The informal sector grew significantly absorbing both retrenched workers and those forced into the informal sector to make ends meet and the latter were mainly women.

The country's relations with international financial institutions (IFIs) continued to weaken over differences on macro-economic management issues. Two years later, the government replaced ESAP with a ‘home grown’ reform package the “Zimbabwe Program for Economic and Social Transformation (ZIMPREST) 1996-2000” which was launched in April 1998. However, the lack of international financial support to implement this program seriously undermined it, making it ‘a still birth’. In the meantime, the country's economic performance continued to decline. By year 2000 real GDP growth/decline was – 8.2 percent while annual inflation stood at 55.9 percent per annum.

iii. New Millennium – Complex Socio-Economic Crisis and Severe Vulnerability Era, 2000-2007

The period 2000 to 2007 has seen Zimbabwe plunged into a complex socio-economic crisis which now underpins household and individual poverty and vulnerability. Several factors have been responsible for this worsening state of affairs. Among them, severe macroeconomic instability resulting in continuous

economic decline, characterized by hyperinflation, chronic shortages of basic food and non-food commodities such as mealie-meal, sugar, cooking oil, soap, fuel, electricity, essential hospital drugs etc, capacity underutilization, high unemployment and underemployment among other socio-economic ills. Overall real economic performance has been negative since 2000 with a cumulative decline of 33.5 percent during the period under review. Growth rates in the real sectors of agriculture, mining, manufacturing and tourism have declined to -5, 1, 4 and -20 percent respectively in 2006, see Table 1.

Zimbabwe is experiencing hyperinflation with an unprecedented year on year inflation rate of 7 982 in September 2007. Structural unemployment was estimated at 63 percent in 2003. Poverty increased considerably between 1995 and 2003. The proportion of people below the Food Poverty Line (FPL) increased from 29 percent to 58 percent, an increase of 102 percent. Similarly, the proportion of the population below the Total Consumption Poverty Line increased from 55 percent to 72 percent, a 30 percent increase during the same period. Human Poverty as measured by the Human Poverty Index (HPI) increased from 24 percent in 1995 to 33 percent in 2003. On the other hand, human development, as measured by the HDI declined from 0.468 to 0.410 during the same period.

Throughout the period 2000-2007, the country's relationship with some key development partners and the multilateral development banks (MDBs) has remained strained. Consequently, most of the country's traditional development partners are only engaged in the area of humanitarian assistance while funding for development programmes has virtually dried up thus worsening the economic and poverty situation in the country. However, Zimbabwe still receives both development and humanitarian assistance as a result of the country's 'Look East' policy.

Zimbabwe is experiencing a general decline in HIV and AIDS prevalence and a specific decline in new infections as reflected in the 15 to 24 year olds prevalence. It is estimated that HIV prevalence among 15-24 year olds declined from 26.5 percent in 2001 to 15.6 percent in 2007. This is the first such decline in Southern Africa. The decline in HIV incidence may be related to behaviour change, including delaying sexual initiation, decreasing the number of partners, and increasing the use of condoms. The many interventions by both government and the international community and local players have also yielded positive results.

Zimbabwe has signed and ratified a number of international and regional gender instruments as well as promulgated national policies and laws on gender. However, most of the laws remain ineffective because of low legal literacy and inability to afford legal representation etc. Although some progress has been made in the empowerment of women in terms of gender parity in primary and secondary education enrolments, the status of women in political and economic decision making remains low in Zimbabwe. According to 2003 PASS, there are huge inequalities in incomes between females and males in favour of males with the women's income being a third of that of males. The disparities in tertiary education enrolment, participation in political and economic decision making, access to the job market and incomes, which are in favour of males are some of the main reasons contributing to the disempowerment of women and their higher vulnerability to poverty.

Various economic blueprints such as the "Millennium Economic Recovery Program (MERP)", August 2001; the "National Economic Revival Program (NERP): Measures to address the current challenges", February 2003; the "Macroeconomic Policy Framework 2005-2006"; the "Monetary Policy Statement, 2003-2008"; "National Economic Development Priority Program (NEDPP) 2006; have so far failed to slow down the economic decline.

In acknowledgement of the need to urgently address this deepening crisis, the Zimbabwe Economic Recovery Strategy (ZEDS) (2009-2013) is currently being formulated. ZEDS marks a return to medium and long term planning whose objective is the achievement of broad-based, pro-growth, pro-poor, sustainable, balanced and robust economic growth and development (wealth creation). ZEDS is oriented towards poverty reduction and the integration of previously marginalised groups of the population into the mainstream of a vibrant and dynamic economy. It is a development strategy premised on the fundamental principles of promoting sustainable economic growth and development.

Zimbabwe continues to put in place turnaround strategies that are aimed at steering the economy towards positive and sustained economic growth and development. A notable feature of Zimbabwe's overarching policy framework during the 2000-2007 period is the official national launch of the Millennium Development Goals (MDG) in 2004 as the nation's 2015 development vision. While Zimbabwe is working hard to achieve all its eight goals, three priority goals which underlie the country's achievement in the MDG agenda were selected as follows: MDG 1: 'Eradicate extreme poverty and hunger'; MDG 6 'Combat HIV and AIDS, malaria and other diseases; and MDG 3: 'Promote gender equality and empower women. (For a summary of Zimbabwe's key development indicators since 2000, see table 1.)



“As a Nation with Oneness of Purpose, Together we can Score this Goal!”

TABLE 1: KEY DEVELOPMENT INDICATORS

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|--------|--------|--------|--------|--------|--------|--------|--------------------|
| Real GDP growth, at 1990 prices | -7.3 | -0.2 | -5.9 | -7.4 | -3.6 | -4.0 | -2.5 | -4.6 |
| Inflation, year on year, % | 55.9 | 71.9 | 133.2 | 365.0 | 350.0 | 237.8 | 1016.7 | 7982 ¹ |
| Exchange rate, daily average for the year | 0.1 | 0.1 | 0.1 | 0.8 | 5.7 | 78.7 | 250.0 | 30000.0 |
| Agriculture, Hunting, and Fishing, annual growth rate, % | . | 14.0 | -24.0 | -15.0 | -9.0 | -5.0 | -5.0 | . |
| Mining and Quarrying, annual growth rate, % | .. | -14 | 2 | -31 | 23 | 1 | 1 | . |
| Manufacturing, annual growth rate, % | . | -5 | -13 | -13 | -10 | 4 | 4 | . |
| Distribution, Hotels and Restaurants, annual growth rate, % | . | -5 | -5 | -31 | -20 | -20 | -20 | . |
| Budget deficit/surplus as a % of GDP | -19.6 | -7.5 | -2.8 | -0.4 | -7.7 | -5.9 | -1.6 | -0.1 |
| Gross Capital Formation (constant 1990 prices) as a % GDP | . | 12 | 5 | 7 | 9 | 7 | .. | . |
| Savings, as a % of GDP | 6.8 | 6.4 | 4.6 | -0.8 | -2.06 | -9.79 | -1.7 | 6.42 |
| Gross Domestic Investment as a % of GDP | -22.7 | -13.1 | 1.3 | -5.6 | 3.9 | -9.8 | -15.9 | -17.3 |
| Net Foreign Direct Investment, US\$ millions | 5 | 15.7 | -0.3 | -3.5 | -8.7 | .. | .. | |
| Exports (volumes), US\$ | 2533.5 | 2369.3 | 2019.0 | 1855.2 | 2000.8 | 1941.7 | 1915.8 | 2000.7 |
| Imports (volumes), US\$ | 2402.2 | 2232.4 | 2218.0 | 2178.6 | 2413.5 | 2445.6 | 2196.7 | 2323.3 |
| Merchandise exports as a % of GDP | -6.9 | .. | .. | . | . | .. | .. | |
| Merchandise imports as a % of GDP | -12.9 | .. | .. | .. | .. | .. | .. | |
| Overall balance of Payments as a % of GDP | -5 | -4.3 | -4.7 | -1.9 | -8.9 | -5.7 | 0.7 | .. |
| Total debt, US\$ millions | 3 996 | 3 940 | 4 182 | 4 330 | 4 320 | 4 404 | 4 717 | .. |
| Total external debt, US\$ millions | 3 525 | 3 422 | 3 510 | 3 812 | 4 071 | 3 978 | 4 246 | 4 258 ² |
| Total External arrears, US\$ millions | 471 | 763 | 1 333 | 1 777 | 2 016 | 2 074 | 2 130 | |
| Usual unemployment*, % | .. | .. | 12 | 13 | .. | .. | .. | .. |
| Overall structural unemployment*, % | .. | .. | .. | 63 | .. | .. | .. | .. |

Note: Usual unemployment according to ILO includes those who in the last 12 months were simultaneously without work, were currently available for work and were seeking work. Structural unemployment includes those persons who were unemployed, those who were in the informal sector not by choice and the very poor and the poor in the following categories: communal and resettlement farmers, unpaid family workers, informal economy and public works. All italicized figures are estimates.

¹- September, 2007,

²- up to March 2007

Source: CSO, RBZ, MPSLSW

GOAL 1

ERADICATE EXTREME POVERTY AND HUNGER



ERADICATE EXTREME POVERTY AND HUNGER

GOAL 1

TARGET 1:

- a) Halve, between 2002 and 2015, the proportion of people whose income is less than the Total consumption line (TCPL)
- b) Halve, between 2000 and 2015, the proportion of people in Human Poverty, as measured by the Human Poverty Index (HPI)

INDICATORS:

1. Percentage of people below the Total Consumption Line (TCPL)
2. Human Poverty Index (HPI)

TARGET 2:

- a) Halve between 2002 and 2015, the proportion of people who suffer from hunger
- b) Reduce by two thirds, between 2002 and 2015, the proportion of under- five children who are undernourished

INDICATORS:

3. Percentage of population below the Food Poverty Line (FPL)
4. Percentage of under -five children who are malnourished
5. Proportion of under- fives having at least three meals per day



STATUS AND TRENDS

Zimbabwe is experiencing a complex interplay of structural chronic poverty combined with transient poverty. At independence in 1980, Zimbabwe inherited a dual economy characterized by a relatively well-developed modern sector which enjoyed targeted colonial state support co-existing with a highly marginalized, largely poor rural sector that employed about 80 percent of the labour force. It remains the foundational cause and cornerstone of structural chronic poverty, vulnerability and food insecurity in the country.

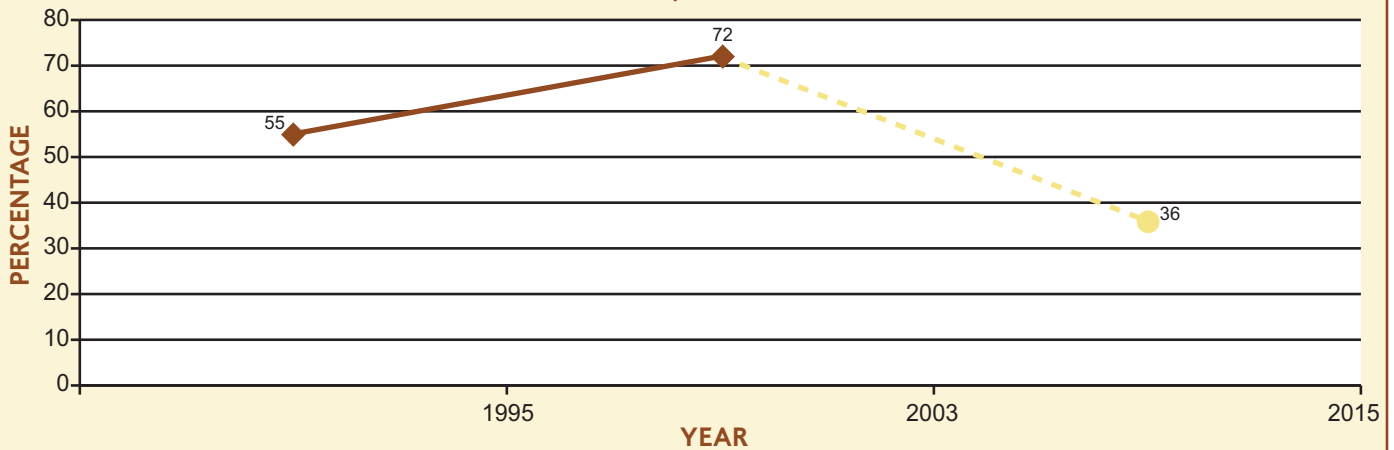
Zimbabwe has seen an increase in poverty levels and vulnerability with the population living below the Total Consumption Poverty Line, rising from 55 percent in 1995, to 72 percent in 2003 as shown in Figure 1.1. With the deteriorating economic situation in Zimbabwe, characterized by declining economic performance, low productivity in agriculture due to recurrent droughts and lack of inputs, high

GOAL 1

ERADICATE EXTREME
POVERTY AND HUNGER

unemployment and underemployment the situation is likely to have worsened to date. Zimbabwe is not likely to meet the target of halving from 72 percent the proportion of people whose income is less than the TCPL between 2002 and 2015, unless medium to long term broad-based pro-poor pro-growth policies are designed and implemented to arrest the continued economic decline and to regenerate and sustain growth. There is also need for increased agricultural productivity.

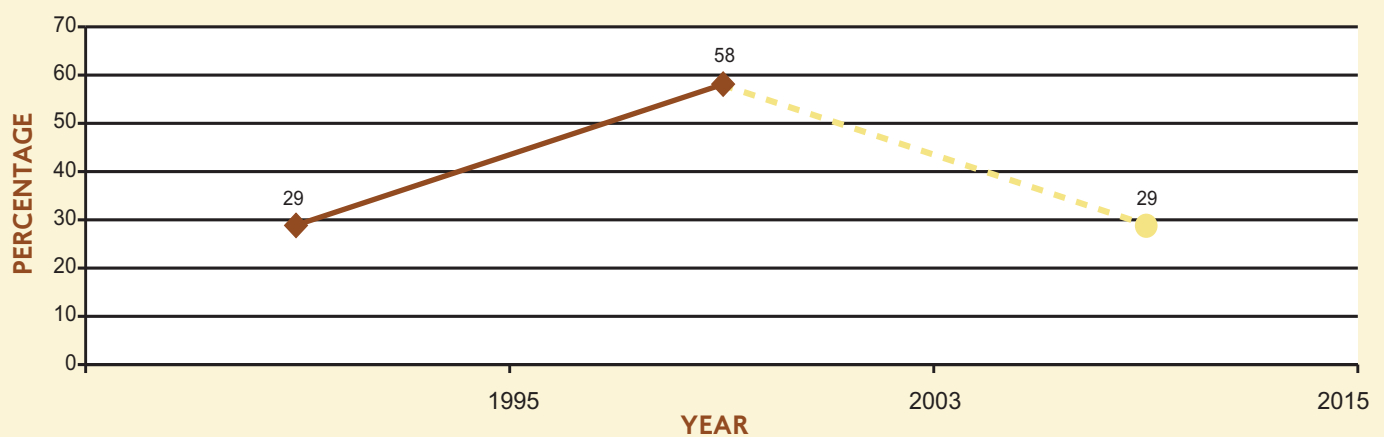
FIGURE 1.1: PERCENTAGE OF TOTAL POPULATION BELOW THE TOTAL CONSUMPTION POVERTY LINE, ZIMBABWE, 1995 - 2003



Source: Ministry of Public Service, Labour and Social Welfare, Poverty Assessments Study Surveys I (1995) and II (2003).

Similarly, the proportion below the FPL increased from 29 percent in 1995 to 58 percent in 2003 as shown in Figure 1.2. The target of halving, the proportion of people who suffer from hunger from 58 percent between 2002 and 2015 is also not likely to be met.

FIGURE 1.2: PERCENTAGE OF TOTAL POPULATION BELOW THE FOOD POVERTY LINE, ZIMBABWE, 1995 - 2003



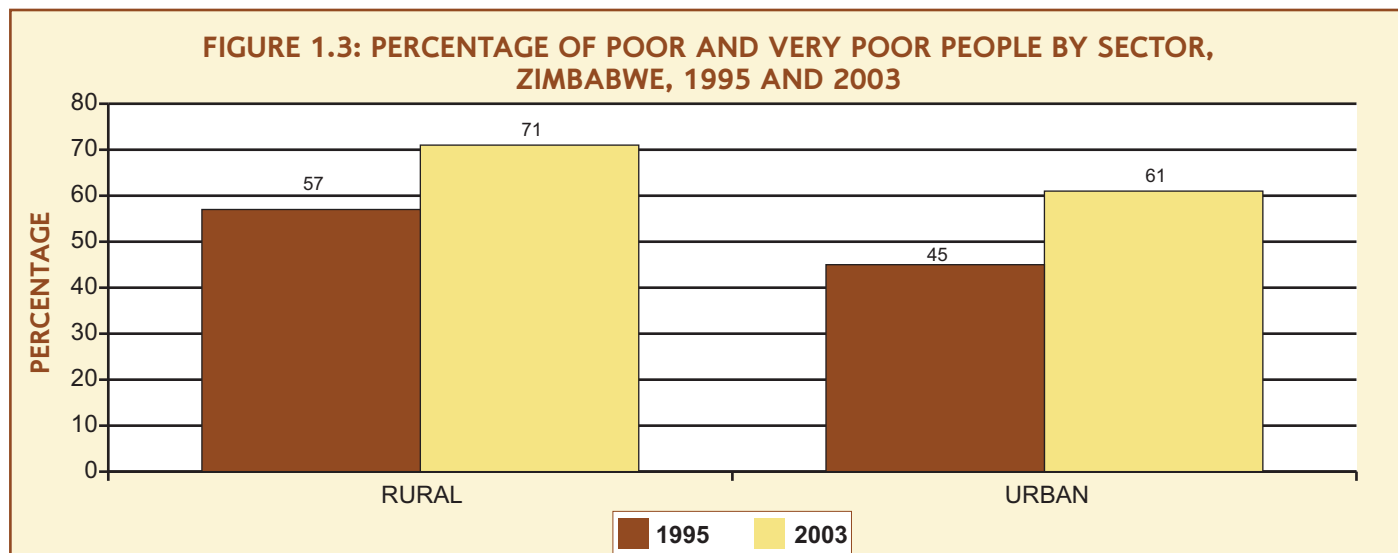
Source: Ministry of Public Service, Labour and Social Welfare, Poverty Assessments Study Surveys I (1995) and II (2003).

Poverty has become generalized in Zimbabwe, with vulnerability and food insecurity increasing in both rural and urban areas. In 2003, 63 percent of rural households and 53 percent of urban households were living below the TCPL. However, poverty is increasing at a higher rate in urban areas than in rural area. The proportion of the population in urban areas below the TCPL increased from 45 percent in 1995 to 61 percent in 2003 representing a 36 percent rate of increase while the proportion of rural households below the TCPL increased from 57 to 71 percent during the same

period, representing 25 percent rate of increase, see Figure 1.3. This is mainly due to the greater impact of the deteriorating macro-economic environment characterized by hyperinflation, negative real GDP growth, shrinking formal job opportunities, and rampant shortages of basic food and non-food commodities (See Table 1).

GOAL 1

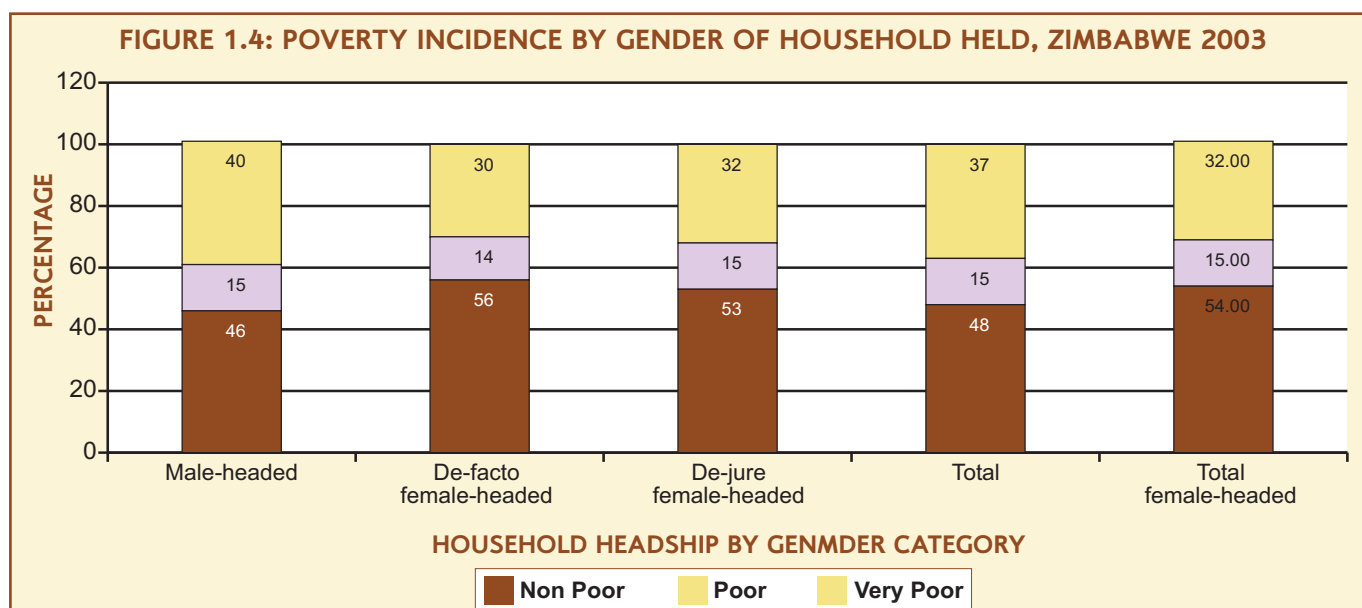
ERADICATE EXTREME POVERTY AND HUNGER



Source: Ministry of Public Service, Labour and Social Welfare, 2003.

These findings confirm generalized food insecurity and worsening severe poverty in both Zimbabwe’s urban and rural areas with urban areas fast becoming increasingly worse off. Thus, poverty is now both a rural and urban problem contrary to the traditional belief and assumption by most development practitioners that poverty is largely a rural problem.

There is feminisation of poverty in Zimbabwe as depicted by higher prevalence of poverty among female-headed households (68 percent below the TCPL) than male-headed households (60 percent below the TCPL). At national level de-facto female-headed households had the highest poverty prevalence with 70 percent below the TCPL, followed by de-jure female-headed (68 percent), the male-headed households (60 percent), see Figure 1.4.



GOAL 1

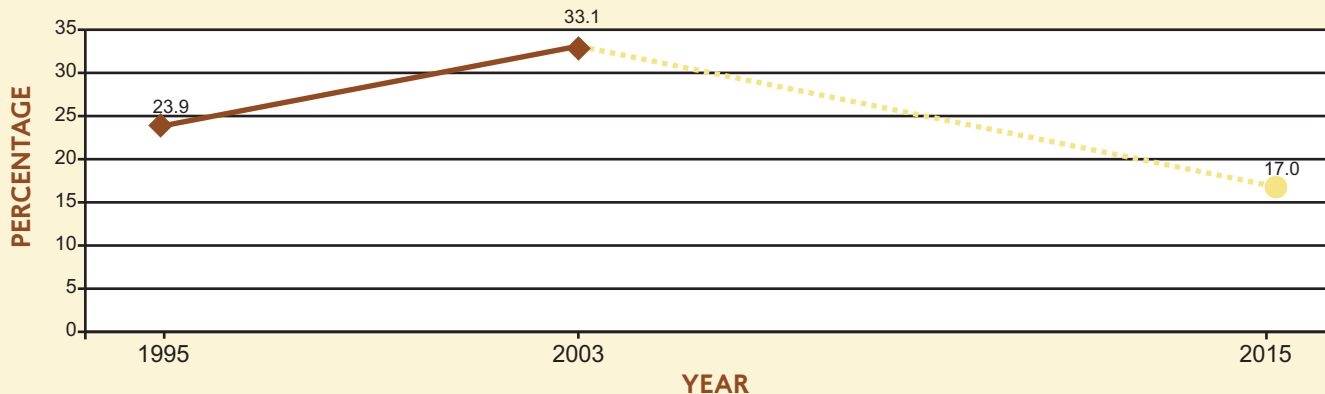
ERADICATE EXTREME
POVERTY AND HUNGER

While poverty is generalised in the country, persons with disabilities had slightly higher extreme poverty prevalence (61 percent) than persons without disabilities (58 percent).

In Zimbabwe, both human development and human poverty worsened between 1995 and 2003, from a Human Development Index (HDI) of 0.468 to 0.410 and from a Human Poverty Index (HPI) of 24 percent to 33 percent, see Figure 1.5. The target of halving from 33 percent the proportion of people in human poverty, between 2000 and 2015, is not likely to be met. Zimbabwe has one of the highest inequalities in Southern Africa and also in the world. Inequality as measured by the Gini coefficient has worsened from 0.53 in 1995 to 0.61 in 2003 showing that the minority has become richer while the majority poorer. Twenty percent of the population accounted for about 65 percent of the total income whilst the remaining 80 percent accounted for the remainder.

The poverty challenge has been compounded by persistent droughts, floods and the raging HIV and AIDS pandemic. With regards to HIV and AIDS, the effects of chronic illness or death in rural areas included agricultural labour shortages, sale of assets, reduced area planted, agricultural input shortages and increased indebtedness. In urban areas these effects included: failure to pay rent, looking after orphans, withdrawing children from school and loss of employment.

FIGURE 1.5: HUMAN POVERTY INDEX, ZIMBABWE 1995 - 2003



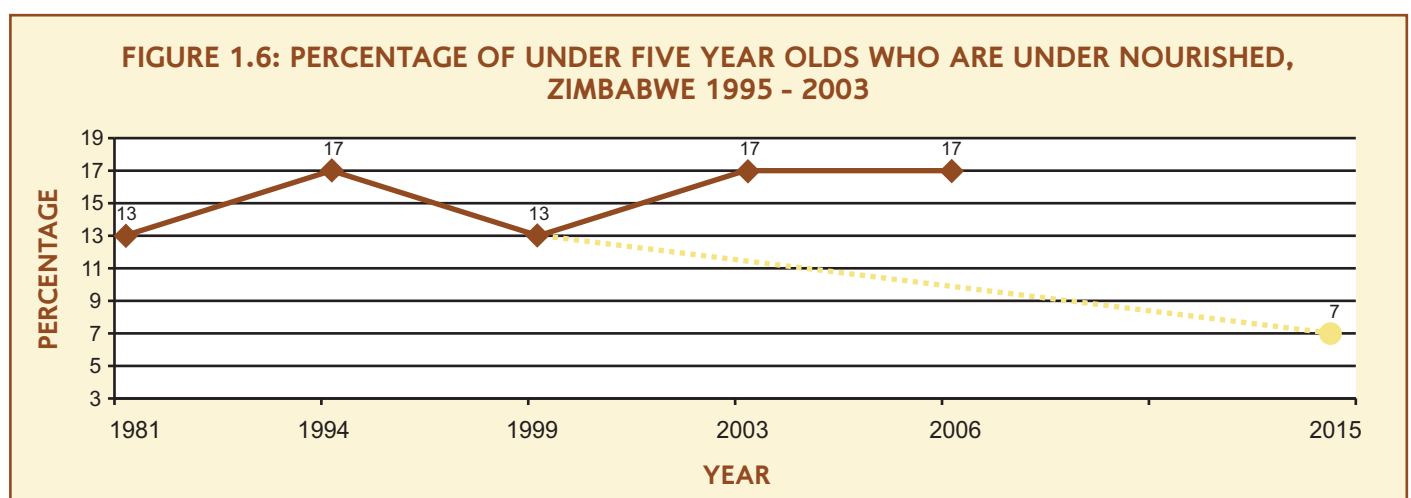
Source: Ministry of Public Service, Labour and Social Welfare, Poverty Assessments Study Surveys I (1995) and II (2003).

According to the Ministry of Health and Child Welfare, HIV prevalence has been declining from 26.5 percent in 2001 to 15.6 percent in 2007. Even though these results show a decline in HIV prevalence, the first such decline in Southern Africa and the second such decline after Uganda in Sub-Saharan Africa, Zimbabwe's double-digit prevalence remains too high. The intricate nexus of HIV and AIDS, gender inequality and poverty is one of the greatest development challenges the country has ever faced.

With HIV and AIDS the orphan hood burden has been on the increase. Zimbabwe had an OVC prevalence of 30 percent in 2003 of whom 75 percent were orphans. It is estimated that in 2007 there were about 1.3million orphans. The 2003 PASS showed households with OVCs had higher extreme poverty prevalence (62 percent) than those without OVCs (43 percent). However, with increased availability and use of ART the orphan-hood prevalence is expected to decline. Orphan hood prevalence is 24%. (Source ZDHS 2005 – 2006).

High levels of malnutrition depict food insecurity in the country. Despite achievements made since 1980 in nutrition improvement through increased food security, much of this progress has been eroded by recurrent droughts, an unstable economic environment and HIV/AIDS. Accordingly, malnutrition (a composite index of stunting and wasting) remains a common problem in Zimbabwe and is still a leading cause of morbidity and mortality among children below five years of age.

In general, malnutrition rates among children under five years of age have remained high over the years, increasing from 13 percent in 1999 to 17 percent in 2006, see Figure 1.6. Wasting (Weight-for-height) among children under five years of age has remained static at 6 percent according to the ZDHS 1999 and 2005/6. Stunting (height-for-age) in children under-five years increased from 27 percent (ZDHS, 1999) to 29 percent (ZDHS, 2005/6). At this rate, the target of reducing by two thirds, between 2002 and 2015, the proportion of under-five children who are undernourished is not likely to be met.



Source: Central Statistics Office (CSO), Demographic and Health Surveys 1994, 1999 and 2005/06 and Ministry of Health 2003.

According to the 2003 PASS 58 percent of households in Zimbabwe consumed less than three meals per day. The proportion of households who had the ideal minimum three meals per day decreased with increase in poverty, being 57 percent in non poor households compared to only 31 percent in very poor households. This pattern was observed in urban and rural areas and by gender.

The continued economic decline has significantly affected the capabilities of households, individuals and communities to manage risks and shocks. Social protection mechanisms have been eroded mainly by high inflation and the loss of livelihoods through the impact of adverse climatic conditions, high unemployment and HIV and AIDS. There is, therefore, need to design and implement a comprehensive National Social Protection Strategy to arrest increasing vulnerability.

Agriculture is a key contributor to the GDP of Zimbabwe. For example it contributed 15.1 percent in 2005 compared to mining (3.7 percent) and manufacturing (14.6 percent). The sector has not been performing optimally due to a combination of natural disasters and input shortages. The production of key food security crops, such as maize, wheat, soya bean, sorghum, sunflower and groundnuts declined as indicated below during the period under review (Table 1.1).

GOAL 1

ERADICATE EXTREME
POVERTY AND HUNGER

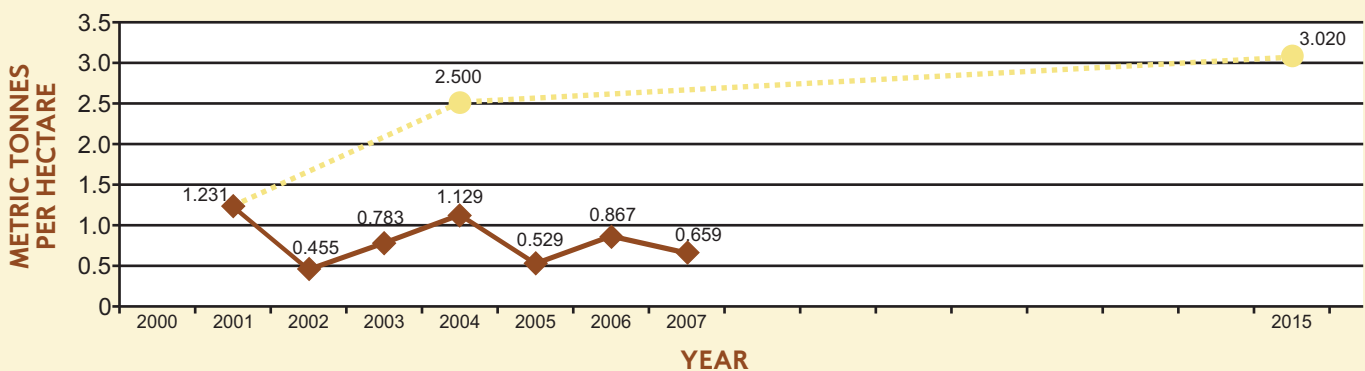
TABLE 1.1: PRODUCTION OF FOOD SECURITY CROPS FROM 2000-2007 ('000 TONNES)

| Crop/Year | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|------------|-------|-------|------|-------|-------|------|------|------|
| Maize | 2,148 | 1,476 | 605 | 1,059 | 1,400 | 750 | 1485 | 953 |
| Wheat | 250.5 | 314 | 213 | 49 | 80 | 135 | 163 | 124 |
| Soya bean | 143.6 | 175.1 | 84 | 41 | 86 | 57 | 83 | 85 |
| Sorghum | 103.0 | 59.7 | 22 | 71 | 129 | 50 | 140 | 150 |
| Sunflower | 15.8 | 31.5 | 5 | 17 | 20 | 14 | 20.8 | 20.0 |
| Groundnuts | 190.9 | 171.8 | 59 | 141 | 150 | 150 | 89 | 93 |

Source: Central Statistics Office (CSO).

The maize yield generally declined from an average of 1.231 metric tonnes per hectare in the 2000-2001 agricultural season to 0.659 in the 2006-2007. The decline was largely due to unavailability of inputs as well as problems related irrigation equipment. (See Fig 1.7 below).

FIGURE 1.7: MAIZE PRODUCTIVITY (YIELD PER HECTARE), METRIC TONNES, ZIMBABWE 2000 - 2007 AND 2005 AND 2015 MDG TARGETS

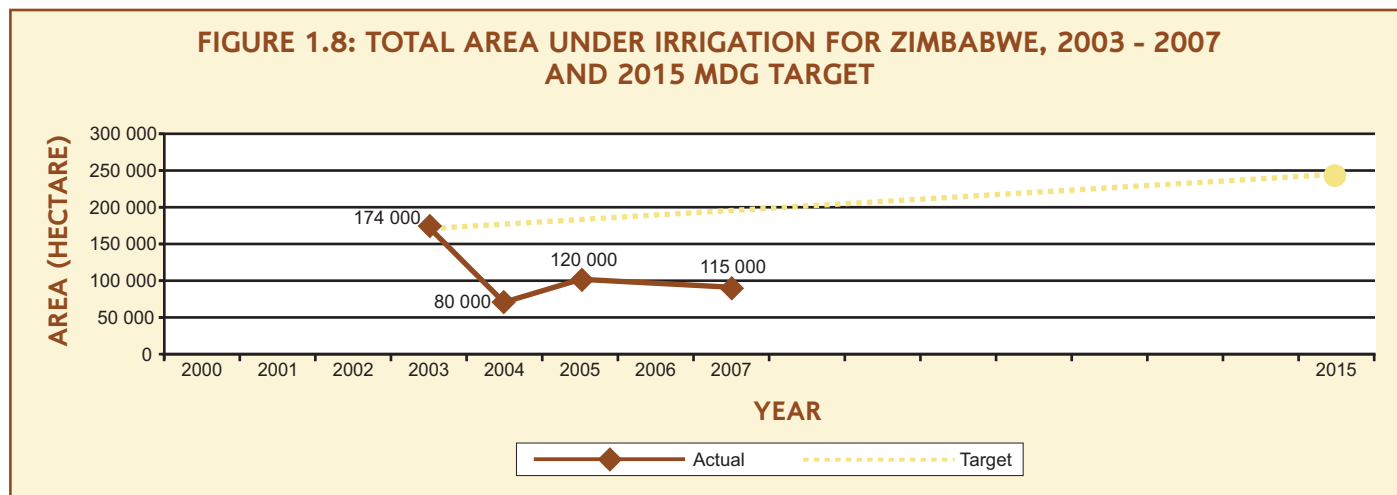


Zimbabwe is increasingly becoming susceptible to recurrent droughts which affect agricultural production. Government has therefore invested large sums of money to support construction of dams throughout the country under the Dam Construction Facility and the National Budget. This programme is expected to save as a buffer against the recurrent droughts. However, notwithstanding the fact that in per capita terms, Zimbabwe is among those countries with the largest water bodies, there are still many areas that require more dams, especially in light of the need to increase irrigation capacity.

It is estimated that the total area under irrigation declined from 174 000 ha in 2003 to 115 000 ha in 2007. (Figure 1.8). Recovery of irrigation will be underpinned by an allocation of substantial resources towards irrigation rehabilitation.

GOAL 1

ERADICATE EXTREME
POVERTY AND HUNGER



The economic decline has seen an increase in the informalization of Zimbabwean economy. Over the years Zimbabwe's informal sector has been growing from 23 percent of the employed people being employed in the sector in 1995 to 30 percent in 2003 depicting an economic growth and employment challenge. The structural unemployment rate ranged from 57 to 63 percent in 2003. It was generally high across all age groups but the school leaver phenomenon stood out in the 15 to 19 and 20 to 24 age groups with structural unemployment rates ranging from 82 to 84 and 66 to 69 percent respectively. There is therefore need to support the small to medium size enterprises and help informal enterprises graduate into the formal sector. Of all persons employed in the informal sector 44 percent were poor and very poor (i.e. with incomes below the TCPL) compared to 36 percent in the formal sector indicating that the informal sector is a hub of poverty especially for urban women who dominate the sector.

Zimbabwe's economic situation has also generated other socio-economic challenges including informal cross border trade (ICBT) which is dominated by women. In addition, brain drain is high as labour leaves the country in search of greener pastures and this is further undermining economic recovery. As a result of the shrinking formal job market in Zimbabwe, there has been an increase in migration of skilled and unskilled personnel to other countries in and outside the region. This has increased the social phenomenon of 'the international dualization of the family'. While in the short-term this has brought in significant resources into the economy and cushioned particularly urban households, the full costs of weakening social fabric will only be evident in years to come.

CHALLENGES IN ACHIEVING THE GOAL

The following challenges had been identified during the period under review:

- ♦ Creating an enabling environment for pro-poor economic growth
- ♦ Employment creation

GOAL 1

ERADICATE EXTREME
POVERTY AND HUNGER

- ♦ Support for land reform programme
- ♦ Reduce dependency on rain-fed agriculture and increase agricultural productivity
- ♦ Addressing malnutrition with limited resources under the HIV and AIDS pandemic
- ♦ Expand social protection and security systems
- ♦ Combating HIV and AIDS
- ♦ Developing a land information and natural resource database
- ♦ Design a poverty monitoring database

All these challenges were hardly addressed mainly due to the continued economic decline, which has affected the capabilities of both the state and non-state actors to adequately respond.

| CHALLENGES | PROGRESS IN ADDRESSING THE CHALLENGES |
|--|---|
| <p>Creating an enabling environment for pro-poor economic growth</p> <p>The challenge is to address high inflation, in order to facilitate economic revival, sustained growth and poverty reduction.</p> | <p>Some progress has been made with introduction of Monetary Policy Reviews and the formulation of the Zimbabwe Economic Development Strategy (2009-2015), but the challenge still remains.</p> |
| <p>Employment creation</p> <p>The challenge is to encourage job creating economic growth and investment. One such strategy is to support small to medium enterprises and help informal enterprises graduate into the formal sector.</p> | <p>National Employment Policy being formulated, Ministry of Small to Medium Enterprises created but it remains a challenge under declining economic performance.</p> |
| <p>Support for land reform programme</p> <p>The challenge is to support the land reform process to make it viable, so as to enhance household and national food security.</p> | <p>Progress has been made, Ministry of Agricultural Mechanisation established in 2005 with the Reserve Bank supporting its mechanisation programme.</p> |
| <p>Reduce dependency on rain-fed agriculture and increase agricultural productivity</p> | <p>Area under irrigation continues to decline hence the challenge still remains.</p> |
| <p>Addressing malnutrition</p> <p>The challenge is to address malnutrition in an environment of chronic declines in public expenditure in social sectors, and the negative impact of the HIV and AIDS epidemic</p> | <p>The nominal increases in National Budget outlays towards the social sectors are decimated by high inflation.</p> |
| <p>Expand social protection and security systems</p> <p>The challenge is to increase the capability of households to manage risk.</p> | <p>Social protection mechanisms have been continuously weakened by high inflation and remains a challenge.</p> |

| | |
|---|--|
| <p>Combating HIV and AIDS</p> <p>HIV and AIDS pose a serious threat to all development efforts, in particular poverty reduction. The challenge is to design and implement strategies that will halt and reverse the spread of the epidemic</p> | <p>Progress made with indications of a decline in HIV prevalence but still remains a challenge</p> |
| <p>Developing a land information and natural resource database</p> <p>As a result of recent structural changes in the economy, particularly with respect to resource ownership, information on land and natural resources have become outdated. The challenge is to conduct a land and natural resource audit in order to update the database.</p> | <p>Progress slow due to capacity limitations.</p> |
| <p>Establishment of poverty monitoring mechanisms</p> | <p>Progress ongoing under support to the MDG monitoring and implementation system.</p> |

SUPPORTIVE ENVIRONMENT

A number of supportive policies and programmes have been formulated to improve the framework for supporting the achievement of the goal.

♦ Macroeconomic Policy Frameworks

Since 2000 Zimbabwe has formulated and implemented up to six short-term economic stabilisation policy frameworks. These included National Economic Revival Programme (NERP I and II), the Millennium Economic Recovery Programme, the Ten Point Plan, National Economic Development Priority Programme, Macro economic Framework 2005-2006". Due to the short-term nature of these policy frameworks, implementation was not effective and interconnected. In addition, they were more reactive than proactive. To address these deficiencies, Zimbabwe has now embarked on the formulation of the Zimbabwe Economic Development Strategy, which is a medium term framework to underpin the attainment of the MDGs. It has also introduced regular Monetary Policy Statements and Reviews in order to engage all stakeholders in addressing the key drivers of the economic decline.

♦ Poverty Monitoring Mechanisms

Zimbabwe has established Poverty Monitoring Mechanisms that include Poverty Assessment Study Surveys, Income Consumption and Expenditure Surveys, Vulnerability Assessments and Food and Nutrition Surveillance Systems to support MDG reporting and monitoring as well as economic and social planning.

GOAL 1

ERADICATE EXTREME
POVERTY AND HUNGER

PRIORITIES FOR DEVELOPMENT

- ♦ The need to turn around the economy and foster positive and sustained economic growth still remains a key priority.
- ♦ There is need to design and implement pro- poor and pro-gender policies and strategies at all levels to arrest the continued economic decline, regenerate and sustain growth
- ♦ Greater participation of the poor in growth and development will reduce inequalities in income distribution so a larger proportion of the population will benefit.
- ♦ Finalisation and Implementation of the National Social Protection Strategy.
- ♦ Reduction of child poverty to be adopted as an explicit government strategy
- ♦ Reducing the poverty gap through deliberate policies targeted at arresting the high inflation while at the same time increasing real incomes for the poor
- ♦ Continued and intensification of poverty reduction interventions in rural areas while paying more attention to urban areas where poverty is increasing at a higher rate
- ♦ Enhanced food security through irrigation, particularly in drought- prone areas, provision of agricultural inputs and other measures
- ♦ Continue and intensify poverty reduction interventions targeted at female-headed households, while paying particular attention to male-headed households whose poverty is also on the increase.
- ♦ Fostering relationships with international community
- ♦ Strengthening Private-public partnerships for employment creation

PRIORITIES FOR DEVELOPMENT ASSISTANCE

- ♦ Turn around the economy and foster positive and sustained economic growth still remains a key priority.
- ♦ Put in place / strengthen social protection mechanisms for the most vulnerable
- ♦ Design and implement medium to long term broad based pro- poor and pro-gender policies and strategies at all levels to arrest the continued economic decline, regenerate and sustain growth
- ♦ Greater participation of the poor in growth and development will reduce inequalities in income distribution so a larger proportion of the population will benefit.
- ♦ Finalisation and Implementation of the National Social Protection policy.

GOAL 1

ERADICATE EXTREME
POVERTY AND HUNGER



“As a Nation with Oneness of Purpose, Together we can Score this Goal!”

GOAL 2

ACHIEVE UNIVERSAL PRIMARY EDUCATION



ACHIEVE UNIVERSAL PRIMARY EDUCATION

GOAL 2

TARGET 3:

Ensure that, between 2000 and 2015, all Zimbabwean children, boys and girls alike, will be able to complete a full program of primary education

INDICATORS:

6. Primary school completion rate
7. Net enrolment ratio in primary education
8. Literacy rate of 15-24 year olds
9. Pupil teacher ratio



STATUS AND TRENDS

The universal primary education policy adopted by Zimbabwe soon after independence resulted in a massive expansion of the education system which saw registered primary schools increasing by 88 percent from 2 401 in 1979 to 4 504 in 1989. By 2004 the number of primary schools had further increased to 4 779 and in 2006 Zimbabwe had a total of 5 560 primary schools of which 4 834 were registered and 763 (13 percent) were satellite schools catering for pupils in the newly resettled commercial farming areas.

The increase in the number of primary schools was accompanied by a phenomenal growth in enrolments which increased from 820 266 in 1979 to 2 445 516 in 2006 a growth of 198 percent. From 2002 there has been a steady decline in enrolments from 2 480 094 in 2002 to 2 445 520 in 2006 representing a 1.4 percent decline. The recent fall in enrolments is probably a result of the continuous economic decline Zimbabwe is experiencing which is placing considerable strain on the education sector.

The implementation of the 2004 Early Childhood Development (ECD) policy has started to bear fruit as reflected in the increase of Grade one children with preschool from 56 percent in 2005 to 64 percent in 2006. There was gender parity in the proportion of grade ones with preschool background. Urban areas (67 percent) had a higher proportion of Grade ones with preschool background than rural areas (63 percent). There is need for more human and financial resources and for supplying the relevant facilities required for pre-school so that every grade one child has preschool background as expected by the Education for All (EFA), MDG and World Fit For Children (WFFC) declarations.

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Zimbabwe has experienced an increase in the Net Enrolment Ratio (NER) from 96 percent in 2000 to 99 percent in 2002. The NER started to decline in 2002 to 97 percent in 2006 as shown in Figure 2.1. With a NER of 97 percent in 2006 Zimbabwe has almost achieved universal primary education. However, the recent slight declining trend of the NER at Primary school level between 2002 and 2006 needs to be arrested if the situation of near universal primary education is to be sustained. Orphans and Vulnerable Children (OVC) were slightly less likely to be in school than non-OVC with NERs of 96 and 98 percent respectively in 2003.

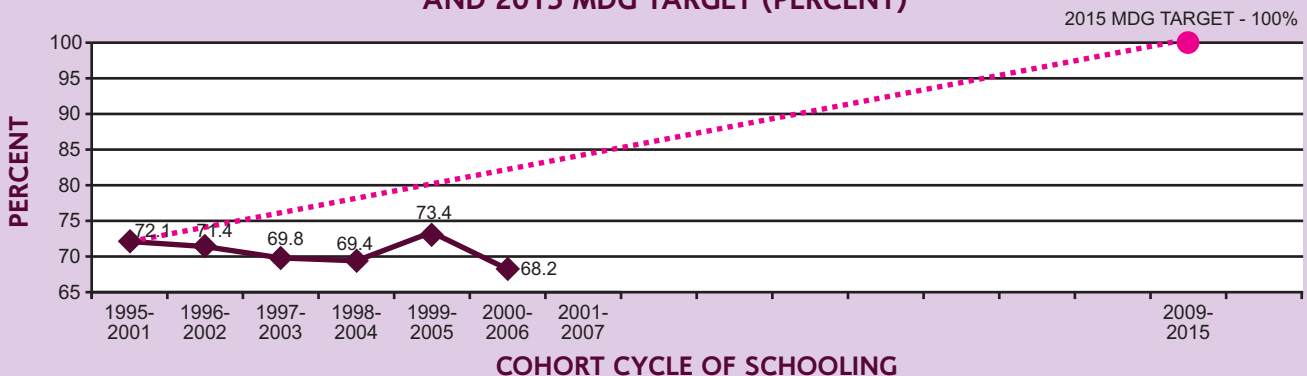
The Gross Enrolment Ratio (GER) of 111 percent in 2006 depicts the presence of mainly over-aged and a few under-aged children in primary school. Boys had a slightly higher GER (113 percent) than girls (110 percent).

FIGURE 2.1: PRIMARY SCHOOL NET ENROLMENT RATIO, ZIMBABWE 2000 - 2006 AND 2015 MDG TARGET



From 2001 to 2006 completion rates have been declining which was consistent with the increasing number of school dropouts witnessed over the period. The average dropout rate for Grade 1 to 6 increased from 6 percent in 2000 to 9 percent in 2005 mainly due to financial reasons. Generally, the boy child had a slightly higher drop out rate than the girl child in 2005, contrary to the widely held view that girls have higher dropout rates than boys. In 2006, Zimbabwe had a Grade 7 completion rate of 68 percent which is a decline from 72 percent in 2001. The declining trend in completion rates is a cause for concern as both the 2010 WFFC (90 percent) and 2015 MDG target of 100 percent may not be achieved. (Figure 2.2).

FIGURE 2.2: PRIMARY SCHOOL (GRADE 7) COMPLETION RATE TREND, ZIMBABWE 2000 - 2006 AND 2015 MDG TARGET (PERCENT)

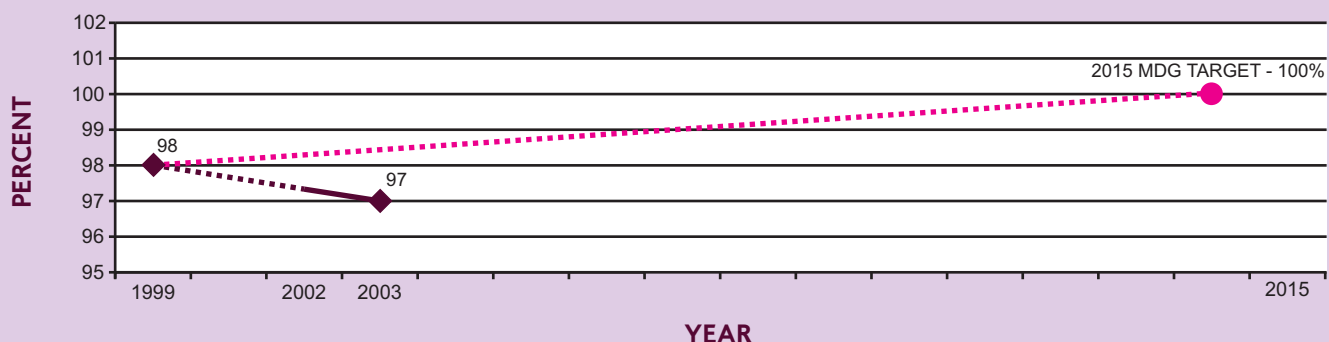


Grade 7 to Form 1 transition rates have also declined from 77 percent in 2001 to 70 percent in 2006 with girls having a slightly higher transition rate (72 percent) than boys (68 percent) in 2006. Zimbabwe has almost achieved the 2015 MDG target for literacy with a very high literacy rate of 97 percent in 2003 and gender parity for 15-24 year olds. (Figure 2.3).

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FIGURE 2.3: LITERACY RATE 15 - 24 YEARS OF AGE, ZIMBABWE 1992 - 2015

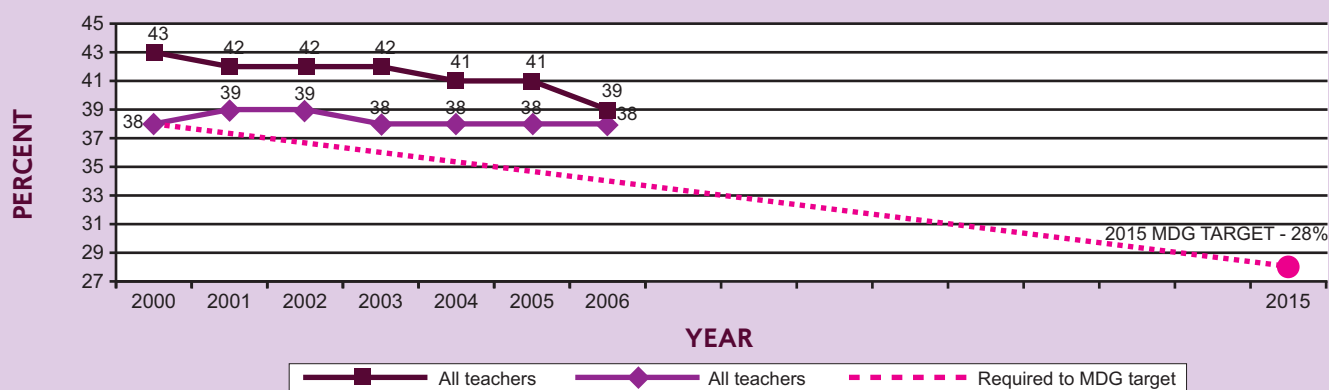


Source: Central Statistics Office, 1999 Indicator Monitoring Labour Force Survey and Ministry of Public Service, Labour and Social Welfare, Poverty Assessments Study Surveys 2003.

There were also significant improvements in the quality of teaching personnel in the primary education sector. In 2006, 97 percent of the 65 098 primary school teachers were trained and the proportions were the same for both females and males. Female teachers constituted the majority (53 percent) of all primary school teachers. The proportion of trained teachers generally increased over the years, from 89 percent in 2000 to 97 percent in 2006.

In spite of the general improvements in the quantitative provision of primary education there are a number of challenges regarding the quality of education. In 2006, Zimbabwe had a total primary school pupil teacher ratio of 38:1 and this has been almost stagnant since 2000. Although the primary school pupil teacher ratio is below that currently recommended by Government of 40:1, they are still far above the internationally recommended 2015 MDG target of 28:1 pupils per teacher. (Figure 2.4). The situation is worse at sub national levels with districts such as Binga having the highest pupil/trained-teacher ratio of 65:1 whilst Shurugwi had the lowest at 29:1. To achieve the 28:1 pupil-teacher ratio, there is need to increase the number of primary school teachers by about 34 percent.

FIGURE 2.4: PUPILS PER TEACHER BY TRAINING, PRIMARY SCHOOLS, ZIMBABWE 2000 - 2006 AND 2015 MDG TARGET



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The pupil textbook ratios for all subjects have worsened since 2000 and this poses a great challenge for the quality of education. In 2000, Zimbabwe had an average pupil-textbook ratio for Grade 1 to 7 of 3:1 and 6:1 for English and Mathematics respectively. The quality of education has also been affected by the under-resourcing of the supervisory capacities and in-service training.

Zimbabwe has an automatic primary–secondary school progression system. However the proportion of grade 7 pupils whose academic performance in the four examinable subjects obtaining grade 5 or better was very low at 33 percent in 2006 which shows a decline from 48 percent in 2000. On facilities, the situation in primary schools needs attention with shortfalls of 19 percent for ordinary classrooms in 2006. The average shortfalls for workshops or workrooms were 90 percent, accommodation 44 percent and physical education and sporting 72 percent.

The impact of poverty continues to hinder substantive progress in achieving the MDG on Universal primary education. Whereas education is one of the ways of ensuring that children escape from poverty, the same poverty leads to their dropping out due to lack of fees and other learning materials as well as hunger. Besides grants provided by government, the additional costs especially of school fees, teaching material etc continues to escalate making it difficult for many children to access and complete a full course of primary and secondary education. Children are also coming out of the primary school cycle without adequate life skills. Inflation has also meant that households focus more on their survival as opposed to sending children to school.

The HIV and AIDS pandemic has led to an increased number of orphans and vulnerable children who need assistance. The impact of HIV and AIDS on school attendance where children have to assume caring roles for sick parents has meant that the likelihood of an OVC to achieve becomes limited even if they are academically gifted due to such factors as a non-supportive living environment, psychological effects of losing a parent, stigma and discrimination, ill treatment by caregivers among other reasons. School absenteeism has also increased due to HIV related illnesses of the children themselves and hunger.

On the other hand teachers have little morale as the effects of inflation currently impact negatively on their meagre salaries. Qualified personnel continue to leave the teaching field due to HIV and AIDS related illnesses and deaths and due to the brain drain to other sectors or neighbouring countries. This results in high pupil-teacher ratios which impacts negatively on the quality of education. In 2006 there were about 17 000 pupils with disabilities in primary schools.

Exploitation of children through child labour and sexual abuse has negative implications on children's school attendance. Children are often seen as sources of cheap labour as they are vulnerable to all forms of abuse. It is estimated that child labour has increased from 14 percent of the children aged 5 to 17 years in 1999 to 38 percent in 2004 reflecting the economic hardships being faced by households, (National Child Labour Survey (1999) and the Child Labour Report (2004)).

Generally there has been an increase in reported child sexual abuse cases both in schools and in the community. According to the Victim Friendly Unit (VFU) reports from January to August 2006 there were 3,717 reported cases of sexual abuses ranging from rape, sodomy, incest etc. Over 70 percent of reported sexual abuse cases were committed against the girl child.

CHALLENGES IN ACHIEVING THE GOAL

Despite the quantitative improvements in the primary and secondary education sector, challenges remain in the quality aspects. The following are the major challenges and progress made in achieving universal primary education during the period 2000-2007.

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| CHALLENGES | PROGRESS IN ADDRESSING THE CHALLENGES |
|--|--|
| <p>Inadequate financing of education - While education has consistently received the highest share of resources within the national budget in nominal terms, these resources remain inadequate in real terms to maintain the desired high quality of education.</p> | <p>Education remains a priority in resource allocation, both at national and household level. With the economic decline, the challenge of inadequate resources remains.</p> |
| <p>Quality of education - Improving quality of both primary and secondary education remains a challenge in Zimbabwe with attention required in the following: pupil teacher ratios; pupil book ratios; Grade 7 performance rates; Grade 7 to Form 1 transition rates; school infrastructure including science laboratories; libraries and teacher accommodation; training of secondary school teachers and dropout rates.</p> | <p>Efforts have been made to diversify the curriculum for more relevance, however it remains a challenge</p> |
| <p>Mapping of Primary School dropouts - Drop out rates are high as most families are burdened due to the current economic situation and can not afford school fees. There is also a trend of children dropping out of school for a term then they will be back the next term. In order for Zimbabwe to achieve its target of 100 percent completion rate by 2015, the challenge is to understand the profile of school dropouts through a mapping exercise so that these can receive targeted intervention.</p> | <p>Progress made especially on the BEAM programme however, resources are not adequate. Still remains a challenge.</p> |
| <p>Low teacher Morale and Brain Drain - Morale among teachers is generally very low due to the following: low salaries (which have been acutely eroded by the high inflationary environment) and poor staff accommodation, especially in rural areas; Increased working loads which have worsened the working conditions and resulted in low teacher morale. These factors have contributed to the massive brain drain of qualified teachers. The challenge is to continuously address teacher remuneration and working conditions.</p> | <p>Despite efforts being made to address working conditions of teachers, the situation has worsened over the years due to the high inflation</p> |
| <p>Poverty and Hunger - General poverty and hunger in both urban and rural areas and other disadvantaged communities contribute to low enrollments, erratic school attendance and dropouts. Due to economic decline, families continue to face difficulties in sending children to school. The challenge is to consolidate supplementary feeding programs and other education support programs to enable children from disadvantaged households to attend school.</p> | <p>Progress has been made in terms of school feeding but remains a challenge due to increasing levels of poverty in both urban and rural areas.</p> <p>BEAM as a safety net is also under severe strain.</p> |

GOAL 2

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PRIMARY EDUCATION

CHALLENGES IN ACHIEVING THE GOAL continued...

| | |
|--|--|
| <p>HIV and AIDS - The HIV and AIDS pandemic is seriously undermining the education system, indiscriminately affecting pupils, their parents and teachers. The challenge is to sustain the decline and mitigate the impact of HIV and AIDS especially for those children orphaned by the epidemic.</p> | <p>Although the HIV and AIDS prevalence and incidence rates have started to decline, they are still high. The provision of ARVs for both adults and children has improved. However, there is need for the education sector to implement the HIV and AIDS Policy and Strategy which still is in draft form.</p> |
| <p>Inadequate curriculum on life skills in primary school - The challenge remains to review the school curriculum to make it more relevant to the interest and capabilities of the child.</p> | <p>Efforts have been made to incorporate life skills into the curriculum however it remains a challenge.</p> |
| <p>Early Childhood Development (ECD) - The cost of introducing ECD Learning and Care creates budgetary pressure on the already overstretched fiscus.</p> | <p>The ECD policy is being implemented since 2005 resulting in increased Grade 1 children with ECD background. While training of ECD teachers is in progress, the challenge remains to increase resources for training adequate paraprofessionals and providing relevant facilities required for pre-school.</p> |
| <p>Upgrading Satellite Schools to fully fledged schools - There is need to upgrade schools in the newly resettled areas and those in the informal settlements.</p> | <p>A lot of quantitative progress has been made the challenge remains in improving quality of education and infrastructure.</p> |
| <p>Strengthening Public Private Partnership in the education sector as a way of financing and maintaining quality education.</p> | <p>Government is in strong partnership with the private sector in improving access to education. Players in private education financing in Zimbabwe comprise the formal private sector, families and communities churches, non-governmental organization and other philanthropic organizations. The challenge remains that of increasing public and private partnerships in financing education.</p> |
| <p>Safe Learning Environments - The need to provide a safe learning environment for children in schools against child sexual abuse especially for girls and from child labour</p> | <p>Through the Zero Tolerance Campaign, Civil society, UNICEF and Government Ministries have raised awareness on the prevention of sexual exploitation and abuse. In 2002, the Victim Friendly Units (VFU) initiative was decentralized nationwide leading to the establishment of the Unit at Provincial, District and station level. The “Child Friendly Schools” concept has also helped to create a safe learning environment.</p> |

SUPPORTIVE ENVIRONMENT

A lot of development work in the form of policies, programs and legislation has taken place in order to promote universal quality education for children. The highly supportive policy and community environment has greatly enhanced access to primary school education. The desire is to scale up and widen these activities in an effort to achieve the 2015 MDG targets. The following are some of the selected policies, programmes and legislation in place which have a positive effect in promoting quality education since 2001;

Policies

- ♦ The National Action Plan for Orphans and Vulnerable Children (NAP for OVC) in which education constitutes the largest component in terms of resources allocation.
- ♦ The National Strategic Plan for the Education of Girls and other Vulnerable Children. Launched in October 2006, the policy was formulated to address gender disparity in education including gender violence in schools.
- ♦ Early Childhood Development (ECD) Policy 2005 which is in the process of implementation.
- ♦ Education Amendment Act of 2006 which was enacted to regulate the national school fees system.
- ♦ Girl Child Education Policy – to empower girls through imparting leadership skills through holiday camps etc.
- ♦ Draft Basic Education Policy 2005- where existing policies were reviewed and consolidated into a Basic Education Policy.
- ♦ Child Protection Legislation: The following legislation was enacted during the period to protect children: Sexual Offences Act, Domestic Violence Bill October 2006, the Guardianship of Minors Act, Child Abduction Act, Maintenance Act, Criminal Procedures and Evidence Act 2006, Disability Act, Public Health Act, Environmental Management Act, Hazardous Substances Act.
- ♦ Adoption of the recommendations of the 1999 Presidential Commission into Education and Training.

Programmes

- ♦ The Schools Expansion Programme through which new schools were established in newly resettled areas to increase accessibility of primary education for children who had relocated to the new areas.
- ♦ Strong Partnership support e.g. Better Schools Programme (BSPZ), Better Environmental Science Teaching Program (BEST), Health Promotion schools Program (HPSP), Education Transition and Reform Program (ended in 2007) and Management Skills training for primary heads.
- ♦ Supportive parents and communities who have always had a strong commitment in education cost sharing in the form of school fees, levies, uniforms, labour and other learning materials. The School Development Committees and School Parent Assemblies are responsible for maintenance and extension of existing schools, and for construction of new schools.

GOAL 2

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- ♦ Rural electrification combined with ICT for development. constitute a highly supportive environment for education.
- ♦ “Child Friendly Schools” being established with assistance from UNICEF where children have freedom to operate and feel empowered to behave like children.
- ♦ Social Safety Nets in Education: Including BEAM Basic Education Assistance Module (BEAM) which was established in 2001 for the education assistance of orphans, the poor and other vulnerable children; and other assistance programmes supported by various partners

PRIORITIES FOR DEVELOPMENT

To achieve the target of universal primary education, the following national priorities will need to be addressed:

- ♦ Allocation of additional resources for primary education development expenditure. There is need to rationalise budget priorities to free additional resources for development expenditure on primary education. Some resources must be targeted at combating the problem of school dropouts;
- ♦ Improve school infrastructure with particular attention to newly resettled areas;
- ♦ Development and finalisation of basic education policy;
- ♦ Teacher in-service training;
- ♦ Curriculum review to make school programmes more relevant;
- ♦ Provision of free primary education;
- ♦ Address brain drain by improving working conditions for teachers. Even though sufficient numbers of teachers have been trained, many have left the education sector due to poor working conditions. Thus addressing teacher’s working conditions (salaries, accommodation, electricity and water) is a national priority;
- ♦ Expansion and improvement of Early Childhood Development (ECD) programmes, especially for orphans and other vulnerable children. ECD para-professionals and teacher pre-service training is a priority;
- ♦ Address HIV and AIDS in the education sector for both staff and children. Approval and implementation of the Draft HIV and AIDS Policy and Strategic plan in order to mitigate the impact of HIV and AIDS on the education system. There will be need to establish an HIV and AIDS Management Unit tasked with spearheading the implementation of the HIV and AIDS strategic plan;
- ♦ Increasing OVC access to school through BEAM, Programme of Support and NGO and private sector participation;
- ♦ Sustain gender parity in access to education at primary school level;
- ♦ Reduce drop out rates in primary schools and work to improve performance rates in Grade 7; and
- ♦ Equal access to appropriate learning and life skills programmes for all primary school children.
- ♦ Strengthening monitoring and evaluation through capacity building of supervisors and provision of necessary resources e.g. vehicles

PRIORITIES FOR DEVELOPMENT ASSISTANCE

Zimbabwe's progress towards achieving universal and quality primary education could be enhanced by focusing on the following priorities for development assistance.

- ♦ Provision of support for school infrastructure development, including teaching and learning materials
- ♦ Increasing OVC access to school
- ♦ Address brain drain by improving working conditions for teachers
- ♦ Support for the finalisation and implementation of the Education HIV and AIDS policy and strategy
- ♦ Expansion and improvement of Early Childhood Development (ECD) programme.

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“As a Nation with Oneness of Purpose, Together we can Score this Goal!”

GOAL 3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN



PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

GOAL 3

TARGET 4 (a):

Eliminate Gender disparity in primary and secondary education, preferably, by 2005 at all levels of education no later than 2015.

INDICATORS:

10. Net Enrolment ratios by gender, primary education level
11. Net enrolment ratio by gender, secondary education level
12. Literacy rates of 15-24 year olds by gender
13. Completion rates by gender, for primary and secondary education
14. Percentage of female enrolment and completion rate in universities

TARGET 4 (b):

Increase the participation of women in decision making in all sectors and at all levels (to 40 percent for women in senior civil service positions and to 30 percent for women in parliament) by 2005 and to 50:50 balance by 2015.

INDICATORS:

15. Percentage share of women in parliament
16. Percentage share of women in the Civil Service who are at Under Secretary level and above
17. Percentage share of women in the private sector who are at managerial level
18. Percentage share of women in local government decision making bodies



STATUS AND TRENDS

Significant progress has been made in narrowing gender disparities in both primary and secondary education. Gender disparities continue to persist at the tertiary education level, however the target of eliminating gender disparity by 2015 is achievable. With regards to women participation in political and economic decision making, the gender gaps are still large.

GOAL 3

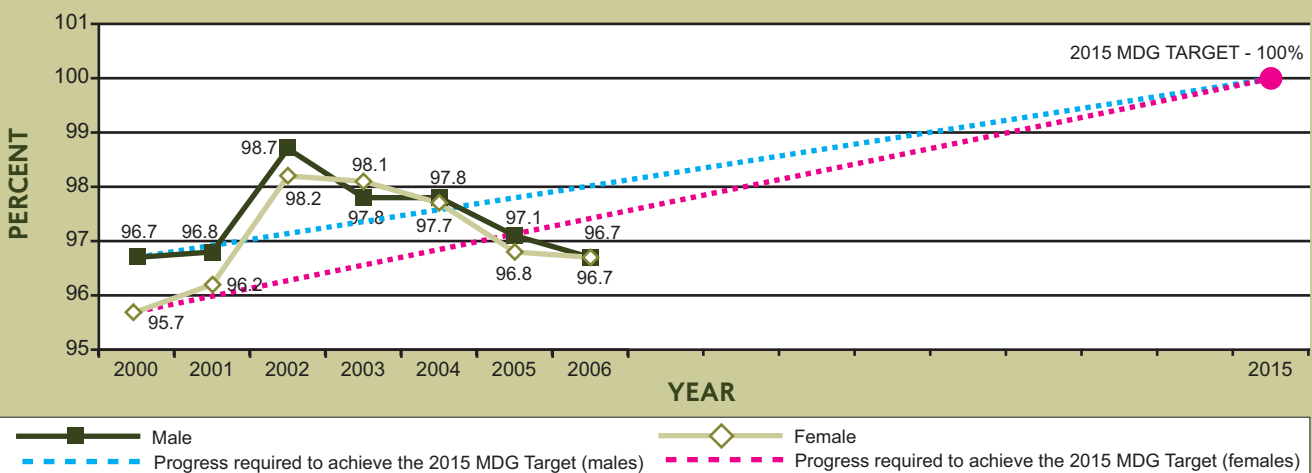
PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Zimbabwe has signed and ratified a number of international and regional gender instruments as well as promulgated national policies and laws on gender. These include Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1991), The Beijing Platform of Action (1995), SADC Declaration on Gender and Development, National Gender Policy 2003, Constitution of Zimbabwe Section 23 and the national gender machinery. However, most of the laws remain ineffective because of low legal literacy and inability to afford legal representation etc. To strengthen the national gender machinery, a fully fledged Ministry of Women's Affairs, Gender and Community Development was established in 2005. Government has also spearheaded mainstreaming of gender across the public service, and the 2004 Public Sector Gender Policy is now in place. Gender focal points have been established in all ministries and parastatals to spearhead gender mainstreaming.

Certain negative cultural practices and norms continue to constrain women's enjoyment of rights such as matrimonial, inheritance and reproductive rights, as well as protection from all forms of violence. Certain cultural gender stereotypes force women to resign themselves to accepting an inferior position to their male counterparts.

There is feminisation of HIV and AIDS prevalence and care. According to the ZDHS2005/2006 women constitute 54 percent of people aged 15 to 49 years living with HIV and AIDS. HIV prevalence in 2005/2006 was higher (21.1 percent) for females than for males (14.5 percent). HIV prevalence is higher for women than men in all age groups from 15-39 but higher for men than women in ages above 40 years. This indicates the intergenerational sexual patterns between old men and young women putting the girl child at risk of HIV infection. Negative cultural factors and gender inequality account for higher HIV and AIDS prevalence rates among women. Biological factors, sexual violence and the inability of women to negotiate safe sex could explain this situation. Poverty has also forced women to engage in risky behaviour which increases their chances of contracting HIV in exchange for money and food. Women dominated the care economy with 77 percent of the care givers in households with chronically ill persons being females in 2003.

FIGURE 3.1: PRIMARY SCHOOL NET ENROLMENT RATIO BY SEX, ZIMBABWE 2000 - 2006 AGAINST THE 2015 MDG TARGET (PERCENT)



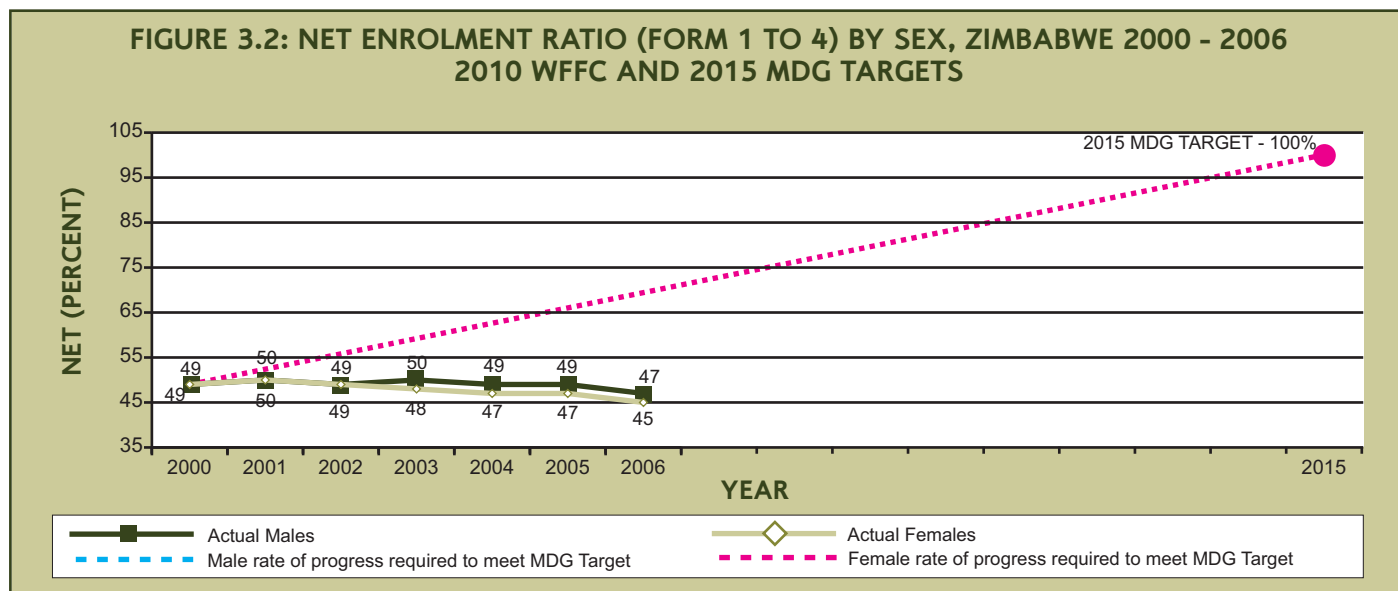
Source: Ministry of Education, Sports and Culture.

Since 2000, the gender gap in primary school has been closing and in 2006 Net Enrolment Ratio for both boys and girls in primary school reached parity at 97 percent.

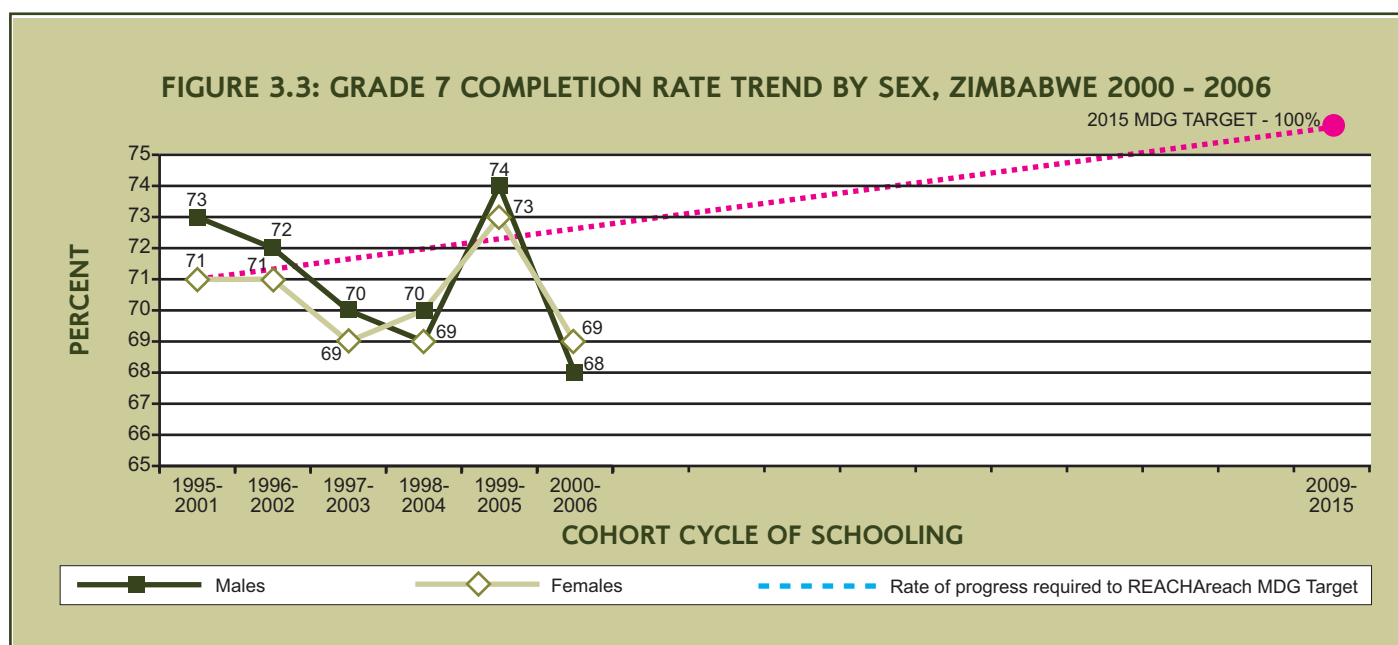
Meanwhile, low Net Enrolment Ratios characterized the secondary school cohort with the rate being 47 percent for girls and 45 percent for boys in 2006. This means that in 2006 more than half of those who are supposed to be in Form 1 to 4 were not enrolled at that level.

GOAL 3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN



From 2001 to 2006 primary school completion rates have been declining as witnessed by a decrease in Grade 7 completion rates from 73 percent in 2001 to 68 percent in 2006 for males and 71 percent in 2001 to 69 percent in 2006 for females. During this period, there was gender parity in the completion rates as reflected by the Gender Parity Index (GPI) of 0.97 and 1.03. The parity is possibly due to the increased awareness on the need to afford equal opportunities to both boys and girls in education.

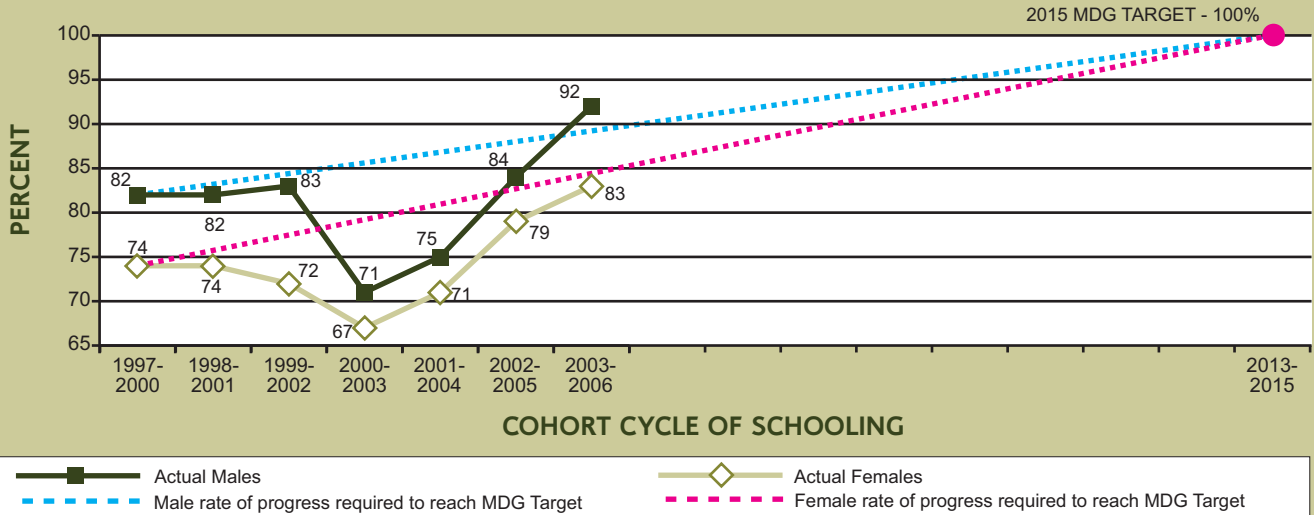


GOAL 3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

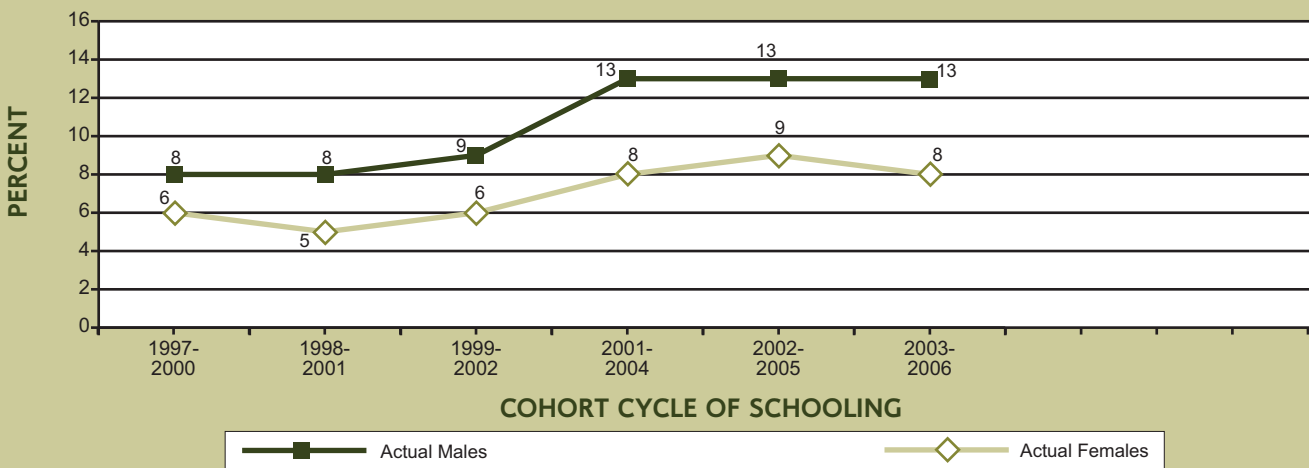
In secondary school completion rates are generally high at 83 percent for females and 92 percent for males in 2006. Since 2000, Form 4 male completion rates were higher than female rates and gender parity was in favour of males for the Form 4 completion rates. The poor performance of the girl child in Form 4 completion rates is a cause for concern as it may perpetuate the marginalization of women in secondary, university and tertiary education.

FIGURE 3.4: SECONDARY SCHOOL COMPLETION RATES, FORM 1 TO FORM 4 BY SEX AND PARITY, INDEX, ZIMBABWE 2000 - 2006



Form 1 to 6 completion rates are low with males (13 percent) having a higher completion rate than females (9 percent) which gives a GPI of 0.69 in favour of males.

FIGURE 3.5: SECONDARY SCHOOL COMPLETION RATES, FORM 1 TO FORM 6 BY SEX, ZIMBABWE 2000 - 2006



While the 2006 Form 4 to Form 5 transition rate was 17 percent, an increase from 9 percent in 2000, rates still remain very low. Girls, with a transition rate of 14 percent in 2006 continue to be at a disadvantage as opposed to boys who are at 19 percent. Transition rates from Form 4 to 5 remain low due to various reasons such as the limited number of 'A' level schools in the country, restrictive pass rates and socioeconomic reasons such as fees and cultural attitudes that favour boys.

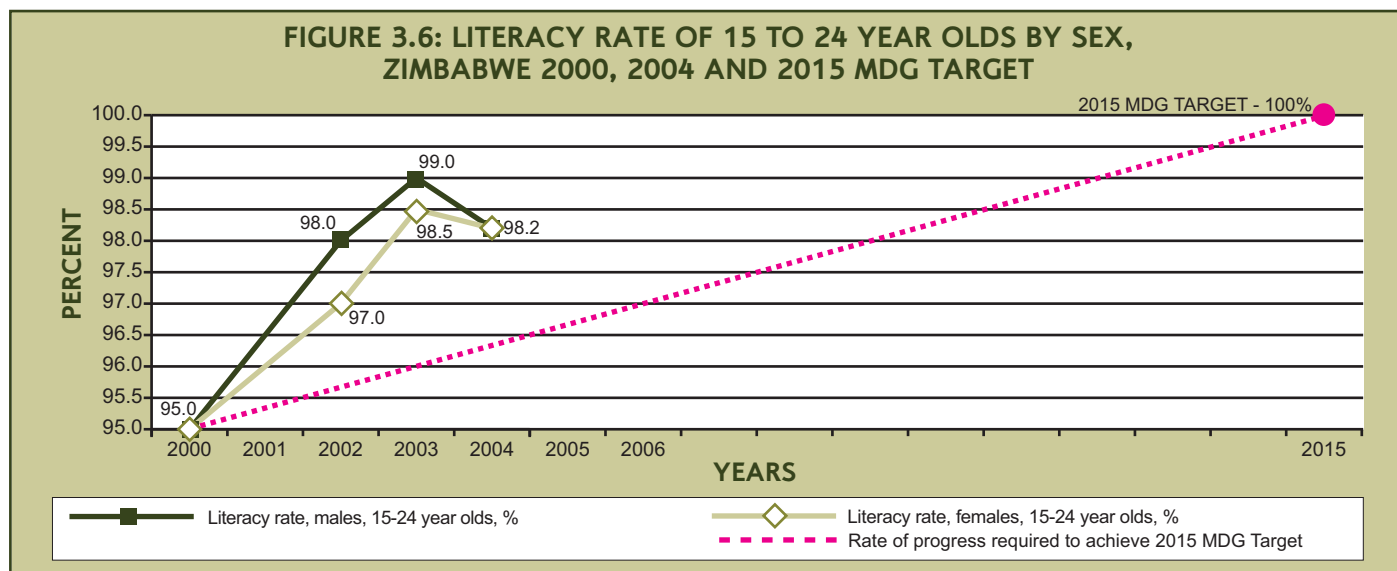
At primary school level girls have been performing better than boys since 1999 using the first criteria. Unlike the pattern at primary school level, at 'O' level, boys performed better than girls with pass rates of 21 and 15 percent respectively in 2005, a pattern which has been true since 2000. At 'A' level there has generally been gender parity in pass rates since 1999. In 2005 boys (74 percent) performed slightly better than girls (73 percent).

Zimbabwe has achieved gender parity in literacy levels which have remained very high in the past years. The literacy level for 15-24 year old males and females was about 97 percent in 2003.

GOAL 3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

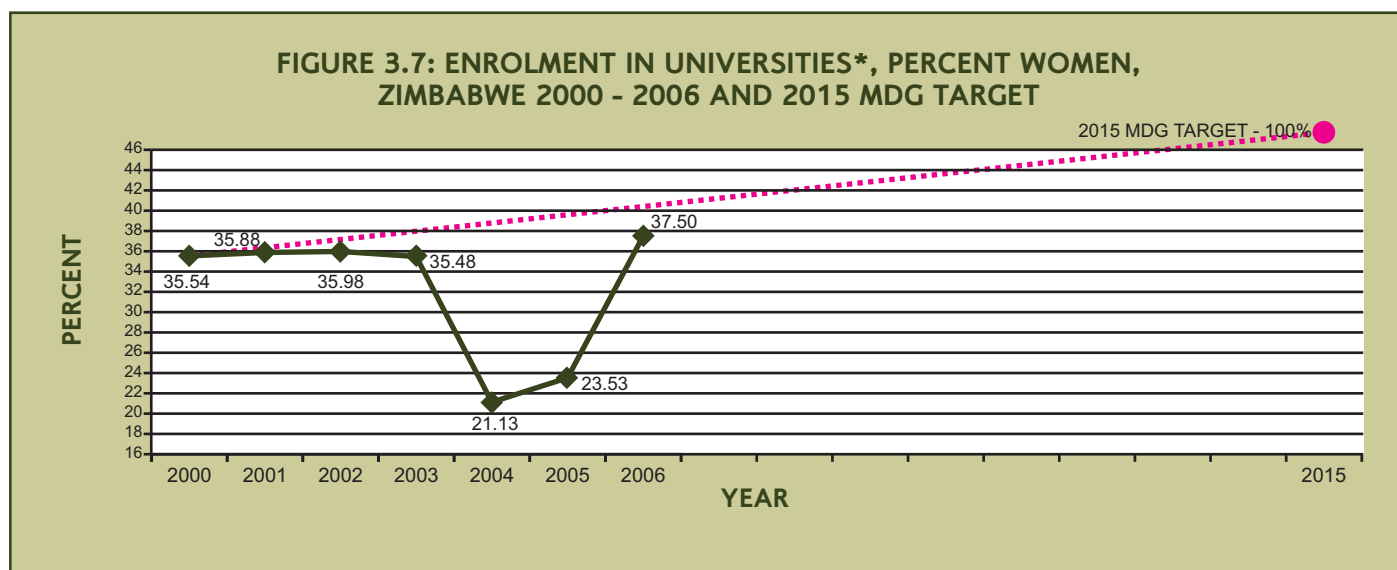
FIGURE 3.6: LITERACY RATE OF 15 TO 24 YEAR OLDS BY SEX, ZIMBABWE 2000, 2004 AND 2015 MDG TARGET



Source: Central Statistics Office and Ministry of Public Service, Labour and Social Welfare.

The higher the level in the education system the lower the representation of women. In 2007 female enrolment in teacher training colleges stood at 55 percent while enrolment in polytechnics and other vocational institutions was 35 percent. While female university enrolment figures increased from 23 percent in 2006 to 37 percent in 2007 the country is still below the 2015 target of 50 percent by 2015. These improvements were mainly due to the introduction of affirmative action in support of enrolment of females in institutions of higher learning.

FIGURE 3.7: ENROLMENT IN UNIVERSITIES*, PERCENT WOMEN, ZIMBABWE 2000 - 2006 AND 2015 MDG TARGET



NOTE:* Data for all years refers to the end of the year except for 2006 which refers to the first term.

Source: Ministry of Higher and Tertiary Education, Zimbabwe, 2007.

GOAL 3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

It is important that both females and males realize their full potential in the development process. With regards to participation in the political and economic decision making, Zimbabwe has made some progress over the period under review. However, the progress generally falls below the 2015 MDG Target. The Gender Empowerment Measure (GEM) although low, has increased from 0.361 in 1995 to 0.402 in 2003, indicating that females are still far behind males in empowerment.

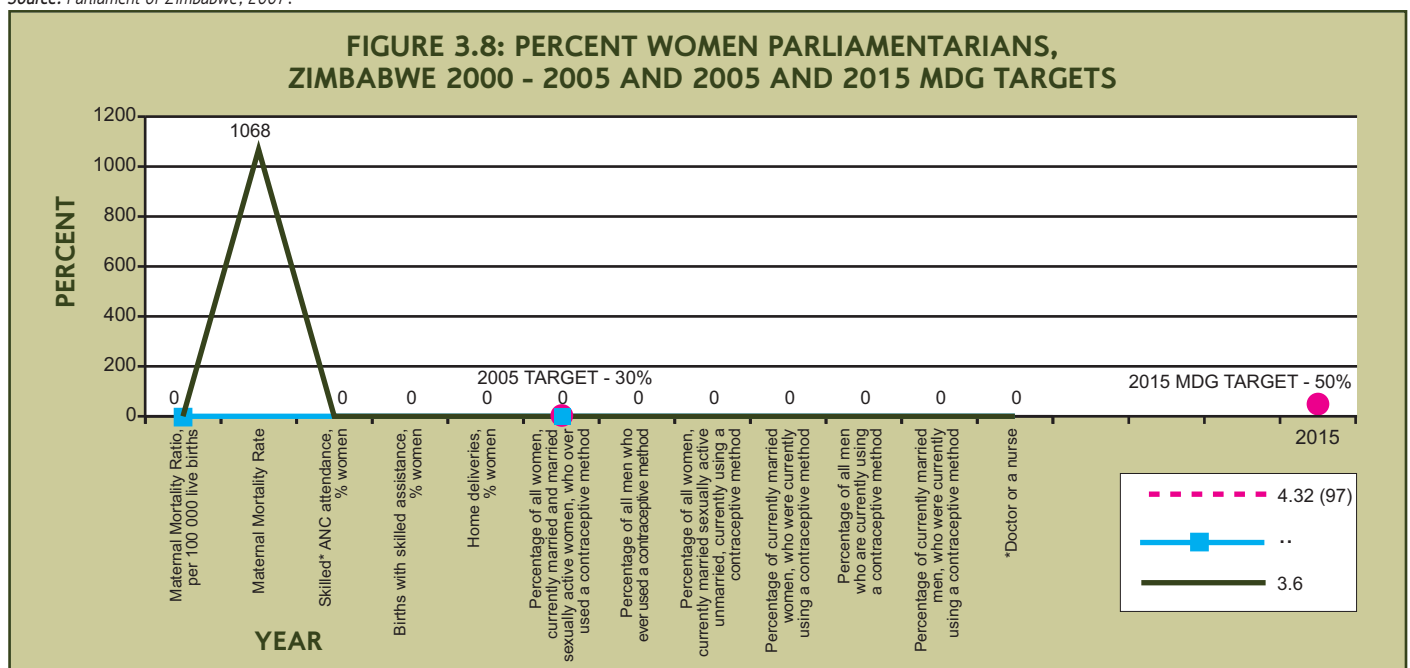
In Zimbabwe the policy on the empowerment of women culminated in the elevation of women to key positions within government structures. This included the appointment of the first ever female Vice President in 2004, the appointment of female President of Senate, as well as a female head of the High Court and the Judge President. From 2000 there has been an increase in the number of women in politics and decision making. This can be attributed to the quota systems that have been adopted by the political parties.

The participation of women in the lower house of parliament in Zimbabwe at 16 percent is still far below the Millennium Development Goal 3 target which is on promoting gender equality and empowering women, see Figure 3.6. According to this goal the target is to increase the participation of women in parliament to 30 percent by 2005 and 50 percent by 2015. Some political parties are encouraging the participation of women in elections by providing female quotas for nominations for elections in their constitutions. However, if these quotas are not translated into electoral votes, representation of women in parliament will remain low. The 2005 elections resulted in 36 percent women making it into the Senate and this number surpasses the 30 percent target for 2005. In cabinet, the number of women is still very low as Zimbabwe only has 4 Ministers and 2 Deputy Ministers who are female. The women ministers have mainly soft portfolios, e.g. Gender, Small and Medium Enterprise Development, Youth and Employment Development. For the lower house, Zimbabwe has thus failed to meet the 2005 target of 30 percent and is unlikely to meet the 50:50 ratio by 2015 unless further deliberate action is taken to address this.

During the 2005 Rural District Council elections, the percentage of female councillors was 28 percent whilst that of the Urban Councils was 10.5 percent. Although these figures are below the MDG target, it is a positive improvement from the previous elections.

Source: Parliament of Zimbabwe, 2007.

FIGURE 3.8: PERCENT WOMEN PARLIAMENTARIANS, ZIMBABWE 2000 - 2005 AND 2005 AND 2015 MDG TARGETS



In 2003, the percentage of women judges was 30 percent and that of magistrates 27 percent. Women representation in foreign missions is still very low as only 10 percent of ambassadors are females. In the period under review, leadership of parastatals in Zimbabwe was wholly dominated by males.

In preparation for the 2008 elections, the “Woman Can Do It Campaign” to encourage women to contest in the elections has been established. The campaign aims to either increase or retain the number of women in parliament, senate and urban councils. It has been noted that various factors affect women’s participation in politics and decision making posts. Some of the factors are: credentials, income, access to and ownership of resources and educational qualifications.

In economic decision making the proportion of women employed as legislators, senior officials and managers was 22 percent. The proportion of women in professional and technical positions is significantly higher than that of women in political decision making and also than that for legislators, senior officials and managers. In 2003, women constituted 46 percent of those in professional and technical positions. However, the majority of these women are in low remunerating reproductive service sectors such as teaching, nursing etc and not the highly remunerative technical areas such as engineering which are dominated by men. There are huge inequalities in incomes between females and males in favour of males with the women’s average income being a third of that of males (PASS 2003).

The disparities in tertiary education enrolment, participation in political and economic decision making, access to the job market and incomes, which are in favour of males are some of the main reasons contributing to the disempowerment of women and their higher vulnerability to poverty.

Although some progress has been made, the status of women remains low in Zimbabwe. This is because the issue of gender inequality goes beyond empowerment to encompass issues of social justice and discrimination. It is important that adequate measures are taken to address the imbalances driven by customary practices at different levels (political, social and economic) of society.

GOAL 3

PROMOTE GENDER EQUALITY
AND EMPOWER WOMEN

CHALLENGES IN ACHIEVING THE GOAL

| CHALLENGES | PROGRESS IN ADDRESSING THE CHALLENGES |
|---|--|
| Gender Disaggregated data - Gender disaggregated data is now available in most sectors. The challenge now is the capacity to utilize the data for decision making. | Progress has been made in producing gender disaggregated data. |
| Domestication and implementation of gender laws - The challenge now is to domesticate the international and regional instruments and to implement all laws and policies. | Zimbabwe has signed and ratified a number of international and regional gender instruments as well as promulgated national policies and laws on gender. |
| Limited male involvement in gender issues | An initiative involving men had been established the challenge is to broaden the concept. Male involvement in gender issues has seen the establishment of men’s organisations which provide a forum to achieve gender equality e.g. Padare |

GOAL 3

PROMOTE GENDER EQUALITY
AND EMPOWER WOMEN

CHALLENGES IN ACHIEVING THE GOAL continued...

| | |
|---|--|
| <p>Cultural Factors - Certain negative cultural practices and norms continue to constrain women's enjoyment of rights such as matrimonial, inheritance and reproductive rights, as well as protection from all forms of violence.</p> | <p>While some progress has been made, cultural and religious factors remain a challenge in gender equality. There is still need to change the beliefs, attitudes and norms of both males and females. There is also need to address the negative cultural impacts of the country's constitution with particular reference to Article 23 Section C.</p> |
| <p>Elimination of gender disparity at tertiary level - While the achievements to date in gender equality is commendable, the challenge is to arrest the low and declining Net enrolment ratio for girls as well as ensuring high participation of girls at tertiary level.</p> | <p>Progress has been made but low and declining enrolment rates for girls remain a challenge in secondary school while gender disparities remain high at tertiary education level.</p> |
| <p>Economic Empowerment - The prevailing economic situation has worsened gender imbalances in the economy, and hampered many interventions in both the private and public sector aimed at reducing gender imbalances.</p> | <p>Progress has been made however more effort is needed.</p> |
| <p>Political empowerment - Despite the adoption of the quota system by political system.</p> | <p>Remains unachieved.</p> |
| <p>Feminization of HIV and AIDS prevalence and care - If the gender dimensions of HIV and AIDS are not clearly addressed, the nation risks undermining achievements made so far in all sectors of the economy.</p> | <p>Progress has been made towards reducing HIV and AIDS prevalence. However, challenges remain in that women are still subject to domestic violence, cannot negotiate for safe sex and still dominate the care economy. There is limited access to Anti Retroviral Therapy and Post Exposure Prophylaxis (PEP).</p> |
| <p>Attitude Change in women and men - Generally, women have resigned themselves to accepting certain culturally stereotyped roles. The challenge is to educate and expose women and girls to non traditional role models of their gender, so as to create a new positive attitude in them with respect to what they can be and do.</p> | <p>Progress acknowledged but still remains a challenge.</p> |
| <p>Gender Mainstreaming - Mainstreaming gender into all national policies and programs is a critical challenge that requires financial, human and technical capacity.</p> | <p>The National Gender Policy is in place and operational. The challenge is to widen and enhance partnerships in the mainstreaming to include other players in addition to the public sector.</p> |

SUPPORTIVE ENVIRONMENT

Establishment of the Ministry of Women Affairs, Gender and Community Development

Establishment of a fully fledged Ministry of Women Affairs, Gender and Community Development in 2005 has enhanced the institutional framework for addressing gender issues.

Enactment of laws that enhance gender equality

These include the Domestic Violence Act, The Criminal Codification Act, Labour Relations Amendment Act Number 17 of 2002 and Constitutional Amendment Number 17 of 2005.

Adoption of the National Gender Policy

The National Gender Policy was adopted in 2002 and is there to guide the implementation of gender sensitive programs and policies. It has created a conducive environment for advancing women in education and decision making. Sectors have developed implementation strategies and work plans that provide guidelines for the mainstreaming of gender in all sectors. Gender Focal Points have been appointed in all line ministries and parastatals with the role of coordinating gender mainstreaming activities.

National Action Plan for Women and Girls to reduce vulnerability to HIV and AIDS

A National Action Plan for Women and Girls to reduce vulnerability to HIV and AIDS has been formulated.

Mainstreaming gender in Education

- ♦ Basic Education Assistance Module where 50 percent of the benefits go towards education for the girl child from primary to secondary schooling
- ♦ Affirmative Action Policy for tertiary education.

Economic Empowerment

Government and other stakeholders have designed schemes that provide a financing window for women and youth to access loans for empowerment programmes.

International and Regional instruments to which Zimbabwe is a signatory:

- ♦ Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)
- ♦ African Union Solemn Declaration On Gender Equality
- ♦ African Charter Protocol On Women's Rights
- ♦ SADC Declaration on Gender and Development

GOAL 3

PROMOTE GENDER EQUALITY
AND EMPOWER WOMEN

GOAL 3

PROMOTE GENDER EQUALITY
AND EMPOWER WOMEN

PRIORITIES FOR DEVELOPMENT

To achieve the target of promoting gender equality and empowering women by 2015, the following national priorities need to be addressed:

Gender Mainstreaming

It is important to build the national capacity to mainstream gender into all sectors, national capacity policies and programs. This mainstreaming will also need to be monitored for impact to ensure effectiveness. It will be important to build the capacity of gender focal persons.

Accelerated and sustained effort in Education

There is need to sustain the effort of a gender equality in education at all levels, particularly at secondary and tertiary levels and without compromising quality. Education must remain a priority sector in the national budget so as to improve completion rates for boys and girls.

Political and Economic Empowerment

There is need to design and implement a broad based economic growth and development strategy that is pro-poor and is supportive of women empowerment. Political empowerment will in the first instance, require the application of affirmative action or the quota system to facilitate the achievement of targets in parliament and other political decision making bodies.

De-feminisation of HIV and AIDS

The gender dimensions to HIV and AIDS will need to be addressed explicitly in policies and programs in all sectors. The multi sector response to HIV and AIDS should emphasize the gender and human rights approach to HIV and AIDS interventions at all levels. There is need to build national capacity in the collection and analysis of gender disaggregated data for policy intervention.

Cultural Factors

In order to overcome entrenched cultural attitudes that discriminate against women, there is need to undertake countrywide advocacy campaigns to do away with such negative cultural attitudes. In additions, internalizing already ratified international conventions and declarations on gender would help consolidate efforts.

Capacity Strengthening of National Gender Machinery

There is need to enhance the capacity of the national gender machinery at all levels by training them in gender mainstreaming, policy formulation and implementation.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

Zimbabwe's progress towards promoting gender equality and women empowerment could be enhanced by channelling development assistance to the following areas:

- ♦ Gender targeted credit and ancillary support services
- ♦ Capacity building for utilizing gender disaggregated data
- ♦ Support to HIV and AIDS gender awareness campaigns and home based care programs.

GOAL 3

PROMOTE GENDER EQUALITY
AND EMPOWER WOMEN



“As a Nation with Oneness of Purpose, Together we can Score this Goal!”

GOAL 4

REDUCE CHILD MORTALITY



REDUCE CHILD MORTALITY

GOAL 4

TARGET 5:

Reduce by two thirds, between 2000 and 2015, the under-five mortality rate.

INDICATORS:

19. Under five Mortality rate
20. Infant mortality rate
21. Percentage of under-fives who are undernourished
22. Percentage of children vaccinated against measles

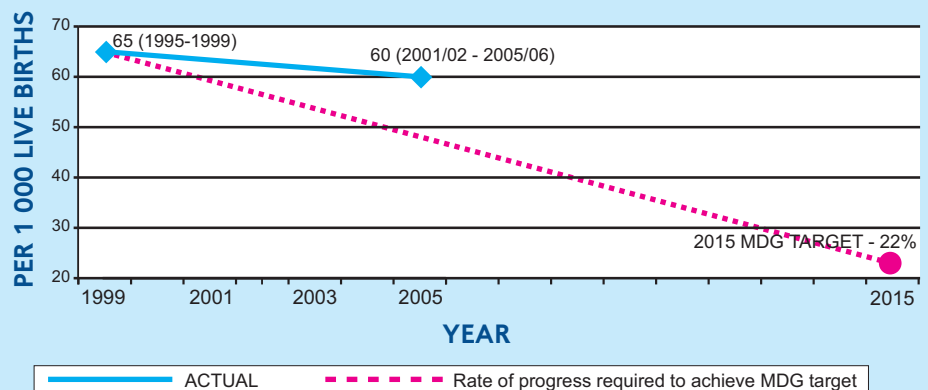


STATUS AND TRENDS

The main direct causes of infant and child mortality are acute respiratory infections, diarrhoea, malnutrition, HIV –related conditions, malaria and skin disease. The main determinants of whether a child suffers or dies from these causes are the child's HIV and nutritional status, access to and functioning of the health system, family/household and community care practices and availability of preventative services including immunizations and safe sanitation and hygiene education. In Zimbabwe child care practices are not optimal because of household resource constraints (lack of income, food insecurity, lack of treated mosquitoes (ITNs), difficult access to safe water, lack of knowledge of community, poor access to effective health services.

According to the 1999 and 2005/6 DHSs, the infant mortality rate for the five years preceding the surveys declined from 65 deaths per 1 000 live births to 60, (Fig 4.1). The desired infant mortality rate of 22 deaths per 1 000 live births might be achieved with the decline in HIV and AIDS prevalence, increase in the provision of Prevention of Mother to Child Transmission (PMTCT) and ART, reduction in malnutrition and an improvement in the health delivery system.

FIGURE 4.1: INFANT MORTALITY RATE FOR FIVE YEARS PRECEDING THE SURVEY, ZIMBABWE 1999 AND 2005/06 AND 2015 MDG TARGET

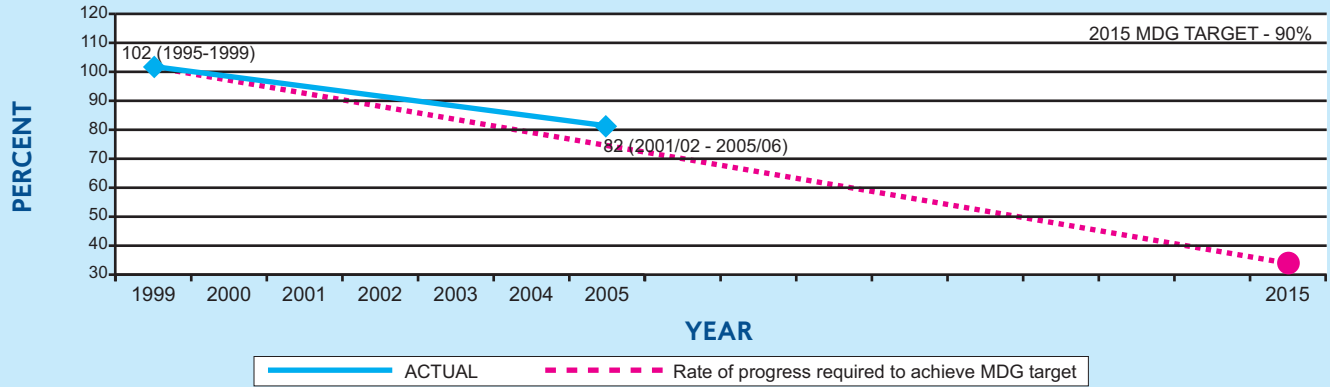


GOAL 4

REDUCE CHILD MORTALITY

Similarly, the under-five mortality has declined from 102 deaths per 1 000 live births to 82 deaths per 1 000 live births during the same period. (Figure 4.2).

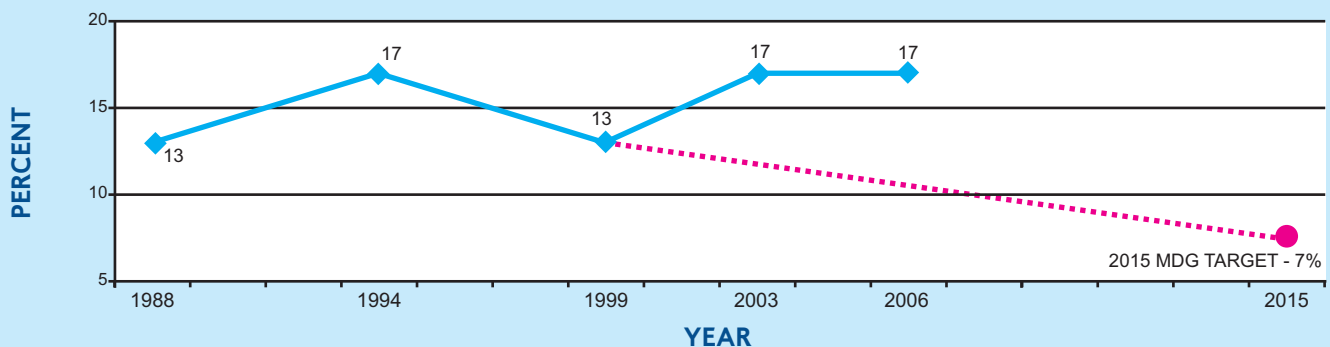
FIGURE 4.2: UNDER FIVE MORTALITY RATE FOR FIVE YEARS PRECEDING THE SURVEY, ZIMBABWE 1999 AND 2005/06 AND 2015 MDG TARGET



Besides the decrease in HIV incidence and prevalence, other possible contributors to the observed decline in infant and child mortality could be greater access to opportunistic infection treatment for children using cotrimoxazole, though access to ART is still low. The prevention of acute malnutrition, the successful Expanded Programme of Immunisation (EPI) program, scaling up of Vitamin A supplementation and the focus on malaria control in children are other possible contributors.

On the other hand, the current economic challenges and recurrent droughts continue to negatively impact national efforts to ensure that there is enough food for the children let alone the whole nation. Child malnutrition is increasing, mostly due to national and household food insecurity and increasing poverty. Malnutrition (weight for age) of under fives has remained moderate at 17 percent. (Figure 4.3). In 2005, malnutrition remained at its 2003 level. With increased agricultural productivity, Zimbabwe might be able to meet the 2015 MDG target of 7 percent.

FIGURE 4.3: PERCENTAGE OF UNDER FIVE YEAR OLDS WHO ARE UNDER NOURISHED, ZIMBABWE 1995 - 2003

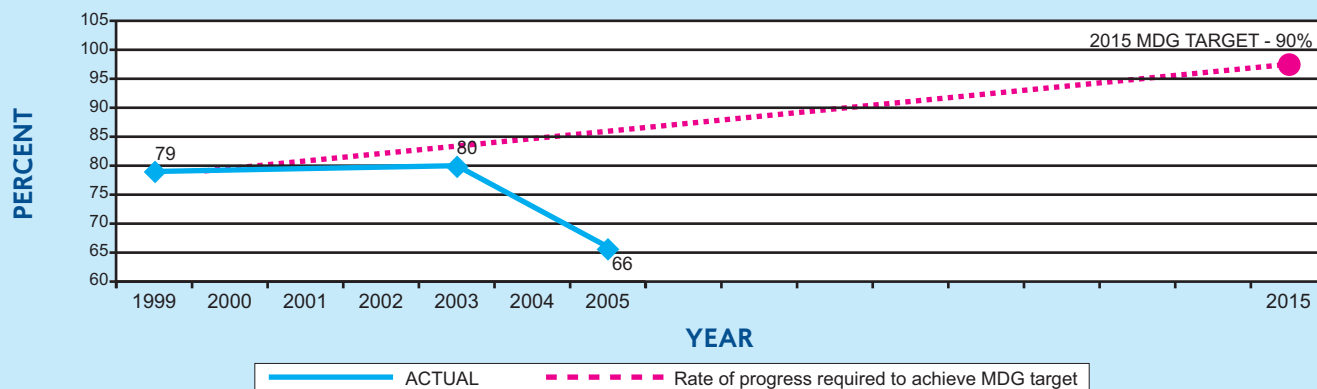


There are high levels of timely complimentary feeding for the 6 to 9 month old children at 79 percent in 2005/6 and continued breastfeeding for the 12 to 15 month olds breastfeeding at 90 percent in the same year. Programmes to improve the management of severe malnutrition such as Community Based Nutrition Care Programme and Vitamin A Supplementation Programme to reduce mortality amongst the under fives have been introduced. A major challenge still remains in exclusive breastfeeding for the first 6 months which has declined from 27 percent in 1999 to 22 percent in 2005/6.

The number of orphans steadily increased since the early 1990s, reaching an estimated peak of 1 008 542 in 2006 before decreasing to 975 956 in 2007 reflecting the efforts of the PMTCT and ART programs. The sharp increase in the number of children orphaned by AIDS from 2000 began to drop after 2005. This decline is possibly due to provision of ARVs to the parents thus enabling them to live longer.

Overall immunization coverage has worsened from 67 percent of all children aged 12 to 23 months in 1999 to 53 percent in 2005/6 (ZDHS). The percentage of children under five years immunised against measles has declined from 79 percent in 1999 to 66 percent in 2005/6, see Figure 4.4. If this trend continues the 2015 MDG targets of 90 percent vaccination against measles may not be achieved. Similar declines have also been observed for DPT 3 and Polio 3 immunisations for the same period raising serious concern. Zimbabwe achieved the Polio-Free Certification status in 2006. New vaccines –Pentavalem to include Haemophilus Influenza Type B vaccine- are to be introduced in the immunization programme by January 2008.

FIGURE 4.4: PERCENTAGE OF CHILDREN UNDER FIVE YEAR IMMUNISED AGAINST MEASLES, ZIMBABWE 1999 - 2006 AND 2015 MDG TARGET



Water and sanitation facilities have deteriorated in both the rural and urban areas. Though initially this issue was considered as a rural problem, this has now also become an urban problem. The issue of both quality and quantity of urban water has resulted in an increase in diarrhoeal disease problems. In urban areas such Kadoma outbreaks of cholera have been reported during the period under review. (See Goal 7).

Recognizing the importance of malaria in most African countries, in 2000 African countries were signatories to the Abuja Declaration that urged them to put concerted efforts to attaining interim Progress Indicators towards the 2010 Roll Back Malaria (RBM) goals. Insecticide treated mosquito nets (ITNs) are free for all children under five years and pregnant women in the ten RBM districts, though to discourage dependence clients are asked to pay a nominal fee of about US\$0.10 whereas the market values is about US\$10. The nets are distributed through health facilities. In

GOAL 4

REDUCE CHILD MORTALITY

2005, over 300,000 ITNs were distributed. Both chloroquine and sulphadoxine-pyrimethamine (SP), which are the first line treatments for malaria, are now non-prescription drugs and can be given to community based workers such as Village Health Workers (VHW).

CHALLENGES IN ACHIEVING THE GOAL

| CHALLENGES | PROGRESS TOWARDS ACHIEVING TARGET |
|--|--|
| <p>HIV and AIDS - The challenge is to sustain the reverse the HIV and AIDS pandemic, as well as reduce the incidence of other child killer diseases. The increasing number of orphaned children due to high adult mortality as a result of HIV and AIDS. Orphaned children face a risk of dying at an early age.</p> | <p>Progress has been made through the PMCTC and the provision of ART. The challenge now is to expand these programmes.</p> |
| <p>Poverty, Hunger and Malnutrition - The challenge is the increase in poverty levels in both rural and urban areas which has continued to impact negatively on the mortality of children.</p> | <p>Remains a challenge. There is need to improve coordination of vulnerable group feeding programmes and child supplementary feeding programmes and to increase household food security.</p> |
| <p>Access to safe water and Sanitation - Provision of safe drinking water and adequate sanitation are preconditions for improved child welfare. The challenge is to provide safe drinking water and sanitation in both urban and rural areas in-order to combat the impact of water borne diseases such as diarrhoea</p> | <p>Remains a challenge. The water and sanitation situation is worsening in both urban and rural areas.</p> |
| <p>Universal immunization of children - The declining trend in measles immunization remains a source of concern. The challenge is to ensure universal immunization against all child killer diseases. The immunization program has been hampered by inadequate financial resources and non-long term commitment by donors and partners.</p> | <p>Some progress made in increasing coverage the challenge remains to sustain the coverage.</p> |
| <p>Adolescent Pregnancies - Children born to adolescent mothers are vulnerable to inadequate child care due to inexperience and lack of resources. In addition they are more likely to have low birth weight, which increases their mortality risk. Also, pregnant teenagers are more likely not to have antenatal and postnatal care when compared to mature women. The challenge is to reduce adolescent pregnancies by encouraging, among other things, strengthening life skills among girl children.</p> | <p>Remains a challenge.</p> |
| <p>Child Care information, education and communication - Improved awareness in childcare by mothers has a direct positive impact on child mortality. The challenge is to ensure education of the girl child and access to information on child care for all mothers, in particular those in the remote parts of the country.</p> | <p>Some progress made but remains a challenge.</p> |

SUPPORTIVE ENVIRONMENT

Despite the challenging operating environment in Zimbabwe, a lot of development work in the form of policies, programs and legislation for children is going on in the area of reducing child mortality. The desire is to scale up and widen these activities in an effort to achieve the 2015 MDG targets.

GOAL 4

REDUCE CHILD MORTALITY

♦ **Integrated Management of Childhood Illnesses Program (IMCI)**

IMCI has three components:

1. Training of health workers in case management (focus on diarrhoea, malaria, pneumonia, measles and malnutrition);
2. Improving the health system, including availability of essential drugs; and
3. Improving family and community practices related to child health. This last component is referred to as community IMCI.
4. Neonatal Care

♦ **Expanded Programme of Immunisation (EPI)**

The EPI has been relatively successful due not only to good programme management, but also to government commitment and both technical and financial support from partners and donors. There are no epidemics of any of the EPI target diseases any more.

♦ **Nutrition Programmes**

These include:

- o Child Supplementary Feeding Programme (CSFP);
- o Promoting breast feeding
- o Nutrition Garden Programmes;
- o Community Based Nutrition Care Programme;
- o Nutrition and HIV Programme; and
- o Vitamin A Supplementation Programme- Distribution of micronutrient (Vit A; iron and iodized salt.)
- o IEC on appropriate young child feeding.

♦ **Malaria Control Programme**

- o ITN
- o Broader range and increased access to prophylaxis and treatment drugs.

♦ **Water and Sanitation Programs**

A Draft National Policy on Domestic Water Supply and Sanitation has been finalized and is being considered for approval.

♦ **Village Health Worker (VHW) and Primary Care Nurse Program**

Since the program was re-introduced into the health system in 2001, a total of 5762 village health workers had been trained in all the rural provinces in the country by February 2006. This has seen positive effects in promoting child health in the country's rural communities. The nursing profession has been able to reduce staff attrition through the introduction of the Primary Care Nurse (PCN) as well as other measures such as bonding immediately after basic training.

GOAL 4

REDUCE CHILD MORTALITY

- ◆ **HIV and AIDS Emergency declaration and PMTCT Plus Programme**

The government declaration of a state of emergency in the period under review and the PMTCT plus Programme, which is currently in the expansion phase, are likely to have contributed to the declining of the infant and young child mortality rates.

- ◆ **Free treatment of the under five and pregnant women in public institutions**

Free treatment of the under fives and pregnant women in public institutions, in rural and urban areas has a direct positive bearing on the health of the child and the mother, particularly when the health institutions are well equipped.

- ◆ **Orphan Care Policy**

Support to orphans is a State obligation under the Convention of the Rights of the Child. The Orphan Care Policy, adopted by the Cabinet in 1999 covers free health care and food subsidies supplement to under-fives. This has created a conducive environment to protect children from hunger and malnutrition. A National Plan of Action for Orphans and Vulnerable Children has also been drawn up and is being implemented.

- ◆ **The Health Services Board and the Public Service Skills Retention Fund**

The Health Services Board was created in 2005 to develop more conducive conditions of service for health workers which are responsive to the specific needs of the health service delivery system. The Public Service Skills Retention Fund established in 2006 is intended to curb brain drain particularly in the social services sectors such as health and education. This should have a positive impact on the wellbeing of children.

PRIORITIES FOR DEVELOPMENT

To achieve the target of reducing child mortality by 2015, the following national priorities need to be addressed:

- ◆ **Universal Immunization of Children**

There is need to sustain the high coverage of immunization against most childhood killer diseases and to get to the hard to reach areas.

- ◆ **Prevention of Parent To Child Transmission (PPTCT)**

With more than 90% of HIV infection in children being due to parent to child transmission, the strengthening of the PPTCT programme has therefore become a priority in order to accelerate the decline in incidence and prevalence among infants and young children.

- ◆ **Availability of Essential medicines and vaccines**

There is need to strengthen partnership towards enhancing the availability of vaccines and essential drugs.

- ♦ **Access to safe water and adequate sanitation**

Expand existing coverage of safe water and sanitation programmes in both rural and urban areas and in particular to the newly resettled areas

- ♦ **Accessibility of Health Care Facilities**

There is need to strengthen the health delivery system in general given the increased demand from the HIV and AIDS epidemic. Particular attention should continue to be given to newly resettled, rural and remote areas.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

Major areas for development assistance to meet the challenges for reducing child mortality are as follows;

- ♦ Immunization coverage
- ♦ Drugs availability, ARVs
- ♦ Infrastructural development
- ♦ Provision of safe water and sanitation
- ♦ Human resources for health – training, retaining,
- ♦ Nutrition improvement.



“As a Nation with Oneness of Purpose, Together we can Score this Goal!”

GOAL 5

IMPROVE MATERNAL HEALTH



IMPROVE MATERNAL HEALTH

GOAL 5

TARGET 6:

Reduce by three-quarters, between 2000 and 2015, the maternal mortality ratio.

INDICATORS:

- 23. Maternal mortality ratio
- 24. Proportion of births attended by skilled health personnel.



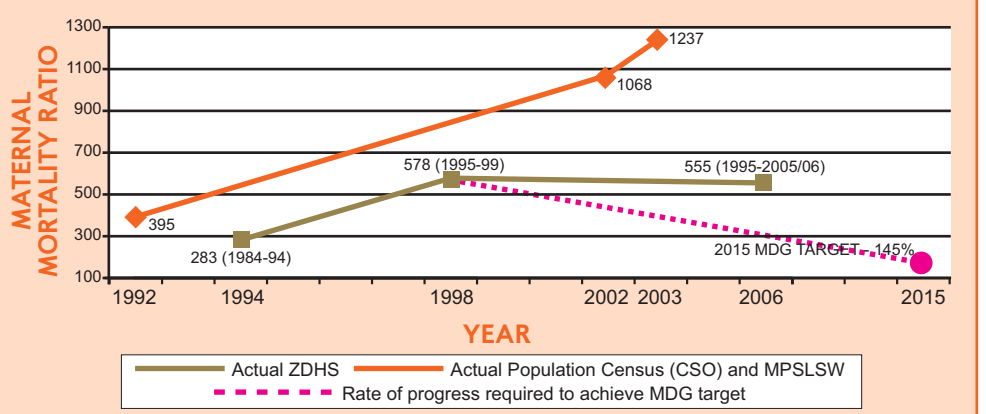
STATUS AND TRENDS

Maternal mortality continues to be a major problem in Zimbabwe. Most maternal deaths are related to inadequate maternal care, which takes the form of delays in seeking medical care, receiving care, referral to an upper level hospital, and shortages of skilled personnel, obstetric care equipment, essential drugs and other supplies. The situation has been compounded by the prevalence of HIV and AIDS which compromises women's immunity during and after pregnancy. Due to the economic hardships households continue to experience serious financial constraints in attending to their health needs.

Women's limited decision making power about their reproductive health and their perceived low status in society also contribute to complications in maternal health. However, recent research from PASS 2003 has shown that women are increasingly becoming more empowered to make decisions which affect their reproductive health. The benefits of aggressive advocacy are beginning to bear fruit, as 79 percent of the women individually or jointly making decisions concerning the number of children they would like to have.

According to the 1992 and 2002 population censuses and the 2003 PASS, the maternal mortality ratio (MMR) increased from 1 068 deaths per 100 000 live births in 2002 to 1 237 in 2003. (Fig 5.1). However, the demographic

FIGURE 5.1: MATERNAL MORTALITY RATIO, PER 100 000 LIVE BIRTHS, ZIMBABWE 1992 - 2006 AND 2015 MDG TARGET



GOAL 5

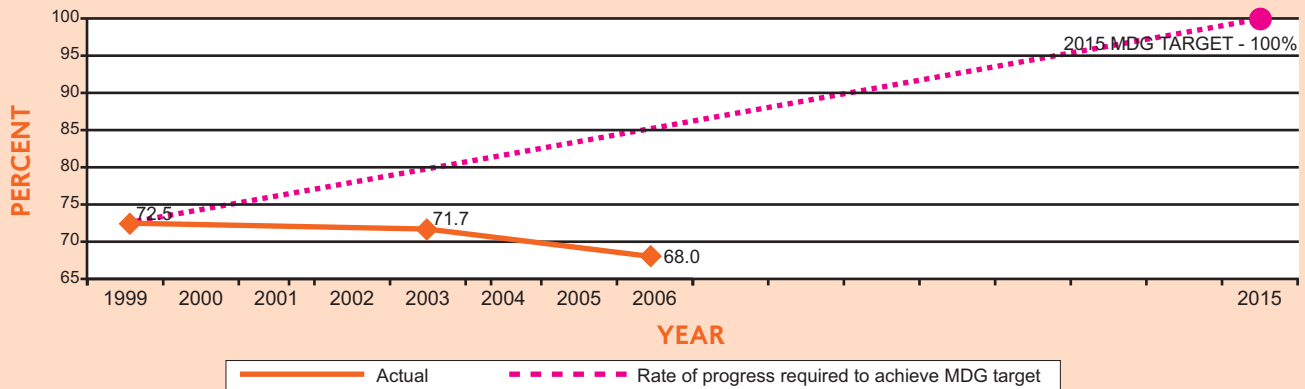
IMPROVE MATERNAL HEALTH

and health surveys have estimated much lower MMRs of 578 and 555 deaths per 100 000 live births for the five years preceding the 1999 and 2005/6 ZDHS reports.

The first population based maternal mortality ratio that will allow Zimbabwe to monitor trends over time more easily, was conducted in 2007 and it gave a mortality ratio of 725 per 100, 000 live births.

The decline in percentage of births attended to by skilled personnel (doctor or nurse) is a cause for concern as it has negative implications on maternal and child mortality. The percentage of births attended to by skilled health personnel declined from 72 percent in 2003 to 68 percent in 2005/6. (Fig 5.2).

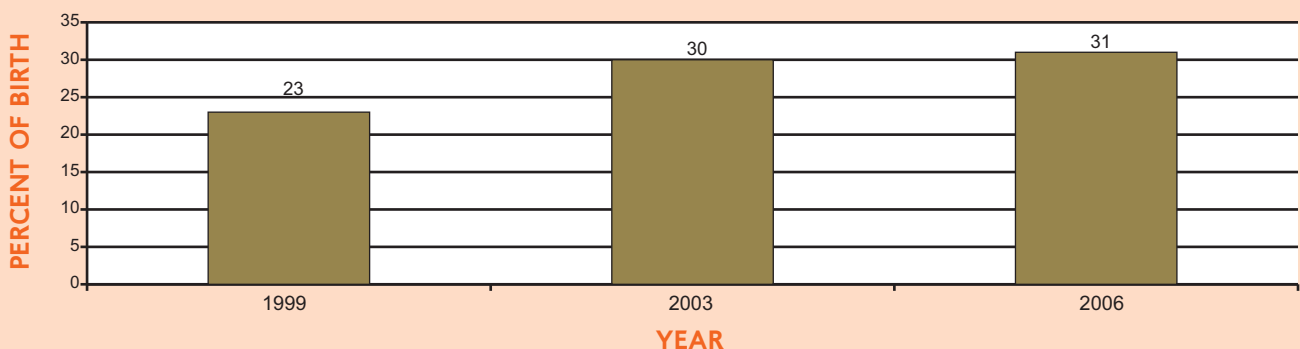
FIGURE 5.2: BIRTHS ATTENDED TO BY SKILLED PERSONNEL, ZIMBABWE 1999 - 2006 AND 2015 MDG TARGET



With the decline in health service delivery, the ideal situation where all births are delivered by skilled personnel might not be achieved.

A high proportion of deliveries are still taking place at home or in the community. Traditional home deliveries are associated with a higher risk of complications and maternal morbidity and mortality. Fig 5.3 shows that since 1999, the number of home deliveries has been on the increase with 31 percent of births taking place at home in the period 2005/6.

FIGURE 5.3: HOME DELIVERIES, PERCENT BIRTHS, ZIMBABWE 1999, 2003 AND 2005/06



The ANC coverage is currently 94% (women going for at least one ANC visit). (Source:ZDHS 2005/6).

| CHALLENGES | PROGRESS IN ACHIEVING GOAL |
|---|---|
| <p>HIV and AIDS epidemic - The health system is overwhelmed by the high rates of morbidity and mortality as a result of the impact of the HIV and AIDS pandemic.</p> | <p>Progress made, challenge remains to scale up the ART program with a special bias towards expecting mothers</p> |
| <p>Essential and Emergency Obstetric Care Services - This had been hampered by shortage of essential drugs and necessary equipment for the provision of high quality obstetric care. There is need to harness financial resources, especially the foreign currency component that is needed to import essential drugs and equipment</p> | <p>Progress made but remains a challenge</p> |
| <p>Access to health delivery services - For most rural areas, especially in resettlement areas, access to Primary Health Care facilities is very limited. Children and pregnant mothers still pay user-fees even though government policy is for free health services for children and pregnant mothers. Transport and communication problems in most rural areas have compromised the referral system. This has usually delayed or denied mothers in need of emergency obstetric services access to health facilities offering such services.</p> | <p>Still remains a challenge especially in newly resettled areas and in general due to the economic hardships</p> |
| <p>Shortage of skilled manpower - Massive exodus of skilled health personnel from the public health sector and the country for greener pastures poses a great challenge. Collection of maternity mortality data - Collection of maternity mortality data is also made difficult if the transport and communication system is poor.</p> | <p>Progress made but remains a challenge</p> <p>Remains a challenge.</p> |
| <p>Gender inequalities - Women have limited decision-making power about their reproductive health and their low status in society has contributed to maternal deaths. Negative cultural practices that bring with them such inequalities need to be eradicated as a matter of urgency.</p> | <p>Remains a challenge. There is need to harmonize policy and legislation on sexual and reproductive rights of women.</p> |
| <p>Malaria - Malaria remains a challenge for maternal mortality. A focus on malaria prevention, including improved access to ITNs for pregnant women, is a feasible option.</p> | <p>Progress made but remains a challenge</p> |

GOAL 5

IMPROVE MATERNAL HEALTH

CHALLENGES IN ACHIEVING THE GOAL continued...

| | |
|---|--|
| Inadequate access to health delivery services - While health facilities in urban centres are generally within reach, in rural areas mothers are often discouraged by the long distances they have to travel to reach a health facility. The immediate challenge is to extend primary health care facilities/ clinics to rural populations. | Remains a challenge |
| PMTCT Plus - Support to the Prevention of Mother to Child Transmission which includes provision of ARVs to both father and mother. | Progress made but needs to be scaled up. |

SUPPORTIVE ENVIRONMENT

Although the maternal mortality ratio continues to decline, the Government has adopted a number of supportive policies and programs. Key amongst them are the following;

- **Antenatal Care (ANC) Program**

Antenatal Care provides routine services as well as opportunities to identify women with high-risk pregnancies.

- **Sexual Offences Act**

The adoption of the Sexual Offences Act in 2003 has been important in empowering women to make informed decisions on managing their reproductive health.

- **Road Map to Safe Mother-hood Policy**

Domestication of the international campaign on the Roadmap to Safe Motherhood Policy: The Policy encourages pregnant women to deliver in health institutions, so that potential problems and complications can be identified in time.

- **Health Services Board**

The establishment of the Health Services Board 2005 whose mandate is to ensure retention of skilled health workers through improved working conditions, reintroduction of generic workers, technicians, radiographers etc. is to improve the working conditions of health personnel, as improving the management systems in the health sector.

- **The Essential Obstetric Care Package**

The essential Obstetric Care Package refers to an abbreviated list of services designed to save the lives of women with obstetric complications. The practical application of this package has the potential to lower the current maternal mortality ratio.

- **Free public sector health services to pregnant women**

The government has committed itself to assisting women, especially the poor in rural areas, to access medical services for free in public health institutions at both prenatal and post natal stages. However local authorities charge a fee

- **Maternity leave with full pay**

Formally employed mothers in both the public and the private sector are entitled to 3 months maternity leave. This goes a long way in assisting mothers by assuring them of both income and time to care for themselves and their newborns.

PRIORITIES FOR DEVELOPMENT

For the improvement of maternal health to be a reality there is need to focus on addressing the following: -

- **Expansion of the Essential Obstetric and Neonatal Care**

Resources, both domestic and development assistance must be mobilized to ensure the availability of essential drugs and equipment necessary for the provision of high quality obstetric and neonatal care.

- **Traditional Birth Attendants Training**

Traditional midwives continue to play a pivotal role in obstetric care, especially in rural areas. There is therefore need to consolidate the training of this essential group of health personnel.

- **Strengthening the Referral System**

The newly resettled areas are in urgent need of Primary Health Care facilities as is with some remote areas of the country. To ensure that referrals and health information move smoothly, an improved transport and communication system becomes a priority of the government. There is need to channel resources towards this cause.

- **HIV and AIDS**

There is need to expand the ARV program to improve maternal health.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development assistance to improve maternal health must target the following areas:-

- HIV and AIDS prevention, treatment, care and mitigation.
- Integration of the PPTCT Plus Program into the national ART program.
- Expansion of Essential Obstetric and Neonatal Care.
- Strengthening of referral health system.
- Staff training and retention schemes
- Provision of malaria to pregnant women in high risk areas and Intermittent Preventive Treatment (IPT) (that provides women with malaria medication during the pregnancy to prevent malaria)
- Strengthening Adolescent Sexual and Reproductive Health.

GOAL 6

COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES



COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

GOAL 6

TARGET 7:

Have halted, by 2015, and begun to reverse the spread of HIV and AIDS.

INDICATORS:

25. HIV prevalence among 15-24 year old pregnant women
26. Number of children orphaned by HIV and AIDS

TARGET 8:

Have halted, by 2015, and begun to reverse the increasing incidence of Malaria, TB and Diarrhoeal diseases.

INDICATORS:

27. Incidence of Malaria
28. Incidence of TB
29. Incidence of Diarrhoeal Disease.



STATUS AND TRENDS

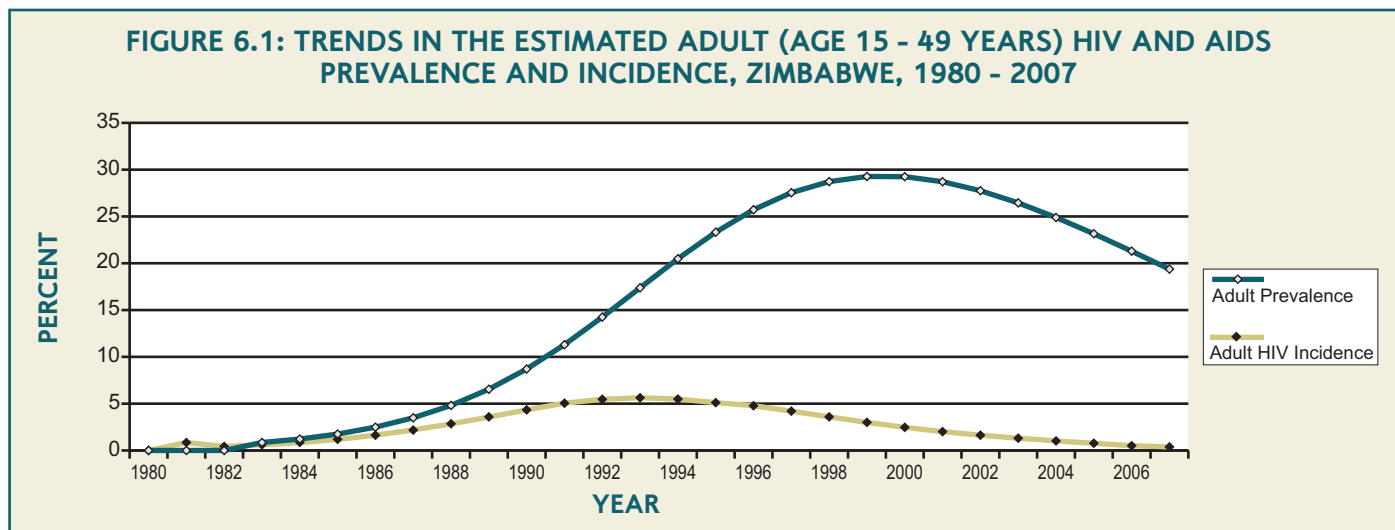
Zimbabwe is experiencing a gradual decline in HIV and AIDS prevalence and a specific decline in new infections as reflected in the 15 to 24 year olds prevalence. This is the first such decline in Southern Africa. A review of available data in Zimbabwe determined that the decline in HIV prevalence resulted from a combination of an increase in adult mortality in the early 1990s and a decline in HIV incidence starting in the mid 1990s. While the decline in HIV prevalence is encouraging, the prevalence remains high with more than one in seven Zimbabweans still infected with HIV. Zimbabwe will continue to invest in interventions targeting behaviour change, improve prevention strategies and improve care and treatment services for those infected and affected by HIV in order to decrease the number of people becoming infected with HIV and dying from the infection.

GOAL 6

COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

Figure 6.1 shows the estimated trend in adult HIV and AIDS prevalence in Zimbabwe over time. The 2007 National Estimate Curve estimates HIV prevalence in 2001 as 26.5 percent, 2003 as 23.2 percent, 2005 as 19.4 percent, and 2007 as 15.6 percent; a drop of approximately 1.8 percentage points/year. The estimated prevalence level of 19.4 percent in 2005 was supported by the point prevalence of 18.1 percent measured by the Zimbabwe Demographic and Health Survey Plus (ZDHS 2005-2006).

FIGURE 6.1: TRENDS IN THE ESTIMATED ADULT (AGE 15 - 49 YEARS) HIV AND AIDS PREVALENCE AND INCIDENCE, ZIMBABWE, 1980 - 2007

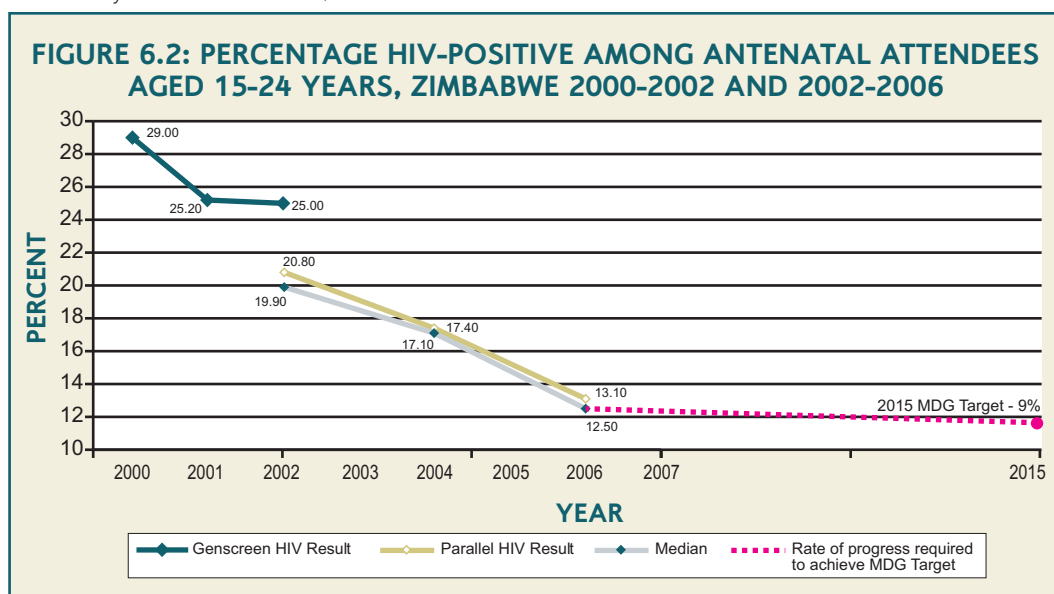


Source: Ministry of Health and Child Welfare, 2007.

HIV incidence, the number of people newly infected with HIV during each year, peaked in 1993 at 5.6 percent and gradually declined to an estimated 1.4 percent in 2007. The decline in HIV incidence may be related to behaviour change, including delaying sexual initiation, decreasing the number of partners, and increasing the use of condoms. The many interventions (see Supportive Environment) by government, the international community and local players have also yielded positive results. Of the estimated 96, 492 new adult (age 15 to 49 years) HIV infections during 2007, slightly less than half (45.3 percent) were in women. The estimated numbers of AIDS deaths in adults (115,114) was greater than the estimated numbers of new HIV infections in adults (22,518) in 2007. During the same period an estimated 2,214 adults and 240 children died of AIDS per week with women accounting for 59 percent of the estimated adult AIDS deaths.

Source: Ministry of Health and Child Welfare, 2007.

FIGURE 6.2: PERCENTAGE HIV-POSITIVE AMONG ANTENATAL ATTENDEES AGED 15-24 YEARS, ZIMBABWE 2000-2002 AND 2002-2006



Similarly the trend observed among women attending antenatal care, a decline was observed in HIV prevalence among women aged 15 to 24 years with median prevalences of 19.9 percent in 2002, 17.1 percent in 2004, and 12.5 percent in 2006. (Fig 6.2). At 12.5 percent HIV prevalence in the 15 to 24 year old women in 2006, the challenge is to sustain this decline in the face of economic hardships that

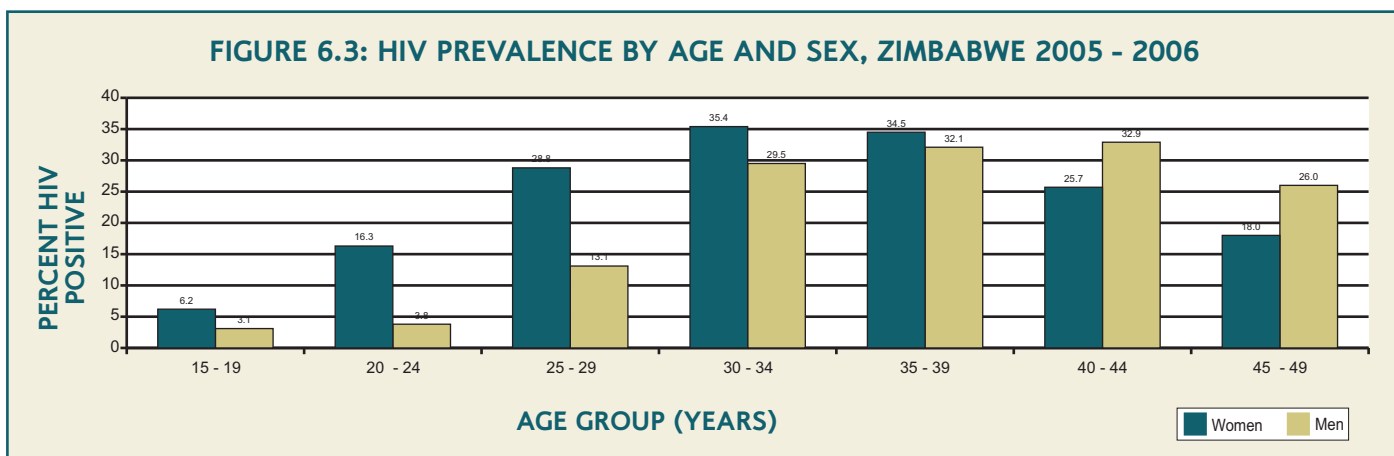
impact negatively on funding of interventions so that the 2015 MDG target of 9 percent HIV prevalence in women aged 15 to 24 years can be achieved.

HIV prevalence is higher for women than men in all age groups from 15-39 years but higher for men than women above 40 years as shown in Fig 6.3. This indicates the intergenerational sexual patterns between older men and younger women putting the girl child at risk of HIV infection. Negative cultural factors and gender inequality account for higher prevalence rates among women. Biological factors, sexual violence and the inability of women to negotiate safe sex could also explain the situation. Poverty also forces women to engage in risky sexual behaviour which increases their chances of contracting HIV. Feminisation of HIV and AIDS care is a characteristic feature of the pandemic in Zimbabwe. The 2003 PASS showed that women dominate the care economy with females constituting 77 percent of caregivers in households with chronically ill persons.

GOAL 6

COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

FIGURE 6.3: HIV PREVALENCE BY AGE AND SEX, ZIMBABWE 2005 - 2006

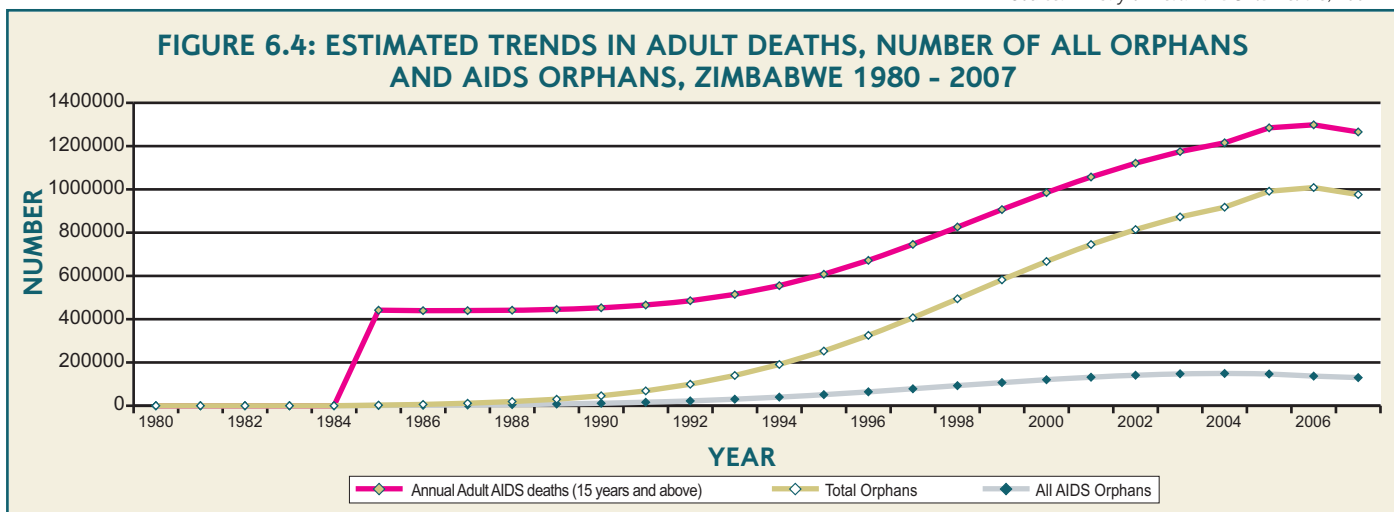


Source: ZDHS 2005/2006.

Orphans and Vulnerable Children (OVC) are prone to poverty, food insecurity, malnutrition, HIV and AIDS, and various forms of abuse. The number of orphans steadily increased since the early 1990s, reaching an estimated peak of 1,008,542 total AIDS orphans in 2006 before decreasing to 975,956 orphans in 2007 reflecting the efforts of the PMTCT and ART programs. The sharp increase in the number of children orphaned by AIDS from 2000 began to drop after 2005. (Fig 6.4). This decline is possibly due to improved HIV and AIDS treatment and care and provision of ARVs to the parents thus enabling them to live longer. The estimates from the Ministry of Health and Child Welfare show the correlation between the adult AIDS mortality and number of AIDS orphans.

Source: Ministry of Health and Child Welfare, 2007.

FIGURE 6.4: ESTIMATED TRENDS IN ADULT DEATHS, NUMBER OF ALL ORPHANS AND AIDS ORPHANS, ZIMBABWE 1980 - 2007

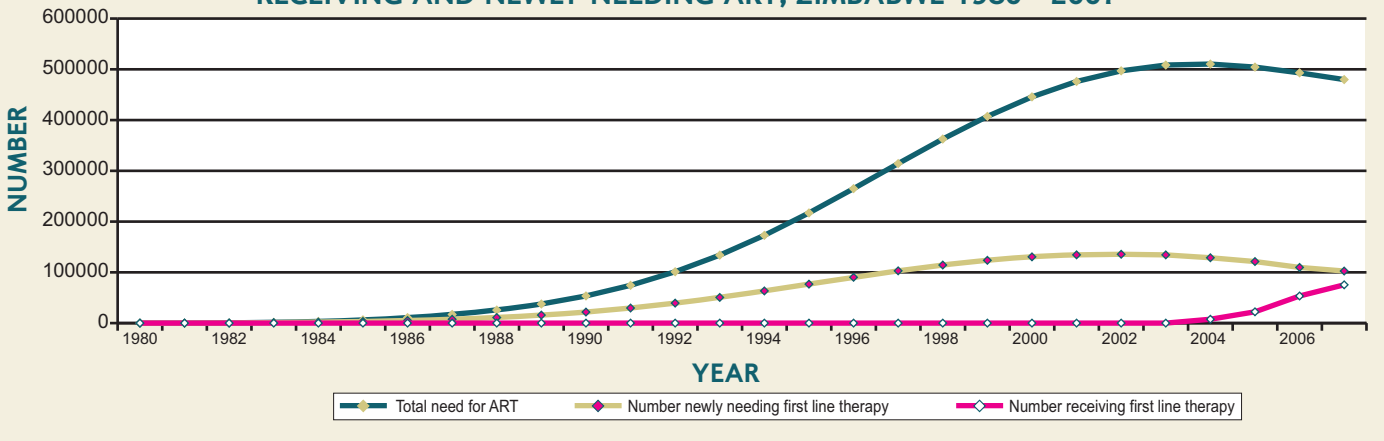


GOAL 6

COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

People with HIV and AIDS will survive longer if they are on ART, so increased coverage of ART will initially tend to increase HIV prevalence as there will be fewer deaths. The estimated number of adults (age 15-49 years) needing antiretroviral therapy, peaked at 510 356 in 2004 and is at 479 796 in 2007. About 16 percent of people in need of ART received treatment in 2007. Of the estimated 1,320 739 PLWHA approximately 260 000 are in urgent need of ARV and to date 90 000 are on ARV representing a gap of 170 000 people. Approximately 86 000 people received

FIGURE 6.5: TRENDS IN THE ESTIMATED NUMBER OF ADULT (AGE 15-49 YEARS) NEEDING, RECEIVING AND NEWLY NEEDING ART, ZIMBABWE 1980 - 2007

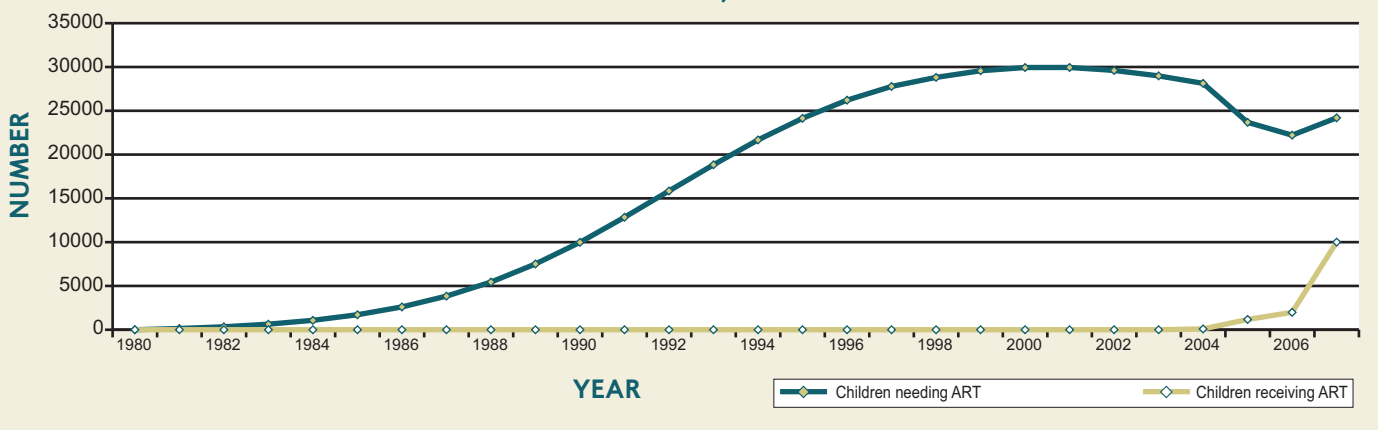


ART in 2007 through the MOHCW ART rollout program which started in 2004.

Currently HIV and AIDS is the single largest determinant of child survival in Zimbabwe. Ninety (90) percent of child HIV infections are through mother-to-child transmission. PMTCT uptake will decrease transmission of HIV from mothers to babies. The estimated number of HIV positive women needing Nevirapine peaked in 2004. There has been a dramatic increase in the number of women accessing HIV testing and counselling services but there is still a gap in those testing HIV positive and those receiving Nevirapine.

Improving nutrition and treatment for children living with HIV and AIDS and significantly improve their survival. The number of HIV infections in children initially peaked at 125 161 in 2003 and declined to 115 147 children in 2006 and dramatically increased to 132 938 in 2007. The increase reflects the survival of children on cotrimoxazole and ART. Children needing ART peaked in 2001 at

FIGURE 6.6: TRENDS IN THE ESTIMATED NUMBER OF CHILDREN (AGE 0-14 YEARS) NEEDING AND RECEIVING ART, ZIMBABWE 1980 - 2007



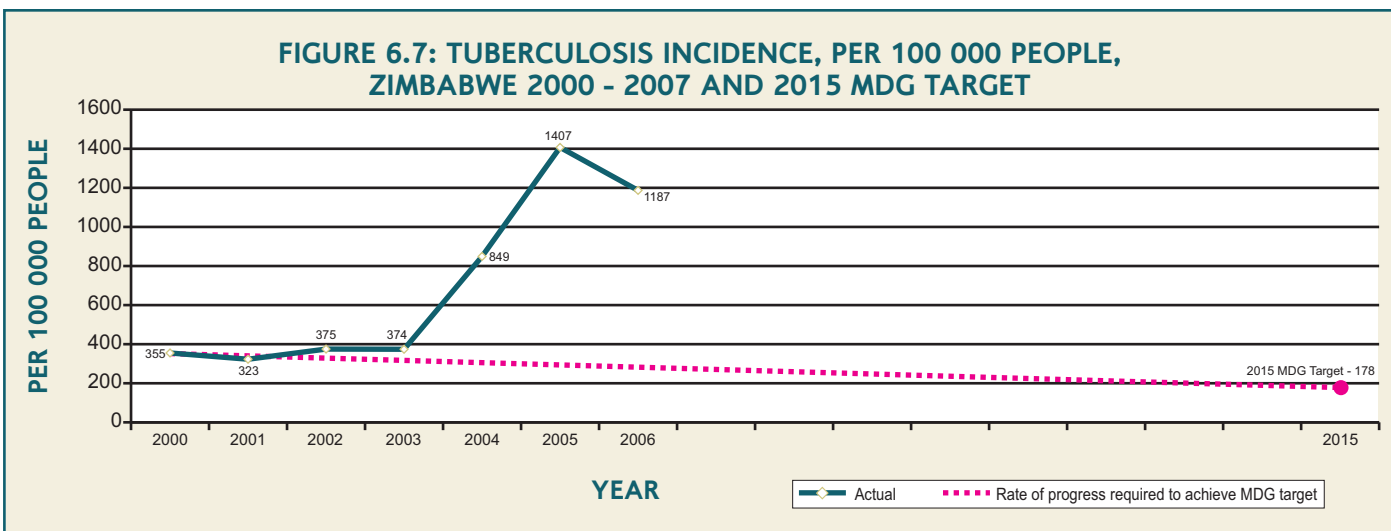
29,945. The lowest level was 22,212 children needing ART in 2006 and that increased to 24,194 children in 2007. MOHCW started ART for 90 children in 2004, increasing to 4,369 children in 2006. By the end of 2007, approximately 10,000 children were receiving ART. Varichem, a local pharmaceutical company, obtained a licence under TRIPS to manufacture ARVs and essential drugs but the challenge is foreign currency for raw materials.

The incidence of tuberculosis continued to rise from 399 per 100 000 people in 2000 to 411 per 100 000 people in 2003 (Fig 6.7) Rising poverty levels, overcrowded environments, malnutrition and HIV and AIDS have contributed to the increase in TB cases. With the fall in HIV and AIDS prevalence the TB incidence may also fall and the target of 93 by 2015 may be achievable. Seventy percent of all TB patients are co-infected with. As long as the incidence and prevalence of HIV remains high, the incidence of TB will also be high.

GOAL 6

COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES

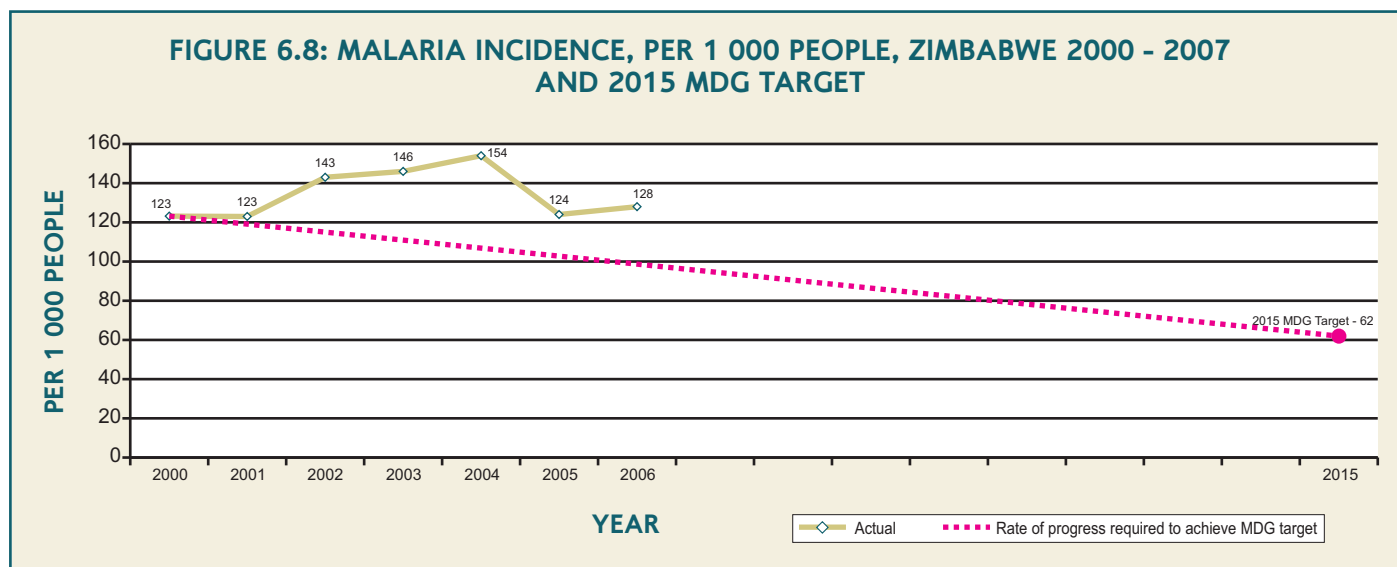
FIGURE 6.7: TUBERCULOSIS INCIDENCE, PER 100 000 PEOPLE, ZIMBABWE 2000 - 2007 AND 2015 MDG TARGET



Source: Ministry of Health and Child Welfare, 2007.

The prevalence of clinical malaria which peaked at 122 per 1000 people in 2000 has since declined to 94 in 2002. The decline could be attributed to the recurrent droughts, the reintroduction of the use of DDT in in-house and use of treated mosquito nets. The 2015 malaria prevalence MDG target of 64 per 1 000 is

FIGURE 6.8: MALARIA INCIDENCE, PER 1 000 PEOPLE, ZIMBABWE 2000 - 2007 AND 2015 MDG TARGET



Source: Ministry of Health and Child Welfare, 2007.

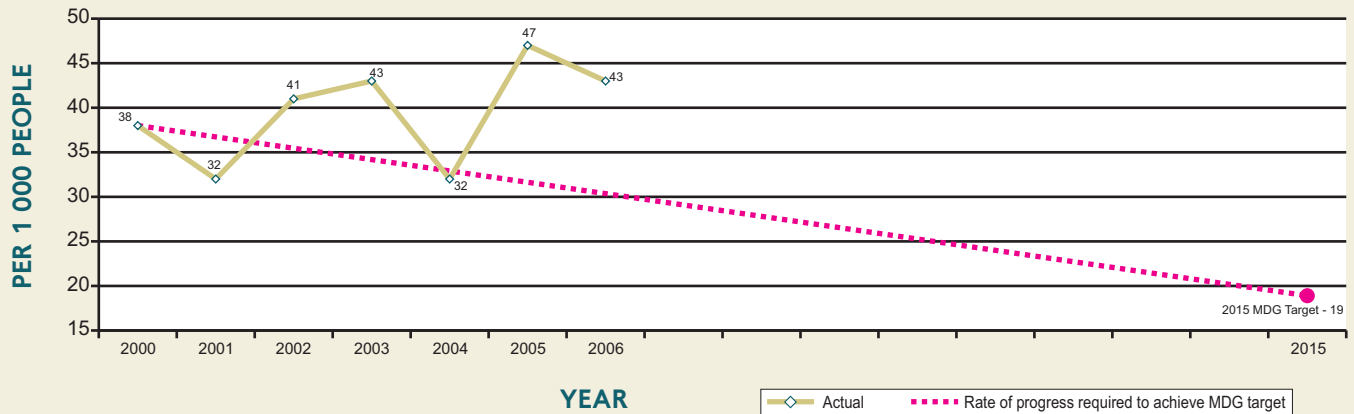
GOAL 6

COMBAT HIV AND AIDS,
MALARIA AND OTHER DISEASES

achievable.

Generally cases of diarrhoea outbreaks have been on the increase. Although diarrhoeal diseases were considered a rural problem, it has emerged a major urban problem. In 2007 alone three major outbreaks were recorded in urban areas. Possible reasons for the increase in incidences of diarrhoeal diseases include; poor hygienic practices exacerbated by erratic clean water supplies and poor sanitation.

FIGURE 6.9: DIARRHOEA INCIDENCE, PER 1 000 PEOPLE, ZIMBABWE 2000 - 2007 AND 2015 MDG TARGET



Source: Ministry of Health and Child Welfare, 2007.

CHALLENGES IN ACHIEVING THE GOAL

| CHALLENGES | PROGRESS IN ADDRESSING THE CHALLENGE |
|---|--|
| Behaviour change - Indications are that behaviour change is beginning to take place although knowledge levels are high but individual risk perception is still low. The challenge is to translate/transform knowledge on HIV and AIDS into behaviour change. | The National AIDS Council has come up with the National Behavioural Change Strategy for prevention of sexual transmission of HIV 2006-2010, to ensure that the drivers of the epidemic are addressed. |
| Shortage of foreign currency to purchase essential drugs | Access to essential drugs and ARV remains a challenge. Availability of Foreign currency remains a challenge to the procurement and manufacture of these essential drugs. Varichem, a local pharmaceutical company, obtained a licence under TRIPS to manufacture ARVs and essential drugs but the challenge is foreign currency for raw materials. |
| Stigma and discrimination - Stigma and discrimination still exist. | Many people talk more openly now about their HIV status Significant progress, but still remains a challenge. |
| Weak mainstreaming of gender - To address HIV and AIDS there is need to address gender inequality and poverty. | Progress on going but still remains a challenge especially with the increase in urban poverty and poverty in general. Programme on Women and Girls. National Plan on Women and Girls launched and being implemented. |

| | |
|---|---|
| <p>Inadequate resources to combat the epidemic - The challenges here are:</p> <ol style="list-style-type: none"> 1. Improving access to essential drugs and ARVs. 2. Inadequate resources especially foreign currency. 3. Prohibitive Costs – e.g. Although ARVs and essential drugs are available for free for those on the ART programme, the transport costs to go to health centres to collect ARVs and testing are at times very prohibitive. 4. Transport for outreach programmes for those areas without health centres. 5. Inadequate food supply 6. Care and support for orphans. According to ZDHS, 70% of OVCs households have not received any basic support to date. Another challenge is support for orphans living positively with HIV/AIDS as most institutions that are supposed to look after orphans do not have the capacity and resources to look after HIV positive orphans. | <p>Progress made in provision of ARVs but remain a challenge. While there is some progress in the provision of drugs, lack of resources still remains a major challenge.</p> <p>Resources mobilized from The Global Fund, the Expanded Support Programme, UNICEF, WHO and various other bilateral partners remain inadequate.</p> |
| <p>Coordination of AIDS HIV programmes - It is important to coordinate the various HIV and AIDS programs in the country to avoid duplication and ensure effective utilisation of resources. In the past the National AIDS Council had been faced with a number of challenges including high staff turnover of mainly non substantive staff, shortage of financial and material resources.</p> | <p>NAC has been strengthened through maintaining the stability of technical and managerial staff, provision of transport, equipment, and computers. However at district level the human resources challenges still remain.</p> <p>The adoption of the Three Ones Concept has also gone a very long way in ensuring coordination of AIDS programmes. In Zimbabwe, the National AIDS Council is the national coordination agency and the NAC Monitoring and Evaluation System is the national M&E system and the ZAPS is the policy that guides all HIV/AIDS initiatives</p> <p>Coordination of HIV and AIDS programs is costly and expensive requiring continual support and this remains the challenge.</p> |
| <p>TB - HIV co-infection Bottlenecks in case detection Nutrition.</p> | <p>Some progress but remains a challenge</p> <p>Partner support alleviated shortages in laboratory supply</p> |
| <p>Malaria - Fuel and transport Recruitment of spray men Inadequate budgetary allocation More resources are needed to procure nets and insecticides.</p> | <p>Global Fund support</p> <p>Setting up of ZINWA</p> |
| <p>Diarrhoea - Erratic clean water supply and poor sanitation.</p> | <p>Partner support</p> |
| <p>Slow uptake of PMTCT programme</p> | <p>Some progress but there is need to continue to scale up PMTCT to reduce neonatal infection and increase child survival.</p> |

GOAL 6

COMBAT HIV AND AIDS,
MALARIA AND OTHER DISEASES

SUPPORTIVE ENVIRONMENT

In spite of the challenging operating environment in Zimbabwe, a lot of development work in the form of policies, programs and legislation is also going on in the area of combating HIV and AIDS for the population in general and specifically for children. The desire is to scale up and widen these activities in an effort to achieve the 2015 MDG targets.

- National HIV and AIDS Strategic Framework (2000-2004): Developed and launched in 2000 to operationalize the National AIDS Policy. A new Strategic Framework 2006 – 2010 has been developed. The following complimentary strategies were also developed in 2005: Home Based Care Standards, Behaviour Change Strategy and National Aids Council Monitoring and Evaluation System.
- National AIDS Trust Fund (NATF): commonly referred to as the AIDS levy. Introduced in 1999 to mobilize resources for the prevention and care of the infected and affected by the HIV and AIDS pandemic through the collection of income tax of all formally salaried employees.
- Rollout of the Anti-Retroviral Therapy (ART) Programme: Treatment and management of patients, including children, with AIDS started in 2004. The ART programme has been expanded with support from the Global Fund on HIV, AIDS, Malaria and TB and the Clinton Foundation with the aim of reaching more of those needing the therapy.
- Prevention of Parent-to-Child-Transmission (PMTCT) Programme: A comprehensive plan for rolling out PMTCT and paediatric HIV prevention, care, treatment and support for the period 2006 to 2010 has been prepared, which will consolidate the work already in progress.
- The introduction of the Primary Care Counsellor and Primary Care Nurse is enhancing awareness and counselling on HIV and AIDS.
- The introduction of HIV and AIDS in workplace program by both government and the private sector.
- National Action Plan for Orphans and Vulnerable Children and the establishment of National Secretariat on OVC.
- Introduction of the Provider Initiated Counselling Services or Opt Out Strategy on HIV/AIDS which makes it mandatory for all health services providers to offer HIV Counselling and testing to all people who visit the centre.
- Tax rebates for all companies that invest in health
- The Expanded Support Programme (ESP) operating in 16 districts since April 2007.
- The Clinton HIV/AIDS Foundation that is currently providing ARVs and ready to use food to 6,000 children since November 2006.
- Global Plan to Stop TB, roll back Malaria, water and sanitation.
- Guidelines on Dietary Management of People Living with HIV and AIDS.

PRIORITIES FOR DEVELOPMENT

Although the decreasing trend in HIV prevalence is encouraging, the overall estimates of HIV seroprevalence remain high at 15.6%. The following are the priorities for development:

In the area of prevention, the following priorities have been identified:

- **Sustaining the decline in the spread of HIV and AIDS epidemic**

Strategies need to be put in place to address Reducing HIV transmission, through promoting behaviour change will be central to combating the epidemic. It is important to recognise that behaviour change will not take place until strategies are put in place to address the current developmental vulnerabilities being experienced by the population. These vulnerabilities are primarily responsible for risky behaviour which underlies the epidemic. Thus designing and implementing broad based national poverty reduction strategies remains a challenge.

- **Combating stigma and discrimination**

There is need to address the issue of stigma and discrimination by recognising the public health classification of the disease.

- **Gender equality in all spheres including reproductive health**

There is need to promote gender equality in all spheres of life, respect for each other's sexuality, gender sensitive HIV and AIDS programs and combating gender based violence as a way of reducing women's vulnerability.

- **Behaviour Change Communication about HIV, AIDS and STIs**

Zimbabwe should continue to scale up interventions promoting behaviour change among youth and adults. Evidence based strategies to increase coverage of HIV testing and adoption of safer sexual behaviour, e.g., decreasing the number of sexual partners, should be implemented with high quality assurance.

- **HIV and AIDS and STI research**

Research should be multidisciplinary, collaborative and participatory, focusing on priority needs for Zimbabwe. Research should feed into the design of program interventions to facilitate the holistic approach to combating the epidemic. Zimbabwe should continue to monitor the HIV Epidemic using biannual ANC Surveys and periodic population based surveys to provide timely and accurate information on the HIV epidemic.

The following priorities were identified in the area of care;

- **Effective management of the national response to AIDS**

There is need to continue promoting communication, transparency, accountability and representation of beneficiaries in the management of the National AIDS Council and the effective delivery of services to the beneficiaries. The utilization of resources for multi- sector programming should face minimum delays in disbursement.

GOAL 6

COMBAT HIV AND AIDS,
MALARIA AND OTHER DISEASES

GOAL 6

COMBAT HIV AND AIDS,
MALARIA AND OTHER DISEASES

● Care and Support for People Living with HIV and AIDS

There is need to consolidate and expand the following programs;

- ❖ Medical and Nursing care
- ❖ Community home-based care (CHBC) with institutional support
- ❖ Nutrition support to slow the onset and progression of AIDS
- ❖ Counselling and psychosocial support
- ❖ Voluntary Counselling and Testing
- ❖ Management of Opportunistic Infections and Access to ARV
- ❖ Greater Involvement of People Living With HIV and AIDS
- ❖ Define a package for volunteers and home/community based carers.
- ❖ Equip institutions that take care of children (e.g. orphanages) to deal with infected children

● In the area of Support, the priorities are as follows;

Rights of children or young people infected or affected by HIV and AIDS

There is need to protect and respect the rights of children and young people infected or affected by HIV and AIDS. In this respect support is required in the following areas:

- ❖ Orphaned children require support to grow up with respect and dignity, while in their communities
- ❖ Children and young people need protection from sexual abuse, and provision of necessary information on sexual behaviour and protection
- ❖ Nutrition support to slow the onset and progression of AIDS.

● Need for essential Health Sector imports

Government should endeavour to ensure that the health sector has sufficient resources to import drugs and equipment requirements to ensure sustained combating of HIV and AIDS, Malaria, TB and other diseases.

● Multi-Sectoral Investment

Zimbabwe should continue encouraging multi-sectoral investment in technical and financial resources to maintain and build the laboratory, medical and public health infrastructures to help in the fight against this deadly epidemic.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

Major areas for development assistance to meet the challenges of halting and reversing the spread of HIV and AIDS and control of malaria, TB and other diarrhoeal diseases are as follows:

- Support for economic revival and sustained growth and development Access to essential drugs and ARV, PPTCT
- Support for scaling up HIV and AIDS interventions for young people
- Orphan Care and Support
- Need for Essential Health Sector imports
- Increase the coverage of DOTS and Insecticide Treated Bed Nets (ITN)
- Integrating nutrition and water sanitation issues into HIV
- Data Collection on HIV and AIDS, Malaria and Other Diseases
- Retention and recruitment of human resources
- Strengthening the transport and communication system.

GOAL 6

COMBAT HIV AND AIDS,
MALARIA AND OTHER DISEASES



“As a Nation with Oneness of Purpose, Together we can Score this Goal!”

GOAL 7

ENSURE ENVIRONMENTAL SUSTAINABILITY



ENSURE ENVIRONMENTAL SUSTAINABILITY

GOAL 7

TARGET 9:

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

TARGET 10:

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

TARGET 11:

By 2020, achieve a significant improvement in the housing condition of at least 1,000,000 slum dwellers, peri-urban and high density lodgers and the homeless.

INDICATORS:

30. Proportion of land area covered by forest
31. Land area protected to maintain biological diversity
32. GDP per unit of energy use (as proxy of energy efficiency)
33. Proportion of people with sustainable access to an improved water source (of sufficient quality and quantity)
34. Proportion of people with access to improved sanitation (safety and dignity)
35. Number of housing units produced annually.



STATUS AND TRENDS

In the past years Zimbabwe registered commendable progress in environmental management with afforestation programs, land reclamation, and natural resource conservation programmes which helped to transform previously degraded parts of the country into natural resource reservoirs. However, because of the continued impact of the historical structural imbalances, there is currently a general decline in environmental management in both urban and rural areas. The water and sanitation system is deteriorating in both urban and rural areas and the provision of decent housing in urban areas remains a challenge.

GOAL 7

ENSURE ENVIRONMENTAL
SUSTAINABILITY

The enactment of the Environmental Management Act 2002 has been a positive move, providing a comprehensive framework for mainstreaming environment into national policies and programmes and rationalized environmental legislation in the country. The implementation of the Environmental Management Act is expected to reverse the current decline in environmental management. Since the enactment of the Environment Management Act in 2002 and the establishment of the Environment Management Agency in 2007, environmental education awareness has increased. A series of workshops on Environment Education awareness were conducted in 8 provinces and most of the districts throughout the country. Local authorities and traditional leaders, industry and most communities have been sensitized on the requirements of the Act. This awareness has led to an increase in the reporting of activities detrimental to the environment such as veld fires and illegal waste dumping. The Police, judiciary and policy makers have also been sensitized on environmental issues and the Environment Management Act.

The existence of the Environmental Management Agency (EMA), Zimbabwe National Water Authority (ZINWA), Rural Electrification Agency (REA) and Parks and Wild Life Management Authorities, will go a long way in environmental management.

Forestry

The state of the environment continues to deteriorate as with economic hardships, people are depending to a large extent on natural resources thus creating a vicious cycle of unsustainable development. Poor forest management, uncontrolled firewood collection and opening up land for agriculture are the major causes of deforestation. Power outages have worsened the situation as people in urban settings are now depending on wood fuel as an alternative source of energy. Other alternative sources of energy (paraffin and coal) are not readily available. Tobacco farmers are also depending on fuel wood for curing their tobacco due to non-availability of coal and electricity.

During the period under review, the proportion of total land area covered by forest has been falling signifying deforestation which is estimated to be around 140 000 hectares per year. Between 1990 and 2003 Zimbabwe had the highest decrease (22 percent) in the proportion of total land area covered by forest in the region, decreasing from 58 percent in 1990 to 45 percent in 2003. At this rate the 2015 MDG target of reversing the loss of environmental resources may not be achieved. The proportion of land area maintained to protect biological diversity in Zimbabwe is slightly on the increase from 14.68 percent in 1990 to 14.72 percent in 2005.

Afforestation programmes are being implemented to improve forest cover and provide renewable sources of energy. However the rate of deforestation far outstrips the rate of afforestation. Over the years under review, 17 million trees were planted and 200 000 farmers were trained on various techniques on tree growing and tree care. Forestry Commission and its partners promoted the establishment of Eucalyptus plantations as an alternative land use system through out-grower schemes in Manicaland province. The out-grower scheme programme is intended to actively involve smallholder farmers in mainstream commercial timber production. The Tobacco Wood Energy Programme (TWEP) was also introduced for tobacco farmers to establish woodlots for energy provision for curing tobacco. This in the short term will reduce pressure currently exerted on the indigenous woodlands.

Forestry Commission continued with its stewardship role over the 882 000 ha of gazetted forests in Matabeleland North and Midlands provinces. Activities

undertaken included; fire protection, biodiversity conservation, undertaking and supervising timber harvesting operations and conducting anti-poaching patrols. The current challenge is that of illegal forest settlers and efforts are being made by the relevant authorities to either evict them or resettle them elsewhere, as the impacts of their continued stay are significant. Forestry Commission also focused on the regulation of timber industry including the ban of export of unprocessed/primarily processed indigenous hardwood timber. Forestry commission is also monitoring export of all forest produce including curios so as to ensure sustainable utilisation of forest resources.

Energy – (renewable energy, electricity, bio fuels)

Zimbabwe is experiencing constrained energy supplies, a development that has adversely affected business and public transport operations throughout the country. The unreliable public transport in both the urban and rural areas has undermined productivity and contributed to a loss of market competitiveness and caused untold suffering to the general public. In response, the Government has called upon the private sector to contribute by addressing the prevailing commuter transport challenges through the provision of staff buses and allowing firms and individuals with “free funds” to import their own fuel. However, the provision to import own fuel has led to too many uncoordinated individual fuel importers. Such a situation is eroding the benefits of centralised bulk procurement and increasing the cost of procurement through the use of road transportation, instead of the pipeline. This is also causing serious damage to the road network. These high transport costs are ultimately being passed on to the consumer.

Stability of the energy sector, encompassing liquid fuels, coal and electricity supplies is an indispensable pre-requisite for the successful propulsion of our productive sectors, as well as normal functionality of gadgetries in the household sector. The country’s vision is to ensure that by 2010, every province in the country will have a running large-scale bio-diesel plant, in the process promoting National self-sufficiency in the area of diesel supply, as well as guaranteeing viable markets for farmers growing oil seeds. Against this background, Government is implementing various integrated programmes, in close collaboration with the Ministry of Energy and Power Development that seek to stabilize the energy sector. As the Nation deepens its efforts towards foreign currency generation, as well as import-substitution programmes, Government of Zimbabwe is pleased to report that a state-of-the-art technology, the first of its kind in Africa, under the Bio-Diesel Production Programme was unveiled in November 2007. This project will have phenomenal downstream benefits to the economy as it requires feed-stock in the form of jatropha, cotton seed, sunflowers, among many other oil-seeds.

As alluded to earlier, Government has invested large sums of money to support construction of dams throughout the country under the Dam Construction Facility and the Budget. This programme is expected to save as a buffer against the recurrent droughts.

Water and sanitation

In the rural areas the main problem is the high rate of deforestation, erosion and siltation of rivers and surface water. It is estimated that 50 tonnes of soil are lost each year to erosion causing major siltation of rivers and dams and in some areas leading to desertification.

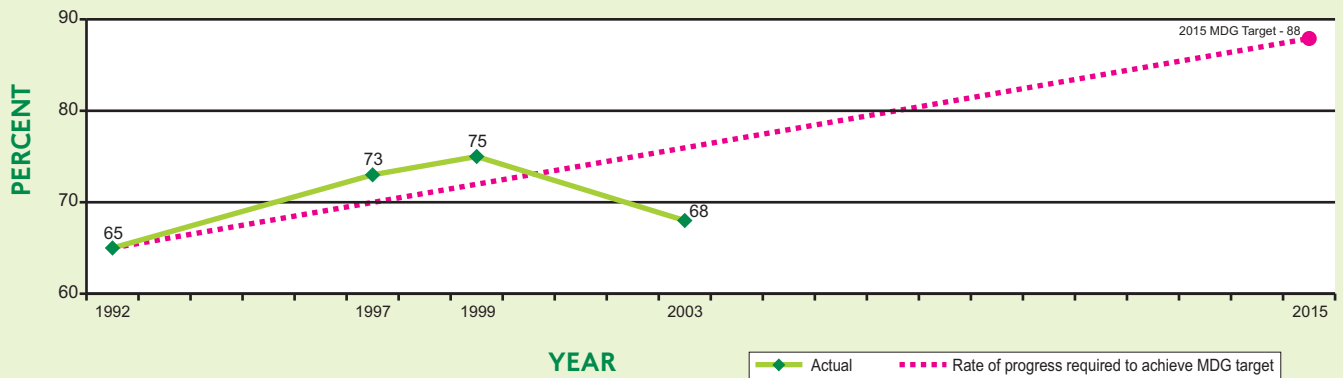
The current economic challenges have created a situation where the supply of water to households in urban areas is becoming a problem.

GOAL 7

ENSURE ENVIRONMENTAL SUSTAINABILITY

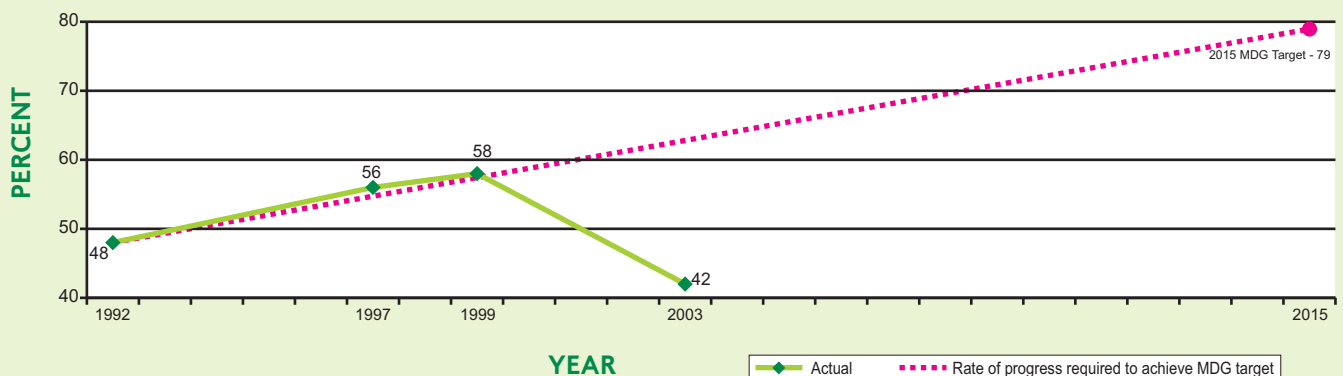
Water and sanitation facilities have deteriorated in both the rural and urban areas. The mobility of people to newly resettled areas where there are no water and sanitation facilities or where infrastructure has been damaged has affected the water and sanitation situation in rural areas. Access to safe water in rural areas has declined from 75 percent in 1999 to 68 percent in 2003 and this is mainly due to inadequate investments and poor maintenance and a decline in donor funding. (Fig 7.1) According to the ZDHS 2005/2006, 78 percent of all households accessed their water from an improved water source. Almost all households in urban areas (99.4 percent) had access to an improved water source whilst for rural areas the proportion was 67.1 percent. In recent years water supplies in urban areas have been erratic due to resource constraints which compromised the availability of safe water.

FIGURE 7.1: HOUSEHOLDS WITH ACCESS TO SAFE WATER, RURAL AREAS, ZIMBABWE 1992 - 2003 AND 2015 MDG TARGET



Access to safe sanitation in the rural areas has declined from 58 percent in 1999 to 42 percent in 2003. (Fig 7.2). According to ZDHS 2005/2006 40 percent of all households had access to improved sanitation facilities. The proportion for urban areas was 56 percent compared to 31 percent for rural areas due to filling up of latrines, high cost of improved pits and effects of natural disasters such as floods and cyclones.

FIGURE 7.2: HOUSEHOLDS WITH ACCESS TO SAFE SANITATION, RURAL AREAS, ZIMBABWE 1992 - 2003 AND 2015 MDG TARGET



The increase in urban population has exacerbated the problem of water and sanitation in the urban areas. Access to safe water and sanitation in urban areas has emerged as a major challenge in the period under review and this has been attributed to:

- a). Densification - increasing number of people per urban stand
- b). Aging infrastructure
- c). Sub-economic tariffs
- d). Institutional shock caused by the ZINWA take-over
- e). Low funding
- f). Weakening human capacity
- g). Inflation

GOAL 7

ENSURE ENVIRONMENTAL SUSTAINABILITY

Housing

The provision of urban accommodation has not kept pace with the increase in demand for housing. Economic challenges have also slowed down the construction of new houses. The Ministry of Local Government has a target of building 250 000 housing units per year, but even with “Operation Garikai/Hlalanikuhle”, has in the past years constructed on average 10 000-15 000 units.

In rural areas the challenge is to improve on the quality of housing. In this regard, Government has set up a Ministry of Rural Housing and Social Amenities which has embarked on a Rural Housing Programme in partnership with households in the provision of the resources.

CHALLENGES IN ACHIEVING THE GOAL

| CHALLENGES | PROGRESS IN ADDRESSING THE CHALLENGE |
|--|---|
| Implementation of the provisions of the newly enacted Environment Management Act - The major challenge the country faces in ensuring environmental sustainability is the effective and timely implementation of the Environmental Management Act. The Environmental Management Agency has a key role in translating the objectives of the Act into reality. | The enactment of the Environment Management Act in 2002. Establishment of the Environment Management Agency. However the Agency is facing resources constraints. |
| Implementation of Multilateral Environmental Agreements - Zimbabwe is a signatory to a number of MEAs that provide a good basis for international cooperation in addressing global and regional environmental issues. | Progress has been slow. Resources (both human and financial) to implement MEAs are very limited making it a challenge. |
| Establish waste management standards and practices to combat environmental pollution - 1). Waste water discharge: Water pollution has reached alarming rates, leading to the high cost of treating water resulting in poor water quality. 2). Solid waste management 3). Air quality management | Progress has been made in awareness, advocacy and training to improve the waste management through the implementation of the waste management strategy but progress slow due to resource constraints. Private Public partnerships created in waste management. |
| Production of a Integrated Water Resources Management/Water Efficiency plan | Strategies developed but the plan is still outstanding. |
| Implementing integrated conservation plan in Land Resettlement - The challenge is to implement the | Some progress made but remains a challenge. |

GOAL 7

ENSURE ENVIRONMENTAL
SUSTAINABILITY

CHALLENGES IN ACHIEVING THE GOAL continued...

| | |
|---|---|
| integrated conservation plan for the resettlement program, to ensure that land resettlement is done in a suitable manner. There is need to improve capacity building efforts of institutions in environmental management and poverty reduction in these areas. | Draft policy on forest plantations in resettlement areas is being formulated |
| Provision of safe water and sanitation in both rural and urban areas - In both rural and urban areas, access to safe water and sanitation has been problematic. | No progress |
| Provision of decent housing in urban areas - Rising populations in urban areas has continued to raise the challenge of decent housing provision. | 10000-15000 units produced against a target of 25000 |
| Energy Provision - The current national energy demand for domestic and industrial use far outstrips the supply. The challenge is to develop a comprehensive energy policy and strategy that address the country's energy problems, more specifically, the provision of renewable energy for use in remote areas. | Energy Assessment Study. Promoting Renewable energy technologies e.g. biogas, hydro electricity, bio fuels initiative. Progress made. Energy policy formulated and the Forestry Commission has revived its urban plantation programs as a long term means to address fuel wood problems. |
| Over exploitation of natural resources - The majority depends on forests for their livelihood. More income generating projects to be availed to rural and resettlement households. Peri-urban cultivation, illegal mining, | Remains a challenge. Forestry Commission is promoting forest-based enterprises to encourage sustainable utilization of tree resources. |
| Controlling Forest/Veld Fires | National Fire Protection Strategy, which outlines how fire incidences can be reduced and controlled. Forestry Commission is running fire awareness campaigns in different parts of the country. <ul style="list-style-type: none"> ● Fire committees Progress made but more resources are needed to effectively implement the National Fire Protection Strategy. |
| Climate change variability - Survival rate of planted trees and regeneration in forests/woodlands depends on the amount of moisture received among other things. Subsequent droughts have seen some reforestation projects failing. Loss of biodiversity. Land degradation. | Climate change and adaptability project. While forestry Commission is encouraging early planting to ensure survival of planted trees, it still remains a challenge |
| Enforcement of environmental legislation - There is need to strengthen enforcement of regulation. | The challenge remains. <ul style="list-style-type: none"> ● Awareness of Police. ● Regulations legislated. |
| Existence of data gaps - There is also a problem of harmonisation of definitions, concepts and indicators in water and sanitation to enable comparability over time. | ZDHS has improved on definitions |

SUPPORTIVE ENVIRONMENT

● Environmental Management Act

The enactment of the Environmental Management Act (2002) has created a supportive environment that will facilitate an effective response to the current problems faced in environmental management. Before the enactment of the Environmental Management Act, most policies concerning the environment were developed and managed on sectoral lines with few linkages and weak coordination. The new Environmental Management Act offers the opportunity to address some of these challenges. The Ministry of Environment and Tourism has also been given greater authority as the overall manager of the environment and this is likely to enhance the Ministry's coordinating role over environmental issues, resulting in better integration of environmental issues into new policies and laws.

EMA calls for self monitoring thus the increase in requests for air pollution tests and Environmental Impact Assessments by companies shows that the enactment of EMA is already having a positive impact on the environment.

There are also a number of institutional frameworks, legislation and policies that are providing a supportive environment for implementing programs of sustainable use of natural resources.

- a). Forest Act Chapter 19:05
- b). Communal Lands Forest Produce Act Chapter 19:04
- c). Statutory Instrument 112 of 2001
- d). Regulation of trade on indigenous wood curios
- e). Forest based land policy (which still awaits implementation)
- f). Environment Policy
- g). Environment Education Policy
- h). Local Environmental Action Plan (LEAP) programme
- i). National Waste Management strategy
- j). National Fire strategy.
- k). Water and Sanitation Sector Policy
- l). Wildlife based Land Reform Policy

● National Tree Planting day

A programme where the President leads the nation in tree planting. There is a target on number of trees to be planted

● Multi-stakeholder Forums

There are various committees at national, provincial and district levels that look at various issues e.g. Task Force on the convention to Combat Drought and Desertification, DEAP, CAMPFIRE.

● Environmental Reporting

The press plays a major part in Environment awareness. There are a number of journalists who have been trained in environment reporting and there is also the Environmental Journalist of the year competition that rewards excellence in environmental reporting for journalists in both print and electronic media.

GOAL 7

ENSURE ENVIRONMENTAL
SUSTAINABILITY

● Mainstreaming of Environmental issues into the schools curriculum

Inroads have been made into mainstreaming environment into education. Almost all universities in the country now offer an Environment management programme. At primary and secondary school levels, environmental studies have been incorporated into the syllabus.

● Water and sanitation strategies

The following sustainability strategies have been put in place to provide a supportive environment:

- Participatory health and hygiene
- Community based management of water and sanitation
- Integrating HIV/AIDS
- Water and Sanitation Sustainability Strategy (1999).

● Catchment management

The strengthening of Catchment Management has made it possible to get information needed for water and sanitation management.

● Partnership

Strong partnerships existing with private sector and UN agencies have given a boost environment management programmes and water and sanitation programmes. An Atlas of all project/programmes/work going on in the sector has been produced.

● Research

There is on-going research on low cost alternative technologies in Water & Sanitation, Alternative Energy sources, Cleaner production.

PRIORITIES FOR DEVELOPMENT

● Environmental Awareness

To achieve sustainable management of natural resources, there is need for continued environmental awareness raising at all levels. Special attention should be paid to afforestation and waste management practices in urban areas e.g. separation of waste.

● Strengthen Development of appropriate alternative renewable energy resources

In order to reduce over-reliance on natural resources for energy by the majority of rural people and an increasing proportion of urban dwellers the country needs to invest in the development of renewable energy resources and to support massive afforestation programs.

● Capacity building

There is need for capacity building in various areas of environmental management that include;

- Air pollution and hazardous substances
- Local Authorities – in LEAPs. There is also need for resources for implementation of LEAPs
- On data collection and analysis
- Water resources management
- Waste management

● Capitalization

There is need to recapitalize public environmental organizations to ensure they perform their mandates efficient.

● Biodiversity conservation

Need to continue with conservation efforts and to broadened area set aside for biodiversity conservation.

● Waste Management

Need to effectively implement the National Waste Management Strategy.

● Water and sanitation

- Focus on reversing the decline in coverage through rehabilitation of existing facilities
- Adopt low effective systems especially for rural water supply and sanitation
- Revisit the Master Plan and develop a new plan and strategy-that takes into account the current realities, both economic and social
- Revisit the urban water and sanitation take-over and adopt a phased approach
- Prepare for a second water supply and sanitation ZIMCORD.

PRIORITIES FOR DEVELOPMENT ASSISTANCE

- Implementation of Multilateral Environmental Agreements
- Environmental awareness
- Capacity building in data collection, analysis and dissemination
- Implementation of the provision of decent housing
- Maintain biodiversity
- Alternative energy sources
- Provision of water and sanitation.

GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT



DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

GOAL 8

TARGET 12:

Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.

TARGET 13:

Address the special needs of the country's landlocked status.

TARGET 14:

Deal comprehensively with the debt problems.

TARGET 15:

In cooperation with strategic partners, develop and implement strategies for decent and productive work for everyone.

TARGET 16:

In cooperation with pharmaceutical companies, provide access to affordable essential drugs.

TARGET 17:

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

INDICATORS:

36. Total Trade to GDP ratio
37. Cost of transport per kilogramme per kilometre by rail, road and air
38. Total debt as a percentage of GDP
39. Overall structural unemployment
40. Proportion of population with access to affordable essential drugs on a sustainable basis
41. Personal computers per 1000 people
42. Real GDP growth
43. Inflation Rate, Average Year on Year.



GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

STATUS AND TRENDS

Over the period 2000-2007, the Zimbabwean economy experienced a number of challenges characterised by hyperinflation, price distortions of commodities, services & utilities, low industrial capacity utilisation, foreign currency shortages, energy and fuel constraints, falling international terms of trade, negative interest rates, and a build-up in external debt arrears. In addition, various sanctions were imposed on Zimbabwe by certain members of the international community and multilateral financial institutions chiefly in response to the country's land reform programme and policy divergences. As a result of these measures, balance of payments support, lines of credit, technical assistance, lending operations, grants and infrastructural development flows both to Government and the private sectors were stopped. Adverse country publicity, coupled with punitive measures by some foreign governments, multilateral institutions, as well as some private sector entities worked to constrain the policy options available to the country, which in effect worked to worsen the socio-economic environment, with the poor and vulnerable groups being the hardest hit.

The country's relationship with some key development partners and Multilateral Development Banks (MDBs) remained strained throughout 2000-2007. Consequently, most of the country's traditional development partners were only engaged in the area of humanitarian assistance while funding for development programmes virtually dried up. Nevertheless, Zimbabwe received support from friendly countries as a result of the country's 'Look East' Policy.

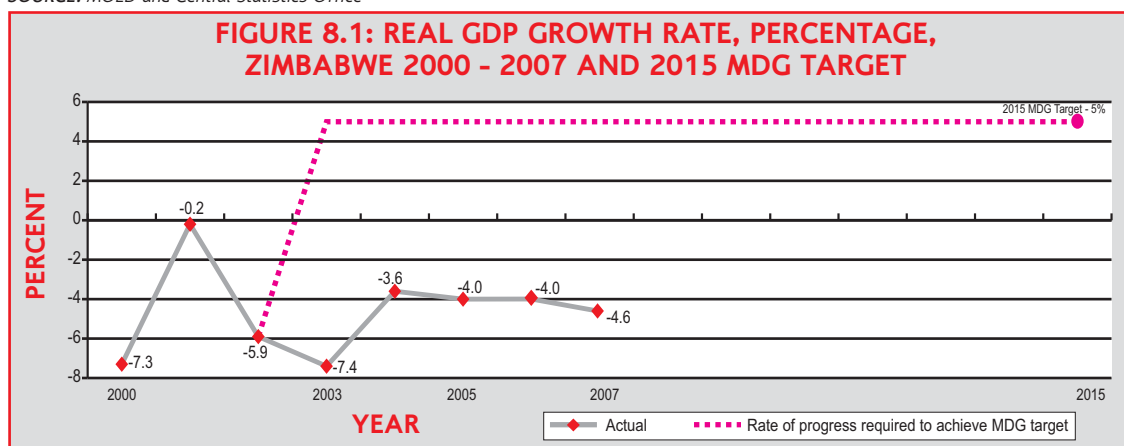
To address the macroeconomic, structural and social imbalances, a number of policy blue prints were introduced, namely; the Millennium Economic Recovery Programme (MERP) (2000 – 2002), the National Economic Recovery Programme (NERP) of 2003, the Macroeconomic Policy Framework (2005-2006), the National Economic Development Priority Programme (NEDPP) (2006 – 2007) and various policy pronouncements through the fiscal, monetary and sectoral policies. These policy frameworks were all intended to realise the 2015 MDGs targets and the country's vision 2020.

GROWTH, FINANCE AND INVESTMENTS

Output Growth

Overall economic performance was negative since 2000, see Figure 8.1. During the period 2000 – 2007, real Gross Domestic Product (GDP) growth has been shrinking, recording a cumulative contraction of over 33.5 percent. The decline in real GDP emanated from the unstable macroeconomic and political environment

SOURCE: MOED and Central Statistics Office



coupled with intermittent droughts, foreign exchange shortages and a surge in international oil prices. Their adverse effects undermined the performance of major sectors of the economy and generated a hyperinflation spiral.

Agriculture which is a major contributor to GDP, averaging 17 percent of GDP, registered a cumulative decline of over 20 percent. Meanwhile, the manufacturing sector, whose contribution to GDP averaged 18.6 percent, also registered a significant decline which contributed significantly to the decline in GDP.

A negative trend was also recorded in the mining sector, largely due lack of adequate capital, depressed prices, intermittent energy and transport supplies, transport problems, smuggling and underreporting due to the opaque nature of the extractive sector. Also other impediments to the sector are old and archaic equipment, machinery and extraction methodologies. With respect to the tourism sector, the negative decline in performance was largely as a result of the negative publicity the country was facing. Table 8.1 presents the growth rates by industry.

TABLE 8.1: GROSS DOMESTIC PRODUCT BY INDUSTRY AT CONSTANT (1990) PRICES: GROWTH RATES

| INDUSTRY | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|--------------------------------------|------|------|------|------|------|------|------|------|
| Agriculture, Hunting, and Fishing | 2 | 14 | -24 | -15 | -9 | -5 | -4 | -7 |
| Mining and Quarrying | -7 | -14 | 2 | -31 | 23 | 1 | -6 | -3 |
| Manufacturing | -11 | -5 | -13 | -13 | -10 | 4 | -3 | -5 |
| Electricity and Water | -1 | 10 | 6 | 1 | 8 | -7 | -4 | -1 |
| Construction | -15 | -35 | -41 | -10 | -2 | -2 | -5 | -3 |
| Finance and Insurance | 1 | -1 | 21 | 3 | -4 | -29 | -8 | -4 |
| Real Estate | 5 | 4 | 4 | 2 | 1 | 1 | -5 | -3 |
| Distribution, Hotels and Restaurants | -9 | -5 | -5 | -31 | -20 | -20 | -2 | 2 |
| Transport and Communication | -6 | -4 | -1 | -8 | -1 | 1 | -1 | -2 |
| Public Administration | -6 | 5 | 2 | 2 | 6 | 6 | -2 | -4 |
| Education | 4 | 6 | 1 | 1 | 1 | 1 | -3 | -5 |
| Health | -8 | 18 | -13 | 0 | -1 | 1 | -1 | -2 |
| Domestic services | -5 | 6 | 2 | 0 | -1 | 1 | -1 | -2 |

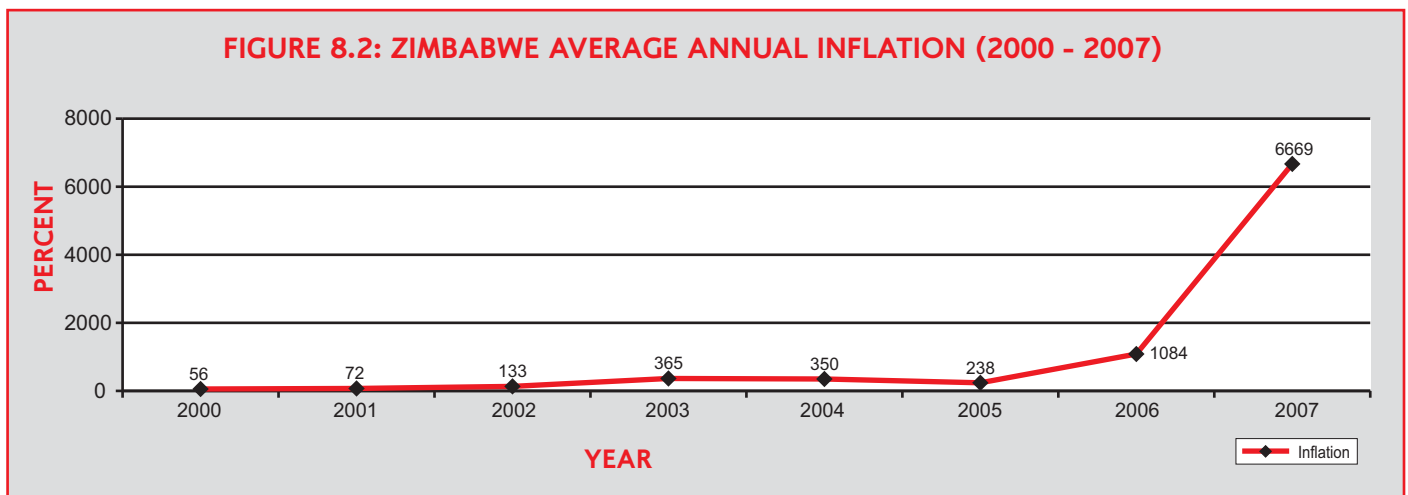
GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Inflation Developments

Inflation was one of the major challenges that the country faced during the period under review. Average annual inflation rose from 56 percent in 2000 to 6,668.52 percent in 2007. Inflation became a huge burden to the country due to its corrosive social and economic costs associated with it. Inflationary developments resulted in the erosion of real disposable incomes and impoverishment of people, especially those living on fixed incomes e.g. pensioners.

The combined effects of supply side rigidities, drought induced food shortages, rising international fuel prices, shortages of foreign currency, impact of administered prices, emergence and sustenance of the black market, money supply growth & excessive credit expansion, indexation of prices to parallel foreign exchange rates, inflationary expectations, and speculative behaviour by economic agents sustained the inflationary build-up in the economy. Figure 8.2 below shows the inflation trends.



SOURCE: Central Statistics Office.

Investment and Savings

High domestic savings, through providing entrepreneurs with investible funds, are a prerequisite for investment and capital formation, which underpins sustained economic growth and development. National savings as a percentage of GDP remained low during 2000–2007.

SOURCE: MOED, CSO and MOF.

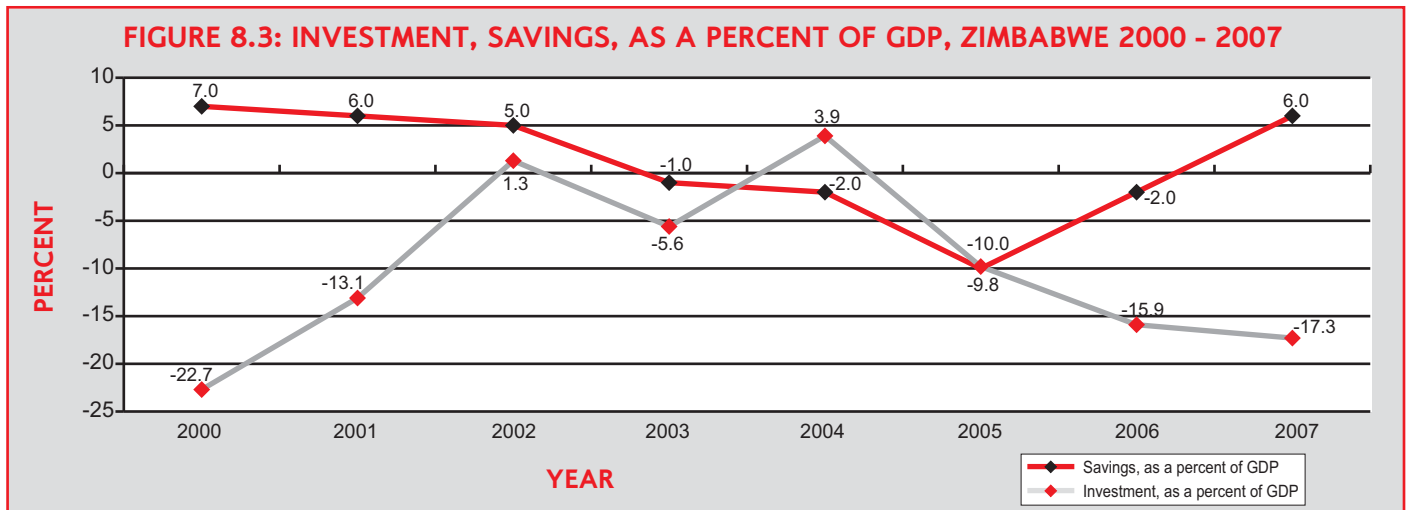
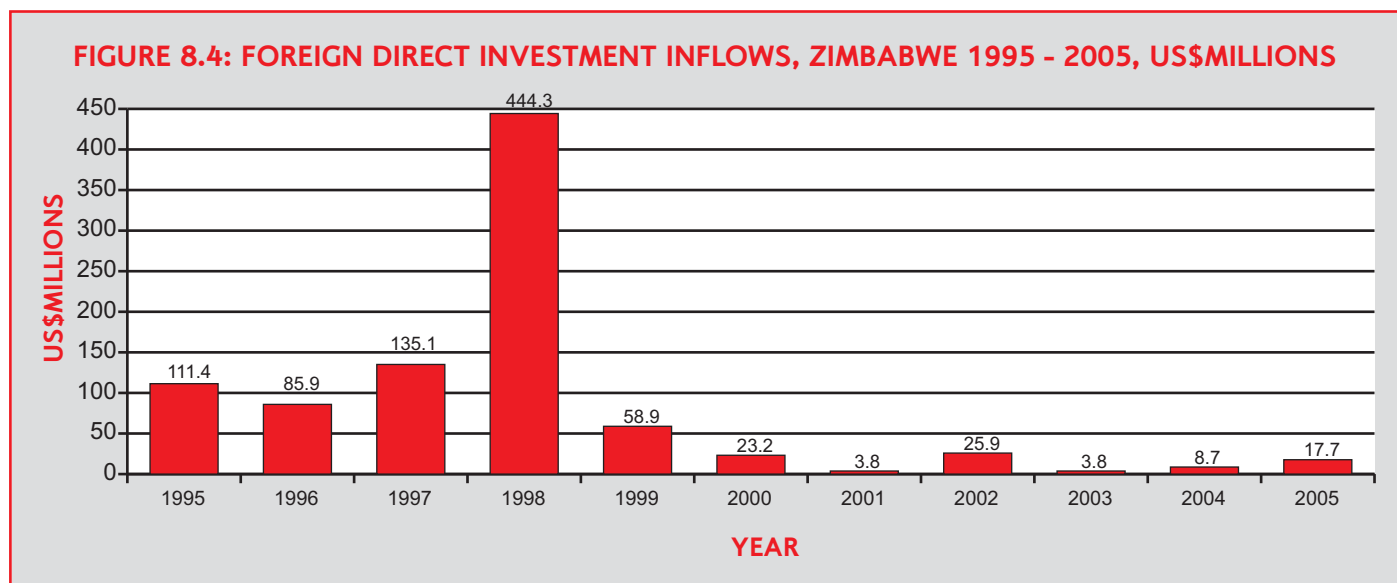


Figure 8.3, above, shows that savings, as a percentage of GDP, persistently declined from 7 percent in 2000 to -10 percent of GDP in 2005. In 2006, national savings as a percentage of GDP improved to -2 percent before climbing to 6 percent in 2007. The highly unstable macroeconomic environment was a major cause of declining national savings in the economy as disposable incomes and retained earnings were eroded by high inflation thereby reducing the propensities to save.

Investment remained very low at -23 percent of GDP in 2000 and was estimated at -17.3 percent in 2007, as shown in Figure 8.3. Investment fell because of harsh macroeconomic environment, declining domestic savings and the ever rising cost of capital. This had a negative effect on business confidence and hence overall investment. However, the trend was temporarily reversed in 2004 owing to the improved macroeconomic policy environment that obtained in 2004. This improved economic environment had a positive effect on business confidence and investor expectations, hence high investment levels recorded in 2004. The gap between savings and investment again widened between 2004 and 2005. As the gap widened further in the following years, coupled with deteriorating FDI, total investment levels eventually declined and this had an adverse impact on the economy's capacity to produce goods and services, which contribute to economic growth.

Foreign Direct Investment

The negative perception that came with sanctions negatively impacted on foreign direct investment coming into Zimbabwe as the country was perceived as a risky investment destination.



SOURCE: Reserve Bank of Zimbabwe

As shown in Figure 8.4, in 1998, Foreign Direct Investment (FDI) inflows reached an all time high of US\$444.3 million. The trend in FDI inflows significantly declined in 1999 to 58.9m and by 2003 the inflows had dropped to a mere US\$3.8 million. These low investment levels, poor performance in the export sector, further exacerbated foreign exchange scarcity, leading further to strain in imports of critical raw-materials availability. While it is acknowledged that the transitory effects of the Fast Track Land Reform Programme contributed to a decline in macroeconomic performance, it is equally true that sanctions, measures and restrictions imposed on the country had a detrimental contribution to the demise in economic output.

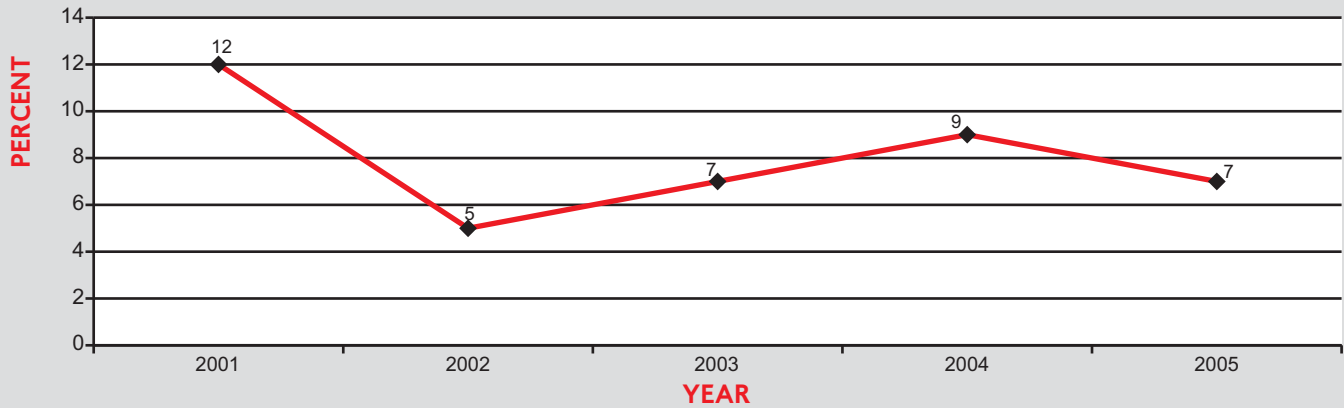
GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Gross Fixed Capital Formation

The gross capital formation as a percentage of GDP declined from 12 percent in 2001 to 7 percent in 2005 and it still lies far below the recommended level of 25 percent as shown in Figure 8.5.

FIGURE 8.5: GROSS CAPITAL FORMATION AT CONSTANT 1990 PRICES, AS A PERCENT OF GDP, ZIMBABWE 2001 - 2005



The need to increase FDI in order to support foreign currency inflows remained a critical challenge. However, the capacity to exploit opportunities for joint venture investment projects depended to a large extent on sound and predictable macro-economic policies.

Monetary and Financial Sector Developments

Zimbabwe has all the elements of a modern developed financial sector, including life and general insurance, public and private pension funds and active capital markets including the Zimbabwe Stock Exchange and twelve stockbrokers.

The macroeconomic developments in 2004 brought to light some underlying weaknesses which existed in the financial sector. Notable among these were poor standards of corporate governance, inadequate risk-management, and the use of depositors' funds for speculative investments. In addition, there was abusive self-dealing, including unreported insider transactions, use of subsidiaries and affiliates to evade prudential limits, and use of liquidity advances to support group companies and deliberate misreporting to conceal losses and overstating capital.

The corrective measures to address these malpractices saw several weak financial institutions, commercial banks, asset management companies and discount houses being placed under curatorship or liquidation during 2004. Some of the affected banks were amalgamated into one entity. However, the banking sector generally remained safe and sound and this was attribute to enhanced supervision methods as well as continued improvements in risk management and corporate governance practices among banking institutions themselves.

The Banking Sector by Type of Institution

However, the financial sector made notable efforts towards increasing outreach to formerly marginalised rural society through opening new branches in these areas. Commercial banks dominate Zimbabwe's financial system, and the largest five banks (two majority domestically owned and three foreign owned) account for 65 percent of banking sector assets. Bank branches are widespread as evident from a total of 537 branches in the country's 10 provinces at end 2007. Of these, 269 are commercial banks, 14 are merchant banks, 159 are building societies, 2 are finance houses, 5 discount houses and 88 are non bank financial institutions. The licensing of microfinance/ money-lending institutions continued with some of these, however, failing to renew their licenses due to operational viability constraints.

TABLE 8.2: THE BANKING SECTOR BY TYPE OF INSTITUTION

| | |
|---|-----|
| Commercial banks | 14 |
| Merchant banks | 5 |
| Discount houses | 4 |
| Finance houses | 2 |
| Building Societies | 4 |
| Total banking institutions | 29 |
| Asset Management companies | 17 |
| microfinance / money-lending institutions | 291 |

The Zimbabwe Stock Exchange

The Zimbabwe Stock Exchange is one of Africa's leading equity exchanges and a leading provider of services that facilitate the raising of capital and the trading of shares. The ZSE has been rated the second performer in the world's emerging capital markets with more than 75 listed companies. Currently there are 83 companies listed, some with dually listed on the London Stock Exchange and Johannesburg Stock Exchange. The Zimbabwe Stock Exchange (ZSE) performed considerably well in the face of the hyper inflationary environment experienced in the economy. ZSE's performance has yielded best returns to investors (i.e. positive returns), and is regarded as one of the best high yielding markets in Africa.

Insurance Industry

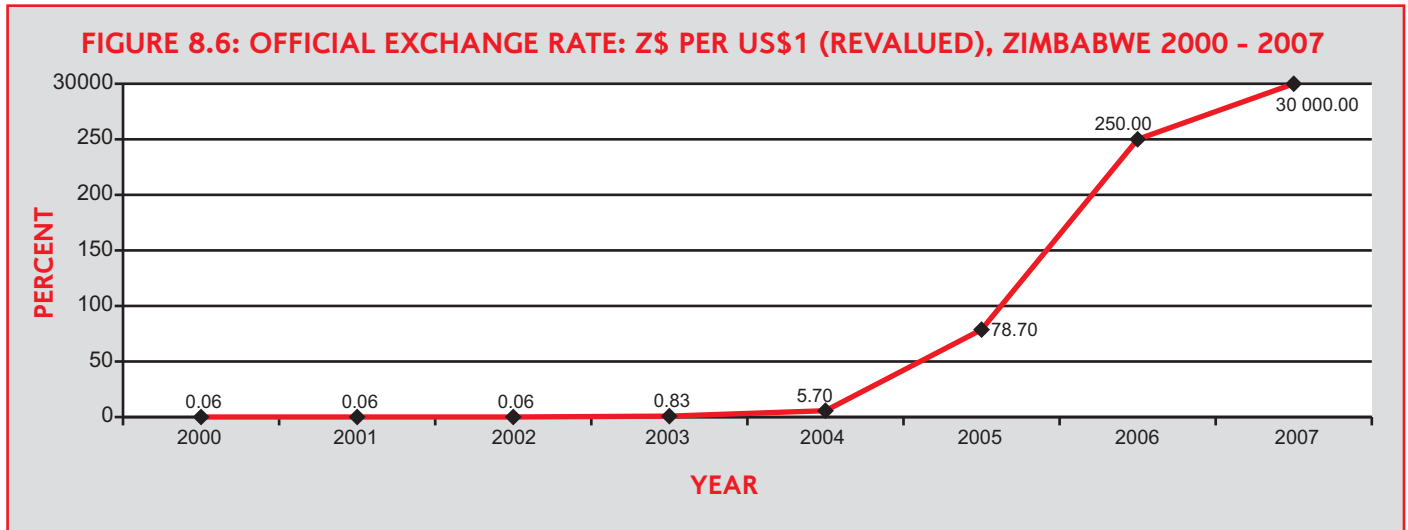
In the insurance industry, Insurance & Pensions Commission (IPEC) was established as a separate regulator of the industry from the Ministry of Finance. This was in line with international best practice on the shift from compliance based supervision to a proactive risk-based approach. Institutional investors such as insurance companies and pensions funds constitute about 80% of investments on the Zimbabwe Stock Exchange. However, IPEC did not make major an impact on the market and the economy as a whole as it was still in its infancy.

GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Foreign Currency and Exchange Rate Developments

The country's official exchange rate was generally fixed. In 2004, the exchange rate policy was relatively flexibly managed under the Central Bank Exchange Rate Auction System. The country's currency was devalued significantly between 2000 and 2007, ending at Z\$30,000 per US\$1. Figure 8.6 shows the trends in official exchange rate movements.

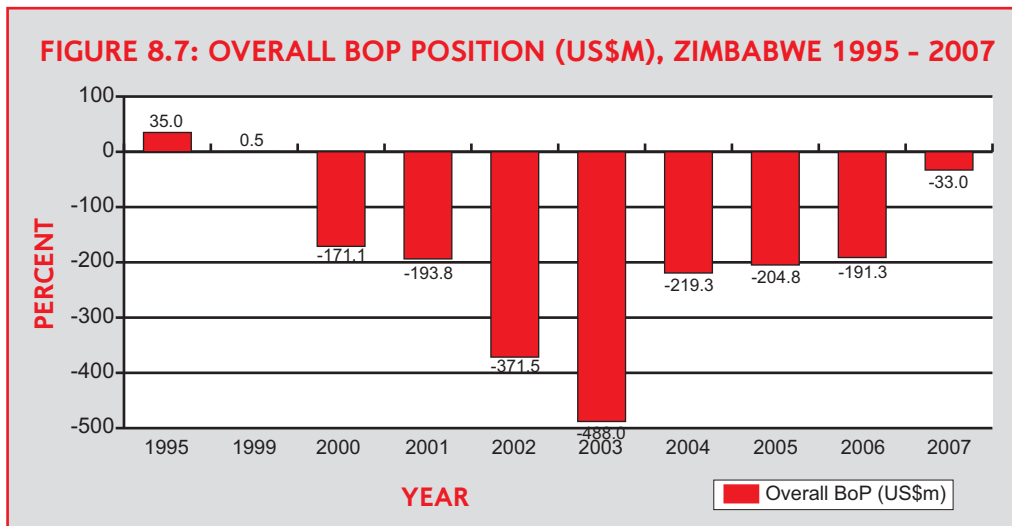


In July 2006, country's currency was rebased and hence all monetary denominations and exchange rate values were revalued.

Trade

The Zimbabwean economy is still largely based on the export of primary products, thereby forgoing income that could be realized through value addition of its products. In paying due cognisance to this, the country's Industrialization Policy seeks to promote value addition to products. Value addition started to take place in areas of cotton spinning and weaving, tomato paste and vegetable canning, cigarette manufacturing (increased from 1 company in 2002 to six companies by 2005) and plans are underway to refine platinum.

Source: Reserve Bank of Zimbabwe



Zimbabwe's overall balance of payments (BoP) position has been negative since 2000. The last reported positive balance of payments was in 1999 when the country recorded a value of US\$0.5 m, deteriorated to an all time low level of a deficit of US\$488m in 2003. This unfavourable development emanated from the combined effects of poor export performance, high import demand, and reduced capital

inflows, on the back of adverse publicity. The country's BoP position remained negative as the country was not able to access BoP support and lines of credit from the International Financial Institutions as it was considered under sanctions. The BoP position slightly improved though in the negative in 2004 and years thereafter, ending at a negative of US\$33m in 2007.

Zimbabwe's trade regime largely follows the SADC trade protocol since 2002, and the country worked towards reducing tariffs in line with the envisaged SADC free trade zone by 2008. Zimbabwe also continued to trade under the Common Market for Eastern and Southern Africa (COMESA) Free Trade Area, which was scheduled to form a Customs Union by 2008. Zimbabwe continues to enjoy preferential trade under the African Caribbean and Pacific –European Union (ACP-EU) Agreement. However, the country was not able to meet its sugar and beef export quotas to the EC mainly due to drought and the foot & mouth diseases. The ongoing standoff between developed and developing countries on World Trade Organisations (WTO) negotiations mainly on agricultural subsidies continue to hurt competitiveness of most developing countries including Zimbabwe.

Economic Partnership Agreements (EPA) remains a challenge to Zimbabwe, as the arrangement is deemed to erode trade preferences. The country trades under more than 40 bilateral agreements, however given the fall out with traditional trading partners; Zimbabwe resorted to the "Look East Policy". This policy paid off well given that major sources of FDI in agriculture, energy, communication and textiles came from the east and is expected to increase within the coming years. Exports to the eastern countries, most notably China significantly increased from the tobacco and cotton industries.

Domestic Government Debt

As at December 2007, total outstanding domestic debt amounted to Z\$21,174 trillion compared to Z\$102m in December 2000 (revalued). The rise in Government domestic debt reflects increased domestic borrowing from central government to finance budget deficits as tax revenues to finance increasing expenditures and external resources dwindled. However, the sharp rise is also nominal due to hyperinflation which was dominant throughout the period.

TABLE 8.3: DOMESTIC DEBT, Z\$ MILLIONS (REVALUED) , ZIMBABWE 1999-2007

| Year | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---------------|------|------|------|------|------|-------|--------|---------|------------|
| Domestic Debt | 78 | 102 | 154 | 350 | 591 | 2 793 | 15 886 | 175 666 | 21 174 000 |

Attempts to restructure Government domestic debt from short to longer term maturities remained undermined by the prevailing hyper-inflationary environment.

External Debt

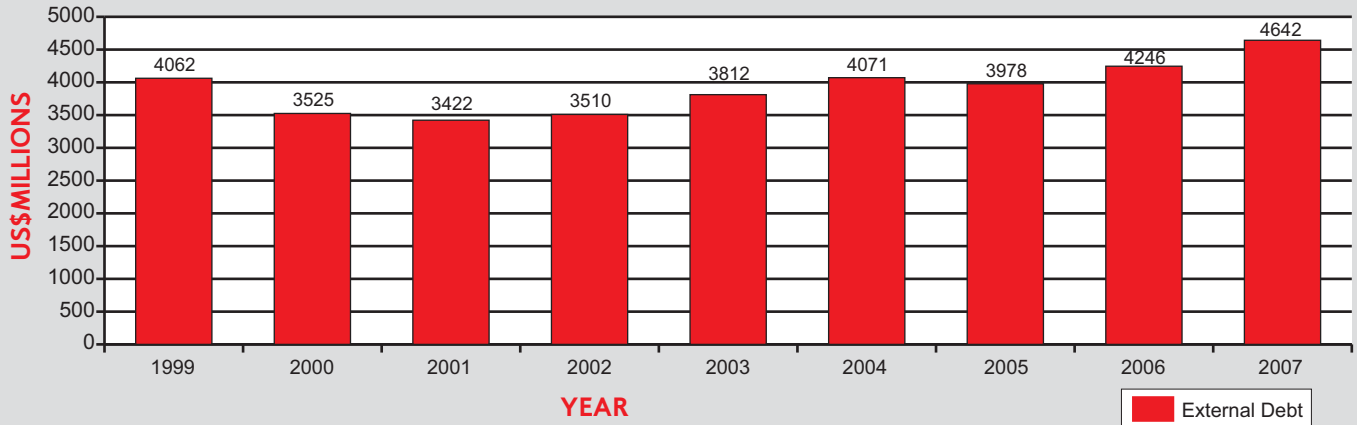
The country's external debt situation remained unsustainable. The increase in external debt was mainly attributed to the accumulation of arrears and capitalization of interest.

GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Zimbabwe's external debt at 31 December 2007 stood at US\$4.642 billion. Total external debt arrears amounted to some US\$2.75 billion having risen from US\$109m in 1999. In August 2005, Zimbabwe made a substantial payment of US\$120 million to the IMF. This resulted in a significant reduction of Zimbabwe's arrears to the Fund.

FIGURE 8.8: TOTAL EXTERNAL DEBT, US\$MILLIONS, ZIMBABWE 1999 - 2007

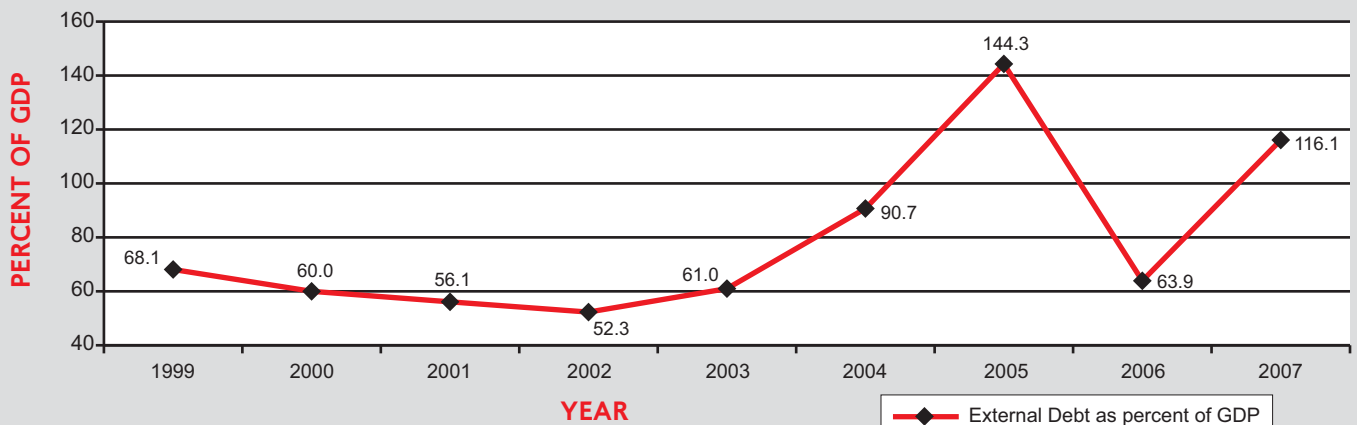


Source: MOF and Reserve Bank of Zimbabwe

Accumulation of arrears started in 1999 as the economy failed to meet its external obligations. Inability to meet external obligations was exacerbated lack of BoP support since 2001, suspension of disbursements by creditors, unavailability of new borrowings and inadequate foreign currency generation.

The ratio of total external debt to Gross Domestic Product marginally declined between 1999 and 2002 before drastically increasing between 2003 and 2005 climbing to a peak of 144.3 percent in 2005. The ratio declined in 2006 before ending 2007 at 116.1 percent, showing the increase in debt arrears as well as declining economic output. Figure 8.8.

FIGURE 8.9: EXTERNAL DEBT AS PERCENT OF GDP, ZIMBABWE 1999 - 2007

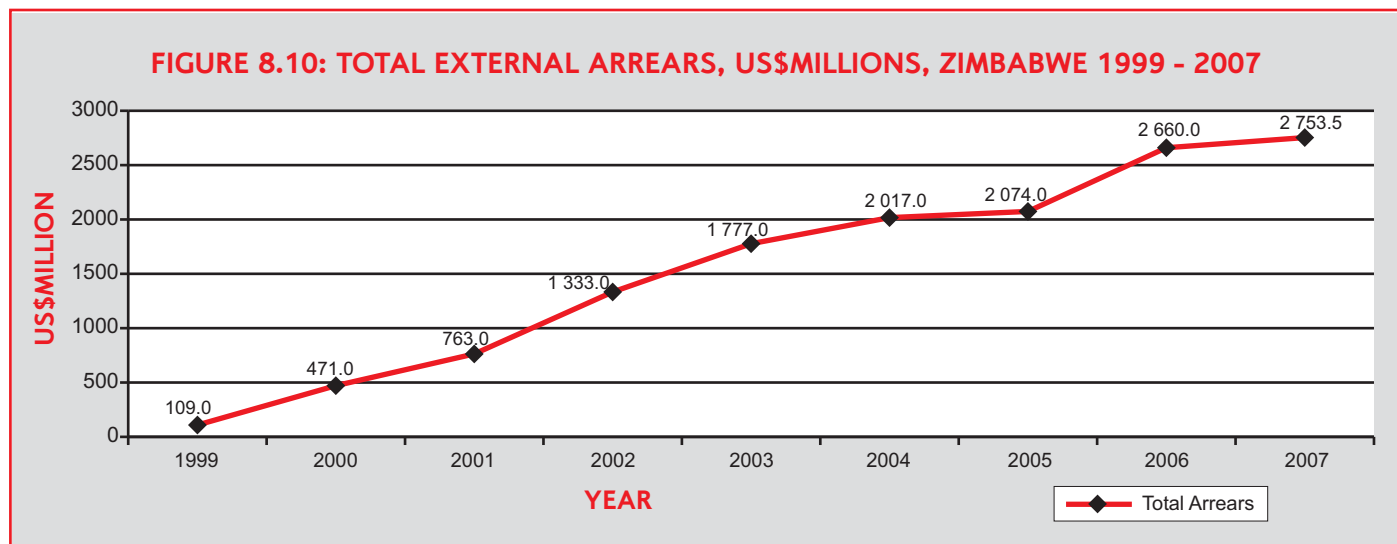


Source: MOF and Reserve Bank of Zimbabwe

With regards to external debt management, Zimbabwe has been implementing debt management strategy adopted in 2004 wherein priority was being given to multilateral institutions in line with the preferred creditor's status accorded to these institutions. Also, the country was making token payments to friendly cooperating creditors with potential to disburse /extend new loans.

GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT



Source: MOF and Reserve Bank of Zimbabwe

Figure 8.9 shows the total external arrears. However, due to lending sanctions imposed on Government due to the arrears situation, the country managed to access direct private sector loans through the External Loan Coordinating Committee (ELCC).

Decent and productive work

Zimbabwe is richly endowed with an educated human capital base. Over the years, with economic decline, brain drain increased as people sought greener pastures in the Diaspora. Unemployment has also been increasing over the period under review due to the contraction of the economy characterised by capacity underutilisation of industry. The rate of structural unemployment for the population aged 15 years and above was at 63 percent in 2003. Rural areas had higher structural unemployment (62 percent) than urban areas (35 percent). Structural unemployment was higher for females (70 percent) than male (56 percent) because the very poor and poor in the agriculture and informal sector are largely women. Persons with disabilities had higher structural unemployment (69 percent) than those without (62 percent). Structural unemployment is estimated to have worsened with the continued economic decline. The formal sector absorbs only 10 percent of these school leavers, resulting in a large number being unemployed. As alluded to in Goal 1, Zimbabwe's informal sector employment has been growing over the years from 23 percent of the employed people being employed in the sector in 1995 to 30 percent in 2003 depicting an economic and employment challenge. (2003 PASS)

Small & Medium Enterprises

Zimbabwe recognises that SME's are critical for strengthening economic performance and employment creation, particularly in developing countries. The country has a strong institutional framework supporting the development of SMEs.

GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

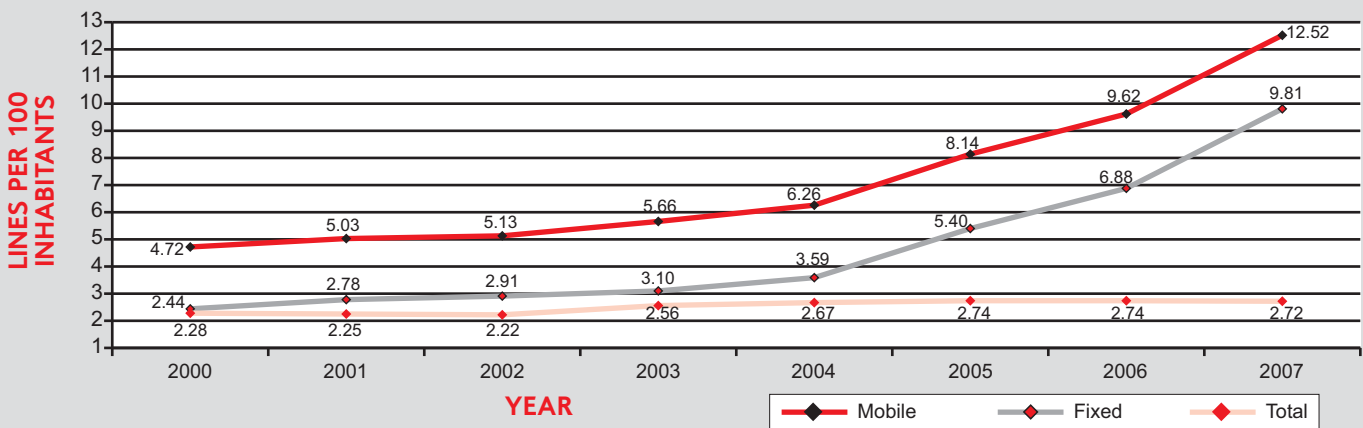
The sector, while playing a critical role in economic growth and development, is confronted with a number of challenges which include access to finance, enforcement of legal and regulatory frameworks. There is therefore need to support the small to medium size enterprises in the informal sector and help them graduate into the formal sector.

Information, communications and technology

Efficient Communication is important for competitiveness. Increasing investment in mobile telecommunication across our urban areas, as well as expansion being made into our outlying rural areas, is enhancing access to communication and information throughout the country. Further expansion in the next few years by the mobile networks should progressively raise the penetration rate of mobile phones to regional best practices of close to 50 percent of the population. New developments are set to see more base stations being put up, as the industry embraces the introduction of wireless and broadband internet access technology. The collaboration between Government and co-operating partners to support these expansion initiatives by the telecommunication industry, including the provision of foreign currency to import modern equipment and technology is critical.

On fixed line and mobile telephone access, Zimbabwe registered progress from 32 per 1000 in 2000 to 58 in 2003.

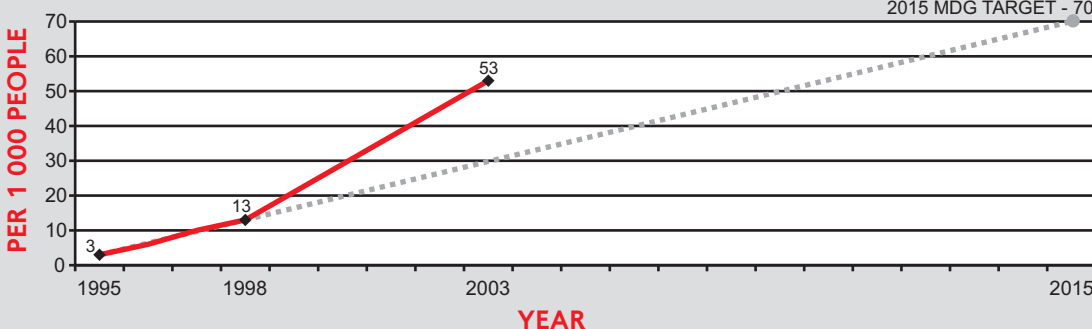
FIGURE 8.11: TELEPHONE LINES BY TYPE, PER 100 INHABITANTS, ZIMBABWE 2000 - 2007



Source: POTRAZ, Zimbabwe

The telecommunications sector continued to face challenges which included congestion on the mobile networks due to prolonged commercial power failure, low tariffs, foreign currency constraints, staff turnover, and skills flight, among others.

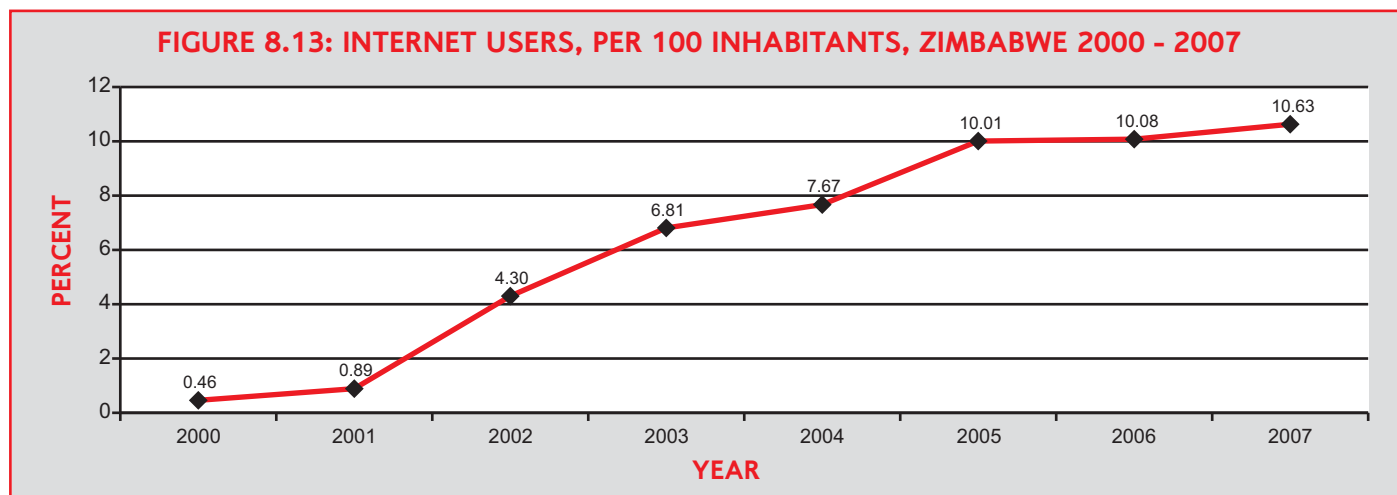
FIGURE 8.12: PERSONAL COMPUTERS, PER 1 000 PEOPLE, ZIMBABWE 2002 - 2015



Source: World Bank: World Development Indicators, 2005.

Zimbabwe has made significant progress in access to personal computers from 13 per 1000 persons in 2000 to 53 in 2003, see figure 8.10.

The country, through the Posts and Telecommunications Regulatory Authority of Zimbabwe (POTRAZ) managed to create a conducive environment in which licensed operators were able to develop their networks to extend their services to more people as indicated by the gradual increase in tele-densities see Figures 8.11 and 8.12. POTRAZ made substantial efforts to meet the targets for the period 2000 - 2007 by enhancing the licensing of new entrants into the sector. This has seen the downstream increase in the number of Internet Service Providers which resulted in corresponding increase in the number of Internet users. There has been an increase in internet access over the years rising from 0.5 users per 100 inhabitants in 2000 to 10.6 in 2007 as shown in Figure 8.11



Source: POTRAZ, Zimbabwe

The postal sector has seen a significant improvement in the postal density, increasing from 44 039 people served by a permanent Post office in 2002 to 40330 in 2006. The percentage of peoples having mail delivered at home increased from 70 in 2002 to 83 in 2006. However, the quality of service in terms of delivery time fell below the internationally acceptable standard whereby 65 percent of all mail has to be delivered within 5 working days.

Access to affordable essential drugs

During the period under review, significant progress was made with regard to access to drugs especially anti-retroviral drugs at public health institutions. The estimated number of adults (age 15-49 years) needing antiretroviral therapy (ART) reached 510,356 in 2004 and is at 479,796 in 2007. An estimated 15.7 percent of people in need of ART received first line therapy in 2007. An estimated 102,566 people newly needed to initiate first line therapy in 2007. Approximately 86,000 people received ART in 2007 through the MOHCW ART rollout program which started in 2004. While there is some progress with regards to ART availability, access to other essential drugs remains a challenge. Local pharmaceutical companies are facing challenges in securing the foreign currency they need to purchase raw materials.

GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

CHALLENGES IN ACHIEVING THE GOAL

| CHALLENGES | PROGRESS IN ADDRESSING THE CHALLENGE |
|---|---|
| Lack of consensus between Government, business and labour over the pricing of key commodities and services. | Two protocols signed towards a Social Contract. Dialogue continued under the Tripartite Negotiating Forum. |
| Lack of concurrence between the social partners on the modelling of incomes. | Remained a challenge. |
| Implementation of a two pronged strategy of the Import Substitution Policy in view of export promotion, under the Industrialisation and Export Strategy Policies. | Export Incentives introduced. |
| Inconsistencies between bilateral and regional agreements. | Efforts to harmonise agreements made through established Steering committees under regional blocks. But remained a challenge. |

SUPPORTIVE ENVIRONMENT

With the 2003 Poverty Assessment Survey Study results out, a National Poverty Reduction plan will be formulated in the Zimbabwe Economic Development Strategy (ZEDS, 2009 – 2013) anchored on MDGs;

- Industrialization Policy – National Export Strategy currently underway
- Fiscal and Monetary Policy reviews
- National SME Policy for 2003-7 and its implementation
- National Information Communication Technology Policy
- The Zimbabwe United Nations Development Assistance Framework
- SADC mediation efforts and initiatives for political parties' dialogue
- Regional integration efforts e.g. towards a COMESA Customs Union
- Government through the Infrastructure Development Bank has set up a Youth Development Fund to avail capital to those projects that have been identified as highly productive

- The setting up of the Ministry of Small and Medium Enterprises has been crucial for strengthening economic performance and employment creation
- The Posts and Telecommunications Regulatory Authority of Zimbabwe has managed to create a conducive environment for licensed operators to develop their networks and extend their services to more people.

GOAL 8

DEVELOP A GLOBAL
PARTNERSHIP FOR DEVELOPMENT

PRIORITIES FOR DEVELOPMENT

- Reengaging the international community and restoring Zimbabwe's credibility with international development partners.
- To improve access of the financial services to both SMEs and the informal sector.
- Harmonising bilateral and regional agreements
- Resuscitate and sustain positive economic growth and sustained growth.



“As a Nation with Oneness of Purpose, Together we can Score this Goal!”

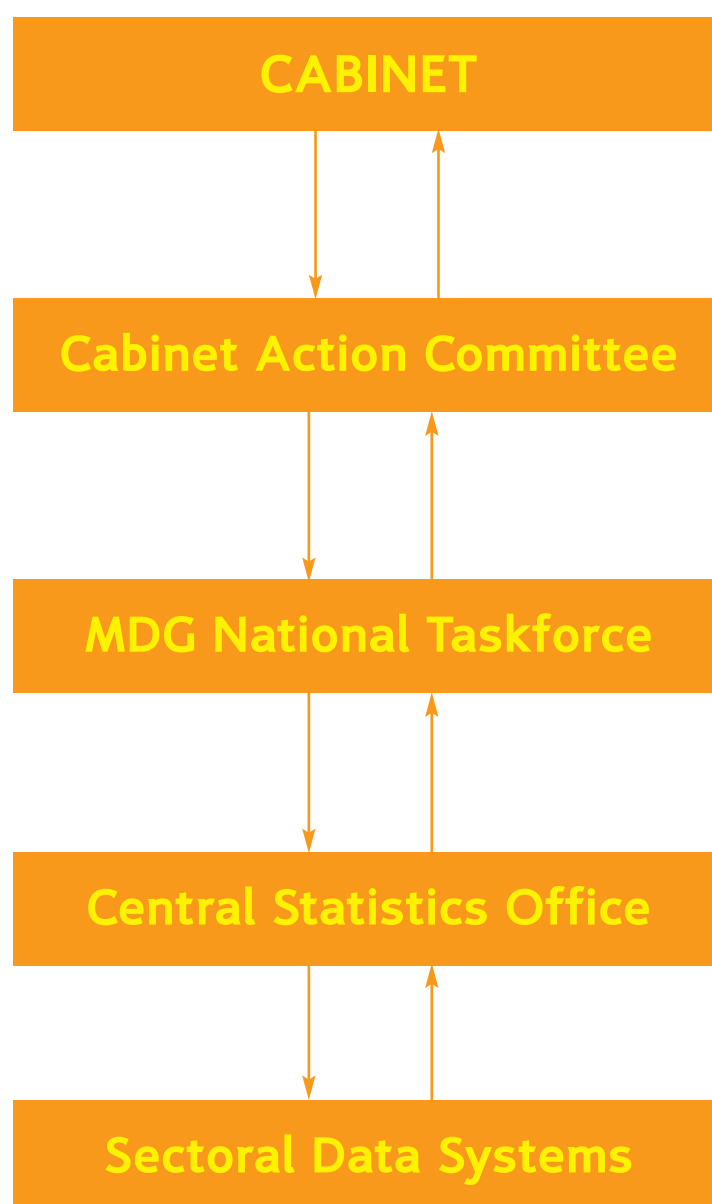
ASSESSMENT OF MONITORING AND EVALUATION CAPACITIES

| Elements of Monitoring Environment | Goal 1 | Goal 2 | Goal 3 | Goal 4 | Goal 5 | Goal 6 | Goal 7 | Goal 8 |
|--------------------------------------|--------|--|--------|---|--|--|--|--------|
| Data Gathering Capacity | | Strong: There was a review of the data gathering instruments and a pilot that was supported by (DMIS) UNESCO, DEVINFO (for processing and analysis of data) | | Fair: Administrative data gathering is fair but more still needs to be done in collecting survey data for local needs. Private institutions are now required by law to submit returns on health information. | Fair: Faced challenges between 2003 and 2004 due tele-communication structure and human resources challenges. However in 2005 has started to improve. | As reported quantitative data from NAC, piloted in 20 districts. | Fair: Still do not have data on most indicators on environment. Mining, waste management, air pollution, land degradation, deforestation (weak), no resources for monitoring all forms of biodiversity. Only concentrate on the major species. | Good |
| Quality of Recent Survey Information | | Weak: Lack of capacity to process and analyse at central level (head office) ideally data should be processed and analyzed at district level. | | Good: Generally mortality data is under reported (infant and under five). But need to strengthen capacities at local level in terms of data gathering and use. | Fair: Needs to strengthen all maternal deaths including the community maternal deaths. | Improved surveys; infection rates among young women; DHS, timeliness and frequency can be improved, still have a long way to go. | Strong: Vegetation & animal population – Strong Water and sanitation – strong, mining – strong | Good |
| Statistical Tracking Capacities | | Fair: Quality of data (fair) data gathering unit grossly understaffed. | | Fair: Comprehensive but need improvement on completeness and timeliness. | Fair: Still needs improvement. | Weak, except for TB nothing for ARV, HIS Report. | Fair – State of the environment report. | Good |

| Elements of Monitoring Environment | Goal 1 | Goal 2 | Goal 3 | Goal 4 | Goal 5 | Goal 6 | Goal 7 | Goal 8 |
|--|--------|---|--------|---|---|---|---|--------|
| Statistical Analysis Capacities | | Fair: The system does not have the capacity. The department is understaffed. | | Fair: Good at national level but needs strengthening at provincial and district level. Capacity of analysis at the local level. | Weak: Needs strengthening at all levels. | Weak: To improve analysis especially at lower level. | Fair | Fair |
| Capacity to Incorporate Analysis into Policy | | Fair | | Fair: Recent trends indicate a translation of statistics into policy. Centralization and decentralization–survey data on nutrition and vaccination translate into policy. No statistics that trigger local processes. | Good: Safe motherhood principle based on realization of deteriorating maternal mortality ratios. | Weak: No appreciation of evidence based policy making. | Fair – Now have the EMA in place. | Good |
| Monitoring and Evaluation Mechanism | | Fair | | Fair: There is need to decentralize the analysis of data for the effective monitoring and rapid response at local levels. | Fair: Inter ZDHS records needs strengthening. | | M&E is generally weak. There is need to invest more resources to strengthen the M&E. Lack of capacity at lower level to collect data and channel it upwards. Information exists no capacity for analysis and incorporate this info into policy formulation. | Fair |

THE MDG AND POVERTY MONITORING STRUCTURE

The MDGs and poverty are being monitored through existing structures, which continue to require strengthening in order to cope with demands of the MDG reporting process. The Cabinet Action Committees report on the different goals to cabinet. The Un country team and other development partners provide technical assistance for MDG and poverty monitoring.



Note: Each layer of this MDG and Poverty Monitoring Structure has multiple players.

DEMOGRAPHIC INDICATORS

ANNEXES

| DEMOGRAPHIC INDICATORS | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | SOURCE |
|---|---------------|--------|--------|--------|--------|--------|--------|---------------------|
| Population, millions | 11.79(97) | .. | 11.63 | 11.65 | 11.73 | 11.8 | 11.87 | CSO |
| Population, % female | 52.1(97) | . | 51.56 | 51.2 | | | | CSO |
| Area, square kilometers | 390757 | 390757 | 390757 | 390757 | 390757 | 390757 | 390757 | CSO |
| Average annual pop growth rate,% | 2.5(92/97) | .. | .. | .. | .. | .. | .. | CSO |
| Age dependency ratio | 87(97) | .. | 81 | 79 | .. | .. | .. | CSO & MPISLW |
| Life expectancy at birth | 61.00(92) | .. | 45 | .. | .. | .. | .. | CSO |
| Life expectancy at birth (female) | 57.2(97) | .. | 46 | .. | .. | .. | .. | CSO |
| Life expectancy at birth (male) | 52.6(97) | .. | 43 | .. | .. | .. | .. | CSO |
| Crude death rate, per 1000 population | 12.2 (97) | .. | 17.22 | .. | .. | .. | .. | CSO |
| Infant Mortality rate, per 1000 live births | 65(95-99) | .. | .. | .. | .. | .. | 60 | CSO-ZDHS |
| Under five mortality, per 1000 live children | 102.1 (95-99) | .. | .. | .. | .. | .. | 82 | CSO-ZDHS |
| Orphanhood rate, % under 18 years | .. | .. | .. | 22 | .. | .. | .. | MPISLW |
| Orphans and Vulnerable children, % under 18 years | .. | .. | .. | 30 | .. | .. | .. | MPISLW |
| Total fertility rate, children per woman | 4.32(97) | .. | 3.6 | .. | .. | .. | .. | CSO |
| Crude birth rate, births per thousand population | 34.7(97) | .. | 30.23 | .. | .. | .. | .. | CSO |
| Maternal Mortality rate | 695(95-99) | .. | 1068 | 1324 | .. | .. | .. | CSO & MPISLW |
| Births with skilled assistance (doctor and nurse) | 72.5(99) | .. | .. | 71.7 | .. | .. | 68 | CSO - ZDHS & MPISLW |

| INDICATORS | 1995 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | SOURCE |
|--|------|------|------|------|--------|------|------|------|------|--------|
| % of households below the Food Poverty Line | 20 | .. | .. | .. | 48 | .. | .. | .. | .. | MPSLSW |
| % of households below the Total Consumption Poverty Line | 42 | .. | .. | .. | 63 | .. | .. | .. | .. | MPSLSW |
| % of population below the Food Poverty Line | 28 | .. | .. | .. | 58 | .. | .. | .. | .. | MPSLSW |
| % of population below the Total Consumption Poverty Line | 55 | .. | .. | .. | 72 | .. | .. | .. | .. | MPSLSW |
| Food Poverty Line (FPL), Z\$ | 69 | .. | .. | .. | 29 595 | .. | .. | .. | .. | MPSLSW |
| Total Consumption Poverty Line (TCPL), Z\$ | 112 | .. | .. | .. | 45 005 | .. | .. | .. | .. | MPSLSW |
| % of de-facto female-headed households below the Food Poverty Line | .. | .. | .. | .. | 56 | .. | .. | .. | .. | MPSLSW |
| % of de-jure female-headed households below the Food Poverty Line | .. | .. | .. | .. | 53 | .. | .. | .. | .. | MPSLSW |
| % of male headed households below the Food Poverty Line | 18 | .. | .. | .. | 46 | .. | .. | .. | .. | MPSLSW |
| % of female headed households below the Total Consumption Poverty Line | 47 | .. | .. | .. | 69 | .. | .. | .. | .. | MPSLSW |
| % of male headed households below the Total Consumption Poverty Line | 39 | .. | .. | .. | 61 | .. | .. | .. | .. | MPSLSW |
| Gini coefficient | 0.53 | .. | .. | .. | 0.61 | .. | .. | .. | .. | MPSLSW |

GOAL 1 :

ERADICATE EXTREME POVERTY AND HUNGER *continued...*

ANNEXES

| INDICATORS | 1995 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | SOURCE |
|--|-------|------|-------|-------|---------|--------|-------|-------|---------|-----------|
| Human Development Indices | | | | | | | | | | |
| Human Poverty Index | 23.3 | | .. | .. | 33.2 | .. | .. | .. | .. | MPSLSW |
| Human Poverty Index (Females) | .. | .. | .. | .. | 33.2 | .. | .. | .. | .. | MPSLSW |
| Human Poverty Index (Males) | .. | .. | .. | .. | 33.3 | .. | .. | .. | .. | MPSLSW |
| Human Development Index | 0.468 | .. | .. | .. | 0.410 | .. | .. | .. | .. | MPSLSW |
| Human Development Index (Females) | .. | .. | .. | .. | 0.373 | .. | .. | .. | .. | MPSLSW |
| Human Development Index (Males) | .. | .. | .. | .. | 0.429 | .. | .. | .. | .. | MPSLSW |
| Gender Related Human Development Index | | .. | .. | .. | 0.382 | .. | .. | .. | .. | MPSLSW |
| Gender Empowerment Measure | 0.361 | .. | .. | .. | 0.402 | .. | .. | .. | .. | MPSLSW |
| Agricultural Productivity | | | | | | | | | | |
| Maize yield, metric tonnes per hectare | .. | .. | 1.231 | 0.455 | 0.783 | 1.129 | 0.529 | 0.867 | 0.659 | CSO |
| Area under irrigation, hectares | .. | .. | .. | .. | 174 000 | 80 000 | .. | .. | 115 000 | Min of AM |

| INDICATORS | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Primary School Enrolment | 2 439 131 | 2 461 683 | 2 480 094 | 2 462 829 | 2 464 682 | 2 461 932 | 2 445 520 |
| Primary School enrolment, % female | 49.1 | 49.1 | 49.2 | 49.3 | 49.5 | 49.4 | 49.3 |
| Secondary School Enrolment (Form 1-6) | 845 228 | 859 507 | 855 901 | 852 775 | 852 197 | 855 767 | 831 488 |
| Secondary School Enrolment (Form 1-6), % female | 46.8 | 47 | 47 | 47.6 | 47.6 | 48.1 | 48.1 |
| Secondary School Enrolment (Form 1-4) | 817 830 | 828 002 | 819 130 | 810 018 | 802 341 | 801 700 | 774 922 |
| Secondary School Enrolment (Form 1-4), % female | 47 | 47.2 | 47.3 | 47.9 | 48.1 | 48.7 | 48.8 |
| Secondary School Enrolment (Form 5-6) | 27 398 | 31 505 | 36 771 | 42 757 | 49 856 | 54 067 | 56 566 |
| Secondary School Enrolment (Form 5-6), % female | 41.5 | 42.3 | 40.3 | 41.2 | 39.9 | 39.5 | 38.1 |
| Primary Schools, No. | 4 827 | 4 883 | 4 945 | 5 130 | 5 372 | 5 447 | 5 560 |
| Secondary Schools, No. | 1 586 | 1 607 | 1 638 | 1 736 | 1 877 | 2 021 | 2 155 |
| Grade ones with ECEC background, % | .. | .. | 49.3 | 51.6 | 51.9 | 54.6 | 63.9 |
| Primary School Gross Enrolment Ratio (Female), % | 112.3 | 113.1 | 113.8 | 113.3 | 112.4 | 111.1 | 110.1 |
| Primary School Gross Enrolment Ratio (Male), % | 117.2 | 117.9 | 117.9 | 116.7 | 116 | 115 | 112.7 |
| Primary School Gross Enrolment Ratio (Total), % | 114.7 | 115.5 | 115.9 | 115 | 114.2 | 113.1 | 111.4 |
| Primary School Gross Enrolment Ratio (GPI) | 0.96 | 0.96 | 0.96 | 0.97 | 0.97 | 0.97 | 0.98 |
| Secondary Gross Enrolment Ratio (13-16 years), Females, % | 64.4 | 65.4 | 64.5 | 64.6 | 63.7 | 63.9 | 61.4 |
| Secondary Gross Enrolment Ratio (13-16 years), Males, % | 72.9 | 73.3 | 72.1 | 70.4 | 68.9 | 67.5 | 64.6 |
| Secondary Gross Enrolment Ratio (13-16 years), Total, % | 68.7 | 69.3 | 68.3 | 67.5 | 66.3 | 65.7 | 63 |
| Secondary Gross Enrolment Ratio (13-16 years), GPI | 0.88 | 0.89 | 0.89 | 0.92 | 0.92 | 0.95 | 0.95 |
| Primary School Net Enrolment Ratio (Female), % | 95.7 | 96.2 | 98.2 | 98.1 | 97.7 | 96.8 | 96.7 |
| Primary School Net Enrolment Ratio (Male), % | 96.7 | 96.8 | 98.7 | 97.8 | 97.8 | 97.1 | 96.7 |
| Primary School Net Enrolment Ratio (Total), % | 96.2 | 96.5 | 98.5 | 97.9 | 97.7 | 96.9 | 96.7 |
| Primary School Net Enrolment Ratio (GPI) | 0.99 | 0.99 | 0.99 | 1 | 1 | 1 | 1 |
| Secondary Net Enrolment Ratio (13-16 years), Females, % | 48.9 | 50.4 | 49.3 | 49.6 | 48.9 | 49.1 | 47.3 |
| Secondary Net Enrolment Ratio (13-16 years), Males, % | 49.1 | 50.1 | 49.3 | 48.4 | 47.4 | 46.5 | 45.2 |
| Secondary Net Enrolment Ratio (13-16 years), Total, % | 49 | 50.2 | 49.3 | 49 | 48.2 | 47.8 | 46.3 |
| Secondary Net Enrolment Ratio (13-16 years), GPI | 1 | 1.01 | 1 | 1.02 | 1.03 | 1.06 | 1.05 |

GOAL 2 :

ACHIEVE UNIVERSAL PRIMARY EDUCATION *continued...*

ANNEXES

| INDICATORS | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|---|------|-------|------|------|------|-------|------|
| Primary School Percent Disabled Children (Total) | 0.8 | 0.6 | 0.6 | 0.7 | 0.8 | 0.9 | 0.7 |
| Dropout Rate (Average Grade 1 to 6), Females, % | 6.5 | 6.1 | 7.5 | 7.6 | 7.7 | 8.6 | .. |
| Dropout Rate (Average Grade 1 to 6), Males, % | 6.4 | 5.9 | 8.1 | 7.6 | 7.7 | 9.2 | .. |
| Dropout Rate (Average Grade 1 to 6), Total, % | 6.3 | 6.3 | 7.7 | 7.4 | 7.6 | 8.7 | .. |
| Dropout Rate, Form 1-3, Females, % | 8.75 | 10.48 | 9.23 | 9.87 | 8.19 | 10.22 | .. |
| Dropout Rate, Form 1-3, Males, % | 6.3 | 7.35 | 7.9 | 7.25 | 6.59 | 6.77 | .. |
| Dropout Rate, Form 1-3, Total, % | 7.46 | 8.83 | 8.53 | 8.5 | 7.36 | 8.46 | .. |
| Promotion Rate (Average Grade 1 to 6), Females, % | 93.5 | 93.9 | 92.5 | 92.4 | 92.3 | 91.4 | .. |
| Promotion Rate (Average Grade 1 to 6), Males, % | 93.6 | 94.1 | 91.9 | 92.4 | 92.3 | 90.8 | .. |
| Promotion Rate (Average Grade 1 to 6), Total, % | 93.7 | 93.7 | 92.3 | 92.6 | 92.4 | 91.3 | .. |
| Promotion Rate, Form 1-3, Females, % | 91.2 | 89.5 | 90.8 | 90.1 | 91.8 | 89.8 | .. |
| Promotion Rate, Form 1-3, Males, % | 93.7 | 92.7 | 92.1 | 92.8 | 93.4 | 93.2 | .. |
| Promotion Rate, Form 1-3, Total, % | 92.5 | 91.2 | 91.5 | 91.5 | 92.6 | 91.5 | .. |
| Completion rate, grade 1 to 7, Females, % | 71 | 70.7 | 69.4 | 69.7 | 73.2 | 68.7 | .. |
| Completion rate, grade 1 to 7, Males, % | 73.1 | 72.2 | 70.1 | 69 | 73.7 | 67.7 | .. |
| Completion rate, grade 1 to 7, Total, % | 72.1 | 71.4 | 69.8 | 69.4 | 73.4 | 68.2 | .. |
| Completion rate GPI | 0.97 | 0.98 | 0.99 | 1.01 | 0.99 | 1.02 | .. |
| Completion rate, form 1 to 4, Females, % | 73.7 | 74.4 | 71 | 67.5 | 70.7 | 79 | 83.3 |
| Completion rate, form 1 to 4, Males, % | 82.1 | 82.2 | 83.4 | 72 | 75.3 | 84.1 | 91.7 |
| Completion rate, form 1 to 4, Total, % | 78.1 | 78.4 | 77.3 | 69.8 | 73.1 | 81.7 | 87.6 |
| Completion rate, form 1 to 4, GPI | 0.9 | 0.91 | 0.85 | 0.94 | 0.94 | 0.94 | 0.91 |
| Completion rate, form 1 to 6, Females, % | 5.8 | 5.5 | 6.2 | 8.3 | 9 | 8.5 | .. |
| Completion rate, form 1 to 6, Males, % | 7.8 | 7.5 | 8.6 | 12.5 | 13.4 | 13.3 | .. |
| Completion rate, form 1 to 6, Total, % | 6.8 | 6.5 | 7.4 | 10.4 | 11.3 | 11 | .. |
| Completion rate, form 1 to 6, GPI | 0.75 | 0.73 | 0.72 | 0.66 | 0.67 | 0.64 | .. |
| Transition rate, grade 7 to form 1, Female, % | 73.9 | 76.9 | 76 | 73.9 | 73.9 | 75.2 | 71.8 |
| Transition rate, grade 7 to form 1, Male, % | 75.4 | 76.9 | 76.1 | 72.6 | 73.4 | 73 | 68.4 |

GOAL 2 :

ACHIEVE UNIVERSAL PRIMARY EDUCATION continued...

| INDICATORS | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|--|--------|--------|--------|--------|--------|--------|--------|
| Transition rate, grade 7 to form 1, Total, % | 74.7 | 76.9 | 76 | 73.2 | 73.7 | 74.1 | 70 |
| Transition rate, grade 7 to form 1, GPI | 0.98 | 1 | 1 | 1.02 | 1.01 | 1.03 | 1.05 |
| Transition rate, form 4 to 5, Females, % | 8.4 | 9 | 9.9 | 11.8 | 12.9 | 13.9 | 14.2 |
| Transition rate, form 4 to 5, Males, % | 9.2 | 9.6 | 12.1 | 13.7 | 16.6 | 17.5 | 19.4 |
| Transition rate, form 4 to 5, Total, % | 8.8 | 9.3 | 11.1 | 12.9 | 14.9 | 15.9 | 17 |
| Transition rate, form 4 to 5, GPI | 0.9 | 0.9 | 0.8 | 0.9 | 0.8 | 0.8 | 0.7 |
| Pass rate, grade 7, Females, % | 47.7 | 48.7 | 41.9 | 40.6 | 32.6 | 35 | .. |
| Pass rate, grade 7, Males, % | 47.4 | 48.6 | 40.4 | 37.3 | 29.7 | 31.1 | .. |
| Pass rate, grade 7, Total, % | 47.5 | 48.7 | 41.1 | 39 | 31.1 | 33.1 | .. |
| Pass rate, grade 7, GPI | 1.01 | 1 | 1.04 | 1.09 | 1.1 | 1.12 | .. |
| Pass Rate, "O" level, Females, % | 21.7 | 19.2 | 20.2 | 21.2 | 19.5 | 15.3 | .. |
| Pass Rate, "O" level, Males, % | 28.4 | 26.1 | 26.7 | 25.9 | 25.4 | 20.9 | .. |
| Pass Rate, "O" level, Total, % | 25.4 | 23.1 | 23.8 | 23.7 | 22.7 | 18.3 | .. |
| Pass Rate, "O" level GPI | 0.76 | 0.74 | 0.75 | 0.82 | 0.77 | 0.73 | .. |
| Pass Rate, "A" level, Females, % | 83.4 | 67.3 | 78.7 | 83.3 | 66.3 | 72.9 | .. |
| Pass Rate, "A" level, Males, % | 80.8 | 71.5 | 79.7 | 82.9 | 68.8 | 74.3 | .. |
| Pass Rate, "A" level, Total, % | 81.9 | 69.7 | 79.2 | 83 | 67.8 | 73.7 | .. |
| Pass Rate, "A" level GPI | 1.03 | 0.94 | 0.99 | 1 | 0.96 | 0.98 | .. |
| Repetition rate, Females, % | 1.5 | 1.5 | 1.8 | 1.8 | 1.7 | 1.7 | 1.7 |
| Repetition rate, Males, % | 1.8 | 1.9 | 2.3 | 2.3 | 2.2 | 2.2 | 2.1 |
| Repetition rate, Total, % | 1.7 | 1.7 | 2.1 | 2.1 | 2 | 2 | 1.9 |
| Repetition rate, GPI | 0.81 | 0.8 | 0.79 | 0.8 | 0.76 | 0.78 | 0.81 |
| Primary School Teachers, No | 63 499 | 63 452 | 64 309 | 64 801 | 65 548 | 65 585 | 65 098 |
| Primary School Teachers, % Female | 48.4 | 48.2 | 49.6 | 50.2 | 51.5 | 51.7 | 53.4 |

GOAL 3 : PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

ANNEXES

| INDICATORS | 2000 | | 2001 | | 2002 | | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | | Source |
|--|--------|----------|--------|----------|--------|----------|--------|----------|--------|----------|--------|----------|--------|----------|-------|----------|-------------|
| | Total | % Female | Total | % Female | Total | % Female | Total | % Female | Total | % Female | Total | % Female | Total | % Female | Total | % Female | |
| Percentage of women in the Civil service who are under Secretary Level and above | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | CSO and PSC |
| Senior public /civil servants, Permanent secretary or equivalent | .. | .. | .. | .. | .. | 22 | .. | .. | .. | .. | .. | 23.8 | .. | .. | .. | .. | CSO and PSC |
| Senior public /civil servants, Under secretary and equivalent | .. | .. | .. | .. | .. | 29 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | PSC |
| Percentage of women in Local government decision making bodies | .. | .. | .. | .. | .. | .. | .. | 31 | .. | .. | .. | .. | .. | .. | .. | .. | CSO |
| Percentage of women in the private sector who are at managerial level | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Share of women in wage employment in the non agricultural sector | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Proportion of seats held by women in national parliament, House of Assembly | .. | 10.6 | .. | .. | .. | .. | .. | .. | .. | .. | .. | 16 | .. | .. | .. | 16 | CSO |
| Proportion of seats held by women in national parliament, Senate | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 36 | .. | 36 | .. | 36 | CSO |
| Ministers, % women | 21 | 16.1 | .. | .. | .. | .. | .. | .. | .. | .. | 31 | 12.9 | .. | .. | .. | .. | ZHDR |
| Deputy Ministers, % women | 12 | 8.3 | .. | .. | .. | .. | .. | .. | .. | .. | 20 | 5.3 | .. | .. | .. | .. | ZHDR |
| Governors and Resident Ministers | 8 | 12.5 | .. | .. | .. | .. | .. | .. | .. | .. | 10 | 25 | .. | .. | .. | .. | ZHDR |
| Chiefs in parliament, % women | 10 | 0 | 10 | 0 | 10 | 0 | 10 | 0 | 10 | 0 | 10 | 0 | 10 | 0 | 10 | 0 | CSO |
| High Court Judges, % women | .. | .. | .. | .. | .. | .. | .. | .. | .. | 30.8 | .. | .. | .. | .. | .. | .. | ZHDR |
| Resident Magistrates, % women | .. | .. | .. | .. | .. | .. | .. | .. | .. | 28 | .. | .. | .. | .. | .. | .. | ZHDR |
| Teachers' Colleges, Enrolment | 17 597 | 53 | 17 449 | 53 | 21 990 | 56 | 20 001 | 55 | 18 442 | 55 | 18 850 | 56 | 18 297 | 55 | .. | .. | MOHT |
| Polytechnics and Vocational Training Centres, Enrolment | 17 513 | 29 | 21 002 | 32 | 17 046 | 30 | 15 643 | 32 | 16 008 | 34 | 17 461 | 35 | 15 130 | 35 | .. | .. | MOHT |
| University, Enrolment | 31 339 | 36 | 34 753 | 36 | 35 606 | 36 | 44 872 | 36 | 47 221 | 21 | 52 802 | 23 | 33 187 | 37 | .. | .. | MOHT |

Note: 2006 Enrolments for Tertiary Institutions are for the first term only

| INDICATORS | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | SOURCE |
|---|-----------------|------|-------|-----------------|------|------|------|-----------------------------|
| Infant Mortality rate, per 1000 live births | 37 ¹ | .. | .. | .. | .. | .. | 60 | ZDHS 2005/06 |
| Under five mortality, per 1000 live births | 54 ² | .. | .. | .. | .. | .. | 82 | ZDHS 2005/06 |
| % of children under 5 years who are undernourished | 13 (99) | .. | .. | 18 ³ | .. | .. | 16.6 | ZDHS, MPSLSW |
| Percentage of children 12-23 months who had received all4 vaccinations | 74.8 (99) | .. | .. | .. | .. | .. | 52.6 | ZDHS |
| Percentage of children 12-23 months who had received measles immunization | 79.1 (99) | .. | .. | 80 | .. | .. | 65.6 | ZDHS, MPSLSW |
| Households with safe sanitation, % (rural) | 58 (99) | .. | .. | 42 | .. | .. | .. | CSO, 1999, 2002 |
| Households with safe water, % (rural) | 75 (99) | .. | .. | 68 | .. | .. | 67.1 | CSO, 99, 2002, ZDHS 2005/06 |
| Orphan hood rate, % under 18 years | .. | .. | .. | 22 | .. | .. | .. | MPSLSW |
| Orphans and Vulnerable children, % under 18 years | .. | .. | .. | 30 | .. | .. | .. | MPSLSW |
| Total fertility rate, children per woman | 4.32 (97) | .. | 3.6 | .. | .. | .. | .. | CSO |
| Crude birth rate, births per thousand population | 34.7 (97) | .. | 30.23 | .. | .. | .. | .. | CSO |
| Teenage pregnancy and motherhood, % of 15-19 years) | 20.5 (99).. | .. | .. | .. | .. | .. | 21.2 | ZDHS |
| Teenagers who were currently pregnant, % 15-19 years | 4.3 | .. | .. | .. | .. | .. | 5.5 | ZDHS |
| 1 - Period 1994/95 to 2000/01 | | | | | | | | |
| 2 - Period 2001/02 to 2005/06 | | | | | | | | |
| 3 - Children aged 6-59 months | | | | | | | | |
| 4 - BCG, measles, all 3 doses each of DPT and polio vaccine excluding polio vaccine given at birth) | | | | | | | | |

GOAL 5 : IMPROVE MATERNAL MORTALITY

ANNEXES

| INDICATORS | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | SOURCE |
|--|-------------|------|-------|-------|------|------|-----------------|--------------|
| Total fertility rate, children per woman | 4.32 (97) | .. | 3.6 | .. | .. | .. | .. | CSO |
| Maternal Mortality Ratio, per 100 000 live birth | 578 (95-99) | .. | .. | .. | .. | .. | 555 (1995-2005) | CSO-ZDHS |
| Maternal Mortality rate | 395 (92) | .. | 1 068 | 1 237 | .. | .. | .. | CSO, MPSLSW |
| Skilled* ANC attendance , % of women | 93.1 (99) | .. | .. | 91 | .. | .. | 94.2 | ZDHS, MPSLSW |
| Births with skilled assistance, % women | 72.5 (99) | .. | .. | 71.7 | .. | .. | 68.5 | ZDHS, MPSLSW |
| Home deliveries, % women | 23.3 (99) | .. | .. | 29.6 | .. | .. | 31.1 | ZDHS, MPSLSW |
| Percentage of all women, currently married and unmarried sexually active women, who ever used a contraceptive method | 63.6 (99) | .. | .. | .. | .. | .. | 67 | CSO-ZDHS |
| Percentage of all men who ever used a contraceptive method | 66.7 (99) | .. | .. | .. | .. | .. | 55 | CSO-ZDHS |
| Percentage of all women, currently married, sexually active unmarried, currently using a contraceptive method | 37.7 (99) | .. | .. | .. | .. | .. | 40.1 | CSO-ZDHS |
| Percentage of currently married women, who were currently using a contraceptive method | 53.5 (99) | .. | .. | .. | .. | .. | 60.2 | CSO-ZDHS |
| Percentage of all men who are currently using a contraceptive method | 43.2 (99) | .. | .. | .. | .. | .. | 40.6 | CSO-ZDHS |
| Percentage of currently married men, who were currently using a contraceptive method | 65.5 (99) | .. | .. | .. | .. | .. | 71.3 | CSO-ZDHS |
| *Doctor or a nurse | | | | | | | | |

| INDICATORS | 1980 | 1990 | 1995 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|--|------|---------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| ADULTS 15+ YEARS | | | | | | | | | | | |
| HIV Population | | | | | | | | | | | |
| Total | 0 | 686 903 | 1 578 176 | 1 820 009 | 1 771 299 | 1 699 034 | 1 609 085 | 1 506 813 | 1 397 085 | 1 285 171 | 1 174 754 |
| Males | 0 | 334 615 | 686 517 | 752 263 | 730 282 | 698 769 | 660 014 | 618 615 | 573 962 | 528 274 | 483 062 |
| Females | 0 | 352 288 | 891 659 | 1 067 746 | 1 041 017 | 1 000 265 | 949 071 | 888 199 | 823 123 | 756 898 | 691 692 |
| Adult prevalence | 0 | 2 | 24 | 25 | 24 | 22 | 21 | 19 | 18 | 16 | 14 |
| New HIV Infections | | | | | | | | | | | |
| Total | 0 | 176 432 | 205 777 | 109 212 | 92 093 | 77 207 | 65 419 | 53 760 | 42 892 | 29 932 | 23 480 |
| Males | 0 | 80 561 | 85 100 | 48 366 | 43 861 | 37 219 | 31 574 | 28 215 | 22 554 | 16 053 | 12 469 |
| Females | 0 | 95 871 | 120 677 | 60 846 | 48 232 | 39 988 | 33 844 | 25 546 | 20 338 | 13 879 | 11 011 |
| Adult HIV Incidence | 0 | 4 | 4 | 2 | 2 | 1 | 1 | 1 | 1 | | |
| Annual AIDS Deaths | | | | | | | | | | | |
| Total | 0 | 11 365 | 51 360 | 120 263 | 131 795 | 141 073 | 147 704 | 149 219 | 146 729 | 136 957 | 129 996 |
| Males | 0 | 7 228 | 27 396 | 57 062 | 61 372 | 64 553 | 66 505 | 66 207 | 64 246 | 59 272 | 55 697 |
| Females | 0 | 4 137 | 23 964 | 63 200 | 70 424 | 76 520 | 81 199 | 83 012 | 82 483 | 77 685 | 74 300 |
| Total Need for ART | | | | | | | | | | | |
| Total | 0 | 57 913 | 236 394 | 488 969 | 523 845 | 548 731 | 563 117 | 566 701 | 561 163 | 549 491 | |
| Male | 0 | 35 567 | 123 128 | 228 128 | 240 095 | 247 426 | 250 193 | 248 460 | 243 183 | 235 821 | |
| Female | 0 | 22 346 | 113 266 | 260 840 | 283 750 | 301 305 | 312 924 | 318 242 | 317 981 | 313 670 | |
| Total Number Receiving ART | | | | | | | | | | | |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 500 | 25 000 | 60 403 | |
| Male | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 727 | 10 866 | 26 027 | |
| Female | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 773 | 14 134 | 34 376 | |
| Number in Need of First Line Therapy | | | | | | | | | | | |
| Total | | 57 913 | 236 394 | 488 969 | 523 845 | 548 731 | 563 117 | 566 701 | 561 163 | 549 491 | |
| Male | | 35 567 | 123 128 | 228 128 | 240 095 | 247 426 | 250 193 | 248 460 | 243 183 | 235 821 | |
| Female | | 22 346 | 113 266 | 260 840 | 283 750 | 301 305 | 312 924 | 318 242 | 317 981 | 313 670 | |
| Number Newly Needing First Line Therapy | | | | | | | | | | | |
| Total | 0 | 23 258 | 82 545 | 141 059 | 145 571 | 147 072 | 145 966 | 139 952 | 131 779 | 119 131 | |
| Male | 0 | 13 637 | 41 562 | 64 088 | 64 977 | 64 705 | 63 429 | 60 134 | 56 106 | 50 379 | |
| Female | 0 | 9 620 | 40 983 | 76 971 | 80 594 | 82 367 | 82 537 | 79 818 | 75 673 | 68 752 | |
| Number Receiving First Line Therapy | | | | | | | | | | | |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 500 | 25 000 | 60 403 | 86 000 |
| Male | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 727 | 10 866 | 26 027 | 36 856 |
| Female | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 773 | 14 134 | 34 376 | 49 144 |
| Number Receiving Second Line Therapy | | | | | | | | | | | |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Male | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Female | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

GOAL 6 :

COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES continued...

ANNEXES

| INDICATORS | 1980 | 1990 | 1995 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| ADULTS 15+ YEARS | | | | | | | | | | | |
| Unmet Need for First Line Therapy | | | | | | | | | | | |
| Total | 0 | 57 913 | 394 | 488 969 | 523 845 | 548 731 | 563 117 | 558 201 | 536 164 | 489 088 | 449 804 |
| Male | 0 | 35 567 | 123 128 | 228 128 | 240 095 | 247 426 | 250 193 | 244 733 | 232 317 | 209 794 | 191 279 |
| Female | 0 | 22 346 | 113 266 | 260 840 | 283 750 | 301 305 | 312 924 | 313 468 | 303 846 | 279 294 | 258 525 |
| Adult Population 15+ | | | | | | | | | | | |
| Total | 3 717 700 | 5 535 242 | 6 510 132 | 7 321 886 | 7 452 289 | 7 573 943 | 7 690 523 | 7 808 766 | 7 932 451 | 8 068 148 | 8 211 710 |
| Male | 1 831 500 | 2 729 574 | 3 201 488 | 3 604 530 | 3 672 969 | 3 738 496 | 3 802 855 | 3 869 104 | 3 938 789 | 4 014 564 | 4 094 354 |
| Female | 1 886 200 | 2 805 668 | 3 308 644 | 3 717 356 | 3 779 320 | 3 835 447 | 3 887 668 | 3 939 661 | 3 993 662 | 4 053 585 | 4 117 356 |
| Adult HIV Incidence, % | | | | | | | | | | | |
| Total | 0 | 4 | 5 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 |
| Male | 0 | 4 | 4 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 |
| Female | 0 | 5 | 6 | 3 | 2 | 2 | 1 | 1 | 1 | 1 | 1 |
| POPULATION 15-49 YEARS | | | | | | | | | | | |
| HIV Population | | | | | | | | | | | |
| Total | 0 | 711 683 | 1 652 896 | 1 951 592 | 1 909 467 | 1 841 414 | 1 753 010 | 1 649 944 | 1 534 683 | 1 415 706 | 1 320 739 |
| Males | 0 | 347 109 | 724 178 | 817 176 | 798 279 | 768 703 | 730 629 | 688 881 | 641 586 | 592 562 | 555 400 |
| Prevalence (15-49) | 0 | 14 | 28 | 28 | 26 | 25 | 23 | 21 | 19 | 17 | 16 |
| Annual HIV+ Births | | | | | | | | | | | |
| Total | 15 591 | 32 295 | 32 499 | 30 869 | 28 835 | 26 613 | 24 282 | 13 652 | 11 996 | 17 370 | |
| Percent | 4 | 8 | 8 | 8 | 7 | 7 | 6 | 3 | 3 | 4 | |
| Cumulative AIDS Deaths | | | | | | | | | | | |
| Total | 0 | 60 300 | 300 708 | 885 136 | 1 042 530 | 1 209 010 | 1 381 733 | 1 555 336 | 1 721 832 | 1 876 893 | 2 020 679 |
| Males | 0 | 35 860 | 165 874 | 455 123 | 529 395 | 606 745 | 685 840 | 764 302 | 838 457 | 906 781 | 969 342 |
| Females | 0 | 24 440 | 134 834 | 430 013 | 513 135 | 602 265 | 695 893 | 791 034 | 883 375 | 970 112 | 1 051 337 |
| CHILDREN (0-14 YEARS) | | | | | | | | | | | |
| HIV Population | | | | | | | | | | | |
| Total | 0 | 24 780 | 74 722 | 117 477 | 121 842 | 124 395 | 125 161 | 124 670 | 120 332 | 115 147 | 132 938 |
| Males | 0 | 12 494 | 37 662 | 59 176 | 61 367 | 62 645 | 63 023 | 62 769 | 60 572 | 57 952 | 66 917 |
| Females | 0 | 12 286 | 37 060 | 58 301 | 60 475 | 61 750 | 62 138 | 61 901 | 59 760 | 57 194 | 66 021 |
| New HIV Infections | | | | | | | | | | | |
| Total | 0 | 15 591 | 32 295 | 32 499 | 30 869 | 28 835 | 26 613 | 24 282 | 13 652 | 11 996 | 17 370 |
| Males | 0 | 7 873 | 16 307 | 16 410 | 15 587 | 14 560 | 13 438 | 12 261 | 6 893 | 6 058 | 8 771 |
| Females | 0 | 7 719 | 15 988 | 16 089 | 15 282 | 14 275 | 13 175 | 12 021 | 6 758 | 5 939 | 8 599 |
| Annual AIDS Deaths | | | | | | | | | | | |
| Total | 0 | 8 663 | 20 739 | 25 418 | 25 368 | 25 028 | 24 458 | 23 616 | 18 788 | 16 921 | 12 448 |
| Males | 0 | 4 371 | 10 463 | 12 817 | 12 791 | 12 618 | 12 328 | 11 902 | 9 464 | 8 522 | 6 271 |
| Females | 0 | 4 291 | 10 276 | 12 600 | 12 577 | 12 411 | 12 130 | 11 714 | 9 324 | 8 399 | 6 177 |

| INDICATORS | 1980 | 1990 | 1995 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| CHILDREN (0-14 YEARS) | | | | | | | | | | | |
| Population 0-14 | | | | | | | | | | | |
| Total | 3 566 800 | 4 910 027 | 5 172 229 | 5 154 456 | 5 145 210 | 5 137 414 | 5 132 275 | 5 131 881 | 5 141 974 | 5 155 917 | 5 193 065 |
| Male | 1 790 600 | 2 459 948 | 2 591 831 | 2 583 136 | 2 578 529 | 2 574 632 | 2 572 047 | 2 571 821 | 2 576 843 | 2 583 760 | 2 602 327 |
| Female | 1 776 200 | 2 450 079 | 2 580 398 | 2 571 320 | 2 566 680 | 2 562 782 | 2 560 229 | 2 560 060 | 2 565 132 | 2 572 157 | 2 590 737 |
| Children Needing Cotrimoxazole | | | | | | | | | | | |
| Total | 0 | 90 824 | 212 702 | 259 843 | 258 123 | 252 871 | 244 989 | 234 803 | 223 357 | 210 089 | 194 269 |
| Male | 0 | 45 843 | 107 333 | 131 054 | 130 171 | 127 506 | 123 516 | 118 365 | 112 580 | 105 877 | 97 890 |
| Female | 0 | 44 981 | 105 369 | 128 788 | 127 952 | 125 364 | 121 473 | 116 438 | 110 777 | 104 212 | 96 379 |
| Children Receiving Cotrimoxazole | | | | | | | | | | | |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 392 | 2 839 | 4 335 | 18 475 |
| Male | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 197 | 1 431 | 2 184 | 9 308 |
| Female | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 194 | 1 408 | 2 151 | 9 167 |
| Children Needing ART | | | | | | | | | | | |
| Total | | 9 979 | 24 139 | 29 940 | 29 945 | 29 605 | 28 985 | 28 130 | 23 680 | 22 212 | 24 194 |
| Male | | 5 035 | 12 178 | 15 097 | 15 098 | 14 924 | 14 609 | 14 176 | 11 928 | 11 186 | 12 186 |
| Female | | 4 944 | 11 961 | 14 843 | 14 848 | 14 681 | 14 376 | 13 954 | 11 752 | 11 026 | 12 009 |
| Children Receiving ART | | | | | | | | | | | |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 90 | 1 172 | 1 985 | 10 000 |
| Male | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44 | 569 | 953 |
| Female | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43 | 562 | 941 |
| Mothers Needing PMTCT | 0 | 51 119 | 105 885 | 106 554 | 101 209 | 94 540 | 87 256 | 79 612 | 72 017 | 64 319 | 56 950 |
| Mothers Receiving PMTCT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 354 | 9 638 | |
| ORPHANS | | | | | | | | | | | |
| Maternal Orphans | | | | | | | | | | | |
| AIDS | 0 | 20711 | 152040 | 498725 | 581570 | 661905 | 736450 | 800117 | 900187 | 935227 | 895819 |
| Non-AIDS | 0 | 178578 | 163185 | 152749 | 150900 | 149241 | 147594 | 145791 | 143871 | 141935 | 140015 |
| Total | 0 | 199289 | 315225 | 651473 | 732470 | 811147 | 884044 | 945908 | 1044058 | 1077162 | 1035835 |
| Paternal Orphans | | | | | | | | | | | |
| AIDS | 0 | 33900 | 151984 | 397560 | 452336 | 505130 | 554383 | 597643 | 719746 | 750734 | 673264 |
| Non-AIDS | 0 | 262801 | 225002 | 211431 | 210865 | 210820 | 211059 | 211461 | 215540 | 215606 | 212615 |
| Total | 0 | 296700 | 376986 | 608991 | 663200 | 715949 | 765442 | 809104 | 935286 | 966340 | 885878 |

GOAL 6 :

COMBAT HIV AND AIDS, MALARIA AND OTHER DISEASES continued...

ANNEXES

| INDICATORS | 1980 | 1990 | 1995 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|-----------------------|------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|
| ORPHANS | | | | | | | | | | | |
| Double Orphans | | | | | | | | | | | |
| AIDS | 0 | 10600 | 61093 | 256516 | 319741 | 387654 | 456780 | 521837 | 676828 | 727467 | 639117 |
| Non-AIDS | 0 | 32596 | 23271 | 19034 | 18637 | 18324 | 18061 | 17821 | 17908 | 17650 | 17123 |
| Total | 0 | 43196 | 84364 | 275550 | 338378 | 405977 | 474841 | 539658 | 694736 | 745118 | 656240 |
| Total Orphans | 0 | 452793 | 607847 | 984915 | 1057292 | 1121118 | 1174646 | 1215355 | 1284608 | 1298384 | 1265473 |
| All AIDS orphans | 0 | 46050 | 252744 | 666803 | 745233 | 814387 | 872719 | 917699 | 991527 | 1008542 | 975956 |

Source: Ministry of Health and Child Welfare

| INDICATORS | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | SOURCE |
|--|-------|-----------|-----------|------------|------------|-------------|--------|--------------------|----------------------|
| Total GDP at constant market prices, (1990) Z\$millions | .. | 22 534 | 21 197 | 19 628 | 18 917 | 18 152 | .. | .. | CSO |
| Total GDP at current market prices, Z\$millions | .. | 1 775 135 | 3 616 023 | 10 836 288 | 49 052 900 | 205 078 208 | .. | .. | CSO |
| GDP per capita, current prices, Z\$millions | .. | 15 216 | 310 797 | 92 125 | 3 791 116 | 14 408 845 | .. | .. | CSO |
| GDP per capita, constant 1990 prices, Z\$ millions | .. | 1 932 | 1 024 | 1 621 | 1 569 | 1 703 | .. | .. | CSO |
| Real GDP growth, at 1990 prices | -7.3 | -0.2 | -5.9 | -7.4 | -3.6 | -4 | -2.5 | -4.6 | CSO |
| Inflation, year on year, % | 55.9 | 71.9 | 133.2 | 365.0 | 350.0 | 237.8 | 1016.7 | 7 982 ¹ | CSO |
| Interest rate, nominal prime lending rate-average of month- end data | 55 | .. | .. | .. | .. | .. | .. | .. | RBZ |
| Exchange rate, daily average for the year | 0.1 | 0.1 | 0.1 | 0.8 | 5.7 | 78.7 | 250.0 | 30000.0 | RBZ |
| M3 growth rate | 59.9 | 102.7 | 164.7 | 413.5 | 222.6 | 520.0 | 1579.5 | | RBZ |
| Budget deficit/surplus as a % of GDP | -19.6 | -7.5 | -2.8 | -0.4 | -7.7 | -5.9 | -1.6 | -0.1 | MOF |
| Capital Expenditure as a percent of total expenditure | 1.5 | 6.1 | 7.2 | 7.7 | 13.8 | 9.9 | 27.2 | 27.2 | MOF |
| Current Expenditure as a percent of total expenditure | 96.5 | 93.5 | 91.3 | 88.4 | 84.6 | 89.3 | 72.8 | 72.8 | MOF |
| Total Revenue as a percentage of GDP | 26.7 | 19.2 | 17.9 | 24.9 | 33.7 | 43.0 | 13.0 | .. | CSO |
| Total Expenditure as a percentage of GDP | 48.3 | 26.6 | 20.7 | 25.3 | 41.4 | 48.9 | 12.5 | .. | CSO |
| Total Gross Fixed Capital Formation at current 1990 prices, Z\$ millions | .. | 3272 | 3910 | 3533 | 1621 | 1144 | .. | .. | CSO |
| Total Gross Capital Formation at constant 1990 prices, Z\$millions | .. | 2760 | 1155 | 1375 | 1638 | 1271 | .. | .. | CSO |
| Total Gross Fixed Capital Formation at current prices, Z\$ millions | .. | 73 592 | 134 099 | 725 552 | 3 680 796 | 12 079 426 | .. | .. | CSO |
| Total Gross Capital Formation at current prices, Z\$millions | .. | 61 391 | 270 046 | 935 573 | 3 964 891 | 12 493 840 | .. | .. | CSO |
| Gross Fixed Capital Formation (constant 1990 prices) as a % GDP | .. | 15 | 18 | 18 | 9 | 6 | .. | .. | CSO |
| Gross Capital Formation (constant 1990 prices) as a % GDP | .. | 12 | 5 | 7 | 9 | 7 | .. | .. | CSO |
| Savings, as a % of GDP | 6.8 | 6.4 | 4.6 | -0.8 | -2.06 | -9.79 | -1.7 | 6.42 | CSO, MOF, MOED & RBZ |
| Gross Domestic Investment as a % of GDP | -22.7 | -13.1 | 1.3 | -5.6 | 3.9 | -9.8 | -15.9 | -17.3 | CSO, MOF, MOED & RBZ |
| Net Foreign Direct Investment, US\$ millions | 5 | 15.7 | -0.3 | -3.5 | -8.7 | .. | .. | .. | RBZ |

GOAL 8 :

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT continued...

ANNEXES

| INDICATORS | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | SOURCE |
|--|---------|---------|---------|----------------|----------|-----------|------------|-------------------|--------------|
| Exports (volumes), US\$ | 2 533.5 | 2 369.3 | 2 019.0 | 1 855.2 | 2 000.8 | 1 941.7 | 1 915.8 | 2 000.7 | CSO |
| Imports (volumes), US\$ | 2 402.2 | 2 232.4 | 2 218.0 | 2 178.6 | 2 413.5 | 2 445.6 | 2 196.7 | 2 323.3 | CSO |
| Merchandise exports as a % of GDP | -6.9 | .. | .. | .. | .. | .. | .. | .. | CSO |
| Merchandise imports as a % of GDP | -12.9 | .. | .. | .. | .. | .. | .. | .. | CSO |
| Capital Account, US\$ million | -315.1 | -403.4 | 232.8 | 221.4 | 234.1 | 2.7 | -135 | -77 | RBZ. MOED |
| Current Account, US\$ million | -135 | -86.5 | -217.1 | -350.4 | -416.7 | -537.9 | -369 | -426 | RBZ. MOED |
| Overall (BOP), US\$ million | -171.1 | -193.8 | -371.5 | -488 | 219.3 | 244.2 | -233.5 | -348.9 | RBZ. MOED |
| Overall balance of Payments as a % of GDP | -5 | -4.3 | -4.7 | -1.9 | -8.9 | -5.7 | 0.7 | .. | RBZ |
| Total debt, US\$ millions | 3 996 | 3 940 | 4 182 | 4 330 | 4 320 | 4 404 | 4 717 | .. | RBZ |
| Total external debt, US\$ millions | 3 525 | 3 422 | 3 510 | 3 812 | 4 071 | 3 978 | 4 246 | 4258 ² | RBZ |
| Total External arrears, US\$ millions | 471 | 763 | 1 333 | 1 777 | 2 016 | 2 074 | 2 130 | .. | RBZ |
| Total debt as a % of GDP | 52.0 | 39.4 | 36.4 | 14.9 | 6.3 | .. | .. | .. | RBZ |
| Total debt service as a % of GDP | .. | 2.1 | .. | .. | .. | .. | .. | .. | RBZ |
| External debt as a percentage of GDP | 58.0 | 31 | 52 | 76 | 95 | 144 | 71.6 | 78 | RBZ |
| Total debt as a % of exports of goods and services | .. | .. | .. | .. | .. | .. | .. | .. | RBZ |
| Domestic debt as a % of total debt | .. | .. | .. | .. | .. | .. | .. | .. | RBZ |
| Domestic debt, Z\$ millions | 102.1 | 154.07 | 350.11 | 590.74 | 2 793.14 | 15 885.67 | 175 665.78 | 18 427 881 | RBZ |
| Usual unemployment, males, % | .. | .. | 13 | 13 | .. | .. | .. | .. | CSO & MPSSLW |
| Overall structural unemployment*, % | .. | .. | .. | 63 | .. | .. | .. | .. | MPSSLW |
| Overall structural unemployment, females, % | .. | .. | .. | 70 | .. | .. | .. | .. | MPSSLW |
| Overall structural unemployment, males, % | .. | .. | .. | 56 | .. | .. | .. | .. | MPSSLW |
| Technology and Communication | .. | .. | .. | .. | .. | .. | .. | .. | |
| Paved roads, % | .. | .. | .. | 19 (1990-2003) | .. | .. | .. | .. | WB-WDI |
| Average number of inhabitants served by a permanent Post Office | .. | .. | .. | 39 701 | 39 320 | 39543 | 36 348 | .. | Zimpost |
| Average area covered by a permanent post office (km ²) | .. | .. | .. | 1 206 | 1 188 | 1 188 | 1 173 | .. | Zimpost |
| Mobile telephone lines, per 100 inhabitants | 2.44 | 2.78 | 2.91 | 3.1 | 3.59 | 5.4 | 6.88 | 9.81 | POTRAZ |
| Fixed telephone lines, per 100 inhabitants | 2.28 | 2.25 | 2.22 | 2.56 | 2.67 | 2.74 | 2.74 | 2.72 | POTRAZ |
| Total telephone lines, per 100 inhabitants | 4.72 | 5.03 | 5.13 | 5.66 | 6.26 | 8.14 | 9.62 | 12.52 | POTRAZ |

GOAL 8 :

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT continued...

| INDICATORS | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | SOURCE |
|---|------|------|------|------|------|-------|-------|-------|--------|
| Access to personal computers per 1000 people | 13 | .. | .. | 52.7 | 77 | .. | .. | .. | WB-WDI |
| Internet users, per 100 inhabitants | 0.46 | 0.89 | 4.3 | 6.81 | 7.67 | 10.01 | 10.08 | 10.63 | POTRAZ |
| Fax machines per, 100 people | .. | .. | .. | .. | .. | .. | .. | .. | WB-WDI |
| Ownership of radios, percent households | .. | .. | .. | 46 | .. | .. | .. | .. | MPSLSW |
| Ownership of televisions, percent households | .. | .. | .. | 24 | .. | .. | .. | .. | MPSLSW |
| Access to daily newspapers, percent households who received information on government programmes through newspapers | .. | .. | .. | 7.8 | .. | .. | .. | .. | MPSLSW |
| <p>Note: Usual unemployment according to ILO includes those who in the last 12 months were simultaneously without work, were currently available for work and were seeking work Structural unemployment includes those persons who were unemployed, those who were</p> | | | | | | | | | |
| All italicized figures are estimates | | | | | | | | | |
| ¹ - September, 2007 | | | | | | | | | |
| ² - Up to March 2007 | | | | | | | | | |

