EUROPEAN
COMMISSION

Brussels, 21.11.2019
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COMMISSION DECISION

of 21.11.2019

on the financing of the Annual Action Programme 2019 in favour of the Republic of Zimbabwe

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THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Council Regulation (EU) 2015/322 of 2 March 2015 on the implementation of the 11th European Development Fund[1], and in particular Article 9 thereof,

Having regard to Council Regulation (EU) 2018/1877 of 26 November 2018 on the financial regulation applicable to the 11th European Development Fund, and repealing Regulation (EU) 2015/323[2], and in particular Article 24 thereof,

Whereas:

(1) In order to ensure the implementation of the Annual Action Programme 2019 in favour of the Republic of Zimbabwe, it is necessary to adopt a financing decision. Article 24 of Regulation (EU) 2018/1877 establishes detailed rules on financing decisions.

(2) The envisaged assistance is to comply with the conditions and procedures set out by the restrictive measures adopted pursuant to Article 215 of the Treaty on the Functioning of the European Union (TFEU)[3].

(3) The Commission has adopted the National Indicative Programme for Zimbabwe for the period 2014-2020[4], which sets out the following priorities: Health, Agriculture-based Economic Development and Governance and Institution Building.

(4) The objectives pursued by the annual action programme to be financed under the 11th European Development Fund (EDF) Internal Agreement[5] ('Internal Agreement') are to improve the public health service delivery and to increase resilience of targeted population and communities.

(5) The action entitled 'Improving Health Outcomes for the Population of Zimbabwe II' has three objectives: i) to support high impact interventions in primary health care

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1 OJ L 58, 3.3.2015, p. 1.

2 OJ L 307, 3.12.2018, p. 1.

3 www.sanctionsmap.eu. Note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy, the OJ prevails.

4 Commission Decision C(2015)346 final of 30.01.2015 on the adoption of the National Indicative Programme between the European Union and Republic of Zimbabwe.

5 Internal Agreement between the Representatives of the Governments of the Member States of the European Union, meeting within the Council, on the financing of European Union aid under the multiannual financial framework for the period 2014 to 2020, in accordance with the ACP-EU Partnership Agreement, and on the allocation of financial assistance for the Overseas Countries and Territories to which Part Four of the Treaty on the Functioning of the European Union applies, OJ L 210, 6.8.2013, p. 1.

structures, ii) to strengthen national health care systems, and iii) to support the necessary reforms on health financing and governance.

(6) The action entitled 'Resilience Building in Zimbabwe' has one objective: to increase the resilience of target communities.

(7) Pursuant to Article 15 of Regulation (EU) 2018/1877, indirect management is to be used for the implementation of the programme.

(8) The Commission is to ensure a level of protection of the financial interests of the Union with regards to entities and persons entrusted with the implementation of Union funds by indirect management as provided for in Article 154(3) of Regulation (EU, Euratom) 2018/1046, applicable in accordance with Article 30(1) of Regulation (EU) 2018/1877.

(9) To this end, such entities and persons are to be subject to an assessment of their systems and procedures in accordance with Article 154(4) of Regulation (EU, Euratom) 2018/1046[6] and, if necessary, to appropriate supervisory measures in accordance with Article 154(5) of Regulation (EU, Euratom) 2018/1046, both applicable in accordance with Article 30(1) of Regulation (EU) 2018/1877, before a contribution agreement can be signed.

(10) The Commission, in accordance with Article 154(6) of Regulation (EU, Euratom) 2018/1046, applicable in accordance with Article 30(1) of Regulation (EU) 2018/1877, retains the financial management responsibilities laid down in points 5.3.1 and 5.3.2 of Annex 1 and 5.4.1 of Annex 2.

(11) It is necessary to allow for the payment of interest due for late payment on the basis of Article 116(5) of Regulation (EU, Euratom) 2018/1046, applicable in accordance with Articles 24(2) and 25 of Regulation (EU) 2018/1877.

(12) In order to allow for flexibility in the implementation of the programme, it is appropriate to allow changes which should not be considered substantial for the purposes of Article 110(5) of Regulation (EU, Euratom) 2018/1046, applicable in accordance with Article 24(2) of Regulation (EU) 2018/1877.

(13) The actions provided for in this Decision are in accordance with the opinion of the EDF Committee established under Article 8 of the Internal Agreement.

HAS DECIDED AS FOLLOWS:

Article 1
The programme

The financing decision on the Annual Action Programme 2019 in favour of the Republic of Zimbabwe is adopted.

The programme shall include the following actions:

– Improving Health Outcomes for the Population of Zimbabwe II, set out in Annex 1;

– Resilience Building in Zimbabwe, set out in Annex 2.

[6] Except for the cases of Article 154(6) of Regulation (EU, Euratom) 2018/1046, where the Commission may decide, not to require an ex-ante assessment.

Article 2
Union contribution

The maximum Union contribution for the implementation of the programme is set at EUR 53 000 000 and shall be financed from the 11th European Development Fund.

The appropriations provided for in the first paragraph may also cover interest due for late payment.

Article 3
Methods of implementation and entrusted entities or persons

The implementation of the actions carried out by way of indirect management, as set out in the Annexes, may be entrusted to the entities or persons referred to in points 5.3.1 and 5.3.2 of Annex 1 and 5.4.1 of Annex 2.

Article 4
Flexibility clause

Increases or decreases of up to EUR 10 000 000 not exceeding 20% of the contribution set in the first paragraph of Article 2, or cumulated changes[7] to the allocations of specific actions not exceeding 20% of that contribution, as well as extensions of the implementation period, shall not be considered substantial for the purposes of Article 110(5) of Regulation (EU, Euratom) 2018/1046, applicable in accordance with Article 24(2) of Regulation (EU) 2018/1877, provided that these changes do not significantly affect the nature and objectives of the actions.

The authorising officer responsible may apply the changes referred to in the first paragraph. Those changes shall be applied in accordance with the principles of sound financial management and proportionality.

Done at Brussels, 21.11.2019

For the Commission
Neven MIMICA
Member of the Commission

[7] These changes can come from assigned revenue made available after the adoption of the financing decision.

EN

THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX 1

of the Commission Decision on the financing of the Annual Action Programme 2019 in favour of the Republic of Zimbabwe

Action Document for Improving Health Outcomes for the Population of Zimbabwe II

1. Title/basic act/ CRIS number	Improving Health Outcomes for the Population of Zimbabwe II CRIS number: ZW/FED/042-236 financed under the 11th European Development Fund (EDF)	
2. Zone benefiting from the action/ location	All provinces, Zimbabwe	
3. Programming document	National Indicative Programme (NIP) 2014-2020 for Zimbabwe	
4. Sustainable Development Goals (SDGs)	Main SDGs: 2, 3 (nutrition/health) Other significant SDGs : 5, 6, 7 (gender, water and sanitation, renewable energy)	
5. Sector of intervention/ thematic area	Health sector	DEV. Assistance: NO[1]
6. Amounts concerned	Total estimated cost: EUR 160 000 000 Total amount of EDF contribution EUR 38 000 000, 11% of the NIP This action is co-financed in joint co-financing by: - United Kingdom for an amount of GBP 53 140 000[2] - Ireland for an amount of EUR 2 000 000 - Sweden for an amount of Kroner 50 000 000[3] - Global Alliance for Vaccinations and Immunization for an amount of USD 13 456 090[4]	
7. Aid modality and implementation modality	Project Modality Indirect management with UNICEF and UNFPA	
8 a) DAC code	Main DAC code:122 Basic Health – Sub code 12220 Basic Health care	
b) Main Delivery Channel	UNICEF - 41122; UNFPA - 41119	

[1] Official Development Assistance is administered with the promotion of the economic development and welfare of developing countries as its main objective.
[2] InfoEuro rate (October 2019) : EUR 59 857 171.82
[3] InfoEuro rate (October 2019) : EUR 4 672 460.52
[4] InfoEuro rate (October 2019) : EUR 12 305 523.55

9. Markers (from CRIS DAC form)[5]	**General policy objective**	**Not targeted**	**Significant objective**	**Principal objective**
	Participation development/good governance	☐	X	☐
	Aid to environment	X	☐	☐
	Gender equality and Women's and Girl's Empowerment [6]	☐	X	☐
	Trade Development	X	☐	☐
	Reproductive, Maternal, New born and child health	☐	☐	X
	RIO Convention markers	**Not targeted**	**Significant objective**	**Principal objective**
	Biological diversity	X	☐	☐
	Combat desertification	X	☐	☐
	Climate change mitigation	X	☐	☐
	Climate change adaptation	X	☐	☐
10. Global Public Goods and Challenges (GPGC) thematic flagships	None			

SUMMARY

The social impact of Zimbabwe's new Government's fiscal reform programme has aggravated the existing challenges faced by the health sector, impacting negatively on health services delivery, availability of pharmaceuticals and motivation and training of the workforce.

The action aims at enhancing support to the health sector with the objective of improving health outcomes for the population. It is based on the Ministry of Health and Child Care's (MoHCC) strategy 2016-2020 of achieving equity and quality of health and builds on the experience of past interventions.

Public health service delivery will be supported in a comprehensive manner with a three pronged strategy:

- support high impact interventions in primary health care structures to ensure their capacity to protect the population against the main health threats;

- strengthen national health systems by improving organisational and managerial skills at provincial and district level, strengthening the capacity of human resources for health;

- support the necessary reforms on health financing and governance, the development of appropriate policies and strategies and enhancing community participation in governance structures.

The action will be co-financed with other development partners (DPs) by pooling resources into the Health Development (HDF) administered by UNICEF and UNFPA.

[5]When a marker is flagged as significant/principal objective, the action description should reflect an explicit intent to address the particular theme in the definition of objectives, results, activities and/or indicators (or of the performance / disbursement criteria, in the case of budget support).

[6] Please check the Minimum Recommended Criteria for the Gender Marker and the Handbook on the OECD-DAC Gender Equality Policy Marker. If gender equality is not targeted, please provide explanation in section 4.5.Mainstreaming.

1 CONTEXT ANALYSIS

1.1 Context Description

Zimbabwe has a legacy of a well-functioning health system, though it suffered huge disinvestment and loss during 2000s. With the current economic and financial crisis, the health system faces significant challenges including insufficient resources to offer a basis package of care; domestic resources almost fully devoted to paying salaries; and over-reliance on external financing.

The new Government sworn in in September 2018 faces severe fiscal constraints, aggravated by debt arrears and an unsustainable debt level, prompting implementation of measures aimed at fiscal stabilisation including currency reform. While critical in the current economic environment, these measures, compounded by the El-Nino-related drought and the devastating effect of Cyclone Idai, disproportionately impact the poorest and most vulnerable in society.

In order to support the population and promote continuous reforms the allocation of the National Indicative Programme (NIP) will be increased by EUR 53 million (from EUR 234 million to EUR 287 million) and the amount of focal sector 1 "Health" by EUR 38 million (from EUR 88 million to EUR 126 million). Substantial support has been provided over the past years to the health system and mitigate the impact of economic and environmental shocks. The HDF and its predecessor, the Health Transition Fund (HTF), succeeded in mitigating the impact of the economic and financial crisis of 2007-2008 and subsequent economic and fiscal constraints on the health system.

The social pressure resulting from the recently introduced spending and fiscal reforms have resulted in scarcity of pharmaceutical and additional burden to the population with increasing level of poverty. In addition, significant worsening of working conditions and occupational unrest amongst medical personnel has already led to further brain-drain from the sector. New support to health provisions, with a focus on maternal and child health care, and pharmaceuticals will be channelled through the HDF. The support will embed a phasing out approach for government to gradually take over responsibility for sustaining these services.

The current National Health Strategy (NHS) 2016-2020 aims to advance universal health coverage (UHC) as part of broader national efforts to tackle extreme poverty, social exclusion and gender inequity. In response to the current fragility of the health system, this action will enable the Ministry of Health and Child Care (MoHCC) to offer adequate basic health services for all with quality improvement and availability of essential medicines, among others.

1.2 Policy Framework (Global, EU)

The programme will carry forward and deepen the reforms of health and social protection sectors promoted under earlier EU interventions, with a direct and beneficial impact on the most marginalised and, in line with the Agenda for Change, 'build the foundations for growth and ensure that it is inclusive'.

The European Commission communication 'The EU Role in Global Health'[7] of 2010 highlights that the preferred framework for providing EU support should involve joint donor processes following the UHC 2030 principles and affirmed EU and EU Member States' commitment to achieving 'equitable and universal coverage of quality health services' and supporting countries to 'put in place fair financing of health systems and develop or strengthen social protection mechanisms in the health sector'.

[7] COM(2010) 128 final of 31.3.2010.

The new European Consensus on Development of June 2017[8] reaffirms the commitment to supporting partner countries in their efforts to build strong, good-quality and resilient health systems, by providing equitable access to health services and universal health coverage, as well as continue promoting cross-sectoral initiatives at international, regional and local levels. The Consensus further re-affirms its support to partner countries in their efforts to build resilient and quality health systems, including the strengthening of the Global Health Workforce, the prevention and treatment of communicable and non-communicable diseases.

The action aligns with the Gender Action Plan[9], more specifically with objective no 10 'Equal access to quality preventive, curative and rehabilitative physical and mental health care services for girls and women'.

1.3 Public Policy Analysis of the partner country/region

*The Zimbabwe Agenda for Sustainable Socio-Economic Transformation (*ZimAsset) – *(2013-2018)* guided the preparation of the current National Health Strategy 2016–2020.

The Transitional Stabilisation Programme (October 2018 - December 2020) provides for investment in health services to be guided by the 2016-2020 National Health Strategy.

Zimbabwe has adopted a National Health Strategy (NHS) *for 2016-2020* which is consistent with the EU's policy goals.

In 2018, Zimbabwe has adopted a *Human Resource for Health Strategy and Policy* which is soon to be disseminated and implemented.

The National Gender Policy (2013-2017).

These policies address adequately the challenges of the concerned sector.

1.4 Stakeholder analysis

The main sector stakeholder is the Government of Zimbabwe, specifically the MoHCC which, in addition to defining the sector's National Policy and Strategy, oversees their implementation and coordinates DPs.

The UN Agencies involved in the health sector (UNICEF, UNFPA, UNDP and WHO) provide technical assistance, financial management and secretariat support for major external funds such as the Global Initiatives (GFATM, GAVI) and the HDF which include the EU, DFID (UK), Irish Aid, and SIDA Sweden.

The World Bank has conducted a number of studies on health sector financing and is implementing the Result Based Financing (RBF) programme of financing of health structures in 18 districts which are now in the process of being handed over to the government following an institutionalisation roadmap. There are ongoing discussions on further support to the health sector in Zimbabwe by the World Bank-managed Global Financial Facility (GFF), which will be coordinated with the HDF.

The US government agencies (USAID, United States Agency of International Development, CDC (Centers for Disease Control and Prevention) and PEPFAR (President's Emergency Plan for AIDS Relief)) are mainly supporting interventions related to HIV-AIDS, tuberculosis, malaria and sexual and reproductive health. They also attend the HDF steering committee.

[8] OJ C 210 of 30.6.2017.

[9] Gender Equality and Women's Empowerment: Transforming the Lives of Girls and Women through EU External Relations 2016-2020, SWD(2015)182 final of 21.9.2015.

Non-governmental organisations (NGOs) have a role in prevention and mitigation actions and in supporting quality assurance. Civil society organisations (CSOs) participate in the major sector's coordination platforms, while local health committees keep the health facilities accountable to the community.

The action will support the Zimbabwe public health service, therefore targeting the whole population of Zimbabwe estimated at 17.3 million with special attention to women, the new-born and children, who represent 70% of the population[10]. Special attention will be given to young women and women of child bearing age.

1.5 Problem analysis/priority areas for support

The national macroeconomic situation remains uncertain. The rate at which government can increase its expenditure on health is still limited but there is some space for the proportion of public expenditure allocated to health to be increased from the current 8% of the National 2019 Budget towards the 15% Abuja target to which government has committed.

Additional support to the health system will also allow the EU and the other HDF donors to prepare a transition for some activities currently supported by DPs to the government. A step by step phasing out strategy is currently being discussed with the government, in line with the 2018 Mid Term Review of the HDF.

The recently approved IMF Staff Monitored Program (SMP) includes government's commitment to increase social spending on health, education and social protection programme for people living in the most vulnerable situations.

The scope of this action is to support the Zimbabwe's health sector to continue on a recovery path in order to improve health outcomes for the population. For the first time, Zimbabwe has managed to bend the alarmingly high maternal mortality curve after twenty years of continuous incline[11].

The National Health Strategy (NHS) 2016-2020 highlights four major sector weaknesses in Zimbabwe: (i) deficit of medical and managerial health professionals; (ii) irregular availability of essential medicines and medical supplies; (iii) inadequate provision and maintenance of equipment and infrastructure especially at peripheral level and (iv) disrupted basic utilities and services. Furthermore, it recognises that ‘user fees’ continue to be a barrier to access health care for the majority of the population, particularly women and vulnerable groups.

The sector faces the following main constraints:

- Barriers to accessing services of maternal, new-born and child health due to demand and supply side bottlenecks;
- Growing burden of non-communicable diseases (NCDs);
- The health work force presents numerous challenges;
- The assisted pull system[12] (facilities that order commodities based on their needs) is highly donor dependent. Donors are the main funding sources for the procurement;

[10] The National Health Strategy for Zimbabwe 2009-2013.

[11] Multiple Indicator Cluster Survey, MICS 2014. ZIMSTAT/UNICEF.

[12] The Zimbabwe Assisted Pull System (ZAPS) is an integrated procurement and supply management (PSM) system for key RMNCAH programs that has been fully rolled out over the last two years. The ZAPS includes consolidated management of four existing health commodity distribution systems for the primary health care facility level: (i) Delivery Team Topping Up (DTTU); (ii) Zimbabwe Informed Push/Primary Health Care Package (ZIP/PHCP); (iii) Zimbabwe ARV Distribution System (ZADS); and (iv) Essential Medicines Pull System (EMPS). For the hospital level, the ZAPS consolidates the DTTU and the malaria and tuberculosis portions of the ZIP/PHCP, while the ZADS and EMPS continue to operate as separate systems.

- The Health and Management Information System (HMIS) is fragmented at the facility level;
- Public financing remains low but inefficiencies also exist in managing available resources.

The independent mid-term evaluation (MTE) of the HDF done in 2018 as well as a Joint Monitoring Mission (JMM) conducted in March 2019 by key stakeholders, recognised key achievements through the support from HDF and identified gaps in achieving effective coverage of Maternal New-born Child Health (MNCH) and immunisation services.

In coordination with government, donors and key stakeholders developed an operational plan to implement key recommendations from the MTE and JMM. These interventions from the operational plan will be considered across the strategic areas of support (Maternal, New-born and Child Health, and Nutrition, Medicines and Commodities, Human Resources for Health, Health financing, Health Policy, Planning, Monitoring and Evaluation and Coordination).

2 RISKS AND ASSUMPTIONS

Risks	**Risk level H/M/L**	**Mitigating measures**
Government policy and capacity Weak sector coordination capacity between and amongst health DPs Ministry of Finance (MoF) and MoHCC.	**L**	Harmonise and integrate existing different information sharing and coordination platforms and mechanisms. Ensure availability of technical assistance.
Environmental and climate change: -Possible negative environmental impact of new health infrastructure works. Possible increase of natural disasters (cyclones, drought, flooding).	**L**	An environmental impact assessment will be carried out in line with EU guidelines in case of major infrastructure works.
Socio-cultural barrier: Socio-cultural resistances to promote gender equality and to address health services from a rights-based approach perspective.	**L**	Awareness-raising at management level.
Finance - Macroeconomic environment not stable enough despite the SMP/IMF support for MoHCC to be able to drive the implementation of the National Health Policy. - Budget allocation to the health sector remains insufficient not reaching 15% as per Abuja Declaration.	**M**	- Engage with government to help overall national economic recovery. - Enhance dialogue between government and EU about equitable national budget redistribution in favour of social services. - Support Human Resources for Health (HRH) policy implementation and sustainability.

- HRH salary scale and non-financial benefits insufficient to retain staff in their working stations. - Chronic fuel and gas shortage may lead to disruption of certain health services and furthermore lead to civil unrest.		- EU Support to Public Financial Management and the elaboration of a medium term financial framework.

Assumptions

- Key Government planning documents and strategies are in place. They are defined with a transparent and consultative approach and they are shared with all relevant stakeholders.
- NAO and MoHCC are committed to engage in identification and implementation of the activities.
- Human and financial resources are available and gradually increase.
- All identified thematic areas are indivisible/interdependent and need to be supported in order to achieve the overall objective of the programme

3 LESSONS LEARNT AND COMPLEMENTARITY

3.1 Lessons learnt

Most of the EU support to the health sector has been channelled through the HTF (2011-2015) and the HDF (2016-2020).This is a sector pooled funding mechanism administered by UNICEF, implemented by UNICEF and UNFPA, which supports the execution of the NHS 2009-2015 and 2016-2020. The HDF has undergone a mid-term review, as well as annual joint reviews from which the main following lessons can be drawn:

- The implementation at scale of a critical mix of demand and supply side interventions has been successful in strengthening the health system and in generating demand for services;
- There is a need to improve quality of care. Most of the under-five deaths reported in Zimbabwe occur during the neonatal period;
- DPs' support to the health sector through the HDF has been key in contributing to the availability of essential services throughout the health systems;
- HDF pool funding provides a coordinated and cost effective modality to address MoHCC priorities;
- Future donor support to the health sector should include an exit and sustainability strategy with regard to procurement and the financing of health services to avoid shocks or discontinuity of essential services.
- Triangulation and use for decision making in analysis of data for monitoring and evaluation could be further enhanced.

A second phase of the HDF is planned starting from 2020.

3.2 Complementarity, synergy and donor coordination

The action is complementary with ongoing and previous EU funded actions in the health sector and will provide additional funds to support the implementation of the HDF, aiming at consolidating and improving the gains made. In addition this programme complements the former 'Revitalising Maternity Waiting Homes and Other Related Services' programme, which was funded under the MDG initiative and aims at reducing maternal mortality.

HDF is complementary to programmes fighting HIV/AIDS, malaria and tuberculosis that the US and the Global Fund against AIDS, Tuberculosis and Malaria (GFATM) are currently funding. They are also complementary to the Integrated Support Programme funded by UK, Norway, Ireland and Sweden, which focuses on improving sexual and reproductive health as well as ongoing discussions as Zimbabwe has been selected to join the Global Financial Facility (GFF).

DPs and government policy dialogue has taken place through a High-level Policy dialogue, The Health Development Partners Coordination Group (HDPCG) meets every two months and facilitates coordination and information sharing among DPs. MoHCC Annual Plans are discussed in bi-annual meetings, chaired by the Permanent Secretary and attended by all Provincial Health Executives (PHEs), DPs, and other stakeholders, including relevant state and para-state institutions, and CSOs.

In addition, there are programme-specific coordination platforms such as the GFATM Country Coordination Mechanism (CCM), the HDF Steering Committee, the Zimbabwe United Nations Development Assistance Framework (ZUNDAF) meetings, and the Integrated Support Programme Steering Committee. There are ongoing discussions with the MoHCC to revitalise all statutory coordination committees with revised terms of references.

This action will also closely coordinate with the World Health Organisation (WHO) Country Office, Zimbabwe, as the EU has provided a new grant to WHO as of 1 July 2019. Through this EU-WHO 'Health Systems Strengthening for Universal Health Coverage Partnership' programme, which covers all countries of the African Caribbean and Pacific Group of States, i.e. including Zimbabwe, the EU is enabling the WHO to support the health policy dialogue with the Ministry of Health of Zimbabwe and help building capacities of the health authorities in health system strengthening.

This action will therefore seek synergies with the WHO programme, especially to strengthen the specific objectives 2 and 3 under this action.

4 DESCRIPTION OF THE ACTION

4.1 Overall objective, specific objective(s), expected outputs and indicative activities

The **overall objective** is to contribute to the improvement of health outcomes for the whole population of Zimbabwe.

The action will have the following **specific objectives**:

Specific Objective 1 - To increase the protection of women, men and children against health threats

Result (output) 1.1: Increased population access to maternal, neonatal and child health services in quantity and quality, including access to comprehensive sexual and reproductive health services;

Result (output) 1.2: Enhanced communication systems for prevention, detection, control and case management of epidemic prone diseases;

Result (output) 1.3: Enhanced capacity for community social mobilisation and health promotion for non-communicable disease (NCDs) and preventable disease;

Result (output) 1.4: Enhanced national capacity in maternal, infant and young child nutrition.

Specific Objective 2 - To strengthen and further develop the national health system

Result (output) 2.1: Improved capacity for organisation and management of services;

Result (output) 2.2: Improved availability of quality services provided by health facilities;

Result (output) 2.3: Human resources capacity for health numbers, skills and distribution enhanced.

Specific objective 3 - To reduce inequalities in access to quality health services

Result (output) 3.1: Improved access to health services by the most at risk groups of the population;

Result (output) 3.2: Enhanced capacity for health sector governance, management and financing;

Result (output) 3.3: Enhanced capacity for development of Sound policies, strategies and regulations for the health sector;

Result (output) 3.4: Enhanced community participation and involvement in improving health and quality of life;

Result (output) 3.5: Ensure a smooth transition from donor-funded activities to GoZ support funding.

Indicative activities:

Activities linked to SO 1:

1.1: Improvements achieved in obstetric and new-born care under the HDF will be consolidated by targeting with additional support geographical areas with the worst performing MNCH indicators, strengthening the referral systems and support referral institutions via capacity building to health workers.

1.2: Supporting the preparedness and response to communicable diseases outbreaks through the strengthening overall health system by improving communication networks and alert systems for disease outbreaks including pre-positioning of essential medicines and supplies. Specific attention will be given to equal access to all information for all target groups involved (reaching out to remote areas, communication in different languages, sensitisation, etc).

1.3: Substantial progress has been made under the HDF on introducing new vaccines, expanding coverage of immunisation, and conducting integrated management of neonatal and childhood illnesses (IMNCI) training. The present action will focus on targeting geographical areas showing the weakest performance in service coverage and performance indicators, particularly reaching out to those mothers and children not accessing services due to geographical remoteness or religious/social beliefs. Coordination and capacity building will be provided to prevent and treat none communicable diseases including vaccination such as the HPV vaccines against cervical cancer.

1.4: The action will build the national capacity in maternal, infant and young child nutrition at all levels; and demonstrating multi-sectoral community based approach models to reduce stunting in selected vulnerable districts.

Activities linked to SO 2:

2.1: Improving supervision, monitoring and quality reporting by establishing a quality assurance system; rolling out MNCH quality score cards to district and community levels within the regular supervision system; and strengthening facility based Maternal and Neonatal death reviews and audits; use of those data's which will improve the decision making and action by managers (with specific attention for the participation of among the managers).

2.2: Transparent procurement processes for essential medical products, vaccines and technologies (medicines, contraceptives, nutrition commodities and consumables); supporting the overall distribution system and ordering of medicines and other commodities, further linking and integration of HIV-related services to the general health system and facilitate a comprehensive approach to antiretroviral supplies and overall health of mothers and children. Review of the ZAPS (Zimbabwe Assisted Pull System) and explore ways of curbing the leakages in the distribution system.

2.3: Review the recommendations from the staff workload need assessment and support the implementation of findings within the national human resources planning framework; reviewing the approach to pre and post-basic in-service training at national level so that there is a nationally coordinated, and provincially implemented, training programme covering all appropriate subjects; ensuring continued retention of key staff by providing critical post allowances; and supporting the current review of the retention system at national level to ensure a gradual move towards a comprehensive, nationally driven, fair remuneration system and benefits to all health workers. A gender balance among participants in all different activities will be assured.

Activities linked to SO 3:

3.1: Ensuring full abolition of user fees for key MNCH services through effective and transparent implementation of the government MoHCC user fee policy through mechanisms such as the RBF.

3.2: Improving the financing of the health system by improving/harmonising the performance-based RBF mechanism in rural health centres, including training at all levels. Coordination for evidence generation to improve allocative and operational efficiencies for the scarce resources put at the disposal of the health sector.

3.3: Providing technical support to the MoHCC to generate the necessary evidence in order to develop strategic and annual work plans; strengthening the routine health sector M&E system, strengthening the routine health management information system, supporting national and provincial review and planning meetings, establishing a programme of provincial health teams and district health team meetings.

3.4: Strengthening the effectiveness of health centre committees by supporting ongoing capacity building activities and monitoring their impact; strengthening and supporting a system to facilitate and monitor the village health workers (VHWs) in the implementation of their roles, initiation of integrated Community Case Management (iCCM) by supporting newly trained VHWs to improve community awareness about services; reviewing and developing appropriate guidelines on community management of illness; and ensuring adequate support for VHWs from the health staff in the rural health centres (RHCs). A gender balance among participants in all different activities will be assured.

3.5: recent efforts to strengthen the sector dialogue at higher level have included an initial working session (May 2019) with MoHCC on post 2020 perspectives with recommendations. Part of the RBF scheme is covered by government funds in 18 districts with an institutionalisation roadmap to gradually take over; same applies for the procurement of essential medicines for which need to strengthen the ZAPS system has been identified; the

drafted human resources for health strategy need to be operationalised. Key interventions post 2020, will be designed with an exit and sustainability strategy ensuring key elements of the programme are gradually transferred to government.

4.2 Intervention Logic

The intervention logic behind the identified results and activities is based on the analysis of the status of the health sector in Zimbabwe undertaken during the addendum of the National Indicative Programme, with the additional input provided by the evaluations, studies, surveys carried out and the HDF mid-term review.

The analysis concludes that coordinated interventions by Development Partners in the health sector in support to the NHS, notably through the HDF, have significantly contributed to the health sector recovery after many years of decline. However, there is a risk of stagnation if past interventions focused on ensuring appropriate quantitative levels of primary health care do not evolve into actions aimed at improving the quality of care and if the current inequality in access to health is not reduced.

The action assumes that supporting public health service delivery in a comprehensive manner is the most effective approach to enhance equal access to quality health services. This will in turn result in achieving the overall objective of improving the health outcomes for all the population of Zimbabwe. In order to achieve that a three-pronged strategy is proposed:

- The action will in the first place support high impact interventions in primary health care structures in order to ensure their capacity to protect the population against the main health threats. Activities will target all peripheral health structures with a special focus on geographical areas showing the worst indicators in this regard.
- The action will in the second place strengthen national health systems by improving organisational and managerial skills at provincial and district level, strengthening the capacity of human resources for health and ensuring their availability, particularly in rural areas, so that peripheral structures are able to provide quality services to the rural population.
- Finally, the action will promote equal access to health services by supporting the necessary reforms on health financing and governance, the development of appropriate policies and strategies and enhancing community participation in governance structures.

In order to provide such a comprehensive approach successfully, there is a need to pool donor resources in support to the government's national health strategy. The HDF, administered by UNICEF since 2016, has done that with remarkable success. The action will therefore continue to support the HDF in its last year of implementation and its successor, beyond 2020.

4.3 Mainstreaming

Key elements of gender, resilience, conflict sensitivity and climate change and human rights will be mainstreamed in the design, implementation, and monitoring of the programme:

Gender: the programme design is **strengthening systems** in order to reach scale and sustainability. Large numbers of women and girls will be reached for maternal care and nutrition. To empower the girl child, sensitisation will be given to women and adolescents on issues linked to child marriage, education using health platforms such as ante-natal care visits and outreach activities. Women will also be considered as active right-holders, entitled to know and enjoy their (sexual and reproductive) rights and to be able to claim them in case these rights are not provided (on an equal basis). Both UNFPA and UNICEF have strong

approaches to gender equality and human rights. These will be mainstreamed in the project cycle management (PCM).

Resilience: working across the key building blocks for Health System Strengthening (HSS) will re-enforce the system and provide resilience in order to overcome shocks due to health emergencies (outbreaks) or health in emergencies (cyclone, drought, etc). Additionally, Community Health Workers already trained and equipped are easily mobilised. Under this funding, the system will be further strengthened and made more resilient.

Climate change: appliances and supplies procured for the programme will be environmentally friendly e.g. installation of solar panels and procurement of solar energy driven refrigerators for the cold chain in health facilities, support will be provided for medical waste disposal and treatment.

Human rights: interventions will be designed 'to leave no one behind' in line with the rights-based approach to programming. Community health workers, as well as health staff, will be sensitised on key groups such as the poor, people living with impairments, hard-to-reach communities as key priority groups to be included in service delivery. The right-based approach (RBA) will strengthen the respect, protection and realisation of human rights for rights-holders, through a systematic attention to the 5 principles (applying all rights, non-discrimination, participation, accountability and transparency) during procedures and processes the project is applying (throughout the whole project cycle management).

4. 4 Contribution to Sustainable Development Goals (SDGs)

This intervention is relevant for the United Nations 2030 Agenda for Sustainable Development. It contributes primarily to the progressive achievement of SDGs 2, 3; 5, 6 and 7.

Zimbabwe has committed itself to implementing all the SDGs with emphasis on the following 10 SDGs (2, 3, 4, 5, 6, 7, 8, 9, 13 and 17). The prioritisation exercise was guided by the country's vision, the need to focus on enabling goals, resource availability and unfinished business in the MDGs[13]. Interventions under this proposal '*improving Health Outcomes for the Population of Zimbabwe'* will contribute primarily to the progressive achievement of SDGs 2 and 3 and by extension to SDGs 5, 6 and 7 which are all interlinked.

5 IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is foreseen to conclude a financing agreement with the partner country.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in section 4 will be carried out and the corresponding contracts and agreements implemented, is 36 months from the date of entry into force of the financing agreement.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Decision and the relevant contracts and agreements.

[13] Zimbabwe Voluntary National Review (VNR) of SDGs For the High Level Political Forum July 2017.

5.3 Implementation of the budget support component

N/A.

5.4 Implementation modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures[14].

5.4.1 Indirect management with an international organisation

A part of this action may be implemented in indirect management with UNICEF. This implementation entails the management of the implementation of the Health Development Fund II. This implementation entails (i) increasing the protection of women, men and children against health threats and furthermore promoting an environment for these populations to thrive and transform; (ii) strengthening and further developing the national health system; (iii) reducing inequalities in access to quality health services. All results described under section 4.1.

The envisaged entity has been selected using the following criteria: specific international mandate and its proven technical capacity to identify and implement high impact interventions in the area of maternal and child health. Moreover, UNICEF in Zimbabwe has proven to have a strong capacity to manage pooled funds, such as the HTF, HDF, the Education Transition Fund, and the Child Protection Fund. UNICEF has been an efficient and appropriate HTF manager since the Fund was set up in the last quarter of 2011 and has effectively managed the HDF since first quarter of 2016.

5.4.2 Indirect management with an international organisation

A part of this action may be implemented in indirect management with UNFPA. This entails the implementation of the Health Development Fund II and to increase the protection of women, men and children against health threats and furthermore promote an environment for these populations to thrive and transform. Their activities will contribute to the following objectives/results under section 4.1: objective 1 - results 1.1, 1.3 / objective 2 - result 2.2 / objective 3 - results 3.1, 3.3, 3.4. UNFPA will mainly participate in increasing the quality and quantity of comprehensive sexual and reproductive health services, countrywide.

The envisaged entity has been selected using the following criteria: UNFPA's specific international mandate and its proven technical capacity to identify and implement high impact interventions in the area of family planning, youth health, reproductive rights and gender equality. Additionally, UNFPA in Zimbabwe has proven to have a strong capacity to manage EU funds, such as EU-MDG project 'Maternity waiting homes' and the '2015 Health Demographic Health Survey'. Moreover, UNFPA has been an efficient partner in supporting all specific activities related to sexual and reproductive health (SRH) with the support of DFID UK, Irish Aid and SIDA since the beginning of HDF implementation.

[14] www.sanctionsmap.eu Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

5.5 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of products and services in the markets of the countries concerned, or in other duly substantiated cases where the eligibility rules would make the realization of this action impossible or exceedingly difficult.

5.6 Indicative budget

	EU contribution (in EUR)	**Indicative third party contribution (in EUR)**
5.4.1 Indirect management with UNICEF, including communication and visibility	35 900 000	88 000 000
5.4.2 Indirect management with UNFPA, including communication and visibility	2 000 000	34 000 000
5.9 Evaluation, 5.10 Audit/Expenditure verification	100 000	N.A.
5.11 Communication and visibility	Already covered under phase I of the programme	N.A.
Totals	**38 000 000**	**122 000 000**

5.7 Organisational set-up and responsibilities

A Project Steering Committee (PSC) will be responsible for the oversight and decision making of the HDF. The HDF Steering Committee will be composed of MoHCC, funding partners to the HDF, UNICEF, World Bank, USAID, CDC, WHO, UNFPA, UNDP, UNAIDS, Civil Society representatives (local and international NGOs) and the Health Services Board. UN agencies will also serve as technical advisors and UNICEF will a serve as the Secretariat. The action encourages a gender balanced composition of the PSC.

The PSC will meet quarterly and will be co-chaired by the Permanent Secretary of the MoHCC and one Funding Partner.

UNICEF will have two distinct roles in the HDF - as fund holder and programme manager, and as a potential implementing partner in areas in which it has a comparative advantage as determined by the PSC. UNFPA will be an implementing partner mainly in SRH as well as in cross-cutting activities under thematic areas detailed in the timetable. A number of safe-guards will be put into place to ensure transparency and segregation of duties as necessary.

The majority of the HDF activities are executed by the MoHCC but contracted and paid for by UNICEF and UNFPA. Other specific components are delivered by academic or research institutions, private sector companies, UN agencies, or non-governmental organisations using UNICEF and UNFPA tender or partnership cooperation agreement procedures. The Terms of Reference for subcontractors will be approved by the HDF Steering Committee, with contracts awarded based on comparative advantage, ability to deliver results and value for

money. Key comparative advantages will be considered in areas where a national programme and provider are already engaged and performing successfully.

5.8 Performance and Results monitoring and reporting

Quarterly monitoring reports are coordinated by UNICEF as programme manager, covering Vital Medicines Availability and Health Services survey (VIMAHS) results, which will be discussed during the PSC meetings as well as during ad hoc technical meetings. UNICEF and UNFPA are contributing to a joint annual report on HDF activities, including follow up of SDGs indicators.

Additionally a yearly Joint Monitoring field visit with CCM will evaluate the quality of health services provides at rural, district and provincial levels in order to guide the annual MoHCC and DP planning meeting (MODO).

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the logframe matrix. Specific attention will be given on a regular basis, regarding the progress made in terms of gender equality and the realisation of human rights.

The report shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.9 Evaluation

Having regard to the importance of the action, a final evaluation will be carried out for this action or its components through a joint mission contracted by the Commission. Human rights and gender expertise will be part of the evaluation mission.

It will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that the programme should gradually transfer some components of this action to be led and eventually financed by the government and its line ministry, MoHCC.

The Commission shall inform the implementing partner at least 3 months in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

Evaluation services may be contracted under a framework contract.

5.10 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

It is foreseen that audit services may be contracted under a framework contract.

5.11 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

In terms of legal obligations on communication and visibility, the measures shall be implemented by the Commission, the partner country, contractors, grant beneficiaries and/or entrusted entities. Appropriate contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and contribution agreements.

The Communication and Visibility Requirements for European Union External Action (or any succeeding document) shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

This action shall contain communication and visibility measures, which shall be based on a specific and joint Communication and Visibility Plan of the Action, to be elaborated at the start of implementation by UNICEF and UNFPA and budgeted under each respective contractual agreement. Specific attention will be given to gender sensitive communication and visibility actions (avoiding stereotyping in visibility material for example).

APPENDIX - INDICATIVE LOGFRAME MATRIX (FOR PROJECT MODALITY) [15]

	Results chain: Main expected results (maximum 10)	Indicators (at least one indicator per expected result)	Sources of data	Assumptions
Impact (Overall Objective)	**CONTRIBUTE TO THE IMPROVEMENT OF HEALTH OUTCOMES FOR ALL THE POPULATION OF ZIMBABWE**	1. Maternal Mortality Ratio (MMR) 2. Under Five Mortality Rate (U5MR) (girls/boys) 3. Neonatal Mortality Rate (girls/boys) 4. Prevalence of stunting children under five years (girls/boys)	1. Multiple Indicator Cluster Survey (MICS 2019) 2.MICS 2019 3. MICS 2019 4. MICS 2019 and Demographic and Health Survey (DHS 2020)	*Not applicable*
Outcome(s) (Specific Objective(s))	**SO1 To increase the protection of women, men and children against health threats.***	1.1 -% of children under five with diarrhoea treated with ORT and Zinc (girls/boys) 1.2 -Proportion of children aged (0-6 months) exclusively breastfed (girls/boys) 1.3 -Proportion of deliveries attended by a skilled birth attendant.	1.1 MICS 2019 & DHS 2020 1.2 MICS 2019 & DHS 2020 1.3 MICS 2019 & DHS 2020	The overall country socio-economic situation improves
	S.O.2 To strengthen and further develop the national health system*	2.1 -Proportion of health facilities with an RBF quality score of above 80%	2.1 Vital Medicines and Health Services (VMAHS) reports	- Availability of Basic Services is regular (Electricity, Water, Communication, etc) -Trained and qualified health personnel retained -Equipment available and in good working condition Health emergencies managed timely with minimum disruption of the health system

[15] Mark indicators aligned with the relevant programming document mark with '*' and indicators aligned to the EU Results Framework with '**'.

	S.O.3 To reduce inequalities in access to maternal and child quality health services**	3.1 - % of national budget allocation to health 3.2 - % of traditional vaccines procured by Government funds 3.3 - Proportion of health facilities charging user fees for ante-natal clinic (ANC)	3.1 Yearly national Budget estimates and Expenditures 3.2 MICS 2019 & DHS 2020 3.3 VHMAS	Trained and qualified health staffs retained. - Regular monitoring of health facilities
Outputs S.O.1 **	**1.1: Increased population access to maternal, neonatal and child health services in quantity and quality, including access to comprehensive sexual and reproductive health services.**	1.1.1-Number of facilities providing 5 selected signal functions of basic emergency Obstetric and newborn services with the support of the Action 1.1.2-Number of districts hospitals with capacity to provide comprehensive emergency obstetric and newborn care (CEmONC) services (C/S and blood transfusion) with the support of the Action 1.1.3-Number of women 16-49 years using long acting family planning methods (Implants and IUCD). ** (EURF 2.6) 1.1.4-Number of children age 6-59 months (boys and girls) receiving vitamin A supplementation with the support of the Action	1.1.1 VHMAS, HMIS, ZDHS, MICS 2019. 1.1.2 VHMAS, HMIS, ZDHS, MICS 2019. 1.1.3 VHMAS, HMIS, ZDHS, MICS 2019. 1.1.4 VHMAS, HMIS, ZDHS, MICS 2019.	- Trained and qualified health staffs retained. - Regular monitoring of health facilities
	1.2: Enhanced communication systems for prevention, detection and control and case management	1.2.1-% of cholera outbreaks detected within 48 hours and controlled within 2 weeks	1.2.1 -National Health Information System-Provincial Medical Directors' Reports -DHS -MICS	
	1.3: Enhanced capacity for community social mobilisation and health promotion for non-communicable disease (NCD's) and preventable disease	1.3.1-Number of women screened for cervical cancer with the support of the action 1.3.2-Number of 1-year-olds fully immunised (Penta 3 Coverage) with the support of the Action ** (EURF 2.5) 1.3.3-Number of 1 Year-old immunised against measles with the support of the Action	1.3.1 VHMAS reports 1.3.2 MICS 2019 1.3.3. MICS 2019	- Trained and qualified health staffs retained. - Regular monitoring of health facilities
	1.4: Enhanced national capacity in maternal, infant and young child nutrition	1.4.1-Proportion of children with severe acute malnutrition cured and discharged (girls/boys)	1.4.1 -National Health Information System -Provincial Medical Directors' Reports -DHS 2020- -MICS 2019	- Trained and qualified health staffs retained - Regular monitoring of health facilities

Outputs S.O.2	**2.1: Improved capacity for organisation and management of services**	2.1.1-Number of districts staffs trained to provide reports using the standard core indicators of the HMIS	2.1.1. -National Health Information System -Provincial Medical Directors' Reports	- Trained and qualified health staffs retained
	2.2: Improved availability of quality services provided by health facilities	2.2.1-Percentage availability of vital medicines. 2.2.2-Long Term Agreement (LTA) for coordinated procurement of supplies by health centre using RBF resources finalised	2.2.1 VHMAS 2.2.2 VHMAS -National Health Information System -Provincial Medical Directors' Reports	- LTA at Ministry of Health and Child Care way of procurement in place
	2.3: Human resources capacity for health numbers, skills and distribution enhanced	2.3.1-Comprehensive retention scheme for HRH finalised by MoHCC and on Government budget 2.3.2-% of District Hospitals with at least three doctors	2.3.1 MoHCC annual report 2.3.2 -National Health Information System -Provincial Medical Directors' Reports	- Human Resources for Health policy/strategy adopted and implemented
Outputs S.O.3	**3.1: Improved access to health services by the most at risk groups of the population**	3.1.1-Proportion of districts with at least 80% DPT3 vaccination coverage	3.1.1 -National Health Information System -Provincial Medical Directors' Reports	- Quality health services available - sufficient trained and qualified health staffs at health delivery points retained
	3.2: Enhanced capacity for health sector governance, management and financing	3.2.1-Number of provincial planning and review meetings conducted annually	3.2.1 -Provincial Medical Directors' Reports -	- sufficient trained and qualified health staffs at health delivery points retained
	3.3: Enhanced capacity for development of sound policies, strategies and regulations for the health sector	3.3.1-Status of development of updated National Health Policy/Strategy with the support of the Action.	3.3.1 HDF annual reports and Minutes of HDF SC	
	3.4: Enhanced community participation and involvement in improving health and quality of life	3.4.1-Proportion of health facilities with functional Health Centre Committees	3.4.1 Result Based Financing findings in HDF annual reports	- Community health strategy adopted and operationalised

	3.5: Ensure a smooth transition from donor-funded activities to Government support funding	3.5.1 Gradual increase of Government commitment into HDF annual budget	3.5.1 - HDF annual work plans and reports - Minutes of High level sector dialogue meetings with Minister of Health and Child Care	- Ministry of Health and Child Care strong advocacy during the budgetary exercise

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THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX 2

of the Commission Decision on the financing of the Annual Action Programme 2019 in favour of the Republic of Zimbabwe

Action Document for Resilience Building in Zimbabwe

1. Title/basic act/ CRIS number	Resilience Building in Zimbabwe CRIS number: ZW/FED/042-248 financed under the 11th European Development Fund (EDF)			
2. Zone benefiting from the action/ location	Zimbabwe The action will be implemented nationwide			
3. Programming document	National Indicative Programme (NIP) 2014-2020 for Zimbabwe			
4. Sustainable Development Goals (SDGs)	Main SDGs: 1: No Poverty, 2: Zero Hunger Other significant SDGs: 5: Gender Equality, 6: Clean water and sanitation, 8: Decent work and economic growth, 13: Climate Action.			
5. Sector of intervention/ thematic area	Sector 2: Agriculture based economic development - SO n. 3: Enhance Resilience, food security and reduced under-nutrition in children	DEV. Assistance YES[1]		
6. Amounts concerned	Total estimated cost: EUR 15 000 000 Total amount of EDF contribution EUR 15 000 000			
7. Aid modality and implementation modality	Project Modality Indirect management with United Nations Development Programme (UNDP)			
8 a) DAC codes	Main: Developmental areas: 430 Other multisector, 43010 (Multi sector assistance) 43060 (Disaster Risk Reduction), 43072 (Household Food security programme) 311 Agriculture, 31120 (Rural development)			
b) Main Delivery Channel	UNDP code 41114			
9. Markers (from CRIS DAC form)	**General policy objective**	**Not targeted**	**Significant objective**	**Principal objective**
	Participation development/good governance	☐	X	☐
	Aid to environment	☐	X	☐
	Gender equality and Women's and Girl's Empowerment	☐	X	☐

[1] Official Development Assistance is administered with the promotion of the economic development and welfare of developing countries as its main objective.

	Trade Development	X	☐	☐
	Reproductive, Maternal, New born and child health	X	☐	☐
	RIO Convention markers	**Not targeted**	**Significant objective**	**Principal objective**
	Biological diversity	X	☐	☐
	Combat desertification	X	☐	☐
	Climate change mitigation	X	☐	☐
	Climate change adaptation	☐	X	☐
10. Global Public Goods and Challenges (GPGC) thematic flagships	N/A			

SUMMARY

The action aims to boost the Zimbabwe Resilience Building Fund (ZRBF) through additional EU funding (EUR 15 million) to cover increasing needs. The ZRBF was established in 2015 and is implemented through the United Nations Development Programme (UNDP), Sweden and UKAID who are co-funding the ZRBF besides the EU.

Additional funding of the ZRBF is justified since the Zimbabwe's new government fiscal stabilisation programme and progressive currency reform (massive loss of purchasing power in particular for those having no access to foreign currency), combined with adverse climatic conditions (causing recurrent food security chocks) and a poor performing agriculture sector have exposed increasing number of population to vulnerability.

The ZRBF is aiming to protect development gains and prevent in particular the poor rural populations to fall into deeper destitution and asset depletion. At present the ZRBF is considered among the most pertinent and efficient response modality in place. It builds on positive experiences made with UNDP implementing the programme and a well-established coordination mechanism with other joint donors, the Zimbabwean Government and non-governmental organisations (NGOs) involved in implementing actions. The performance of the ZRBF and adaptability to changing challenges was confirmed through various reviews.

The Overall Objective of the ZRBF is to **contribute to the well-being of household and communities in vulnerable situations in the face of shocks and stresses in Zimbabwe**. This is aligned to the third Strategic Objective Sector 2 (Agriculture-based Economic Development) of the current NIP for Zimbabwe namely 'enhancing resilience, food security and reduce under-nutrition in children'.

The specific objective is that **target communities have increased resilience** to be reached through the following outputs:

- Evidence based policies to promote resilience at local level are enhanced;

- Target communities' absorptive, adaptive and transformative resilience capacities are increased;

- Assistance to communities in crisis is timely mobilised and delivered.

1 CONTEXT ANALYSIS

1.1 Context Description

The Government sworn in in September 2018 faces a very difficult financial legacy, with limited budgetary margins and an unsustainable debt level, and has embarked in a bold fiscal stabilisation programme and currency reform with harsh social consequences due to the austerity and the brutal devaluation of the local currency. Weak governance, political volatility, prevalent corruption as well as human rights violations have contributed to further deterioration of the socio-economic situation and increasing levels of poverty.

The poverty and the vulnerable situation of the population have been further aggravated by recurrent and new rapid and slow onset disasters such as El-Nino-related drought and the devastating effect of the Cyclone Idai. Disease outbreak, depleted pastures as well as an underperforming agriculture season have all contributed to the plunge of the country into a severe humanitarian crisis with 5.5 million in need of assistance according to the international multisector Humanitarian Appeal launched in 2019.

According to the 2018 Global Multidimensional Poverty Index, 72.3% of Zimbabweans are living below the income poverty line. Female and child-headed households are amongst the most vulnerable. The prevalence of chronic malnutrition (stunting) rather than acute malnutrition (wasting) remain still high, reaching 26.2%[2] according to the 2018 National Nutrition Survey, bringing Zimbabwe only just below the threshold of being classified as a high prevalence country[3].

This situation is the consequence of a two-pronged crisis caused by: a) poor climatic conditions, with late onset of the rains and long dry spells in January and February, which have caused an alarming poor 2018/2019 agriculture season; b) exacerbated socio-economic conditions which provoked a rapidly eroded purchasing power mainly due to rapid devaluation of the local currency and austerity measures, which reduced further government's capacity to provide assistance to enhance resilience of the population.

Among the most exposed to these shocks are the rural poor communities (women and girls in particular due to disproportional engagement in agriculture) who mostly rely on rain-fed farming and pastoralism and are often deprived access to basic services delivery.

Agriculture including livestock plays a pivotal role in building resilience and could perform an implicit welfare safety net and provide significant opportunities for labour-intensive economic growth and food security. 70% of the population are small holder farmers, often women, or otherwise engaged in agricultural. Therefore, putting agriculture into the centre of resilience building is more pro-poor than addressing resilience through a focus on other sectors.

1.2 Policy Framework (Global, EU)

This action will reach out to the people most at risk of destitution (borderline resilient), including women and girls and other people living in vulnerable situations (e.g. living with impairments, living in remote areas). A human rights-based approach (HRBA) will be enshrined into the planned interventions, while working in close cooperation with local government (duty bearers) to meet their responsibilities for improved access to basic services delivery. Strengthening capacities of right

[2] Considering the lifelong cognitive and physical deficits as well as health problems caused by chronic under-nutrition in children, the long term consequences (i.e. lower economic productivity, affected intellectual ability, reproductive performance etc.) of stunting are therefore likely to have a considerable negative impact on the economic growth and GDP of the country.

[3] In accordance with the WHO classification which states that prevalence rates 30-39% are in the high category and rates >= 40% are very high. Recognising the precarious situation of nutrition in Zimbabwe the EU is funding with the "accelerated community action for reducing stunting in Zimbabwe" a specific project to address nutrition, while the ZRBF is a nutrition sensitive programme. Further there are other donors like UK equally addressing nutrition with specific actions.

holders to hold local authorities accountable and to ensure more transparency of service provision are part of the proposed approach.

The above confirms that the action is aligned and will contribute to the EU Policy framework for development as set out in the new European Consensus on Development[4] and the UN 2030 Agenda for Sustainable Development. Moreover the action will take into account or contribute to:

- The EU Communication 'An EU policy framework to assist developing countries in addressing food security challenges' (2010)[5]
- Commission Staff Working Document: Action Plan on Nutrition (2014)
- Action Plan for Resilience in Crisis Prone Countries 2013-2020
- The EU Communication 'A budget for Europe 2020' (COM 500/2011) to ensure proper mainstreaming of climate change (adaptation) and environment sensitive activities
- 2017 Joint Communication to the European Parliament and the Council: 'A Strategic Approach to Resilience in the EU's external action' accompanied by the Joint Staff working document: 'Report on the consultation on Resilience as a strategic priority of the external action of the European Union'
- EU Gender Action Plan 2016-2020

In order to support the population and promote continuous reforms the allocation of the National Indicative Programme will increase by EUR 53 million (from EUR 234 million to EUR 287 million) and the amount of focal sector 1"Agriculture", including resilience, by EUR 15 million (from EUR 88 million to EUR 103 million).

1.3 Public Policy Analysis of the partner country/region

The action will contribute to the support of the Zimbabwean National Development Plans and Strategies, with particular reference to:

- *Transitional Stabilisation Programme (TSP)* 2018-2020, which the government launched in late 2018 in a bid to boost economic recovery. The TSP strives to operationalise Vision 2030 which seeks to transform Zimbabwe into middle-income country by 2030. The vision places economic development at its core and aims to attain an improved quality of life for all citizens (urban and rural). Improved resilience promoted through this action is an important building block in this regard.
- *Zimbabwe National Agriculture Policy Framework (ZNAPF)* of 2019 aiming at promoting agricultural productivity and enhancing prosperity through backward and forward linkages with input supply and processing industries.
- *National Food and Nutrition Security Policy (NFNSP)* launched in 2013 as a framework for the multi-sector and multi-stakeholder approach for addressing nutrition challenges in Zimbabwe.
- The 2015 *Resilience National Framework for Zimbabwe* for which the action is of strategic importance.
- *National Gender Policy 2013-2017,* seeking to 'achieve a gender just society where men and women enjoy equality and equity and participate as equal partners in the development process of the country'. The policy goal is 'To eradicate gender discrimination and inequalities in all spheres of life and development.'

[4] OJ C 210 of 30.6.2017.
[5] COM(2010)127 final of 31.3.2010.

Institutional capacity for the implementation of these policies are severely constrained by lack of resources/budgets, brain drain from qualified staff and lack of adequate skills. This action is contributing directly to these national policies and integrates gender equality, environment and climate change as cross cutting issues

1.4 Stakeholder analysis

During the programming of the ZRBF, various consultations took place together with relevant government ministries such as the Ministry of Agriculture, the Ministry of Health & Child Care (MoHCC) and the Food & Nutrition Council (FNC), donors (including European Humanitarian Aid and Civil Protection (ECHO) and EU members states), UN agencies (WFP, FAO, UNDP, UNICEF), NGOs, academia and research institutions. Stakeholders have agreed on a National Resilience Framework and key principles underlying resilience building in Zimbabwe.

DFID (UK), SIDA (Sweden) and the EU are the key donors of the programme. Cooperation and coordination among these donors is well established and common positions are taken on key strategic and programmatic issues. The Government, at both local and central level, has demonstrated high level of commitment and leadership in the ZRBF and is the Chair of the Steering Committee.

Direct beneficiaries of the action are rural communities living in vulnerable situations, exposed to recurrent and new stresses and shocks, who tend to rely mostly on subsistence farming practices. Until now the programme benefitted around 800 000 people. The action aims to consolidate support provided and increase the number of beneficiaries further. Seven partner Consortia have been selected through competitive calls and are implementing activities and delivering services to target populations across all 18 Districts.

1.5 Problem analysis/priority areas for support

Zimbabwe has enormous potential for sustained growth and poverty reduction given its endowment of natural resources, existing stock of public infrastructure and its comparative highly skilled human resource base. During the past years however, the country has experienced unique macro-economic, social, political and climatic challenges. Despite the significant potential for sustainable growth, the economic and socio-political environment has continued to deteriorate owing to several causes and related consequences:

- **Climatic Variability and Extremes:** Delayed onset of rains and a long dry spell in the past 2 farming seasons caused a significant reduction of agricultural production. Pastures have been highly degraded in the most drought stricken regions, which resulted in deteriorating livestock body condition and high prevalence of livestock death. Disease outbreaks ravaged the country with Foot and Mouth Disease (FMD) and other disease conditions including Tick Borne, Anthrax Lumpy Skin and New Castle for the poultry. These conditions had a negative impact on livestock prices and eroded household asset bases. Restrictions on cattle movement were instituted to control the spread of diseases.
- **Food Security Situation**: While agriculture performs much below its past potential it remains an important sector of the economy and for the majority of population it is the prime source of livelihood. The erratic climatic conditions prevailing over past years contributed to a further reduction of agricultural production with severe consequences for food insecurity across the country. The 2019 crop and livestock assessment report estimates that maize production is 54% below the 1 700 000 tons produced during the previous season[6]. As a consequence, a large number of people will require assistance until the next harvest becomes available in April-May 2020. The poor maize harvests and drought-driven livestock losses are causing pressure on

[6] The Ministry of Agriculture announced recently that the country has to import almost 800,000 tons of grain (mainly maize and wheat) to balance current national requirements.

vulnerable populations. This will be compounded by an increasing trend of adopting negative coping mechanisms and higher levels of food and nutrition insecurity.

- The problems described above are further enhanced by a Government with limited capacities and resources to ensure delivery of critical public services such as access to health care, education, water and sanitation as well as power supply. The capacity of the government to respond to crisis situations is very limited and often politically biased while the rapidly changing socio-economic and climatic conditions require higher level of adaptive management and timely response capacities. The precarious situation of agricultural production and livestock husbandry is increasingly coming under stress since basic inputs (e.g. fertilizers, seeds and veterinary drugs) are often not available or unaffordable.

The current action will contribute to address the above challenges, mainly by protecting development gains and preventing helping communities living in most vulnerable situations to not fall into further destitution and humanitarian emergency conditions. This will be achieved through improving evidence for targeted assistance for short term recovery and longer term resilience building including support to policy formulation and enacting. The resilience capacities of people living in vulnerable situations will be improved through actions aiming at improving agricultural and livestock production and adapting production more to climate stress. The action will include provisions allowing flexible response to unpredictable crisis situations.

2 RISKS AND ASSUMPTIONS

Risk	Level of Risk (H/M/L)	Mitigation Measures
Recurrent climatic shocks will continue to affect target populations	High	DRM (Disaster Risk Management) plans and related activities will be constantly updated and supported. Climate change adaptation measures in place.
Increase risk of pest and diseases outbreak	High	DRR (Disaster Risk Reduction) embedded into Resilience plan to propose activities mitigating impact of outbreaks
Lack of willingness to adopt new best practices (i.e. climate smart agriculture practices, engaging in new value chains)	Medium	Behaviour change is long term process. Continue support will be given to awareness building and knowledge learning processes.
Politicisation of Aid	Medium	Complain mechanism and other accountability mechanism are in place.
Crises modifier insufficient to mitigate the negative impact of shocks/stresses on progress achieved to building resilience	Medium	Ensure cross cutting and long terms approach to interventions, which can continue even in the case of disruption. CM activated and High frequency monitoring system in place to monitor shocks/stresses.
Gender discrimination is an ongoing challenge in rural areas	Medium	Based on past experience the action will apply a multi-level strategy to ensure more gender equality which includes the policy level, awareness building of local/traditional leaders as well as direct support to enhance women empowerment.
Further deterioration of socio-economic environment (i.e. local currency devaluation etc.)	High	The action cannot influence the macro-economic evolution, but mitigations measure can reduce resulting risks (i.e. support to diversification of livelihood systems and other positive coping mechanism).

Assumptions
Relevant Ministries and agencies are cooperative and support the action
Other donors continue their engagements
Adequate level of participation and contribution from all concerned stakeholders

3 LESSONS LEARNT AND COMPLEMENTARITY

3.1 Lessons learnt

Lessons learnt from the ZRBF include: a) ensure wider dissemination of good practices, b) strengthen knowledge sharing among agencies, c) increase level of government ownership/commitments to the resilience agenda, d) stronger focus on governance for all promoted initiatives (i.e. infrastructure), e) improve collaboration between key stakeholders (extensions staff, development partners, farmers and private sectors), f) further support the lead farmer model as a motivating factor, g) decentralise training systems to improve farmers participation, h) multiply conservation farming demonstration plots (to enhance climate smart agriculture) and promote local stock feed production. Activities that have demonstrated better and more promising results will be further replicated which include for example Village Lending and Saving Associations (VLSA), lead farmers model, support to climate smart agriculture, value chain development, off farming activities and Non Timber Forest Product (NTFP) for more diversified livelihood systems and income streams.

External dependency on aid assistance appears still strong in the mind-set of large share of the populations. However, ZRBF contributed already to more self-reliance attitude and stronger resilience capacities to recover rapidly from recurrent stresses.

A recently concluded EU-financed FAO programme in support to rehabilitation and governance of small holder farmers irrigation schemes has provided substantial lessons learnt and contributed to develop business models in the small holder farming sector, which can inspire and influence similar ZRBF initiatives.

From EU Result Oriented Monitoring reports and DFID's annual reviews some of the key lesson learnt and recommendations include the following: a) ensure improved gender mainstreaming and understanding, b) strengthen durability and sustainability of various activities such as infrastructure initiatives, c) review performance of the Crises Modifier and PMU capacity, d) improve donor coordination, e) simplify reporting system and ensure logical framework updates when required f) involve ECHO expertise in the technical design and implementation of the crises modifier. These reviews recognise the ZRBF as a successful tool to mitigate the impact of various shocks/stresses including deteriorating economic conditions, recurrent and new climate induced shocks in Zimbabwe.

To reinforce the resilience agenda, it is also important to build on the results achieved by other initiatives such as the ongoing UNICEF-FAO programme on nutrition and ensure further consolidation and reinforcement of certain activities developed (i.e. awareness and operationalisation of the Zimbabwean National Food Dietary Guidelines). Other examples are documented by initiatives implemented by UNDP ZRBF and consortia partners and as described in the EU Communication and Action Plan on Resilience[7].

[7] 'A Strategic Approach to Resilience in the EU's external action', JOIN(2017) 21 final of 7.6.2017.

3.2 Complementarity, synergy and donor coordination

The action will reinforce the ongoing ZRBF and, as such, ensure continued complementarities and synergies with other EU funded programmes:

- Improving health outcomes of the population through the Health Development Fund: at impact level, both actions aim, through different sectors of intervention, to jointly contribute to address health concerns including addressing chronic malnutrition and water borne diseases;
- Zimbabwe Agriculture Growth Programme: mitigating and preventing vulnerable households to fall into wider destitution will eventually allow these communities to graduate from poverty and subsistence farming into more productive and business oriented farming practices (main target of the agriculture growth programme);
- Accelerated community action for reducing stunting in Zimbabwe: improving nutrition governance and increased integration of nutrition agenda into agriculture and builds synergies with the planned action[8].

A Joint Donor Disaster Resilience Strategy for Zimbabwe was developed in 2014, in order to bring donors together on a single approach. Through the ZRBF, joint donors support has always ensured close coordination and joint initiatives to enhance efficiency and performances of the programme.

The ZRBF Steering Committee has brought together various Government departments, UNDP and donors for a common strategic and Government led decision making platform. Government (at both central and local level) has undertaken a key level of coordination and oversight in the implementation of this programme, which will ultimately contribute to better ownership and long term sustainability.

Various other donors (USAID, Swiss Development Cooperation, EU Member States, etc.) are committed to joint programming and coordination ensuring that analysis and programme design incorporates current programmes, and vice versa. This ensures a long term perspective as current programmes which incorporate elements of resilience building are at different stages of design and implementation. The ZRBF will continue to focus and consolidate achievements on target rural areas in 18 Districts. However, poverty and destitution is also increasing in urban and peri-urban settings. Other donors and agencies have being boosting their support in these areas in an effort to ensure appropriate complementarities and coordination.

The ZRBF is currently co-financed by DFID (GBP 26 million), EU (EUR 25.3 million), SIDA (SEK 120 million) and UNDP (USD 2 million), totalling around EUR 70 million.

In addition EUR 10 million has been allocated (through ECHO) in order to respond to the current humanitarian crises. The focus will be on assisting the people most affected by food insecurity.

4 DESCRIPTION OF THE ACTION

4.1 Overall objective, specific objective(s), expected outputs and indicative activities

The overall objective of this action is to contribute to the well-being of household and communities in vulnerable situations in the face of shocks and stresses in Zimbabwe.

[8] This action aim to build on the results achieved during the ongoing UNICEF-FAO programme on nutrition, which shall include for example activities such as operationalisation of the new National Food Dietary Guidelines (NFDG) better integration of nutrition into the agriculture agenda and nutrition governance (i.e. trainings for Food and Nutrition Councils).

Specific objective:

Target communities have increased resilience.
The focus is to enhance resilience of rural women and men to better protect development gains, to cope with economic shocks and deteriorating living conditions in rural areas including increasing food insecurity.

Output 1.1: Building evidence to improve the policy environment and stimulate service provision to enhance households and community resilience.

Output 1.2: Target communities' absorptive, adaptive and transformative resilience capacities are increased.

Output 1.3: Assistance to communities in crisis is timely mobilised and delivered.

Main activities

Activities linked to output 1.1: Key focus will be the support to capacity assessment of central and local government partners to improve application of evidence in policy, transparent decision making and informed programming addressing resilience. This includes, for example, hazard mapping, supporting national data collection/processing (gender sensitive and sex-disaggregated) and conducting specific studies for resilience programming. The results of these government-led surveys will contribute to the development of policies for the country. Additional support may include new ad hoc policy and/or technical papers[9] which can better inform both policy makers and programming exercises, while taking into account concerns about human rights (condition and position of civil society, situations of people living in vulnerable situations, etc). The selected focus sectors of interventions will be complemented by supporting disaster risk reduction/climate change adaptation initiatives and the mainstreaming of gender and environment.

Activities linked to output 1.2: activities include support to layering and sequencing of different capacities:

- **Absorptive capacities:** To mitigate the adoption of negative coping mechanisms in time of crises development of absorptive capacities are key for target communities. This may include short term cash savings groups (e.g. Village Saving and Lending Associations (VSLA), informal safety net (i.e. set up of social fund, grain and seeds banks including promotion of improved varieties), update of wards resilience and/or development plan integrating disaster risk reduction strategies and climate change adaptation, support access to clean water, sanitation and hygiene (to mitigate impact of water borne diseases such as diarrhoea, typhoid and cholera) for both women and men.
- **Adaptive capacities:** This level of capacities will contribute to improve production and productivity, increase income sources as well as building stronger and viable livelihood systems. Initiatives at this level may include support to: a) diversification of livelihoods (i.e. promote development of gender sensitive value chains and market linkages, off farm activities, support to non-timber forest products, livestock breed improvement, enhance local market service provisions; b) enhance development of productive assets/infrastructures, in particular water and livestock related; c) initiatives to better cope with the effects of climate change such as promotion of climate smart agriculture techniques (i.e. promotion of small grains and drought resistant seeds varieties, conservation agriculture) as well as post-harvest handling; d) investment in human capital such as vocational training and capacity building on issues such as pest management, start-up enterprises, strengthen farmer organisations and increased access to information related to alternative livelihood strategies, e) improving financial inclusion with access to transparent credit facilities; f) improve access to safe drinking water and basic sanitation, g) support to

[9] Extension policy issues paper, small grain barriers analysis and smallholder irrigation inventory are some of the example of technical analysis developed in the recent past for programming purposes.

nutrition sensitive interventions[10] such as gardening initiatives for diversified production and improved diet, food safety as well as increase awareness about consumption of nutrient rich traditional foods[11] and cooking demonstrations.
These activities will be implemented while considering the rights-based approach, assuring that capacities of right-holders and duty-bearers will be strengthened in order to implement human rights such as right to food, water, decent working conditions and to a decent environment.

- **Transformative capacities**: This level of capacities is more focused on improved governance and policy development for resilience, bridging and linking social capital and empowering groups living in most vulnerable situations (elderly, women, disabled). Activities may include: a) facilitate improved access to informal safety nets, market, agriculture and basic services, natural resources; b) set up of community disaster planning committees; c) activities to reinforce the social contacts and mutual accountability between the communities (right-holders) and service providers (duty-bearers, i.e. facilitate by law formulation, service delivery quality survey, lobby and advocacy for policy reforms).

Activities linked to output 1.3: The action will include availing timely, appropriate and predictable funding for communities that experience shocks, should these occur during the life of the programme. It will enable communities to recover quickly and minimise the loss of development investments and gains.

The activities will be context specific, of a short-term nature and may include interventions related to smart agriculture inputs subsidies, fodder production and preservation, rehabilitation of borehole and/or other emergency water supply or water harvesting system as well as boosting household income and food security. Actions may include cash based interventions. High frequency monitoring system will be developed at District level to provide, on a monthly basis, updates on key triggering indicators. Similarly, contingency plans will be in place and regularly updated from all implementing partners.

The release of funds will be guided by operational guidelines on modalities, trigger indicators and thresholds. The impact and needs caused by the shocks will be promptly assessed to determine the level and appropriateness of the required interventions. The activation of the response will bring about greater humanitarian aid coordination and offer value for money. This provision is mainly designed to support those communities target under the ZRBF, although opportunities may be explored to respond to small scale and localised new crises. Larger humanitarian crises will be addressed through appropriate emergency response instruments.

4.2 Intervention Logic

This action will contribute to addressing the challenges and gaps of deteriorating conditions, socio-economic crises linked to poverty and increased risk of destitution, undernutrition and food insecurity. At specific objective level, the proposed results and related activities will contribute to strengthen the ability of target communities to resist and become more resilient to stresses/shocks causes by both manmade and natural hazards:

[10] ZRBF is a nutrition sensitive programme and this action will also ensure a further reinforcement of the nutrition agenda, as a key pillar in the development of a resilient community including ensuring that the different elements are well-articulated, in synergy to contribute to better nutrition outcomes (strong human beings are more economically active, less sick, it cost less to households, communities, health and education systems).

[11] In fact the lack of awareness on nutritional matters along with prevalent cultural traditions (i.e. diet still highly centred on maize as key staple food, high sugar intake etc.) are estimated among the causes of inadequate nutritional practices and poor nutrition intake (micronutrients). The design and implementation of awareness campaigns will aim to contribute addressing the above challenges and to progressively ensure the adoption and uptake of best nutritional practices, hence contributing to healthier and more resilient communities.

- Support to data analysis end evidence building will contribute to timely informed programming and most appropriate responses modalities.
- Increased support of resilience capacities will contribute in particular to boost communities' ability to better face and cope with recurrent stresses and shocks, hence protecting development gains and to reduce the adoption of negative coping mechanism such as selling of productive assets and migrating out of disaster areas.
- The included provision to respond to unpredicted crises will mitigate possible negative impact with the aim to help affected communities better recover and also prevent depletion of assets.

By enacting this framework, it is assumed that communities can cope better with shocks/stresses and that improved knowledge helps to introduce changes in behaviour and practices. Government entities play a key role in policy making and enacting them to benefit the target population through the provision of improved services.

Achievement of this specific objective will contribute (impact level) to enhance the overall well-being outcomes of target communities. However, there are limitations for success, which might be undermined by a further deterioration of socio-economic parameters and unexpected natural disasters exceeding the capacity of the action.

4.3 Mainstreaming

Environment and climate change: This action will sensitise communities about the importance of natural resources management, protection of forests and communal woodland, veld fire management and climate change issues. Whenever appropriate, particular attention will be given to dam catchment management and protection. This will reduce the negative impacts on the environment, prolong the lifespan of the dams, and reduce gully building and other related impacts and help prevent soil erosion and environmental degradation.

Community awareness on environmental management will be raised with a special focus on communities to sustainably manage their grazing areas (i.e. encouraging destocking of livestock during the leaner seasons). Increased adoption of Conservation Agriculture is expected to contribute towards soil and water conservation. Promotion of sound and climate smart agricultural practices including promotion of improved agro-biodiversity (i.e. locally adapted seed varieties, etc) are a cornerstone of this resilience programme, which is in particular helping local communities to better cope with climate induced crisis.

Gender: Particular attention will be given to gender-related issues and the situation of women due to their significant role in the agricultural sector and the fact that they are especially exposed to crisis situations. To this end, the action will influence changes in gender relations by challenging the deeply entrenched cultural practices and social norms that deprive women and girls from participating and leading both at the household and community levels. Through establishing dialogue platforms, consciousness will be raised regarding gender inequalities at community levels and the need to balance gender relations between men and women, boys and girls.

This action will capacitate and support women to become more independent as income-earners and decision-makers which are critical to build stronger livelihood systems and to address nutrition issues which fall predominantly under the responsibility of women. The action will also explore economic opportunities for young women and men, which are by tradition and culture restricted to engage in independent economic activities in rural settings.

4.4 Contribution to Sustainable Development Goals (SDGs)

This intervention is relevant for the United Nations 2030 Agenda for Sustainable Development. It contributes primarily to the progressive achievement of SDGs 1 No Poverty and 2: Zero Hunger, while also contributing to 5: Gender Equality, 6: clean water and sanitation, and 8: decent work and economic growth. The overall resilience agenda will contribute to address SDGs 1 and 2 while other SDGs will be mostly embedded and/or mainstreamed in the implementation framework as part of the multi sector approach to enhance resilience.

5 IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is foreseen to conclude a financing agreement with the partner country.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in section 4.1 will be carried out and the corresponding contracts and agreements implemented, is 48 months from the date of entry into force of the financing agreement.

Extensions of the implementation period may be agreed by the Commission's authorising officer responsible by amending this decision and the relevant contracts and agreements.

5.3 Implementation of the budget support component

N/A.

5.4 Implementation modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures[12].

5.4.1 Indirect management with an international organisation

This action may be implemented in indirect management with the United Nations Development Programme (UNDP).

This implementation entails the administration of the Zimbabwe Resilience Building Fund (ZRBF) as described in section 4.1 above. The Fund will provide the necessary flexibility to support actions that are multi-sector, multi-level, multi-partner and that can be strategically and jointly planned with the communities at risk as well as with government agencies.

The envisaged entity has been selected using the following criteria: UNDP has been an efficient implementing partner and shown strong capacity in managing the ZRBF multi-donor programme.

UNDP has demonstrated long experience in resilience building, preparedness and prevention actions. It draws on experiences from around the world in early recovery (Global Cluster lead) and/or climate changed focussed approaches to supporting vulnerable communities to create resilience, growth and development. UNDP has a proven track record in swift and effective project implementation and fund administration with different types of fund mechanisms both in Zimbabwe and in a number of other countries.

[12] www.sanctionsmap.eu Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

UNDP is a trusted partner of relevant ministries and government offices and it has demonstrated a particular dynamism in adapting to an environment rapidly changing from a humanitarian into a development context. It has also been selected due to its comparative advantage of its experience in managing and administering similar types of fund mechanisms and its experience and reputation in implementing resilience programmes. UNDP strategies towards gender mainstreaming and human right-based approached are well known. Most activities of this action are implemented through consortia (different local and international agencies) or other service provider selected through competitive calls.

5.5 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of products and services in the markets of the countries concerned, or in other duly substantiated cases where the eligibility rules would make the realisation of this action impossible or exceedingly difficult.

5.6 Indicative budget

Specific Objectives	**EU contribution (in EUR)**
5.4.1 Indirect management with UNDP	14 800 000
5.9 Evaluation and 5.10 Audit	200 0000
5.11 Communication and visibility	Already covered under phase I of the programme
Totals	**15 000 000**

5.7 Organisational set-up and responsibilities

1. The Steering Committee (SC) is the highest body governing the Zimbabwe Resilience Building Fund. The SC is co-chaired by the Government and a funding partner. The funding partners will select annually a co-chair amongst themselves. UNDP will serve as the secretariat. The composition of the SC includes other funding partners, members from relevant government institutions (FNC, Department of Civil Protection (DCP), Ministry of Agriculture, Mechanisation and Irrigation Development (MoAMID), etc) as well as representative from the UN agencies and the NGO community. The Steering Committee composition ensures the principles of national ownership; inclusiveness and gender balanced representation, as well as the need to have a manageable size for effective decision-making.

2. UNDP will manage the Zimbabwe Resilience Fund under the oversight of the Steering Committee. UNDP is responsible for ensuring overall financial management and attainment of programme results across all components of the programme. UNDP's role includes legal responsibility for the appropriate use of the funds as well as the performance of implementing partners. In areas where it has a comparative advantage as determined by the Steering Committee, UNDP may implement some specific actions.

5.8 Performance and Results monitoring and reporting

UNDP has developed and rolled out a common Monitoring, Evaluation & Learning (MEL) framework with roles and responsibilities allocated among the ZRBF stakeholders. The logframe

Performance Indicators Reference Guide (PIRG) was developed and rolled out with the objective of creating clarity in indicator definition, methodology, and data collection and analysis responsibilities. Monitoring initiatives include internal and biannual joint Steering Committee field monitoring visits. Monitoring will be done through gender sensitive indicators.

Learning workshops focusing on MEL are also conducted with all Consortia and Government stakeholders. Reviewing processes currently includes various donors initiatives such as the ROM (Result Oriented Monitoring Missions) and DFID Annual review. Both exercises aim to provide progress against key performance of the programme and key recommendation for follow up actions and learning purposes. UNDP also conduct internal portfolio review to determine whether ZRBF-supported projects are leading to results outlined in the ZRBF/consortia partners theory of change & logframe.

UNDP has also contracted Oxford Policy Management to undertake an evaluation of programme impact; the core focus of the evaluation was to determine the effectiveness of the programme in delivering against its expected impact and outcome indicators by the end of the programme

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner's responsibilities. To this aim, the implementing partner shall maintain and eventually improve a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports, integrating progress measurement on gender and human rights. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the logframe matrix (for project modality).

Monitoring progress of indicators, as outlined in section 4.4 (SDGs), will be embedded in the MEL framework and are mostly integrated in the current Logical framework, which has been agreed among all donors and key partners.

Reports shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.9 Evaluation

Having regard to the importance and nature of the action, a final and/or ex post evaluation(s) will be carried out for this action or its components via independent consultants, and/or joint donor mission, contracted by the Commission or via an implementing partner. The evaluation mission will be incorporating gender and human rights expertise.

The evaluation will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the innovative, multi sector and complex nature of the programme.

In case an evaluation is to be contracted by the Commission, the Commission shall inform the implementing partner at least 3 months in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

Evaluation services may be contracted under a framework contract.

5.10 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

It is foreseen that audit services may be contracted under a framework contract.

5.11 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

UNDP has elaborated and is regularly implementing a Communication and Visibility plan under ZRBF. The plan is subject to regular updates and reviews.

In terms of legal obligations on communication and visibility, the measures shall be implemented by the Commission, the partner country, contractors, grant beneficiaries and/or entrusted entities. Appropriate contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and contribution agreements.

The Communication and Visibility Manual for European Union External Action shall be used to update the existing Communication and Visibility Plan of the Action and the appropriate contractual obligations.

This action shall contain communication and visibility measures based on the existing Communication and Visibility Plan developed by UNDP for the ZRBF.

APPENDIX 1 - INDICATIVE LOG FRAME MATRIX (ALL PROPOSED INDICATORS ARE FROM EXTRACTED FROM THE UPDATED ZRBF LF)

	Intervention logic	Indicators	Baselines (incl. reference year)	Targets (incl. reference year)	Sources and means of verification	Assumptions
Overall objective: Impact	To improve wellbeing of households in vulnerable situations in the face of stresses and shocks	1 Proportion of population living below the poverty line (w/m, rural, urban) 2 Prevalence of households with moderate or severe hunger (HHS-Households Hunger Scale) 3 Multidimensional Poverty Index	1 Baseline 2011-2012: 62.6% 2 Baseline: 31% (2016 ZIMVAC) 3 Baseline 2018: 50% level	12021: 58.6% 2 2021: reduced prevalence of HHS to 20% 3 2021: 40%	*1.ZIMVAC* *2. PIECES (Poverty, income, Consumption, Expenditure survey)* *3. ZIMSTAT Nutrition survey* *4. FEWSNET*	
Specific Objectives	SO 1: Target communities have increased resilience	1.1 Number of women and men whose resilience has been improved as a result of ZRBF support 1.2 Proportion of households adopting climate smart agricultural production technologies 1.3 Average Food based Coping Strategy Index score for households in targeted communities* 1.4 Average Livelihoods and Assets based Coping Strategy Index score for households in targeted communities* 1.5 Proportion of ZRBF beneficiary households with acceptable Household Dietary Diversity Score (HDDS)*	1.1. Baseline 2018: 373 000 (M: 178,950), F: 194,051) 1.2 Baseline 2019:75% 1.3 Baseline 2016: 38% 1.4 Baseline 2016: 13 1.5 Baseline 2016: 63%	1.1 2021: 830 000 1.2 Baseline 2021:85% 1.3 2021: 50% 1.4 2021:4 1.5 2021: 80%	*1.1 ZIMVAC* *1.2 Crop and Livestock assessments* *1.3 Baseline/ Endline Outcome and Monitoring survey*	- Government and partners continue to focus on policies for resilience building and interventions are not undermined by short term in-kind assistance. - The ZRBF is funded sustainably. - Political stability such that access to communities is not significantly affected.

	Intervention logic	Indicators	Baselines	Targets	Sources and means of verification	Assumptions
Outputs	**Output 0.1**: Building evidence to improve the policy environment and stimulate service provision to enhance households and community resilience	1.1.1 Number of risk assessment conducted, taking into account differentiated impact on women and men 1.1.2 Number of multi-hazard mappings developed and/or updated at subnational levels 1.1.3 Number of national and sub-national resilience or development plans developed, informed by risk assessments and other evidence generated by ZRBF and taking into account gender-differentiated risk analysis 1.1.4 Status of a monitoring, evaluation & Learning strategic framework	1.1.1 Baseline:0 1.1.2 Baseline 2017: 21 1.1.3 Baseline 2016: 0 1.1.4 Baseline 2016: ZRBF Monitoring, evaluation & Learning strategic framework is developed and signed off	1.1.1 2021: 23 1.2.1 2021: 160 1.1.3 2021: 5 1.1.4 2021: Successful implementation of MEL related annual/quarterly work plans deliverables that have been approved by SC	1.1.1 Programme monitoring mechanism and reporting	- Government has interest in resilience building and engages with partners on capacity building and development of evidence. - Improved knowledge and capacity leads to changes in practice and action. - Government and partners are willing to use and apply the knowledge generated from the analytical tools in its policy making decisions.

	Output 0.2: Target communities' absorptive, adaptive and transformative resilience capacities are increased	1.2.1 Number of people supported by ZRBF to cope with the effects of climate change (women/men) 1.2.2 Number of wards with an up-to-date resilience or development plan that integrates DRR and adaptation 1.2.3 Number of households with access to safe drinking water and basic sanitation supported by ZRBF	1.2.1 Baseline 2016:0 1.2.2 Baseline 2017: 21 1.2.3 Baseline 2016: 0	1.2.1 2021: 830 000 1.2.2 2021: 160 1.2.3 2021: 35 000	1.2.1 Programme monitoring mechanism and reporting	- Occurring shocks and hazards don't set back completely any progress made. - The operating environment is supportive enough to allow these interventions to impact on local capacity - Improvements in absorptive, adaptive & transformative capacities lead to better developmental outcomes - The vulnerable people and districts identified are able to incorporate climate change adaptation and DRR into their decision making
	Output 0.3: Assistance to communities in crisis is timely mobilised and delivered .	Crisis modifier designed, updated and operationalised into the ZRBF programme	1.3.1 Baseline 2017: Crisis modifiers Mechanism SOP and HFMS developed and rolled out	1.3.1 Baseline 2021: Successful implementation of CMM related annual/quarterly work plans deliverables that have been approved by SC	1.3.1 Programme monitoring mechanism and reporting	Improving timely access to early warning signals is key to inform early actions for protecting development gains

APPENDIX 2 Indicative timetable

Thematic areas	**Implementing partners**	**Year 1**	**Year 2**	**Year 3**	**Year 4**
Output 1.1: Evidence based policies to promote resilience at local level are enacted	UNDP	X	X		
Output 1.2: Target communities' absorptive, adaptive and transformative resilience capacities are increased	UNDP	X	X	X	
Output 1.3: Assistance to communities in crisis is timely mobilised and delivered	UNDP	X	X	X	
Evaluation	External consultant and /or joint donor				X