54. Country profile: Zimbabwe

1. Development profile

Zimbabwe had its first free election in 1979 won by Robert Mugabe who has served as the prime minister since.[1] Mugabe has earlier been very popular in Africa but he has lost in popularity with some African leaders recent years because they believe that his politics has been damaging to the whole continent of Africa and even urged for democratic reforms.[2] In 2000, Mugabe launched a land redistribution program which resulted in white farmers forced to leave the farms, shortage of basic commodities and in a slowdown of the economy. The presidential election in 2002 resulted in Mugabe being re-elected with two-thirds majority, but the methods used to win was fraud and intimidation.[3]

Operation 'Murambatsvina' was implemented in 2005 with the aim of destroying illegal urban structures. This resulted in destroying informal housing and markets that affected an estimated 700,000 people by becoming homeless and/or unemployed, and indirectly affecting 2.1 million which is equal to about 20 percent of the population. The operation affected not only the livelihoods of a large part of the population of also the overall economy of the country due to the informal sector counting for 40 percent of the labour force prior to 'Murambatsvina'.[4] Another initiative from Mugabe was price control on all basic commodities in 2007 which led Zimbabweans to buy commodities in panic and shelves in stores becoming empty for months.[5]

In 2008, Morgan Tsvangirai won the most votes in the presidential election but he did not have enough votes to win outright and a runoff ensued. Because of threats to himself and his supporters, Tsvangirai was forced to withdraw from the runoff. Outrage in the international community over substantial election fraud on the part of the Mugabe government forced Mugabe to accept a cooperative Government in which he would remain president and Tsvangirai would be prime minister. [6]

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[1] *The World Factbook: Zimbabwe*. (2010, November). Retrieved from United States Central Intelligence Agency: https://www.cia.gov/library/publications/the-world-factbook/geos/zi.html

[2] *Zimbabwe: Background*. (2010, July). Retrieved from Congressional research Institute: http://www.fas.org/sgp/crs/row/RL32723.pdf

[3] *The World Factbook: Zimbabwe*. United States Central Intelligence Agency.

[4] *Zimbabwe: Background*. Congressional research Institute.

[5] *The World Factbook: Zimbabwe*. United States Central Intelligence Agency.

The Government has been unable to stabilise a desperate economic situation, characterised by unsustainable debt financed by the Reserve Bank of Zimbabwe printing money, which has resulted in staggering inflation level estimated at 14.93 billion percent in 2008. The economy has stabilised since with an inflation rate of 5.1 percent in 2009, primarily due to dollarization, but the unemployment rate is still estimated to be more than 90 percent.[7] The Government's position on social protection programmes has been inconsistent, partly due to fluctuations in inflation rates that make cash transfer programmes very difficult to maintain.

Many Zimbabweans has fled to neighbouring countries due to the bad economic and humanitarian situation in the country, which have resulted in about 25 percent of the population living abroad with amounts to 60 percent of the productive adult.[8]

While there is hope that socioeconomic conditions will improve, Zimbabwe is still plagued by substantial structural problems that will continue to affect at least 6 million people in the near future.[9] Food security has been a major problem for the past decade and remains a focus of relief efforts, even though the number of people needing food aid has declined from 5 million in 2008 to 2 million in 2010.[10] Widespread malnutrition has resulted from food shortages, 33 percent of children under the age of 5 are chronically malnourished. Another issue is cholera, which the country has been affected by in 2008 and 2009, costing the lives of more than 4,300 people and infected almost a 100,000.[11] Education in Zimbabwe has improved but the system lacks essential supplies and is hampered by frequent teachers strikes and high turnover, resulting in most schools were closed for the better part of 2008.[12]

The Short Term Emergency Recovery Programme was launched in March 2009 and it has helped to stabilise the previously free-falling economy. In late 2009, the Government published the *Three Year Policy Framework*. The goals of which are : sustaining, macro-economic stabilisation, investment drive, support for rapid growth, restoring basic services, ensuring food security and self sustenance, promoting regional integration, restoring basic freedoms and restoring international relations. The policy acknowledges the shortcomings of previous policies, the reality of the current situation, and outlines plans, to commence in 2010, that will help to better Zimbabwe's economic, political, and human rights situations. The document states that the Government is committed to supporting social protection programmes.[13]

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[6] *The World Factbook: Zimbabwe*. United States Central Intelligence Agency.

[7] *Zimbabwe: Background*. Congressional research Institute.

[8] Ibid.

[9] *Consolidated Appeal for Zimbabwe 2010*. (2010, November). Retrieved from United Nations: http://ochaonline.un.org/humanitarianappeal/webpage.asp?MenuID=13497&Page=1826

[10] *Zimbabwe: Background*. Congressional research Institute.

[11] Ibid.

[12] *Consolidated Appeal for Zimbabwe 2010*. United Nations.

[13]. *Three Year Macro-Economic Policy and Budget Framework*. (2009, December). Retrieved from The Government of Zimbabwe:
http://www.zimtreasury.org/downloads-sub.cfm?SubID=15

Socioeconomic indicators[14]	
Population (millions)	11.65
GNI per capita, PPP (current USD)	n/a
GDP (current USD) (billions)	0.98
GDP composition by sector 2005 (%)	Agriculture -19.1 Industry- 23.9 Services- 56.9
GDP growth rate (%)	-1.3
Percent below poverty line (%)	68
Inflation (%)	5.1 (2009), 14.9 billion (2008)
GINI index	50.1
Adult literacy rate (%)	90.7
Life expectancy (years)	47.55
Child dependency ratio	n/a
Elderly dependency ratio	n/a
HIV prevalence (%)	15.3
Overseas development aid per capita (current USD)	n/a
Net official development assistance (USD millions)	611[15]
Remittances as % of GDP	n/a
2009 Human Development Index (HDI) ranking	169[16]

2. Vulnerability analysis

2.1 External shocks

Zimbabwe is very vulnerable to shocks and the country has suffered from increases in food shortage the recent years due to significant decrease in crops. Droughts are partly to blame for this, but also operation Murambatsvina and other government politics is reported to play a role. An example is the land redistribution program where 4,500 commercial farms have been taken over, resulting in inefficiency, land not being actively farmed and shortage in the supply of production inputs. [17]

2.2 Political instability

The political instability in the country has left many Zimbabweans feeling that their chances of survival and success are better elsewhere, creating a brain drain. Many professional and skill workers

[14] *The World Factbook: Zimbabwe*. United States Central Intelligence Agency.

[15] *Country Data: Zimbabwe*. (2010, November). Retrieved from World Bank: http://data.worldbank.org/country/zimbabwe

[16] Ibid.

[17] *Zimbabwe: Background*. Congressional research Institute.

have migrated to neighboring countries or overseas, which has affected the delivery of services in all sectors and creates challenges in reaching development goals.[18]

During the disputed election period, March to August 2008, "election violence and government restrictions halted most humanitarian field activities. Half a year of critical humanitarian service delivery in support of food security, clean water, health, and education was lost."[19] Because of human rights abuses and government mismanagement, the international community has been reluctant to provide any support to the government.

2.3 HIV/AIDS

Zimbabwe has one of the highest HIV/AIDS prevalence rates in the world at 15.3 percent. As more adults become affected by the disease, the rural areas lose their available labour force. Households spend much of their income and resources caring for the sick.[20] Of the 1.3 million orphans in Zimbabwe, 77 percent of them were orphaned because of AIDS. These children are at a much higher risk of dropping out of school and of becoming malnourished, "as the pandemic affects more households, and as family or community resources are stretched to the breaking point, the traditional social network support systems once available are showing signs of collapse and are no longer a reliable means of assistance."[21]

2.4 International lending and sanctions

The World Bank suspended its lending programme to Zimbabwe in 2000 when the country went into arrears. The Government owes the World Bank about $600 million USD, the IMF $144 million USD, and AFDB $429 million USD. While other countries in the region received substantial debt forgiveness in recent years, the Zimbabwean Government did not show a sufficient commitment to implementing a sound economic recovery programme to warrant the debt reduction.[22]

In 2009, the IMF cited "Zimbabwe's improved cooperation on policies, the authorities' commitment to resume regular payments to the Fund, and the severe capacity constraints in the Fund's core areas of expertise"[23] in their decision to lift the suspension of technical assistance to Zimbabwe.
The US and EU both have sanctions against Zimbabwe; which the Government consistently blames for the country's economic woes.

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[18] *Zimbabwe- Cholera Outbreaks- Coordinated Health and WASH Preparedness and Response- Operation Plan 2009.(*2009, January). Retrieved from Humanitarian Appeal:
http://ochaonline.un.org/humanitarianappeal/webpage.asp?Page=1732

[19] Ibid.

[20] *Protracted Relief and Recovery Operation Zimbabwe 10595.0*. (2008, February). Retrieved from World Food Program: http://www.wfp.org/content/protracted-relief-vulnerable-groups

[21] Ibid.

[22] *Country Brief: Zimbabwe*. (2010, September). Retrieved from World Bank:
http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/ZIMBABWEEXTN/0,,menuPK:375744~pagePK:141132~piPK:141121~theSitePK:375736,00.html

[23] *Zimbabwe: Request for Targeted Lifting of the Suspension of Fund Technical Assistance*. (2009, May). Retrieved from International Monetary Fund:
www.imf.org/external/pubs/ft/scr/2009/cr09141.pdf

3. Monitoring and evaluation

Both the IMF and the World Bank have cited Zimbabwean attempts at monitoring and evaluation as inadequate, emphasising the lack of available data and research on the current state of vulnerable groups and the implementation of programmes. In 2009 the Government laid out monitoring and evaluation plans in the *Three Year Policy*, "The new Public Finance Management Act shifts financial management from Appropriation Accounting and Reporting to the Value for money approach. The new act, anticipated to take effect in 2010, will also facilitate comprehensive financial reporting, which embraces local government and public enterprises, allowing for constant monitoring of performance and improved accountability and efficiency in the use of public resources."[24] Besides that, the Audit office will be strengthened to become able to keep oversight over the management of public resources.[25]

4. Social assistance programmes overview

*All currency conversions are based on 17 February 2010 rates:

- 1 CFA Franc = 0.00204 USD
- 1 ZWD = 0.00266 USD
- 1 EUR = 1.369 USD
- 1 GBP = 1.57161 USD.[26]

(The Zimbabwean government redenominated the ZWD on 17th February 2009 at a rate of 1,000,000,000,000 old ZWD to 1 new ZWD)

Programme #1: in-kind transfer and unconditional cash transfer	**Programme name**	**Protracted Relief Programme**[27]
	Programme objective	▪ The goal is to assist the poorest and most vulnerable households suffering from the effects of erratic weather, economic decline and the HIV and AIDS epidemic by reducing the need for food aid, improving access to water, improving sanitation, and to provide care to the chronically ill.
	Programme components	▪ Help the poorest to grow more food. ▪ Help the poorest to gain access to water. ▪ Provide food vouchers, shelters and access to education. ▪ Distribute agricultural inputs to households.
	Programme duration	▪ Phase I: 2004 to 2006. ▪ Phase II: Started in 2008/09 and will continue until 2012/13.
	Programme coverage	▪ 300,000 households equal to about 2 million people (15%-20% of the population).
	Finance	▪ Phase I: 18 million Pound (28.29 million USD).

[24] *Three Year Macro-Economic Policy and Budget Framework*. The Government of Zimbabwe.

[25] Ibid.

[26] *Currency Converter*. (n.d.). Retrieved from OANDA: http://www.oanda.com/currency/converter/

[27] Table text from *DFID works in Zimbabwe*. (n.d.). Retrieved from Department for International Development: http://www.publications.parliament.uk/pa/cm200910/cmselect/cmintdev/252/25207.htm

		▪ Phase II: ○ UK will contribute 54.8 million Pound (86.12 million USD) ○ Multi-donors will contribute with an additional 24 million Pounds (37.73 million USD).
	Administrative framework	▪ Phase I: ○ Implemented by 10 international NGOs. ○ UN agencies helped provide technical co-ordination. ○ Three international agricultural research centres in Zimbabwe supplied further technical services. ▪ Phase II: ○ Multi-donor programme including Australia, Denmark, Norway, Netherlands, the EC and the World Bank. ○ Implemented by a broad range of NGOs.

Programme #2: in-kind food transfer	**Programme name**	**Protracted Relief and Recovery Operation**[28]
	Programme objective	▪ Increase Zimbabweans ability to meet their basic food needs by providing food support to health, agriculture and education initiatives.
	Programme components	▪ Reduce asset depletion and increase the resilience to manage shocks. ▪ Improve the quality of life for chronically ill people through nutrition and health support. ▪ Improve the food consumption of highly vulnerable food-insecure households.
	Programme coverage	▪ 2,230,000 people.
	Beneficiary determination process	▪ The programme will target vulnerable individuals and households, especially the chronically ill, orphans, displaces persons, and those living in the most food-insecure areas of the country. ▪ WFP identified three strategies to prioritise food assistance needs: ○ Universal access to the care and treatment of diseases such as HIV/AIDS and tuberculosis. ○ Support for livelihoods to address chronic poverty and the needs of food-insecure households. ○ Addresses seasonally shock-affected food-insecure households. ▪ The WFP will use community-based selection and all households deemed to be "very food insecure" to "food insecure" will be registered in a database and their individual vulnerabilities assessed in order to determine the appropriate aid.
	Finance	▪ The World Food Project will finance the initiative at a cost of $287,791,855 USD over 2 years.
	Legal framework	▪ The Government will work in coordination with WFP and its partners to implement the plan which helps meet several Millennium Development Goals and to alleviate concerns laid out in the *National Economic Development Priority Plan*.

[28] Table drawn from *Protracted Relief and Recovery Operation Zimbabwe 10595.0.* World Food Program.

	Administrative framework	▪ WFP will deliver food to the extended delivery points at the district level. ▪ Cooperating partners will manage the extended delivery points, transport to secondary distribution points, and distribution to households. WFP will assist with capacity for transportation. ▪ At least 50 percent of community participants and food distribution committees will be women. These committees will receive the food and organise its distribution and will staff the help desks at each distribution point. ▪ Distribution points will be placed in locations that minimise burdens and security risks to recipients, especially to women. ▪ The Government and WFP will sign a letter of understanding in which the government must recognise its responsibility to approve cooperating NGOS, provide clearance for food imports, and participate in the registration of beneficiaries. ▪ Food distribution will be implemented by cooperating partners with experience in food aid operations. ▪ WFP will coordinate with other agencies on area specific aid, such as working with UNICEF for educational and nutrition related matters.
	Monitoring and evaluation	▪ WFP monitors all stages of the interventions. ▪ Household visits will be conducted at the start of a programme. ▪ Monthly post-distribution monitoring assessments review the effectiveness, efficiency, and transparency of the programme. ▪ "Output reporting will be compiled by cooperating partner NGOs from distribution data using a protocol, management, and reporting system in place to address any adverse incidents or attempts to interfere in programme implementation". ▪ Qualitative and quantitative findings are reported on a monthly or quarterly basis to internal and external stakeholders. ▪ Community and household surveillance is carried out twice a year to monitor the effects of the programme. The CHS will concurrently document the food security situation for non programme participants to provide a comparative analysis.
	Programme barriers	▪ Deteriorating infrastructure makes transport of aid difficult. ▪ Political instability can hamper access to vulnerable groups and slow down the overall process. ▪ "Shifting policies and regulations regarding fuel, imports and work permits remain a concern for WFP cooperating partners." ▪ Further droughts will render the current budget and programme coverage inadequate

Programme #3: social insurance	Programme name	Public Service Pension Fund[29]
	Programme components	▪ Defined Contribution Pension Scheme to be developed in 2010. ▪ A Civil Service Pension Fund will be created.

Programme# 4: Social Insurance	Programme name	Old Age, Disability and Survivors[30]
	Programme components	▪ **Old-age pension**: The pension is equal to 1.33% of monthly covered earnings in the month before retirement multiplied by the number of years of contributions up to 30 years plus 1% of monthly covered earnings multiplied by the number of years of contributions exceeding 30 years. ▪ **Retirement grant**: A lump sum is paid equal to 0.083% of the insured's annual covered earnings immediately before retirement multiplied by the number of years of contributions (including credited periods). o The minimum retirement grant is $10 USD (April 2009). ▪ **Disability pension**: The pension is equal to 1% of the insured's average annual covered earnings when the disability began multiplied by the number of years of contributions up to 10 years. For a contribution period exceeding 10 years, the pension is equal to 1.33% of monthly covered earnings at the time the disability began multiplied by the number of years of contributions (including credited periods), up to 30 years plus 1% of monthly covered earnings multiplied by the number of years of contributions exceeding 30 years. ▪ **Disability grant**: A lump sum is paid equal to 0.083% of the insured's monthly covered earnings before the disability began multiplied by the number of years of contributions (including credited periods). ▪ **Survivor benefit**: A monthly pension equal to 40% of the deceased's old-age or disability pension is paid to a widow(er) and 40% to children up to age 18 (age 25 if a student, no age limit if permanently disabled). In the absence of a surviving widow(er) or child, 12% is paid to the deceased's parents. In the absence of a surviving parent, 8% is paid to other eligible dependents. ▪ **Survivor grant**: A lump sum equal to 40% of the deceased's retirement or disability grant is paid to a widow(er) and 40% to children up to age 18 (age 25 if a student, no age limit if permanently disabled). In the absence of a surviving widow(er) or child, 12% is paid to the deceased's parents. In the absence of a surviving parent, 8% is paid to other eligible dependents. ▪ **Funeral grant**: A lump sum is paid, as determined by the General Manager of the National Social Security Authority

[29] Table drawn from *Three Year Macro-Economic Policy and Budget Framework*. The Government of Zimbabwe.

[30] Table text from *Social Security Programs Throughout the World: Africa 2009*.(2009, August*). Retrieved from* United States Government, Social Security Administration:
http://www.socialsecurity.gov/policy/docs/progdesc/ssptw/2008-2009/africa/index.html

	Programme coverage	▪ All employed persons between ages 16 and 65 who are citizens or residents of Zimbabwe. ▪ Exclusions: Self-employed persons
	Beneficiary determination process	▪ **Old-age pension**: Age 60 (age 55 if in arduous employment) with at least 10 years of contributions. ▪ **Retirement grant**: Paid if the insured does not meet the qualifying conditions for the pension and has more than 1 year but less than 10 years of contributions. ▪ **Disability pension**: The insured must be younger than age 60, assessed with a disability and a permanent incapacity for work by a medical doctor, and have at least 1 year of contributions. ▪ **Disability grant**: The insured must be younger than age 60, assessed with a disability and a permanent incapacity for work by a medical doctor, and have less than 1 year of contributions. ▪ **Survivor benefit**: Paid if the deceased was a pensioner or met the qualifying conditions for the old-age or disability pension at the time of death. o Eligible survivors (in order of priority) are the widow(er), children younger than age 18 (age 25 if a student, no age limit if permanently disabled), parents, and other dependents. If there is no widow(er), dependent children are paid through the legal guardian. ▪ **Survivor grant**: The insured met the qualifying conditions for the retirement grant or disability grant. ▪ **Funeral grant**: The deceased must have at least 1 year of contributions and the death must not be work-related. The grant is paid to the person who paid for the funeral.
	Finance	▪ **Insured person**: 4% of monthly earnings. ▪ **Employer**: 4% of monthly payroll.
	Legal framework	▪ Current laws 1995, 1998, 2001, 2002, 2003, and 2008.
	Administrative framework	▪ Ministry of Public Service, Labour, and Social Welfare provides general supervision. ▪ National Social Security Authority administers the program.

Programme# 5: social insurance	Programme name	Sickness and Maternity[31]
	Programme components	▪ No statutory cash benefits. ▪ The labour relations act requires employers to provide a maternity benefit. The maternity benefit is equal to 100% of wages and is paid for at least 21 days before and 77 days after the expected date of childbirth. ▪ A health care program provides free primary health care for low-paid workers. ▪ Government and mission hospitals serve rural areas; government and private hospitals and doctors serve urban areas.

Programme# 6: social Insurance	Programme name	Work Injury[32]
	Programme components	▪ **Temporary disability benefits**: The benefit is equal to 100% of monthly covered earnings for the first 30 days; thereafter, monthly payments are equal to 51% of monthly earnings. o The benefit is paid for up to 18 months. o Child's supplement: The first child receives 12.5% of the insured's benefit; 5% each for the second to the fifth child. The amount paid for each subsequent child is determined by the General Manager of the National Social Security Authority. ▪ **Permanent disability pension**: The insured must have an assessed degree of disability greater than 30%. The pension amount must be greater than US$15 a month to receive the pension. A lump sum is paid if the insured's pension is not greater than $15 USD a month. o Constant-attendance allowance: If assessed with a total disability and requiring the constant attendance of others to perform daily functions, an allowance if paid for life. o Child's supplement: The first child receives 12.5% of the insured's pension; 5% each for the second to the fifth child. The amount paid for each subsequent child is determined by the General Manager of the National Social Security Authority. ▪ **Partial Disability**: A lump sum is paid if the insured has an assessed degree of disability of 30% or less. ▪ **Workers' medical benefits**: The National Social Security Authority meets the cost of all medical fees, including drugs, hospital care, prostheses, and transportation. ▪ **Survivor pension**: A dependent widow(er) receives 66.7% of the deceased's pension. If there is more than one eligible widow, the pension is split equally. o The pension ceases on remarriage and a lump sum is paid. o Remarriage settlement: A lump sum is paid equal to 24 months of pension.

[31] Ibid.

[32] Ibid.

		○ Child's supplement: Paid until the child is aged 19 or is self-supporting, whichever is earlier. The first child receives 12.5% of the insured's pension; 5% each for the second to the fifth child. The amount paid for each subsequent child is determined by the General Manager. The child's supplement does not cease if the surviving spouse remarries. ▪ **Dependent's allowance**: Paid to dependent parents, brothers, and sisters for the death of an unmarried worker. ▪ **Funeral grant**: A lump sum of $200 USD (April 2009) is paid for a work-related death, as determined by the General Manager of the National Social Security Authority.
	Programme coverage	▪ All employed persons in the private sector. ▪ Exclusions: Self-employed persons and household workers.
	Beneficiary determination process	▪ There is no minimum qualifying period.
	Finance	▪ **Employer**: The total cost for employees is met through insurance premiums based on monthly earnings.
	Legal framework	▪ Current laws passed in 1990, 1998, 2008
	Administrative framework	▪ Ministry of Public Service, Labour, and Social Welfare provides general supervision. ▪ National Social Security Authority administers the program.