

Executive Summary

Following the formation of the Inclusive Government of Zimbabwe in 2009, a relatively stable political and economic environment continued to prevail in 2011, allowing UNICEF and partners to focus programmes on recovery and transition and reaching the most vulnerable women and children.

The most important programmatic achievements of the year were:

- Every child in the country received a full set of core textbooks: 6 million books were procured and delivered to all 2300+ secondary schools.
- Ensuring a safe water supply to more than 4 million Zimbabweans through rehabilitation of water treatment plants, supply of treatment chemicals to urban centers, and drilling and rehabilitation of boreholes in urban and rural areas, thus assisting to prevent another major cholera outbreak.
- Supplying and delivering more than 80% of the national requirement of essential medicines across over 1,400 health facilities and 100% of the vaccine requirements.
- Supporting over 500,000 orphans and vulnerable children to attend primary school through the national Basic Education Assistance Module (BEAM).

In addition, with UNICEF equity-focused advocacy and policy support the following major national results were achieved: a pro-poor Medium-Term Plan (2011–2015) was launched by the Inclusive Government; the national budget for 2012 included a strong emphasis on social sectors including specific commitments to social protection, BEAM and elimination of user fees for children and women in the health sector; a strong emphasis on children's rights in the new draft Constitution; and ratification of the optional protocols of the Convention on the Rights of the Child.

In terms of significant shortfalls in achievement: at 37% the percentage of children under 5 in possession of birth certificates remains low; prevalence of early and exclusive breastfeeding, a major contributing factor to high rates of stunting, remains very low; grade 7 pass rates remained below 30%; and, more than one-third of Zimbabweans are still practicing open defecation, with much higher rates in rural areas.

In terms of collaborative partnerships, the Country Office (CO) continued to develop the transition fund model, which is fit-for-purpose in this transitional environment. Through this model, the CO mobilized more than US\$100 million in Other Resources in 2011 and now manages around one third of development assistance to Zimbabwe. In addition to launching the second phase of the Education Transition Fund, two new transition funds were launched in 2011; the Health Transition Fund aims at improving access to high-impact interventions on maternal and child survival and strengthening health systems, and the Child Protection Fund aims to integrate social cash transfers for 80,000 ultra-poor families with social services and protection.

UNICEF, WFP, and FAO jointly supported the Food and Nutrition Council to develop a multi-sectoral Food and Nutrition Policy currently awaiting cabinet approval. In addition, the UN agencies supported Zimbabwe's application to join the Scaling-up Nutrition Initiative.

Through the Collaborative Centre for Operational Research and Evaluation, UNICEF supported equity-focused analyses and evaluations. Studies on barriers to social services underscored the need for strategies to reach the large Apostolic-faith communities that have consistently lower utilisation rates for social services.

Country Situation

Unprecedented economic decline over the past decade in Zimbabwe resulted in a 50% contraction of GDP, with half of Zimbabwe's population (48% of whom are under 18 years) affected by severe, multi-dimensional poverty. Recent re-investment in the social sectors, together with UN and donor support, helped mitigate the reversal in key MDG indicators and the Inclusive Government promoted economic

stability; however, progress remains fragile. This year, the UN Human Rights Council's Universal Periodic Review outlined 117 recommendations highlighting key human rights challenges – 81 were accepted by government, 65 rejected and 31 are under consideration.

In 2011, UNICEF and the Government of Zimbabwe launched the 'Situational Analysis on the Status of Women's and Children's Rights in Zimbabwe, 2005–2010; A Call for Reducing Disparities and Improving Equity.' This comprehensive report summarized primary source data, mainly from MIMS 2009, combining it with secondary analyses and special qualitative and quantitative studies. The main findings, along with the MDG Status Report, provided the major analytical basis for the UNDAF (2012–2015) and the UNICEF CPD (2012–2015). Key findings included:

- The generalised HIV epidemic and declining primary health care system contributed to a doubling of maternal mortality (to 790 per 100,000 live births) and a 20% increase in under-5 mortality rates since 1990. As user fees were widely implemented during this period, access to maternal health care services declined disproportionately among the poorest quintile; Equinet/UNICEF analysis showed that the wealthiest quintile of women had 4 times the likelihood of receiving comprehensive maternal health services than the poorest quintile. (Equinet Watch Brief: Social differentials in the attainment of the health MDGs in Zimbabwe).
- Rising poverty, inadequate feeding practices and poor sanitation (more than 40% of Zimbabweans practising open defecation), resulted in a steadily rising prevalence of stunting, affecting more than one third of children.
- A faltering education system; although enrolment rates have remained high, grade 7 pass rates are at less than 30% and 50% of students do not continue schooling beyond grade 7. More than one million young people of secondary age are out of school with few educational or employment options. Although there is gender parity at primary level, girls are more likely to drop out than boys and represent only 35% of upper secondary pupils.
- Cracks in the protective environment with declines in the social protection system and over-stretched child protection services; more than one quarter of all children are orphans; orphans and other vulnerable children face increased risks of violence, exploitation and abuse. A particular risk is the low proportion of children under 5 with birth certificates (37%).
- Finally, although the prevalence of HIV declined steadily from 25% in 2003 to 14% in 2011, the epidemic continues to have a devastating impact on development. Young women are two to three times more likely to contract HIV than young men.

A number of in-depth analyses focused on equity were conducted in 2011 on the basis of preliminary findings in the Situational Analysis.

First, disparities by religious affiliation were analysed in quantitative and qualitative studies, indicating significantly lower coverage rates for critical health and other social services among members of the Apostolic faith, controlling for all other variables. The qualitative analysis underscored the need to focus on two sects that represent around 15% of the total population of Zimbabwe, and whose belief systems emphasize prayer over medical interventions. The analysis helped re-orient C4D programmes and led to systematic engagement by UNICEF and GOZ with Apostolic faith leaders.

Second, HIV remained a focus for further research in 2011. A study conducted by BRTI with UNICEF/CCORE support on the burden of HIV infection among primary school children revealed a prevalence of 2.7%. In addition, HIV-infected children were significantly more likely to be orphaned, stunted and in a grade behind. The feasibility of school-based testing is still being assessed. HIV/AIDS continues to have an impact on disparities in education; secondary analysis showed that poverty and orphaning (especially double orphaning) were independently associated with lower school attendance. The My Life Now study showed that orphans were more likely to experience household food insecurity and least likely to receive food assistance. These studies have assisted in the fine-tuning and design of the new social cash transfer programme launched in late 2011.

Third, many children remain vulnerable to violence and abuse, issues explored in-depth in three studies: i) an analysis of sexual abuse cases reported to FST clinics between 2008–2010 found that 40% of reported sexual violence cases (N=728) occurred in and around the child's home, 92% of survivors were girls, and

boyfriends, neighbours and extended family members accounted for 68% of reported perpetrators; ii) an analysis of irregular child migration patterns showed that half the children crossed the border with SA illegally and more than 90% were boys, 12–17 years of age, with the majority citing economic opportunities as their major motivation; iii) an analysis of child abuse cases underscored the efficacy of drop-in centres for reporting, follow-up and initiation of services. These three studies informed the design of the first national prevalence study of violence against children which was carried out in 2011; results will be available in early 2012.

Fourth, children with disabilities have become an increasing focus for the Country Programme. National data on children and adults with disabilities are not readily available. However, a secondary analysis of the government's Central Rehabilitation Unit database showed that the total number of children with disabilities presenting for the first time had tripled from 114 in 2005 to 346 in 2010. Cerebral palsy was the most commonly diagnosed condition, followed by epilepsy. Half of all disabilities were from preventable causes such as birth asphyxia and jaundice.

More recent programmatic data have shown positive results in each major sector (1:1 ratio textbooks to pupils, near-absence of essential medicine and vaccine stock-outs, 98% reduction in cholera cases etc.) reflecting the more stable macro-environment and results of large-scale transition programmes managed by UNICEF. Section 5 provides a comprehensive list of studies and publications.

Who are the deprived children in your country context?

In Zimbabwe, analysis confirms that vulnerability is driven by HIV, poverty, orphaning, religion, and, to some extent, gender.

While HIV prevalence declined from a peak of 20.1% in 2005 to 14.3% in 2011, the social impact of this severe and mature epidemic is being felt in full today. 25% of children, or more than 1 million children, are orphaned, primarily due to AIDS. Orphans are less likely to attend school and more likely to have earlier sexual debut. Furthermore, the economy has contracted by more than 50% in the past decade, resulting in high levels of unemployment, particularly concentrated in rural areas, and poorer access to social services, in turn compounded by the introduction of user fees in many sectors. Around 250,000 rural households live in abject poverty, are food insecure and look after more than 700,000 vulnerable children. Only 10% of the very poor reported use of improved sanitation facilities, compared with 94.8% from wealthier households. In addition, members of the Apostolic Faith have consistently lower utilisation levels for basic social services and poorer health and education outcomes. Finally, although primary schools have generally achieved high enrolment and gender parity, fewer than 50% of pupils are now making the transition successfully to secondary school, with girls significantly underrepresented in secondary level and having a higher chance of dropping out than boys.

In addition, although data are poor, children living with disability have clearly become increasingly marginalized as poverty has deepened.

Data/Evidence

Building on the comprehensive 2005–2010 Situational Analysis, the CO filled gaps in data and evidence and incorporated results, particularly on inequities, into UNICEF-supported programmes. The CO benefitted from in-house research capacity through the Collaborative Centre on Operational Research and Evaluation, a network hub for knowledge generation and dissemination on women and children's rights. The CCORE conducted research, supported studies, hosted monthly 'brown bags,' and developed factsheets to disseminate findings and recommendations as the first step to promote the utilisation of information for policy formulation and decision making.

Various equity-focused analyses were initiated in 2011, including: analysis of low coverage of vitamin A supplementation, focusing on low coverage districts; qualitative and quantitative analysis on non-utilisation of health services among the Apostolics; a study on separated and unaccompanied children; analysis of user fees as a barrier to accessing health services; secondary data analysis of social determinants of access

to social services; and the Poverty, Income, Consumption and Expenditure Survey (PICES). All studies were designed to identify deprived populations and to inform policy and better targeting of interventions.

The evidence generated was instrumental in advocating for the withdrawal of user fees for pregnant women and children; obtaining agreement, in principle, for a Bill of Rights for Children in the new Constitution; supporting development of an education medium-term plan with a focus on out-of-school youth, girls and vulnerable children including those with a disability; a draft water policy (jointly with WB and AfDB) including pro-poor tariffs; a national hygiene promotion and sanitation strategy with a focus on demand-led total sanitation; and scaling up drop-in centres to increase access to support for child survivors of sexual violence. Evidence on child poverty provided justification for and informed the design of the first national scale social cash transfer programme targeting households. Evidence generated on the increasing vulnerability of women and children helped mobilize resources for the transition funds in general and particularly for the Basic Education Assistance Module, which supports school fees for orphans and vulnerable children. Increased availability of evidence contributed to the formulation of a pro-poor national budget for 2012, where significant increases in budget allocations for the social sector were noted.

More work remains to be done. The Health Transition Fund aims to assist government to implement its policy of abolition of user fees for pregnant women and children within one year, but quality of care will need to be carefully monitored. Rural disparities in access to WASH services will be addressed through the launch of a national rural WASH programme in 2012. Gender disparities in education and increasing access for children living with disability will be addressed in the second phase of the Education Transition Fund. In addition, the CO will support partners to provide equal opportunity for children with disabilities in their programming; support specialist services for early intervention, rehabilitation and special education; and initiate small grants to meet the immediate needs of families caring for children with disabilities. Finally, advocacy will continue to reduce financial and other barriers for birth registration.

Monitoring Mechanism

In partnership with government and civil society, the CO monitored results achieved through observational visits, spot checks, programme reviews, and audits, recording routine data in the Access-based field monitoring system. Findings were discussed during monthly programme management team meetings to identify bottlenecks and formulate strategies for improved programme effectiveness and efficiency. The field monitoring database system will be revised to complement VISION's performance assessment system.

End-user monitoring was expanded in 2011. CCORE collected and analysed data quarterly from 1400+ health facilities for the Vital Medicines Availability and Health Services Survey (VMAHS), a rapid assessment on availability of essential medicines, health workers, user fees and water and sanitation. The surveys helped identify and address gaps in health service delivery. Results informed the re-design of the primary health care kit. Options will be explored in 2012 on including other national indicators to assist UNICEF and government to review progress on intermediate results.

UNICEF contributed to the National Health Facilities Assessment, which commenced end 2011. In-depth information on the current status of human resources, facility infrastructure, supplies and equipment, quality of care, and reporting will provide critical baseline data for implementation of the Health Transition Fund.

A national school survey was conducted in 2011 to assess the effectiveness of textbook distribution to primary schools and confirmed that 99% of all schools registered with MoESAC received a full set of core textbooks.

An evaluation of BEAM is on-going in 400 schools, with final results expected in 2012. The evaluation will provide an overview of the effectiveness and efficiency of the existing BEAM programme, including reviewing the selection process and the use of funds in schools.

The Urban Water programme (ER&RR) tracked chemical deliveries, utilization and stocks through regular

field visits, review meetings with partners and close contacts with facilities and suppliers. In 2011, an independent review of the ER&RR programme found that UNICEF had achieved expected results, and recommendations informed the current ER&RR programme.

An evaluation of the rural WASH programme was conducted in 2011 to assess changes in the operating environment, skills development, planning and project management, and access to WASH services. Findings, available in early 2012, will inform the design of the rural WASH programme.

Finally, due to UNICEF's role in managing the transition funds, M&E activities will increasingly be guided by these large-scale national programmes in health, education, child protection and WASH. For example, a comprehensive M&E framework is integral to the design of the Child Protection Fund. Through an independent baseline and follow-up surveys, UNICEF and government will collect impact data on health, education, protection, HIV, nutrition and livelihoods outcomes of the cash grants. Use of resources and experiences of beneficiaries will be examined through a monthly verification process. Research and special studies, including action research with children, will contribute to improved outcomes for children.

The CCORE will have a special role in M&E design for the transition funds, and supporting the M&E capacity of government and non-government partners.

Support to National Planning

UNICEF worked with government, NGOs and the private sector to develop robust M&E frameworks for measuring progress against programme targets. Some of the major data collection activities used by partners to monitor and evaluate programme progress and outcomes include routine information systems, field monitoring visits and regular programme review meetings. Among the key existing routine information systems are the:

- National Health Information System that collects, analyses and reports on health data from all public health facilities.
- Logistic Management Information System for monitoring consumption rates of essential medicines at all health facilities.
- Education Management Information System that collects, analyses and reports on data from all schools.
- NAP for OVC II Management Information System that collects, analyses and reports on data on cash transfers, child protection services and BEAM.

The majority of routine information systems have not been spared by the socioeconomic challenges that have affected basic social service delivery in recent years. UNICEF worked closely with relevant line ministries to revitalise routine information systems in order to produce reliable data for programme planning, implementation, monitoring and evaluation. The CO is currently exploring options for introducing new technologies to increase the availability of real-time information.

At national level, UNICEF supported the Ministry of Economic Planning & Investment Promotion (MoEPIP) technically and financially to develop the government's Medium Term Plan monitoring and evaluation framework, an activity that is continuing into 2012.

Regular nutrition surveys are carried out to collect, analyse and disseminate data on the nutrition status of children and women of Zimbabwe. A child protection informal surveillance system is also under implementation. A full WASH inventory mapping is planned for 2012.

In collaboration with UN agencies, CCORE and other partners, UNICEF supported capacity strengthening of ZIMSTAT, the National Statistics Agency, particularly to regularly update its national statistics database, ZIMDAT, which provides information for tracking MDG and MTP indicators. In 2012, UNICEF will support expanded access and utilisation of ZIMDAT at provincial and district level for decentralised planning and performance management. In addition, UNICEF will continue to support ZIMSTAT's national surveys (including demographic and health surveys and/or the Multiple Indicator Cluster Surveys), which gather

data and monitor progress on meeting MDG targets.

A Geographic Information System consultant assisted the CO with mapping delivery of social services by district across the country. The results were shared with government and clusters to identify pockets of vulnerability and to better prepare for humanitarian response, including developing data collection tools at village level. This complemented clusters mapping of partners.

UNICEF supported secondary data analysis on the MIMS 2009 to provide critical information to various government sectors, particularly on equitable access to social services. UNICEF will continue this support with the availability of 2011 DHS data.

Country Programme Analytical Overview

The end of the 2007–2011 Zimbabwe/UNICEF Country Programme of co-operation saw considerable programming consolidation as well as the establishment of a transitional programming model based on lessons learnt and best global practices. Thanks to a relatively stable operating environment, 2011 saw the continued evolution of UNICEF's support to Zimbabwe's transition toward recovery and development. Significantly (and in line with Mid-Term Review recommendations), the programme approach evolved from project-based to **national-scale**, longer-term, sector-wide strategies led/co-led by ministries. Child rights and equity issues were positioned high on the national agenda.

Strategic, active and deliberate efforts were made to collaborate in genuine and strategic **partnerships** with the development of innovative financing mechanisms that aim to **build back better** social service systems. These harmonised frameworks – the Education Transition Fund, Health Transition Fund and Child Protection Fund – retain government leadership; involve donors, civil society and UN partners in the management arrangements; employ government policies and systems (with the exception of financial and procurement systems, which are managed through UNICEF); and place strong emphasis on monitoring and evaluation. Donor and government confidence was built up through UNICEF's flexibility and the achievement of national-scale results.

National-scale achievements were complemented by an increased focus on **'recovery with a human face'**. While aiming for MDG impact at country level, a concerted effort was made to reach the poorest groups and reduce disparities by embedding equity within programmes. **Improved knowledge** facilitated by research, monitoring and evaluation functions informed equity-focused strategies. These strategies aim to increase the use of services by reducing bottlenecks and barriers in Zimbabwe that result from factors such as religious affiliation, gender, education status and poverty. For example, new data on religious differences in coverage of major social services has helped challenge the assumption that demand-side interventions, including social mobilization and C4D, are less important in Zimbabwe because the population is so highly literate. In addition, research has underscored the importance of economic support to households as the economy has contracted and helped make the case for the new social cash grants programme. Finally, through additional analysis, orphaning, particularly being a double orphan, has been shown to have a strong independent influence on access to social services in Zimbabwe, even controlling for poverty and other potential explanatory variables. Institutional and community resilience was enhanced through **capacity development**, including staffing support, training of government and national NGO staff and supporting children and young people's participation and decision making within the development process.

As UNICEF and the government enter a new planning cycle, the challenges are to deliver on large-scale commitments within an increasingly complex donor and partner aid environment and respond effectively to emergencies when coping mechanisms, emergency preparedness, and risk reduction strategies are still weak. While the CO has adopted an approach that focuses on using its programming/service delivery positioning to influence policy reform, both in turn being influenced by evidence/knowledge generation activities, the mix of upstream versus downstream activities required is rapidly evolving with the context.

Effective Advocacy

Fully met benchmarks

UNICEF communication and advocacy strategies focused on shifting the attention of the donor community, media and the political leadership away from the narrow lens of national politics towards a view that emphasized the social sectors and the effect that the broader political and economic situation has had on the country's children and women. The main advocacy message, reinforced in public and private fora, has been that children's and women's rights should remain above and beyond political considerations. In addition, in a highly polarized media environment, a strong focus on evidence (using findings from UNICEF and CCORE supported research and analyses), risk management and the results being achieved in partnership with government, UN, civil society and donors has been critical to ensure on-going impartial positioning and donor confidence.

Integration of the media team within the same structure as the C4D and child and youth participation teams facilitated consistency of messaging and mutual reinforcement. Close cooperation between the Representative's office, programme sections, CCORE, social policy and communications teams ensured that private and public advocacy strategies were consistent with and strongly supportive of programme priorities (e.g. children's rights bill in the new constitution, abolition of user fees in the health sector) and highlighted specific needs of the most vulnerable groups (e.g. apostolic communities, children with disabilities).

Private advocacy involved the Representative and senior staff engaging senior government officials as well as ambassadors and heads of development agencies. Joint UNCT advocacy with government, civil society and donors on issues of common concern was particularly effective. In addition, launches and other events involving high level participants, including the Prime Minister and Vice-Presidents, provided useful advocacy forums. UNICEF also worked with children and young people directly, building their capacity as rights holders to claim their rights. This had a particularly positive result in discussions on the new Constitution and the Children's Parliament, which is attended by the President.

Both the print and electronic media (local and international) captured UNICEF's activities – recognising the progress being made as well as the on-going vulnerability of Zimbabwe's women and children and demanding that more be done to fulfil women's and children's basic rights. Capacity development with media improved the quality of reporting on women and children's rights and included joint field visits, workshops, and the inclusion of child rights as a compulsory subject in university courses for communication students. Partnerships with media companies and the MoIP provided opportunities to reach rural audiences.

Two prominent public personas became champions for UNICEF's work as Regional and National Goodwill Ambassadors, musicians Oliver Mtukudzi and Prudence Mabhena, respectively, who campaigned to raise awareness on HIV/AIDS, youth development and disability.

Electronic and visual media were embraced, including improved web coverage and the production of a video resource highlighting the challenges facing pregnant women. Tools to expand messaging through local and global social networking will be launched in 2012. An innovative initiative to train young photographers produced both young child rights advocates and new visual resources.

Changes in Public Policy

Sustained engagement with key stakeholders has helped to leverage policy changes for children and women. The main advocacy message that children's and women's rights should remain above and beyond political considerations has resonated with the three political parties in the Inclusive Government and within the donor community. Significantly, the 2012 national budget saw major increases in allocations to health, education, social protection and water as well as longer-term donor commitments through the transition funds in these sectors. For example, per capita government expenditure on health has increased from around US\$7 in 2009 to more than US\$20 in 2011 and in combination with donors resources (particularly through UNICEF-HTF, PEPFAR and GFATM) will approach recommended levels of the Commission on Macroeconomics and Health. In the social sectors, UNICEF has also contributed to a strong public policy focus on the removal of financial barriers to access social services whether through abolition of user fees in health,

social protection mechanisms for education or pro-poor tariffs in WASH. Another cross-cutting theme has been addressing inequities in service coverage for religious minorities such as the Apostolic faith communities.

Children's voices heard through the 2010 consultation process and the Junior Parliament, together with sustained UNICEF advocacy, influenced a commitment for a dedicated 'Children's Rights Bill' in the new Constitution, so providing a unique and powerful opportunity to influence lasting changes in the realization of rights for all children. In particular UNICEF advocacy has helped to put major issues such as the age of criminal responsibility, corporal punishment, the right to health and education, and rights of minorities and children living with disability firmly on the policy table. Furthermore, 2011 saw the ratification of the CRC Optional Protocol on the Involvement of Children in Armed Conflict and the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography – critical commitments to protect vulnerable children.

During 2011, UNICEF actively contributed to the development of the following policies and strategy documents: review of the Public Health Act (underway); the Food and Nutrition Policy (2011); Infant and Young Child Feeding Policy (draft); design of the Health Transition Fund (2011–2015); Education Interim Strategic Investment Plan (2011); Medium-Term Education Strategic Plan (2011–2015); Curriculum Review Road Map (underway); Zimbabwe National HIV and AIDS Strategic Plan (2011–2015); HIV and AIDS and Life Skills Strategy (2011–2015); Elimination of New HIV Infections and Keeping Mothers Alive Strategy (2011–2015); Combination HIV Prevention Strategy (underway); Education Management Information System Strategy (underway); Education Information and Communication Strategy (underway); design of the Education Transition Fund II; National Action Plan for OVC and design of Child Protection Fund; National Legal Assistance for Children Strategy (draft); National Guidelines for Pre-trial Diversion; National WASH Policy (underway); and the National Sanitation and Hygiene Strategy (2011–2015).

Finally, UNICEF's role in the design and management of the transition funds in each major social sector has provided a practical way to support government in its effort to link new policy reforms with funding in order to enable rapid implementation.

Leveraging Resources

Throughout 2011, UNICEF sought innovative ways to mobilise resources aimed at delivering critical health, education, child and social protection and WASH services to women and children while strengthening national capacity within a complex political context where donor funds cannot pass directly to government. A comprehensive resource mobilization strategy was developed and major efforts made to a) ensure GOZ increased national allocation to social services, b) donors continued to support the women and children of Zimbabwe, and c) other major funders retained a focus on women and children irrespective of whether funds were being managed by UNICEF.

Most notably, UNICEF worked with donors and government in the consolidation and implementation of transitional financing mechanisms that pool resources from different donors, retain government line ministry leadership, involve civil society, donor and UN partners in the management mechanism, employ government policies and systems (with the exception of government financial systems) and place a strong emphasis on monitoring and evaluation. In 2011, more than US\$100 million was mobilised directly for the social sectors through existing transition funding schemes in the education and WASH sectors as well as through two new transition funds for health and child and social protection. Expanded availability and analysis of data strengthened advocacy by demonstrating the results achieved for children as well as helping to identify the remaining service gaps.

The CO continued to receive support from UNICEF National Committees in health, education, Sport for Development and child protection. The Canadian, Norwegian and Irish Natcoms visited Zimbabwe during 2011 to learn about the situation of children and women in Zimbabwe and identify opportunities for further engagement.

UNICEF Zimbabwe attracted funds from major philanthropies, including the Soros and Nduna Foundations, and is in discussion with several others. Emerging donors, including China, are also in discussion with

UNICEF about future collaboration.

Although the WB does not have a major programme in Zimbabwe due to government arrears, UNICEF was actively engaged with the WB in health, education, social protection and WASH, and UNICEF and WB co-chaired the WASH donor group. UNICEF, as a member of the Infrastructure Technical Working Group was instrumental in advocating for Zimfund - a donor trust fund for the water and energy sectors, managed by the AfDB. UNICEF, as cluster leader for the urban rehabilitation working group and drawing from its experiences in implementing emergency rehabilitation of urban infrastructure, shared technical rapid assessments, designs and good practices with AfDB, which enabled it to build early donor credibility for Zimfund and fast-track resource mobilization efforts. UNICEF also actively contributed to GAVI and GFATM proposal development and in-country governance structures such as the ICC and CCM.

UNICEF received support from local private partners, particularly ECONET Wireless, which supported youth programming through the provision of 350 cell phones to the Junior Parliament. Due to UNICEF's advocacy, ECONET's social mobilisation activities included sending typhoid awareness messages via its text messaging system and donating over US\$250,000 to assist children and women affected by the famine in the Horn of Africa.

Capacity Development

Mostly met benchmarks

UNICEF worked closely with the government to build capacity at sector and line ministry level. Of particular note, the lengthy process of designing the transition funds in health, education, child and social protection, and WASH and their associated governance structures contributed to government capacity to harmonize and align donor support. UNICEF further supported national capacity in planning and coordinating by co-chairing the donor groups on health and WASH, and leading the humanitarian clusters in education, WASH and nutrition, which were increasingly aligned with national coordination structures.

UNICEF seconded advisors to government in technical and vocational training, EMIS and quality assessment in education and social protection, and facilitated training of government and civil society counterparts in child-friendly budgeting methods, EMIS, rights-based programming, MDG training for journalists, water maintenance skills, and in legal instruments (such as CRC and CEDAW). Three particularly important trainings in 2011 were:

- Ninety SADC peacekeepers trained to identify and respond to child protection issues and on their own obligations during deployment.
- A partnership with the Economic Policy and Research Institute (EPRI) which brought their renowned introductory level social protection course to Zimbabwe for the benefit of 30 Department of Social Services Officers, who will implement the new Zimbabwe cash transfer programme.
- MoHCW training on Essential Newborn Care and Helping Babies Breathe. A TOT training was conducted for 94 master trainers who then cascaded the training to 184 health workers. The training was supported with procurement and distribution of critical equipment for immediate newborn care to all central, provincial and district hospitals, as well as with Neonatal resuscitation training materials to all central hospitals and training institutions.

An important example of comprehensive institutional capacity development was CO support to the Ministry of Labour and Social Services (MoLSS) to conduct an Institutional Capacity Assessment of the Ministry's Department of Social Services (DSS). Findings included deep seated capacity weaknesses throughout the Department including critical personnel shortages and inadequate infrastructure and other resources. In 2012 UNICEF will work with USAID to manage complementary interventions to strengthen the social welfare workforce including infrastructure resourcing, training for continuing professional development and support for innovative policy and service delivery initiatives to operationalize existing legislation.

Parastatal organisations such as the Food and Nutrition Council (FNC), the WASH National Action Committee, and NatPharm (responsible for delivery of essential medicines) were strengthened through

support to staff retention, and technical and logistics assistance. This support resulted in the establishment of a Food and Nutrition Security Analysis Unit within FNC, the first Joint Sector Review in the WASH sector for more than a decade, and coordinated multi-donor capacity support to Natpharm.

At the district level, UNICEF developed capacity for a child-rights based approach to programming through training rural district authorities, education officials and NGOs in using community-centred development processes and developed action plans to promote girls' access to education. While the training was held in only one district, it exemplified UNICEF's participatory approach to building the capacity of duty bearers to uphold children's rights.

Communication For Development

Mostly met benchmarks

Communications for development activities continued to be integrated into the broader communication and advocacy programme. UNICEF supported national taskforces, including the taskforces on H1N1, sanitation and hygiene, breastfeeding promotion, immunisation and social mobilisation. Highlights from initiatives this year are summarised below.

High-level support for hygiene promotion was leveraged, as highlighted by National Sanitation Week and Global Hand-Washing Day activities that engaged more than 1,500 primary school pupils (the majority being girls), senior government officials, NGO partners and the private sector (which provided free soap). The day marked an on-going awareness campaign in which five million people received key messages. Campaign materials included over 4.3 million fliers and over 11,000 T-shirts. In addition, the impact of UNICEF's and partner's school-based hygiene promotion was sustained by training over 600 pupils as health and hygiene peer educators, helping to meet the target of 50% of all children practicing positive hygiene. These peer educators supported over 20,000 classmates. In addition, through stand-by agreements with NGOs in the WASH Cluster, 200,000 households facing the threats of water-borne diseases received health and hygiene education.

The 'Coaching Boys into Brothers for Life' initiative ran for a second year, mobilising boys and men as agents for positive sexual behaviour change and the prevention of gender-based violence. This multi-media campaign, linked to regional initiatives, utilised 14 billboards and 5,000 information, education and communication materials that linked prevention messaging related to H1N1 and HIV transmission, abuse, violence and exploitation, and child trafficking. As a result, community awareness of issues increased through numerous spin-off radio programmes and print articles promoting productive dialogues.

In partnership with NGOs, UNICEF reached young people with sex education initiatives through the distribution and translation of the 'Auntie Stella: Teenagers talk about sex, life and relationships' Toolkit into Shona and Ndebele. The toolkit supports young people's (aged 18–25) skills in negotiating sex, safe sex practices and informed decision making, particularly in relation to reproductive health. In addition, building upon the mobile phone access by 82% of households, UNICEF piloted audio mini-dramas broadcast via mobile phones. The audio mini-dramas, aimed at young people in Harare, dealt with forced sex, age disparity, transactional sex, unemployment, substance abuse, condoms and HIV, and were heard by 6448 listeners.

During World Breastfeeding Month, the CO participated in significant coverage in national and international media on accelerating the promotion of better infant and young child feeding practices, included highlighting the low rates of exclusive breastfeeding based on data generated from nutritional survey analysis and knowledge, attitudes and practice studies.

Service Delivery

Fully met benchmarks

As Zimbabwe moved from a context of humanitarian assistance to recovery and transition, UNICEF's approach to service delivery evolved as well. 2011 saw the COs still supporting direct service delivery in all programme sectors – education, child and social protection, health and WASH. Details of these results may be found under the specific programme sections. Concurrently, however, the CO played a key strategic role in bringing together government and donors to move towards 'shadow' sector-wide approaches to funding which are longer-term, national in scale, and sector-wide. These discussions improved dialogue on policies and priorities among government, donors and stakeholders, and resulted in the development of the four transition funds (health, child protection, education (phase II) and WASH). The transition funds embody the principles of the Paris Declaration in supporting a single sector strategy, under government leadership, adopting common approaches across the sector, and progressing towards a situation in which funds could be disbursed to government. As a result, in each sector, service delivery aimed at enabling mutual accountability between government, UNICEF, donors and other implementing partners.

Concomitantly, UNICEF delivered services within a systems strengthening framework. Again, in all programme sectors, emphasis was placed on strengthening governance structures and financial management and procurement mechanisms, addressing challenges in human resources and infrastructure, and enhancing the management of service delivery.

Monitoring and evaluation therefore included tracking the sustainability of service delivery and systems strengthening at institutional, programmatic and community levels. UNICEF then assisted line ministries and implementing partners to follow-up recommendations in order to provide a more evidence-based response to addressing needs.

One example of a robust (Level 3) method of service delivery monitoring is the Vital Medicines Availability and Health Services Survey (VMAHS). The VMAHS routinely provides data concerning expected and actual delivery of the essential medicines to over 1,400 health facilities every three months including close monitoring for stock-outs. The methods include a short questionnaire that also captures issues related to staffing levels and retention, user fees, availability of medicines, vaccines, utilities as well as infrastructure. The survey is administered through independent physical checks and interviews (capturing qualitative and quantitative data) by enumerators. The survey is cost-effective, with enumerators collecting data alongside the Delivery Top-Up Unity project that travels to all facilities regularly. Analysis of survey data by CCORE reveals trends and highlights programme supply gaps and challenges. This knowledge has assisted in real-time and evidence-based decisions to improve the programme while also ensuring a high level of service delivery accountability to donors and partners. Other examples include the Urban Water programme (ER and RR) where UNICEF tracks chemical deliveries, utilization and stocks to ensure efficient use and no water cuts due to non-availability of treatment chemicals. This involves regular field monitoring by UNICEF staff and consultants as well as third party monitoring by specialized consulting firms; regular review meetings with partners; independent reviews; annual progress reporting and the planned independent final evaluation. Close contacts are maintained with the suppliers and with the target utilities.

Strategic Partnerships

Fully met benchmarks

Much of the work of the CO centred on strategic partnerships through the transition funds, bringing together UN agencies, CSOs, donors and private sector partners under government sectoral leadership. These arrangements are functioning in education, health, child/social protection and urban WASH, and in 2012 will include rural WASH. Each transition fund is subject to an annual donor review and independent mid-term and end of programme evaluations. In 2011, numerous high level donor missions (particularly from EC, DFID, Australia, and Germany) were conducted that assessed the progress and impact of these partnerships; including high profile independent evaluations by the Independent Commission for AID Impact from the UK and the Australian government Aid Review; all reviews gave these programmes

consistently high ratings with value for money being a constant theme.

On knowledge generation and management, the CCORE is a critical partnership housed at UNICEF that acts a network hub. In addition, UNICEF co-chairs the IASC clusters for Education and WASH and chairs for Nutrition, balancing interests of a large number of NGO partners with alignment with government sector coordination mechanisms.

Within the UN, UNICEF was actively involved in the UNCT, chairing the UNDAF Population and Basic Social Services thematic group, the UN Programme Management Team and the UN Communications Group. UNICEF, WFP, and FAO jointly supported the Food and Nutrition Council to develop a multi-sectoral Food and Nutrition Policy, a Food Security and Nutrition Analysis Unit within the FNC, and Zimbabwe's successful application to join the Scaling-up Nutrition Initiative. This work will develop into a formal UN flagship programme in 2012. Other examples of joint programming was the collaborative work of the H4+ group (WHO, UNFPA, UNAIDS, WB, UNICEF) in developing a joint proposal on MNCH and the HIV prevention group's (UNICEF, UNFPA, UNESCO) support to the education sector.

As the situation evolved from emergency to recovery, the role of government also naturally evolved. Such strengthened co-operation provides a strong foundation for the next CP and marks the increasing capacity and accountability resting with government. As such, the nature of UNICEF-NGO partnerships has shifted, with a reduced number of agreements focusing on strategic and specialised support to vulnerable groups. Assistance to the national action plan for vulnerable children, for example, will now involve agreements with less than ten NGO partners. Under the previous programme there were 180 such agreements. Rather than general service delivery, the NGOs will focus on 'niche' areas of expertise where there is limited government capacity, such as provision of specialist services for children with disabilities and survivors of sexual violence and abuse.

A strategic partnership involving UNICEF, the World Bank, donors and the Global Partnership for Education (GPE) was formed in 2011; through joint policy support and advocacy, the GPE secretariat have provisionally allocated around US\$24 million to education in Zimbabwe, likely to be managed through the ETF mechanism.

A unique private sector partnership was the CO's collaboration with Econet, the largest mobile phone company in Zimbabwe, to monitor textbook distribution and support youth participation.

Mobilizing Partners

Community mobilisation activities at local and national level were critical to UNICEF's efforts to strengthen support for the wellbeing and rights of children and women.

During 2011, engagement with community was critical to understanding the influence of culture and religion on utilisation of health and social protection services. Participatory qualitative research among the Apostolic religious community used dialogue and appreciative enquiry to inform appropriate strategies promoting utilisation of health services, such as immunisation and other preventive health interventions. Formative research catalysed community engagement and support for increasing the practice of early and exclusive breastfeeding. A descriptive evaluation of the male champions programme, designed to improve men's involvement in seeking HIV-related services, found that the male champions' community outreach and mobilization efforts had a positive impact on male participation in couples HIV testing and counselling.

The CO used key commemorative days to stimulate community dialogue on issues affecting children and women, including the Day of the African Child, International Women's Day, celebration of the Convention on the Rights of the Child and 16 Days of Activism Against Gender-Based Violence. During the Day of Prayer, the CO worked with faith-based organisations to mobilise support for early and exclusive breastfeeding. Other key events, such as the opening of Children's Parliament and the launches of the Child Protection Fund, Health Transition Fund and the Education Transition Fund (phase 2), drew senior participation from government, donors, civil society and the private sector. During these events, the CO's sensitisation activities raised awareness and increased understanding of UNICEF's work, resulting in new

collaboration and partnership opportunities.

Initiatives led by young people continued through Young People We Care (YPWC) in which over 3,500 young people integrated HIV prevention, care, and support in their communities. YPWC members mobilised community participation during national voluntary male circumcision and HIV testing and counselling campaigns, harnessed their creativity in support of vulnerable children and children with disabilities, and led community-wide activities on eradicating sexual abuse and gender-based violence. Within the UNICEF-supported Zvandiri programme, adolescents living with HIV (ALWH) strengthened linkages between health facilities and communities to improve the quality of services for young people living with HIV. Zvandiri reached 1,160 ALWH, focusing on increasing adolescents' access to HIV testing and counselling, equipping ALWH with skills on disclosure and treatment adherence, and facilitating young HIV-positive women's access to reproductive and maternal health services. The social capital built in both programmes contributed to reducing young people's vulnerability to, and risk of, HIV.

The Village health worker programme remains central to UNICEF community mobilization efforts; 1,100 Village health Workers in ten districts were supported with bicycles and kits to conduct community social mobilization for MNCH. In ten districts, VHWS mobilized mothers for early ANC, institutional deliveries and conducted community-based post-natal care to mothers. 350 VHWS from two districts were trained in community-based care for mothers and newborns and supportive supervision was conducted in 600 villages. Support will be scaled up nationally in 2012 through the HTF.

Knowledge Management

Fully met benchmarks

A fully staffed planning and monitoring unit (PMU) was established in 2011, providing critical review throughout the programming cycle. The PMU worked to capture recommendations during programme implementation through enhanced field monitoring systems and improved quality and synthesis in reporting, facilitating linkages across sectors and routine feedback on design and performance. In addition, operational research and evaluation capacity was significantly strengthened through CCORE. Located at the UNICEF Zimbabwe CO and staffed with epidemiologists, social scientists, and data analysts, CCORE transitioned from a concept in early 2010 to a branded centre with increasing recognition as a national point of reference for collaborative research and evaluation, capacity building and knowledge management. Its five major thematic areas of focus are education, child and social protection, maternal and child health, HIV prevention and nutrition. Equity is a cross-cutting theme and there is a close working relationship with Equinet, a regional research network based in Zimbabwe and focused on equity-oriented research.

The knowledge cycle follows the following pathway: data gaps and operational research questions arising from programme sections or PMU are brought to the Research and Evaluation Committee (REC) where questions are prioritized and overall coordination managed; the REC reviews TORs and research and evaluation protocols and provides feedback; CCORE conducts the research or commissions it through tender; once results are available they are fed back to relevant programme sections, the social policy and communications/advocacy teams, and disseminated through appropriate fora. The REC ensures that management responses are developed for each evaluation. Together with enhanced emphasis on results-based management, this cycle ensures that outcomes and impact can be more effectively measured; that relevant evidence is built into existing and new programmes and advocacy campaigns; that funding is better focused; and that new funding can be better leveraged.

Capacity building was a pivotal CCORE activity; 2011 saw the completion of an internal training needs assessment, the delivery of locally produced data management courses, and short courses on data analysis, qualitative research and research ethics. Course participants were drawn from line ministries, local authorities, NGOs and UNICEF staff.

Information dissemination was managed at CCORE through an open access 'research hub', with Internet

access for researchers, monthly 'Brown Bag' presentations on a wide range of research topics, and routine theme-based collaborations with technical staff. Completed studies were widely disseminated through different fora, including the humanitarian Cluster networks, at international meetings, and in peer-reviewed journals. Real-time data management is expected to evolve through a planned programme of capacity enhancement and the use of new technology in the next Country Programme. A full list of evaluations, studies and surveys conducted this year is provided in Section 5.1.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

The human rights-based approach has underpinned a sharpened focus on the most vulnerable and marginalised children and women in programming. An increased emphasis on data disaggregation by religious group, wealth quintile, gender, age and geographic location facilitated targeted engagement and increased the participation of groups with poorer coverage of services. For example, dialogue and training with Apostolic and other religious group leaders increased awareness of this group's needs and also fostered a human rights orientation within their own community-based work. In addition, UNICEF supported the Children's Parliament and on-going capacity development efforts of children involved in the constitutional outreach process. These efforts have contributed significantly to raising children's rights to the top of the national development agenda.

The capacity of other institutions was strengthened to ensure the effective coordination of duty bearers and claim holders. Targeted institutions included local authorities, the MoESAC and partner NGOs working in Binga, Chiredzi, Buhera, Chipinge, Esigodini and Bulawayo to support HIV programmes aiming to reduce stigma and negative discrimination. One important partnership has been with Africaid, a national NGO run by adolescents living with HIV/AIDS that is dedicated to improving services for young people and reducing stigma and discrimination. The Ministries of Health and Child Welfare, Local Government and Labour and Social Services were also supported through the training of focal persons, including child welfare officers. These officers now possess the skills to ensure rights are protected in routine work and that standards of practice are in line with obligations of the Convention on the Rights of the Child (CRC), the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) and the Declaration of Human Rights. In addition, the Zimbabwe Youth Council was equipped with skills to better perform its role as non-partisan facilitator and promoter of children's and young people's participation in development. UNICEF technical expertise supported ZYC management, recruitment and child-focused programming. The council was also supported to decentralise to provincial level, encouraging participation from more marginalised and excluded groups of young people. Finally, UNICEF supported the National Youth Policy participatory review, now submitted to Parliament for approval.

Increased awareness of these rights instruments, together with support to the 25 members of the Parliamentary Committees on Health and Human Rights, resulted in Parliament ratifying the Optional Protocol to the CRC on Sale of Children, Child Prostitution and Child Pornography and the Optional Protocol on the Involvement of Children in Armed Conflict. Cabinet also approved the development of the Child Rights Policy to guide implementation of the CRC and is committed to a 'Child Right's Bill' in the new Constitution.

The status of realising the rights of children was reported this year in the UN Universal Periodic Review, prompting a call to address gaps. UNICEF chaired the multi-agency task team that delivered the UN report on the UPR. UNICEF will continue to advocate for and facilitate ownership and commitment of duty-bearers and claim-holders through rights-based development in the next Country Programme.

Gender

Fully met benchmarks

Annual Report 2011 for Zimbabwe

UNICEF institutionalized most of the recommendations from the 2010 gender review on strengthening gender mainstreaming in all components of the Country Programme and will continue to implement recommendations in 2012. Quarterly follow up was done by the Committee of Research, Monitoring and Evaluation, chaired by the Representative.

Thirty UNICEF staff and 80 government and 25 NGO personnel were trained in gender mainstreaming. On-going training of professional staff on the use of the Gender Marker to rate levels of resource allocation to gender equality in all programming was continued.

In the sector level approaches for health, education, child protection, water and sanitation, the reduction of gender disparities was measured with gender equity indicators. All AWP and proposals were reviewed to ensure strengthened focus to gender equality and M&E frameworks included specific indicators to monitor and measure gender equality, particularly of WASH programmes. The resource allocation to gender equality in all programmes was rated using the Gender Equality Marker (GEM). Programming was more targeted due to availability of equity and gender based data, which highlighted different risks, vulnerabilities and capacities of boys, girls and women in Zimbabwe.

A national child protection baseline study and programme evaluations were conducted that identified girls at higher risk of child marriage and sexual violence while boys experienced more legalised corporal punishment at school.

UNICEF remained an active member of the UNCT gender-working group and contributed technically and financially to the UN-supported high level international conference on gender equality and girls and women's empowerment held in Zimbabwe. Key messages and recommendations from the conference increased the awareness of policy makers, parliamentarians, donors and communities on gender equality and equity issues. The increased awareness was applied in the Constitutional and national gender policy review processes and the development of the Child Rights policy, supported by UNICEF.

Technical and financial support was provided for the compilation of the UN CEDAW report submitted to the CEDAW committee. Gender equality issues were mainstreamed in the ZUNDAF, including the joint implementation matrix and the UN flagship programmes.

HIV affects young women disproportionately and consequently HIV and AIDS activities continued to focus on reducing disparities. A 'Zero Tolerance' campaign against gender-based violence involving duty bearers and claim holders at all levels, including traditional leaders, higher learning institutions, religious groups and workplaces, was supported.

In partnership with IOM and UNFPA, child survivors of violence accessed medical and/or psychosocial support. The child helpline responded to a large number of calls and walk-ins, while 9,000 girls, 7,800 boys, 13,000 women and 4,600 men were reached with child and gender-specific sexual violence awareness activities. 'Victim-Friendly Courts' served 919 girls and 52 boys. (See Section 3.2 – Child Protection, for more details.) UNICEF supported government to conduct the first national prevalence study on violence against children; results will be released in early 2012.

The skills of over 4,000 girls and boys from the 'Girls and Boys Empowerment Movements' were strengthened through leadership training and Mathematics and Science Camps for girls.

Environmental Sustainability

Mostly met benchmarks

Droughts, floods and outbreaks of waterborne diseases are on-going threats in Zimbabwe and increase vulnerability to food insecurity, disease and malnutrition. While UNICEF Zimbabwe does not deliver interventions with the explicit aim of achieving environmental sustainability, considerations for the

environment are a critical component of all activities. An important contribution in 2011, with joint UN (UNICEF, WFP, FAO) leadership, was the development of the National Food and Nutrition Security Policy in which the government explicitly commits to “ensuring that policies reflect an analysis of long-term sustainability... and avoid unplanned negative environmental impacts.” Specific commitments include increased diversification of food crops, promotion of production consistent with agro-ecological conditions, introduction of conservation agriculture, and development of a broad water resource management strategy.

UNICEF, in collaboration with WFP and FAO, also supported the annual rural and urban vulnerability assessments and the establishment of a national Food Security and Nutrition Analysis Unit that will contribute to understanding the effect of environmental and climatic issues on food and nutrition security. Significant advocacy was conducted on optimal infant and young child nutrition, including the contribution of optimal breastfeeding to environmental sustainability, as it is associated with decreased milk-related industrial waste, pharmaceutical waste, plastic and aluminium tin waste and use of firewood/fossil fuels.

The CO provided input to UNICEF’s global development of country profiles of WASH Impact – Climate Change Focus. This tool, developed with participation of government, identifies varying degree of risks, mitigation measures and is used for promoting awareness, advocating for action, and monitoring compliance.

Other efforts towards environmental sustainability are;

- Strong advocacy for sustainable use of WASH resources including abstraction of safe yields from underground water aquifers and adherence to national water quality standards. All water abstractions by UNICEF are subject to testing to ensure compliance.
- UNICEF focus on rehabilitation of urban sewerage, which hitherto had been heavily polluting surface water sources and dams, a source of water supply.
- Community level support to rainwater harvesting, particularly for schools, as a strategy for local water resources management.
- Given Zimbabwe’s high levels of rural open defecation (48%), which in itself is an environmental hazard, the CO is strongly advocating for an open defecation free Zimbabwe through national campaigns and promotion of community approaches. A large-scale rural WASH programme will have a strong focus on elimination of open defecation

An initial assessment of the components of the next Country Programme was undertaken in line with the provisions of the Programme Policy and Procedure manual. The assessment showed that the interventions proposed should have no adverse impact on the environment and therefore a full-range environmental impact assessment was not required. Nonetheless, to minimize potential minor negative environmental impacts and contribute to environmental sustainability, guidelines and standard safety procedures will be strictly adhered to and ‘environmental improvement action plans’ will be developed and implemented where required. Through the national rural WASH programme in particular, efforts will continue around the quality assurance and environmental impact aspects related to boreholes.

South-South and Triangular Cooperation

Mother-to-child transmission (MTCT) of HIV and paediatric HIV remain critical concerns for Zimbabwe and Western/Central Africa. Zimbabwe has been a regional leader in prevention of MTCT since the 1990s. In 2011, an innovation, aimed at addressing the lower coverage of rural pregnant women to ART, was successfully piloted at large scale with UNICEF support. The programme involves the use of Point of Care (PoC) PIMA testing technology to promote the wider availability of CD4 testing (a critical bottleneck for pregnant rural women’s access to ART in many countries) in primary health care facilities.

In 2011, Western and Central African countries developed a regional action framework on the elimination of MTCT. Priority actions in this framework are to improve quality and continuity of services, including early infant diagnosis and integrating the prevention of MTCT with other health services and HIV programmes. In order to learn from Zimbabwe’s experience, WACRO requested ESARO and UNICEF Zimbabwe to facilitate a peer-based learning programme for staff from National AIDS Councils and Secretariats, laboratories,

referral hospitals, ministries of health, and partners. The delegation to Zimbabwe included colleagues from Benin, Gambia, Senegal and Sierra Leone. The programme involved intensive workshops, training, field visits, stakeholder meetings, data review and planning work that focused on critical success factors in service integration, provided an orientation to new technologies for PoC implementation, and reviewed the potential for replication.

The experience broadened perspectives and knowledge of best practices, such as effectively re-defining nurses' scope of work, decentralization of PoC facilities and strengthening referral pathways within MNCH/SRH services in family and child health settings. Recommendations were made to the Zimbabwean MoHCW in the following areas: quality control and assurance mechanisms for blood sampling; advocacy for the initiation and scale-up of on-site ARV treatment; mobile treatment techniques; and establishing a centralised database for CD4 results.

The exchange programme helped accelerate real-time information flows so that good practices and new technologies in PMTCT can be introduced across countries and regions with less delay, thus contributing to better access of pregnant women to ART where necessary, as well as elimination of paediatric HIV. ESARO and UNICEF-Zimbabwe will continue to promote this South-South co-operation through a programme of on-going exchange and mentorship between the regions.

Country Programme Component: Basic education and gender equality

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Children staying at school to maintain a 90% attendance rate, and maintain enrolment at 95%, including in humanitarian emergencies as per the Core Commitments for Children.	3	FA2OT3
Increase completion of primary and secondary education by 10%, with equity among boys and girls and OVC and non-OVC.	3	FA2OT4
Life and survival skills incorporated in primary and secondary education.	3	FA2OT8
Quality and relevance of primary and secondary education improved resulting in a 25% increase in grade 7 pass rate in 250 schools.	3	FA2OT8

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	620339.00	619856.00	99.92
OR-R	1720000.00	28357521.00	24521917.00	86.47
RR	275000.00	466415.00	233610.00	50.09
Total	\$1,995,000.00	\$29,444,275.00	\$25,375,383.00	

Results Achieved

UNICEF, through the Education Transition Fund I (ETF I), supported the MoESAC to revitalise the education sector, thereby assisting the government to achieve universal and equitable access to quality and relevant basic education for all Zimbabwean children. The programme focused on service delivery with growing emphasis on sector planning and systems development in preparation for a second programme phase.

Significant progress was made in sector planning and systems development within the MoESAC. During 2011, UNICEF, the World Bank and partners supported the sector planning initiative that produced a draft five-year costed sector plan (Education Medium-Term Plan (EMTP)). This formalised planning process saw Zimbabwe become officially engaged in the Fast Track Initiative (Global Partnership for Education) process of accreditation. The emergency education network, facilitated through the Education Cluster, provided improved sector data collection and knowledge as well as a plan for disaster risk reduction.

The EMTP provided the framework for broader international investment in education, mobilised through transition funds. ETF II, launched in 2011, is a multi-donor pooled fund that will focus on three key thematic areas identified in the MoESAC's strategic investment plan: school and system governance; teaching and learning; and second chance education. This will facilitate access to quality education for approximately 1,000,000 OVC.

ETF II builds on the achievements of ETF I in procuring and distributing 15.6 million textbooks in 2010; 6 million secondary school textbooks were procured in 2011. Distribution for 2,300 schools and 820,000 students commenced in December (completion is expected by January 2012). In addition, more than 3,200 Braille books, 10,000 teachers' guides and over 200,000 minority language texts were procured and distributed in 2011. The ratio of textbooks to pupils decreased from more than 1:10 to 1:1 in all primary and secondary schools. UNICEF further supported MoESAC's national curriculum review process with high level

buy-in to this complex initiative achieved during 2011. Together with UNICEF, MoESAC is developing a road map to update Zimbabwe's curriculum to be in line with international best practice and to ensure that all children, including girls, are fairly represented.

Increased equitable access to learning was further achieved through UNICEF's support to an NGO consortium that assisted in payment of school fees and provision of essential learning materials for 4,000+ children with disabilities. Increased equitable access to education was further supported through the BEAM programme, which currently pays school fees for more than 500,000 primary school vulnerable children (over 50% girls).

As part of the Schools for Africa Programme, UNICEF supported the construction and rehabilitation of 50 schools in 14 districts. This programme facilitated key linkages with the MoHTE and a child-centred teacher education programme. 1,800 trainers of teachers (50% women) from 15 child-friendly school districts were trained and a national early childhood development paraprofessional teachers' certification training developed, with 1,100 paraprofessional teachers, almost all women, certified in 2011.

Integrating HIV/AIDS and life skills will be supported by the Adolescent Sexual Reproductive Health, HIV and AIDS Strategic Plan (2011–2015) and the establishment of an HIV/AIDS and Life Skills Secretariat.

Most Critical Factors and Constraints

The transitional nature of the wider socio-political context of Zimbabwe has made programme planning in education a complex task. The counterpart ministry remains centralised in its decision-making, with limited autonomy passed onto provincial- and district-level ministry representatives. Measurement of results achieved is further constrained by limited availability of national statistics.

Although funding to the sector has increased in recent years, facilitated by the UNICEF-supported Education Investment Plan, national budget allocations to education remain substantially lower than those of ten years ago. Furthermore, the majority of government funding is spent on teachers' salaries; the non-recurrent expenditure of the national education budget during 2010 amounted to less than 0.2% of total funds. As a result, Zimbabwe's schools have suffered a cumulative lack of investment in infrastructure and staff development. Water supply and sanitation in schools remain a critical issue. Almost half of all schools report having less than adequate or non-existent sanitation facilities and approximately 328 schools indicated no access to a water supply (7% of the total). No systematic approach to teacher development is in place and approximately 15,000 teachers are noted to be unqualified.

Whilst national enrolment rates remained high, the quality of education received continued to decline, as demonstrated by national examination pass rate trends. Whilst the grade 7 pass rate before 2006 was consistently above 70%, it dropped to 39% in 2010 and 28% in 2011. Although a national curriculum review process commenced in order to improve the quality of the materials developed for children, and with an emphasis on early grade learning, the review process has proceeded slowly in the polarized political environment.

UNICEF is the UN co-convenor on HIV prevention for young people and schools are a natural venue for building relevant HIV knowledge and skills. The ministry, however, remains conservative by nature and until recently has been reluctant to allow schools to provide information on certain high impact interventions such as condom use.

Furthermore, the number of children out of school remained unacceptably high. Historically, parents and communities have supported schools financially in Zimbabwe through payment of fees and levies. Orphans and vulnerable children, such as disabled children and children living on the street, are most at risk of dropping out school. Schools have increased fees and levies in an unregulated manner as the overall economic situation has declined, placing an increasing burden on many families throughout the country. While BEAM, a social safety net programme for the payment of school fees for OVC, is a US\$30 million-per-year programme, it is only able to cover a little over half of the nation's needs. It was estimated that approximately 11% of the school-age population (estimated to be approximately 3.5 million) eligible for BEAM payments were not receiving them due to the overall lack of resources.

The financial barriers to accessing an education in Zimbabwe remain an area of concern, but can only be addressed if further resources are made available to the sector.

Key Strategic Partnerships and Interagency Collaboration

The education programme managed by UNICEF in Zimbabwe is framed within the Education Transition Fund (ETF). The ETF is by nature a partnership between UNICEF, the MoESAC and a number of donors. With MoESAC providing the overall leadership of the ETF programme, close collaboration has been important with MoLSS (for BEAM), Zimbabwe Schools Examination Council (ZimSEC), Ministry of Higher and Tertiary Education (MoHTE) and the Ministry of Finance.

A key partner UN organisation has been UNESCO and the Association of the Development of Education in Africa (ADEA), particularly with regard to the development of a national Education Management Information System (EMIS).

Whilst the first phase of the ETF focused on the delivery of textbooks to all primary and secondary schools, it also included a proportion of funds to support sector planning work, analysis and technical assistance to the MoE. It also provided the foundation for building a school-level governance programme through the national school development committee (SDC) training initiative in partnership with civil society, supported by SNV.

The technical assistance programme was supported through a number of institutional agreements with leading education consultancy partners, including the CfBT Trust to provide high-level technical assistance for the development of the national sector plan; Cambridge Education to provide technical assistance to the MoESAC for the development of a five-year strategic plan for the development and operationalisation of a comprehensive EMIS plan; and the Australian Centre for Educational Research to support ZimSEC to undertake a national early learning assessment. This latter initiative formed a technical linkage with the Global Partnership for Education's early learning technical advisors.

Key partnerships were also forged with a number of civil society organisations, including Save the Children, Plan and World Vision for the establishment of the national education network, which assists the MoESAC in monitoring schools countrywide. A special partnership with a network of special schools, coordinated through King George VI was also developed. The Young People We Care programme linked up with a number of NGOs to implement youth-led community-based HIV prevention and care and support for children and families affected by HIV.

As the education programme matures and moves into the second phase of ETF implementation in 2012, existing partnerships will be deepened and, where appropriate, expanded. Particular emphasis will be placed on building partnerships with technical organisations able to provide MoESAC with the expert support needed in specific programmatic areas.

Humanitarian Situations

A vulnerability assessment of schools was completed for 1,850 schools using the emergency education network in partnerships with NGOs. The capacity of decentralised services at provincial level was strengthened by UNICEF in terms of information management and analysis for decentralised emergency preparedness and response. The procurement of learning materials for distribution to vulnerable groups of children at primary and secondary school was completed.

Education cluster coordination, which is performed by a SCF staff member through a MoU between SCF and UNICEF, was integrated into education sector coordination, while support to the development of a national budgeted strategic plan for 2012–2015 for education that includes the two dimensions of recovery and development also began.

70 schools in seven districts damaged by storms in 2010 were given priority for repairs in 2011 with support from the Central Emergency Response Fund (CERF). The schools were assisted in repairing the damage to

buildings and in building the capacity of SDCs in disaster preparedness and response.

Summary of Monitoring, Studies and Evaluations

The nature of the work in Zimbabwe and the political complexities of engaging with government meant that monitoring, studies and evaluations were complex to negotiate and implement with the relevant authorities. For example, the last official release of the education census data was in 2003; the 2006 data set is still in draft form.

Nonetheless, there was developing confidence in the collection, analysis and sharing of national data with UN and donor partners. With funding from the ETF for high level technical expertise, significant progress was made to the development of a national EMIS system, with a qualitative assessment of early grade learning providing a much-needed qualitative and quantitative baseline for ETF II.

This assistance enabled a close collaboration to be built between MoESAC, UNICEF, UNESCO (who are managing the EMIS, EPDF fund from the World Bank) and ADEA. The EMIS support, which will continue to the end of 2015, will be implemented in a three phased approach of connectivity at the national, provincial, district and school level with the associated software development and training requirements.

The Zimbabwe Early Learning Assessment (ZELA) is a partnership with the Zimbabwe School Examination Council (ZimSEC) with support from the Australian Centre for Educational Research (ACER). The design of the programme was completed in 2011 with roll out to be completed by the end of the second quarter of 2012. This initiative will see a combination of assessment methodologies as seen in the Trend in International Mathematics and Science Study (TIMSS), the Progress in International Reading and Literacy (PIRLS) initiative and the Early Grade Reading Assessment (EGRA), the latter initiated through the World Bank and Global Partnership for Education programmes. ZELA will build on these methodologies but adapt them to suit the Zimbabwe context. The ZELA will provide key base line qualitative information regarding the national curriculum review process, teacher education strategies and base line indicators for the second phase of the ETF.

A national evaluation of the BEAM programme was also supported by UNICEF through the MoLSS. This study provided a comprehensive assessment of the effectiveness of BEAM payments. It covers a nationally representative, randomly selected sample of 400 schools, using a combination of qualitative and quantitative data collection methodologies. The programme is unique as it is led by MoLSS whilst partnering with MoESAC, MoF, UNICEF, civil society and key donors. The study will consider the selection process of students, evaluate the current needs of students and provide a more detailed financial analysis of expenditure at school level. The outcome of this evaluation, expected in early 2012, will be critical to the nature of future funding for this programme. The findings will also be directly fed into the design of the school grants programme.

In all cases, research or evaluation work has been undertaken in partnership with government counterparts and been national in scale in order to ensure national ownership and relevancy of the results, all of which have fed directly into policy development and review within the broader education sector.

Future Work Plan

2012 will focus on implementing ETF II, a more complex intervention than the first phase of the programme, and requiring the establishment of joint UNICEF, donor and ministry governance structures at the national and sub-national levels. Furthermore, these governance structures will aim to improve representation of civil society partners.

As Zimbabwe moves out of a crisis situation and into one of recovery and transition, there will be an increased need for a functional management information system to document baseline data as well as progress and trends and verify results. As such, a major focus for 2012 will be to ensure that the national monitoring and evaluation systems are well established, resourced and operational. This will include the effective roll out of the ZELA and the EMIS initiatives.

In conjunction with EMIS support, the priority for the first quarter of 2012 will be the design of the school grants programme which will provide financially constrained schools with adequate resources to address their most basic needs and to meet a minimum set of school functionality criteria. The programme aims to improve the quality of teaching and learning at the school level and eliminate user fee costs for vulnerable students. A close programmatic partnership will be built between the Grants programme and the BEAM initiative, one being a school improvement programme, whilst the other remains a social safety net for orphans and vulnerable children. Again, the outcomes of the BEAM evaluation will provide the basis for review of the BEAM, conducted in partnership with MoLSS.

In line with UNICEF's global equity agenda, ETF II will place stronger emphasis on supporting children who are out of school or at risk of dropping out of school, including girls, children with special needs, children of very poor families and children living in areas of displacement. A national assessment of out of school children is planned for the first quarter of 2012 to assess the extent of the problem, providing baseline data for programme development.

The review of the national curriculum has been ongoing during 2011, but given the complexity of this initiative in the transitional political environment of Zimbabwe, progress has been slow. High level political buy-in to the process has been gained and it is expected during the first half of 2012 that agreement will be reached to redraft the national curriculum framework and develop a strategy for syllabus review and materials development, with initial emphasis on primary school. As the curriculum review process progresses, UNICEF will support a more intensive programme for teacher training and professional development in partnership with MoHTE, the University of Zimbabwe and the Curriculum Development Unit within MoESAC.

Finally, a close partnership will be developed with the Global Partnership for Education. The GPE has committed up to US\$23.6 million for the education sector in Zimbabwe, which will be conditional upon further sector planning and the finalisation and Cabinet endorsement the Ministry of Education Five Year Medium Term Plan. A formal GPE submission will be made in August 2012.

Country Programme Component: Young Child Survival and Development

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
1,400 health facilities maintaining an average of 80% of availability of essential medicines	3	FA1OT6
30% of children living with HIV in need of ART in all districts are receiving treatment	3	FA3OT4
72,000 patients have increased access to comprehensive treatment and care services through the Expanded Support Programme on HIV/AIDS	3	FA3OT4
80% population in 45 malaria-endemic districts sleep under LLINs	3	FA1OT4
90% of HIV-positive women attending ANC receive comprehensive PMTCT services	3	FA3OT2
Access to maternal and child health services increased through implementation of MoHCW policy on user fees and all 31 interventions in the Maternal and Neonatal Health Road Map implemented nationally	3	FA1OT10
Coverage and quality of clinical services, including for pneumonia, malaria and diarrhoea for children, increased to 75% (pneumonia), 75% (malaria), 85% (diarrhoea) at facility and community level	3	FA1OT6

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Increase and sustain vaccination coverage to at least 90% at national level and 80% in all districts	3	FA1OT4
Prevalence of underweight in children under-five reduced from 17% to 13%	3	FA1OT1
Proportion of chronically ill people receiving home-based care and counselling increased from 36% to 45%	3	FA3OT5
Provision made for 25,000 emergency-affected households in rural and urban areas to receive health-related and basic emergency assistance within 72 hours	3	FA1OT13 (b)

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	16234775.00	15884332.00	97.84
OR-R	4001000.00	29404232.00	25728510.00	87.50
RR	586000.00	1179059.00	979722.00	83.09
Total	\$4,587,000.00	\$46,818,066.00	\$42,592,564.00	

Results Achieved

UNICEF continued to procure and distribute more than 90% of all essential medicines, 1,500 health workers were trained in drug management and partners worked towards a harmonized distribution system, resulting in availability of at least 80% of essential medicines^[1] and health commodities in 82.5% of the health facilities.

UNICEF continued to support the expanded programme on immunisation improved through cold chain system strengthening and procurement of national vaccine supply; full vaccination coverage rose to 64.3%, with a sharpened focus on hard-to-reach populations. The integrated outreach services reached 50% of under-fives with vitamin A supplementation. Using GAVI funding, UNICEF procured pentavalent vaccine supplies valued at around US\$4 million.

UNICEF mitigated shortages of midwives with support to 16 midwifery schools and provided: CEMOC equipment to 62 district hospitals; BEMOC to 800 PHCs; and 600 sets of neonatal resuscitation equipment to central, provincial and district hospitals and 120 PHCs. Village health workers received 1,100 kits and bicycles to enable them to conduct more outreach activities, particularly focusing on safe motherhood.

UNICEF provided technical assistance to updating the IMNCI guidelines including development of a newborn Module and trained 38 IMNCI master trainers nationwide and 42 health workers in two districts.

Prevention of mother-to-child transmission of HIV became a routine part of antenatal care services, with a special focus on outreach activities. 85% of ANC facilities provided on-site HIV testing and ARVs for PMTCT; 90% of HIV positive women received ARV drugs to reduce the risk of MTCT, of which 65% were provided with more efficacious regimens. The IYCF/PMTCT policy was reviewed in line with WHO guidelines.

1,160 adolescents living with HIV received information and skills on disclosure and ART adherence, while 29

HIV-positive youth peer-support leaders (76% girls) were trained to promote safe sexual and reproductive health. ARV support was provided for 80,000 HIV patients. Treatment uptake improved, with 2,000 HIV-exposed infants receiving PCR tests and 63% of children 0-14 years, living with HIV, receiving treatment. The proportion of chronically ill people receiving care increased to approximately 40%, including the distribution of over 1,000 HBC kits.

The Food and Nutrition Security Policy was endorsed and will be launched in 2012. Its multi-sectoral design is part of the global scaling up nutrition movement. By September 2011, 18,300 children had received treatment for severe acute malnutrition and 76% of all health facilities were routinely providing treatment. This coverage was supported by over 1,000 newly trained health workers and a reviewed national protocol for acute malnutrition management.

[1] VMAHS Round 9 Report, December 2011.

Most Critical Factors and Constraints

§ The most critical constraints in 2011 were the shortage of human resources for health for specific positions, both at national level and at health facilities in rural areas, and the high level of trained staff turnover at facility level.

§ Limited human resource capacity in the MoHCW's Nutrition Department resulted in key actions for implementation and completion of activities being put on hold. UNICEF responded to this by seconding technical officers to the ministry and providing incentives to retain critical staff at national level.

§ Funding constraints for interventions to improve infant and young child feeding practices.

§ The community-based management of acute malnutrition programme needs to be reviewed and restructured to meet Zimbabwe's specific nutrition and HIV needs.

§ Despite widespread availability of paediatric ARVs, 37% of children 0-14 years are still in need of treatment; while more than 90% of infants under-1 are not receiving life-saving drugs. A combined approach of building health worker capacity through training and supportive supervision and social mobilisation on early diagnosis and disclosure is critical to address these gaps.

Key Strategic Partnerships and Interagency Collaboration

The CP cycle ended with the launch of the HTF to accelerate progress towards achievement of MDGs 4, 5, 6 and 1c. The HTF is a US\$400 million non-earmarked, multi-donor, pooled fund, managed by UNICEF and aimed at revitalising the health sector and increasing access to care through elimination of user fees for mothers and children under five. Major partners of the HTF include DFID, SIDA, CIDA, EC as well as WHO and UNFPA. Initially, it will focus on four pillars: maternal, newborn and child health and nutrition; essential medicines; human resources for health; and health policy, planning and financing.

The Health and Nutrition Section worked closely with the MoHCW and related institutions at policy, strategic planning and implementation levels to accomplish the above achievements. The EMONC assessment UNICEF had initially planned was expanded to the National Integrated Health Facility Survey in partnership with major stakeholders from bilateral and multilateral organisations and NGOs. Led by MoHCW the assessment commenced towards the end of 2011. Activities for data collection are progressing well, the results of which will inform national health system strengthening programming and the implementation of the HTF.

UNICEF also worked closely with UNDP (GFATM Programme Management Unit), SCMS Project and Crown Agents in ensuring timely delivery of essential medicines. UNICEF, along with FAO and WFP, continued to support the finalisation of the Food and Nutrition Policy. The partnership with WFP also enhanced the management of acute malnutrition, where WFP is responsible for the management of moderately acute malnourished children through supplementary feeding programmes and UNICEF supports the management of severely acute malnourished children, including the procurement of RUTF and therapeutic formulas.

In partnership with MoHCW, WHO, MCHIP and other local partners, the national expanded programme of immunisation was strengthened to achieve increased vaccination coverage through improved cold chain management and the implementation of the Reach Every District approach.

Regional and HQ partnerships provided technical assistance to the review of the PMTCT/Paediatric HIV five-year programme and the development of the next strategic plan and the development and implementation of a three-year programme to initiate full integration of HIV and nutrition services, the results of which are expected to provide significant information and lessons towards the development of an effective national HIV and nutrition strategy. UNICEF, as a member of the One UN Team on AIDS coordinated by UNAIDS, worked on the ZUNDAF Joint Implementation Plan (2012–2015) for the HIV prevention, care and treatment, including the development of a flagship programme on the elimination of paediatric HIV and the ASRH and HIV Strategic Plan for the Ministry of Education. In addition, UNICEF co-chaired the Prevention Care and Treatment group with UNFPA and WHO and held quarterly meetings. UNICEF also led the H4+ team in the development of a grant proposal for CIDA funding for MNCH.

The UNICEF health and nutrition section was actively involved in the PBSS ZUNDAF thematic sub-group on health. In addition, UNICEF co-chairs the Health Development Partners forum with the EC.

Humanitarian Situations

UNICEF's humanitarian contributions were as follows:

- Ensuring 80% availability of essential medicines in over 1,400 health facilities nationally and as a major emergency prevention and mitigation measure;
- Procuring basic EMONC equipment for 1,000 rural health facilities;
- Capacity development of midwifery tutors from 16 midwifery schools in emergency obstetric and newborn care (EMONC) and 'Helping Babies Breathe' modules.
- Community management of acute malnutrition (CMAM) services continued to expand in 2011. Through four implementing partners, and with support of CERF funds, the availability of CMAM services was increased in all health facilities in 14 districts. A Quick Reference Guide was developed to improve and rationalise service delivery and prescribing practices; and standardised admission, referral, and reporting forms were developed and disseminated.
- The MoHCW revitalised an infant and young child feeding (IYCF) Technical Working Group with assistance from UNICEF and the cluster coordinator. The working group met regularly and progressed well on several key IYCF programme areas.
 - UNICEF co-led the Nutrition Cluster with the Food and Nutrition Council.

Summary of Monitoring, Studies and Evaluations

In addition to routine monitoring through observational field visits, spot checks and periodic review, specific studies were conducted to improve health sector knowledge, with results used to strengthen programming and advocacy.

The quarterly VMAHS results provided information on the progress of UNICEF's support to increasing availability of medicines in primary health care facilities and were used as benchmarks for further improvements. In addition, these rapid assessments provided a snapshot on the presence of health workers at rural facilities, and immediate infrastructure needs in terms of water and electricity. The data enabled the MoHCW to make quick decisions on health worker deployment and health facility support.

New data and lessons were generated from the UNICEF-supported national soil transmitted helminths/schistosomiasis study, indicating 27% of 10,222 children were infected with schistosomiasis. A national task force was formed to review policy guidelines and to recommend preventive chemotherapy. The relationship between schistosomiasis and heightened risk of HIV transmission is of particular concern, and will be considered by the task force.

Secondary analysis of 2010 nutrition survey urine samples gave insights into the association of aflatoxins with stunting. Data analysis indicated the presence of aflatoxins in urine being high in severely stunted children, which was statistically significant.

A national medicines survey was conducted to assess the pharmaceutical sector in Zimbabwe in preparation for development of a three-year national pharmaceutical strategic plan.

A complex partnership of bilateral and multilateral agencies and civil society, including UNICEF and led by

MoHCW, reached agreement on the National Health Facilities Assessment, which commenced towards the end of 2011. In-depth information on the current status of human resources, facility infrastructure, supplies and equipment, quality of care, and reporting will provide critical baseline data for implementation of the Health Transition Fund. The assessment is unprecedented in size in Zimbabwe as it will take place in all 62 districts and cover all 1400 health facilities. The breadth and scope of data will prove invaluable to the MoHCW and all implementing partners in planning, implementing and tracking health sector support.

The results of the Early Infant Male Circumcision (EIMC) Feasibility Study, conducted in 2010, were further analysed and shared with the MoHCW. As a follow up, the MoHCW, UNICEF and partners have developed a comparative study for EIMC using two different devices. Study results will contribute to WHO pre-approval for one of the devices, AccuCirc.

Other planned studies include: the new Point-of-Care/CD4 technology evaluation; a PMTCT/Paediatric HIV programme review; and an assessment of the impact of CHBC kits.

A Centre of Excellence in Paediatric and Newborn Care was established at Harare Hospital, fostering innovative practices. Improved guidance tools for effective integrated management of neonatal and childhood illnesses were also developed and involved upgrading the skills of nurse facilitators.

Future Work Plan

The next CPD will focus on supporting the implementation of key sectoral strategies: the National Health Strategy (the overarching document supporting equity and quality in health); the National Child Survival Strategy; the National Strategy for Elimination of New HIV Infections in Children and Keeping Mothers Alive; and the National Nutrition Strategy. More specifically, the CO will emphasise the following:

- 1) Support the implementation of the HTF with focus on the following specific interventions:
 - Ensure coherent and effective fund governance and resource management;
 - Address the three delays (delay in women's decision to seek health care, delay in women reaching a health facility, and delay in receiving appropriate care at a health facility) in order to increase skilled birth attendance from 66% (2011 DHS) to 80%;
 - Activate support to the national monitoring and evaluation process linked to the HTF;
 - Completion of the National Integrated Health Facility Assessment;
 - Develop a phased implementation plan for the policy on abolishment of user fees for pregnant women and children under five;
 - Enrolment of 750 new midwives into refurbished midwifery schools;
 - Introduction of pneumococcal and rota-virus vaccines;
 - National essential medicines programme maintained and prepared to move to a pull system;
 - 10,000 VHWs in place and supported;
 - National health services fund reactivated to provide mechanisms to support recurrent costs at the facility level;
 - National human resource retention scheme supported, along with support to human resource policy development and planning. As financing decreases from the GFATM, the gap will be met by the HTF;
 - National health accounts completed.

- 2) Considerable effort was made on developing the proposal for the Global Fund for HIV/AIDS, TB and Malaria Round 11. The call for applications was cancelled, however, resulting in uncertainty over how the programmatic gaps will be filled after the end of Round 8 Phase 2 in December 2014. The CO will remain actively engaged, through the CCM subcommittees and other fora, with GFATM and other funding partners to advocate that the most critical gaps are met, particularly for elimination of new HIV infection in children and young people and keeping mothers and their families alive. In addition, the CO will continue to provide technical support to development of a national HIV investment case and combination prevention strategy, focusing on resource allocation towards high impact interventions.

3) With advocacy efforts firmly placing children at the forefront of health planning, UNICEF, while strengthening the health system, will continue to embed equity through evidence-based outreach and reducing barriers to access for the most vulnerable. New programme development will be informed by

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lessons learnt from the planned use of Point-of-Care/CD4 machines evaluation, a formative study on IYCF and a national micronutrient survey.

4) Continued collaboration with WASH and BEGE will be prioritised in the Country Programme for 2012–2015.

5) Continue to support the Nutrition Cluster as it evolves towards a fully government led mechanism.

Country Programme Component: Water, Sanitation and Hygiene

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
100% of the emergency affected population in rural and urban areas receive WASH related emergency assistance within 72 hours	3	FA1OT13 (b)
50% of the rural population and school children practice positive hygiene practices in 15 rural districts.	3	FA1OT13 (c)
Access to safe water supply and sanitation in seven urban centres and ten growth points is improved	3	FA1OT12
Proportion of households using improved water supply and improved sanitation facilities increased by 20% and 10% respectively in 15 rural districts	3	FA1OT12

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	16185657.00	10441774.00	64.51
OR-R	1331000.00	1613711.00	1589026.00	98.47
RR	114000.00	747433.00	710440.00	95.05
Total	\$1,445,000.00	\$18,546,801.00	\$12,741,240.00	

Results Achieved

Significant contributions were made to policy development and sector coordination in WASH, leading to strengthened sector governance. A landmark Joint Sector Review was conducted in 2011, providing an action plan for critical sector reform. UNICEF also supported the development and review of an equity-sensitive water and sanitation policy focusing on the rural sector.

The proportion of households using improved water supplies and sanitation facilities increased during this period; over 13,000 people and 15,000 schoolchildren gained access to safe water through new boreholes and rainwater harvesters. 12,300 people, including orphans and other vulnerable children, benefited from 2,600 new household latrines equipped with hand-washing tanks. The on-going management and maintenance of these services is supported through 600 water point committees and 300 village pump mechanics. Recognising the patterns of domestic water use, local livelihoods were bolstered with 150 cattle troughs and nutrition gardens.

The Emergency Rehabilitation and Risk Reduction programme contributed to a reduction in cholera cases from 100,000 during the 2008/9 rainy season to less than 2,000 cases during the 2010/11 season. The rehabilitation of water systems, begun in 2010, and provision of water treatment chemicals guaranteed safe water supplies to more than four million children, women and men in urban areas. Work on rehabilitation of water works in Chegutu, Rusape and Chipinge towns was completed in partnership with French Red Cross,

Mercy Corps and ACF, respectively, benefiting over 190,000 persons. Work on rehabilitation of water and sewage systems in Chipinge, Bindura, Karoi and Shurugwi is almost complete (with minor works and commissioning in progress) and is benefitting an estimated population of 150,000. Owing to funding constraints interventions in the planned 10 growth points have been postponed until 2012.

Zimbabwe took important steps towards becoming 'open defecation-free'. UNICEF supported the drafting of a national sanitation and hygiene policy and began piloting the Zimbabwe Community Approaches to Total Sanitation (ZIMCATS) initiative, capturing lessons for scale-up. Successful awareness campaigns for hygiene promotion were launched nationally and involved school-based initiatives (see Section 3.1).

In 2011, the impact of UNICEF's and partner's school-based hygiene promotion was sustained by training over 600 pupils as participatory health and hygiene education facilitators, helping to meet the target of 50% of all children practicing positive hygiene. These peer educators supported over 20,000 classmates. School-based hygiene promotion activities were complemented by 1,200 new and 600 renovated gender- and disability-specific school toilet cubicles, 100 school hand-washing tanks, new boreholes and rehabilitated piped water schemes, benefitting an estimated 55,000 school children (45.3% girls), including approximately 5,500 children with disabilities.

Consistently within 72 hours, all emergency-affected populations received WASH-related assistance through the inter-agency and Government Emergency Response Unit mechanisms under the WASH Cluster. UNICEF maintained contingency stock and four standby Project Co-operation Agreements, resulting in 60,000 NFIs distributed to families in areas affected by cholera and 200,000 households receiving health and hygiene education. 52,000 cholera/diarrhoea-affected people were also provided with safe water for drinking (15 litres per person per day), including the trucking of 1.8 million litres of water.

Most Critical Factors and Constraints

The most critical constraints to full achievement of targets were as follows:

- Funding gaps – given the lack of investment from which the WASH sector in Zimbabwe has suffered, the lack of sufficient resources for rehabilitating WASH infrastructure, particularly in rural areas, remains a major sector challenge.
- Limited institutional (public and private sector) capacity to plan and respond to water and sanitation needs. For example, there are an inadequate number of environmental health technicians to identify gaps and to promote safe water use and hygiene practices. At the same time, there is limited community capacity to practice appropriate safe water use and hygiene.
- The unpredictability of the nature and scale of rehabilitation work in urban areas, which involved involving refurbishing decades-old and complex WASH infrastructure. This required changes to the scope of the work and amendments to the contracts, resulting in budget overruns and delays.
- The short life of funding sources, as well as the unpredictability of funding, contributed to the difficulty in long-term planning and implementation.
- Power outages due to load shedding throughout the country considerably affected the operation and maintenance of water works in urban areas, resulting in reduced water production.

Key Strategic Partnerships and Interagency Collaboration

UNICEF partnered with the Water and Sanitation Programme (WSP) of the World Bank to support the Ministry of Water Resources Development and Management (MoWRDM) in hosting the first ever Joint Sector Performance Review for the WASH sector. UNICEF also partnered with WSP/World Bank and AfDB to support the government in developing the national WASH policy.

UNICEF co-chaired the Water and Sanitation Donor Working Group, which has now been integrated into the newly formed National Water and Sanitation Sector Working Group, a strategic sector think tank bringing together government, donors and development partners.

UNICEF collaborated with the private sector, media and national and international NGOs to support the government for celebrating Global Hand-Washing Day and commemorating National Sanitation Week.

Within the UN, UNICEF worked closely with other UN agencies to develop the joint implementation matrix for the Population and Basic Social Services thematic group, including the sub-group on WASH. UNICEF is also a member of the Infrastructure Technical Review Group of the World Bank-led Analytical Multi-Donor Trust Fund.

UNICEF co-chaired the WASH Cluster, which brings together WASH partners at national and sub-national level and ensures a coordinated and effective response to WASH emergencies in Zimbabwe. UNICEF also co-chaired the WASH Urban Emergency Rehabilitation Technical Co-ordination Group, which comprises key partners and donors supporting the urban WASH sector, including the World Bank and AfDB, and ensures the coordinated prioritisation, targeting and implementation of countrywide urban rehabilitation interventions by all partners. UNICEF also supported the AfDB in establishing the Zimfund, a multi-donor pooled fund focused on WASH and energy infrastructure.

Humanitarian Situations

UNICEF played a central role in providing support to humanitarian preparedness and response:

- UNICEF continued to provide cluster leadership with a full-time P4 coordinator managing a partnership including more than 100 NGOs and private sector organizations.
- UNICEF substantially contributed towards reduced morbidity and mortality from WASH-related diseases – an estimated 50,000 families in five cholera-prone districts received non-food items including soap, oral rehydration solution, water purification tablets and water storage containers and hygiene promotion information.
- 300,000 children, women and men in five districts received hygiene education from UNICEF and its partners, contributing to improved hygiene practices.
- Improved quality and quantity of communal and household drinking water supplies were achieved for over 50,000 emergency-affected men, women and children in Kadoma by enabling access to a minimum of 7.5 to 15 litres of safe drinking water per person per day within 72 hours of an emergency.
- Approximately 25,000 people in 11 districts affected by water shortages were provided with access to safe water by drilling of 51 boreholes.
 - Approximately 45,000 people were reached in two districts at high risk of cholera by rehabilitating 180 boreholes.

Summary of Monitoring, Studies and Evaluations

- Support was provided to the government in the organisation of the Joint Sector Review 2011 for the WASH sector. This was the first annual performance review in over a decade and resulted in the development of specific plans for agreed priority actions to be implemented during 2012.
- Two independent reviews of the WASH Emergency Rehabilitation and Risk Reduction Programme were conducted by the Australian government, both of which indicated that UNICEF had fully met programme objectives and achieved planned targets.
- Experiences and lessons learned from UNICEF's urban WASH programme in Zimbabwe were documented.
- An independent evaluation of the European Union-funded ZIMWASH programme was conducted; results will be available in early 2012 and will be used to inform the development of the national rural WASH programme, through the rural WASH transition fund.
- Real-time programme documentation contributed to global understanding of urban WASH programming and the national scale-up plans for rural WASH.
- The establishment of a hydrogeological database improved knowledge and environmentally sound management of groundwater.
- A study on exit strategies for water treatment chemicals provision informed UNICEF's phase-out strategy, which incorporates a robust monitoring mechanism/early warning system.
 - Donor evaluations documenting programme success assisted in securing an additional US\$15 million for WASH interventions that increase children and women's access to safe water and sanitation.

Future Work Plan

- In the next Country Programme, the major drive will be on the launch of the national rural WASH transition fund which aims to improve access to services for vulnerable rural communities across half (30) of

the districts in the country. This US\$50 million programme (2012–2015) will follow the approach set by the transition funds in health, education and protection, adapted to suit the particularly complex institutional context of the WASH sector. Funding has been secured from the UK government and pledges have been made by Switzerland, Sweden and Australia.

- Finalisation of the national WASH policy;
- Development of an equity-focused Zimbabwe WASH sector strategy;
- Continued rehabilitation of WASH infrastructure in small towns through the ER and RR programme;
- Continued support to the WASH Cluster by ensuring that it maintains its responsiveness whilst evolving towards a government-led disaster management capacity focused on emergency preparedness and disaster risk reduction.

Country Programme Component: HIV/AIDS and Young People's development

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
PCR 1.2. 80% of eligible women, young children and adolescent access appropriate HIV and AIDS prevention, treatment and care nationally, with a special focus on the most disadvantaged districts and communities by 2015	3	FA3OT1, FA3OT2, FA3OT4, FA3OT5
PCR 2.3. Comprehensive knowledge on HIV and AIDS for in and out of school youth (15-24 years) increased from 53% to 70% by 2015	3	FA3OT7, FA3OT8

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	1.00	1.00	1.00	100.00
OR-R	1.00	1.00	1.00	100.00
RR	1.00	1.00	1.00	100.00
Total	\$3.00	\$3.00	\$3.00	

Results Achieved

This programme component, further to the 2010 PBR, was fully integrated within YCSD, BEGE and Programme Communications.

Most Critical Factors and Constraints

This programme component, further to the 2010 PBR, was fully integrated within YCSD, BEGE and Programme Communications.

Key Strategic Partnerships and Interagency Collaboration

This programme component, further to the 2010 PBR, was fully integrated within YCSD, BEGE and Programme Communications.

Humanitarian Situations

This programme component, further to the 2010 PBR, was fully integrated within YCSD, BEGE and Programme Communications.

Summary of Monitoring, Studies and Evaluations

This programme component, further to the 2010 PBR, was fully integrated within YCSD, BEGE and Programme Communications.

Future Work Plan

This programme component, further to the 2010 PBR, was fully integrated within YCSD, BEGE and Programme Communications.

Country Programme Component: Child Protection

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
At least 10,000 survivors of gender-based violence receive either psychosocial support, referral to legal support or health care	3	FA4OT7
Children are increasingly protected by legislation and are better served by a justice system that protects them as victims, witnesses and offenders, including in emergencies	3	FA4OT2
Improved child and family welfare services for protection against violence, abuse and exploitation, including in emergencies	3	FA4OT1
Vulnerable children, including orphans and children living in extremely poor households, are reached with free basic support, care and protection, including in emergencies.	3	FA4OT1

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	1163275.00	1158164.00	99.56
OR-R	6996000.00	4496643.00	4377197.00	97.34
RR	190000.00	699735.00	568294.00	81.22
Total	\$7,186,000.00	\$6,359,653.00	\$6,103,655.00	

Results Achieved

UNICEF and its partners continued to strengthen the justice, welfare and social protection systems that protect children in Zimbabwe, reaching 10,000 vulnerable children with critical child protection services and more than 500,000 with free education support through a national social protection policy framework for vulnerable children and families. Importantly, the commencement of the multi-donor Child Protection Fund (CPF) initiated a national-scale, social cash transfer programme for up to 80,000 households (by 2013) through the revised National Action Plan for Orphans and Vulnerable Children (NAP II).

The CPF is a multi-donor, pooled funding mechanism supporting implementation of the NAP and is complemented by government funding, especially for its social protection components. It builds on the successful 2007–2010 Programme of Support (PoS) to the NAP, which was designed to cope with the burgeoning vulnerabilities faced by children, particularly in response to the HIV epidemic. The CPF will focus on the following pillars: reducing household poverty by implementing a national cash transfer programme targeting food-poor and labour-constrained households; enhancing access to child protection services for all vulnerable children, including legal, welfare and judicial services for children affected by violence, abuse and exploitation; and improved access to basic education for poor orphans and other vulnerable children.

Zimbabwean children are increasingly better protected by legislation; development of an inter-ministerial position for a dedicated Child Rights Bill in the new Constitution commenced, building on consultations in 2010 with 4,000 children and consensus among critical decision-makers for legislative reform priorities. Other critical upstream work included the completion of National Residential Child Care Standards, the completion of a Justice for Children sector analysis and pre-trial diversion guidelines, a review of the Protocol

on multi-sectoral management of child sexual abuse in Zimbabwe and the finalisation of the first-ever strategy for legal assistance for children. Taken as a whole, these provide a multi-year, government-led reform agenda for justice for children.

In 2011, 1,150 children with disabilities and their caregivers received assessment and continued outreach and specialist rehabilitation services. A further 85 direct support grants were made to individuals and informal support groups to break down access barriers. In partnership with IOM and UNFPA, 8,316 child survivors of violence accessed medical and/or psychosocial support, while 9,121 children affected by HIV accessed peer support services providing a continuum of care to be resilient and kept safe. The child helpline responded to 441,566 calls and 2,854 walk-in referrals, offering information, referrals, counselling and other support, and a further 9,000 girls, 7,800 boys, 13,000 women and 4,600 men were reached with child and gender-specific sexual violence social awareness activities. 'Victim-Friendly Courts' served 919 girls and 52 boys and legal assistance was provided to 200 children through a new partnership to revitalise the Legal Aid Directorate.

Most Critical Factors and Constraints

Challenges related to the complex aid environment saw an eight-month gap between the conclusion of the PoS for the NAP II and the launch of the CPF. While some critical child protection services continued and UNICEF partnerships remained strong, capacity constraints and delays resulted in delayed programming; only four of the anticipated ten child protection programmes commenced.

Lessons learned from an independent review of NGO partnerships in 2011 also highlighted the importance of simplifying monitoring and evaluation frameworks with partners as well as crafting new ways of measuring quality protection service delivery.

Whilst birth registration remained a key country programme priority, few positive gains were made in 2011. In the absence of a nationally agreed birth certification rate between UNICEF, the Registrar General's Office and the National Statistics Agency, there remain limited entry points for direct engagement to strengthen birth registration systems. Nevertheless, UNICEF has managed to focus on the promotion of the right to birth registration in other regulatory framework reforms, including the constitution-making process; and will continue seeking regional and national advocacy opportunities to find areas for collaboration in 2012. UNICEF will also pursue opportunities for birth registration for the poorest and most vulnerable through social protection programme efforts. Advocacy to ensure access to simplified, modernized birth registration systems will be amplified with the relevant Ministry in 2012.

The Department of Social Services (DSS), the leading government agency for child and social protection work, continued to be severely constrained by extremely limited human and financial resources. Less than a 100 social workers are in place to implement the country's statutory obligations for child survivors of violence, exploitation and abuse and until the last quarter of 2012, no transport was available within government to carry out case work, including monitoring the well-being of the most vulnerable children. Children urgently in need of direct case management are thus unable to benefit from much-needed care services. In 2012, UNICEF will work closely with the Council of Social Work, the DSS and other partners (including USAID) to strengthen social welfare systems, including attracting, retaining and training new social workers and para-social workers into the system.

Finally, an on-going constraint is lack of sustained funding for gender-based violence services for children and women, resulting in limited impact of programming.

Key Strategic Partnerships and Interagency Collaboration

UNICEF's role as a knowledge leader involved partnerships with government, civil society, donors, UN agencies and coordination bodies, including those responsible for the 'Victim-Friendly System', the national baseline survey on adolescent life experiences and the pre-trial diversion programme design. Noting high orphanhood prevalence rates and associated inheritance concerns identified through the Justice for Children Sector Analysis, a no-cost partnership was also developed with UNICEF ESARO, the Council of Social Workers, NGOs and students at the University of the Western Cape to launch a will writing legal aid initiative for children. UNICEF's engagement with and brokering among social service line ministries and commissions

has resulted in advocacy outcomes such as renewed commitment to the full enactment of the Social Worker's Act, the launching of the Child Welfare Council and finalised and Cabinet-mandated guidelines on children in conflict with the law. National Residential Care Standards were completed, launched and made available for use by government and civil society-run residential care institutions.

Technical support was provided to the ZUNDAF Working Group on Social Protection and the coordination of the harmonisation of social transfers; the Child Protection Network, the protection Cluster; the national gender-based violence strategy; and the development of inter-country guidelines on separated and unaccompanied children with the Governments of South Africa and Zimbabwe. New formal partnerships were established with 11 NGOs, the World Bank and the Economic Policy and Research Initiative, enabling the launch of a certified national social protection capacity initiative for 30% of the country's social workers – who are destined to be the front-line implementers of the social cash transfer programme.

Humanitarian Situations

566 separated and unaccompanied children, including those affected by deportations from South Africa and Botswana, were assisted with interim care, family tracing and reunification, in line with new inter-governmental protection guidelines supported by UNICEF. Using this issue as a platform, UNICEF initiated the establishment of a child protection network at national level to collate and analyse incidences of serious protection violations and foster inter-agency collaboration, particularly critical in the absence of a Child Protection Humanitarian Sub-cluster.

UNICEF continued to be technically active in the Protection Cluster and the Gender-based Violence and Gender Sub-clusters as well as the Human Rights and Governance Cluster chaired by the MoJ. Rapid assessments of the status of child and women refugees in Tongagara and Nyamapanda camps were organised by UNICEF in partnership with IOM and UNHCR and child protection recreation kits were distributed to relevant partners. Partnerships with faith-based organisations continued into 2011 for child protection in emergency work, including implementing newly agreed child protection policies for these organisations.

Gender-based violence training materials for teachers, community leaders and schoolchildren were developed in collaboration with MoESAC and MWAGCD, with children designing and finalising the materials. These will be rolled out to all schools in the country in 2012. Gender-based violence partnerships for enhanced prevention and response to survivors (including wrap-around case management and child-sensitive medical and legal care services) were bolstered, reaching thousands of vulnerable children and women. UNICEF is contributing to the joint UN programme on gender for the new ZUNDAF, although funding in this area has been extremely limited.

Summary of Monitoring, Studies and Evaluations

UNICEF supported the first government-led national survey on violence against children (the 'National Baseline Survey on the Life Experiences of Adolescents'), complemented by secondary analyses of trend data on child sexual abuse, children on the move and services for children with disabilities. An assessment of Child Protection Committees and a qualitative analysis of children's experiences of protection interventions assisted programme re-design, changes which are now reflected in the national scale NGO partnerships that have been established through the Child Protection Fund. For example, the national child helpline is scaling up pilot drop-in centres, which were found to increase the reporting rates for sexual violence in their surrounding communities. This robust body of evidence is also informing advocacy efforts to address child protection priorities such as the significant rates of sexual violence against children, particularly girls, and high rates of corporal punishment.

Data analyses indicated that around half of childhood disability is preventable; at least one in five children are beaten by their direct caregivers; rape accounts for 91% of reported sexual abuse with three-quarters of child survivors knowing the perpetrator and the overwhelming majority of children reporting abuse being girls. The local statutory response mechanism to child protection violations – Child Protection Committees – are only sporadically functional and responsive and there are no specialist justice services for children in Zimbabwe.

The data gathered contributed to the development of targeted partnership co-operation agreements and successful lobbying with government for changes in policy and guidelines for social welfare, health and justice and to the introduction of standardised child protection protocols, including follow-up for all surveys. Further work to address the gaps in service delivery, policy and community awareness highlighted in these studies and analyses will continue in 2012.

Building on an independent review of the quality of service delivery by civil society partners, a quality monitoring framework has been developed, and baselines established which will strengthen both UNICEF's and its partners' capacity to monitor and report on improvements in quality of service delivery, in addition to increases in coverage.

Future Work Plan

In 2012, UNICEF will continue to support the MoLSS in implementing the NAP II/CPF, strengthening child and social protection systems for the poorest and most vulnerable children and their families, including by investing in the revitalisation of national specialist welfare, social protection and justice services. Priorities will be evidence-informed legal and policy reform advocacy (including a child-focused new Constitution and domestication of the CRC) and strengthening community resilience with a view to potential child protection concerns arising during elections, as well as economic cost-benefit analyses of interventions. A robust monitoring, evaluation and research agenda will be launched in January 2012 in partnership with CCORE, government and academic/learning partners to document the impact of cash transfers on vulnerable families, including on social sector outcomes, HIV vulnerability, and with reference to violence against children and women. The types and determinants of orphanhood, traditional justice mechanisms and good practices in psychosocial support programming, particularly in the area of gender-based violence, will also be explored in depth in order to inform the development of new guidelines on psychosocial support and legal assistance for vulnerable children.

Country Programme Component: Strategic Planning, Social Policy and Communication

PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Children and young people participate in the review of policies and programmes that affect their lives, rights and development	3	FA5OT8
Evidence-informed policies and strategies on HIV/AIDS prevention, care, support and treatment adopted and implemented	3	FA3OT6
Families, communities, policy-makers and opinion leaders promote safe healthy behaviour to accelerate the realisation of women's and children's rights in at least 30 districts and five provinces.	3	FA6OT1
Government and civil society use strategic information on children and women in development planning, implementation, monitoring and evaluation	3	FA4OT9
Human rights and gender issues are mainstreamed in development processes	3	FA5OT4
National policies are influenced to place children at the centre of the development agenda	3	FA5OT8
Pro-poor and MDG national budgets aligned to national priorities are formulated	3	FA5OT6
Targeted ministries mainstreaming gender in policy formulation, monitoring and evaluation	3	FA5OT4

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	35996.00	35426.00	98.42
OR-R	1198000.00	3158228.00	3030318.00	95.95
RR	458400.00	1108871.00	1080664.00	97.46
Total	\$1,656,400.00	\$4,303,095.00	\$4,146,408.00	

Results Achieved

Equity analysis deepened in 2011, building on Zimbabwe's 2010 equity profile and modelling of equity-focused approaches to child survival and development. Two multivariate regression analyses examined the social determinants of inequities in health and education. The results demonstrated disparities related to wealth, geography, education and orphanhood as well as risk factors related to religious affiliation and gender. A three-pronged approach was therefore recommended: tackling supply-side constraints and demand-side barriers, fostering an enabling policy environment that enhances services (particularly in rural areas), and strengthening household economies. As a result, the poorest groups will be better able to access critical basic social services and support.

Advocacy efforts and policy development support secured increased commitments for all social sector budgets. The Medium Term Plan (MTP) was launched; the national social and economic development document which provides the framework for the government work plan and the UNDAF. Given government's limited capacity and financial constraints, UNICEF maintained strategic involvement in relevant sectoral working groups to ensure rights of all children and women were considered and mainstreamed. UNICEF also provided technical and financial assistance to the Ministry of Economic Planning & Investment Promotion (MoEPIP) to develop the MTP monitoring and evaluation framework.

UNICEF programmes and advocacy continued to be supported by an evidence and learning feedback loop facilitated by a coordinated nexus of social policy analysis, routine monitoring and planning, and the CCORE's research and evaluation. Innovative social policy research included a cost-benefit analysis of the rural WASH programme and the pre-trial diversion programme for children in conflict with law. These analyses mobilised donor funds and influenced the reprioritisation of government budgets. A simulation study on the pro-poor nature of proposed water tariff schemes demystified issues in highly politicised water sector debates, allowing significant reforms to progress.

2011 marked a return to normal statistics and data collection. UNICEF strengthened support to national data collection and statistical capacity development through ZIMSTATS. Key examples include the on-going poverty income consumption and expenditure survey, the national survey on the life experiences of adolescents, the labour force and child labour survey, and birth and death statistics.

In partnership with the National Association of Non-Governmental Organisations, UNICEF piloted child-friendly budgeting workshops in which children and young people participated in the review and development of the national budget. The successful pilot led to plans to scale-up the programme in 2012-2013 to reach 100,000+ children and young people.

In addition, the financial and technical support rendered by UNICEF to the Zimbabwe Junior Parliament, in which young people represent and advocate for the rights of children, played an important role within the constitution-making process currently underway in the country.

Several commemorations were supported and the launching of the Child Protection Fund, Health Transition Fund and the Education Transition Fund II were landmark events. The CO also strengthened social mobilisation promoting good practices in sanitation, immunisation, HIV prevention, exclusive breastfeeding

and child and young people's participation.

Key planning documents (CPD, CPAP, ZUNDAF, JIM) were developed and key review (mid-year and annual) and reporting requirements met.

Most Critical Factors and Constraints

Despite the significant progress made in the area of social policy, planning and evaluation, the programme's impact continued to be hindered by the polarised political environment, rising political uncertainty and policy inconsistencies, government's limited financial and human resource capacity and donors' constraints to channel funding through government systems.

Economic stagnation, human resource shortages and poor infrastructure, and the delay in the production and dissemination of real-time social sector data continue to present major challenges for results-based planning and management. Through the evolving transition funds, UNICEF will provide strong support to the Ministries of Health and Child Welfare, Education, Arts, Sports and Culture, Labour and Social Services and Water and Resources Management and Development in order to strengthen their respective management information systems. In addition, building on the positive experience of the essential medicines monitoring programme (VMAHS) from 2012, the CO will prioritise the independent verification of all large-scale interventions, including cash transfers and BEAM, to ensure maximum benefits for children and women.

At the national level, the absence of an effective overall national aid coordinating mechanism has resulted in a slower and somewhat disjointed approach to macro-level policy and planning activities with Zimbabwe government counterpart ministries/departments. It has also made overall strategic UN-donor coordination more difficult, although at sectoral level, coordination has improved.

Key Strategic Partnerships and Interagency Collaboration

The development of the MTP and its monitoring and evaluation framework is one area where UNICEF partnered with the MoEPIP, UNDP, and the World Bank, among other key players. UNICEF, together with UNDP and UNFPA, also established a more robust partnership with the MoF through quarterly reviews and reporting on implementation and monitoring of the respective 2011 Annual Work Plans signed with government counterparts.

UNICEF is also part of a strategic partnership that includes UNDP, UNFPA, UN Women and ZIMSTAT to support the development, analysis, data management and dissemination of key social and economic statistics. In 2011, the partnership, under the banner of the Data for Development Working Group (DDWG), saw new members join what is now an expanded ZIMSTAT Support Partnership that includes DFID and USAID.

UNICEF's partnership with the World Bank and donors in the Analytical Multi-Donor Trust Fund (A-MDTF) supported policy advocacy, and UNICEF participated in the Economic Management & Governance Technical Review Group (EMGTRG) and the Infrastructure Technical Review Group (ITRG). The purpose of the A-MDTF is to contribute to analytical work on the key development challenges facing Zimbabwe and to develop, including through pilot activities, suitable instruments that will enable government and donors to respond quickly to changes in conditions for re-engagement. Improved government-donor coordination and alignment is an expected benefit from the activities and synergies supported by the A-MDTF.

Close collaboration with the UN Country Team was critical to the ZUNDAF's (2012–2015) elaboration and the development of the Joint Implementation Matrix, a tool developed by the UNCT in Zimbabwe to improve coherence at the programme, activity and budget level without the transaction cost associated with developing a joint CPAP or UNDAF and without the necessity of changing individual agency arrangements with government counterpart ministries. New partnerships with civil society, including the National Association of NGOs, aim to improve knowledge and the public participation of children and women in local and national budgetary processes.

Summary of Monitoring, Studies and Evaluations

The coordination of monitoring, studies and evaluation activities in 2011 was done within the framework of the 2011 integrated monitoring and evaluation plan (IMEP). The implementation of the IMEP was reviewed during quarterly REC meetings, where solutions to identified bottlenecks to implementation of planned activities were discussed and recommendations proposed. On a monthly basis, planned assurance activities (field monitoring and spot checks) were approved, implemented, monitored and results captured using the Access-based field monitoring system database. Through the assurance activities, it was possible to identify and address key programme implementation bottlenecks.

Various studies were planned and conducted in 2011, including the following: three rounds of the vital medicines and health services (VMAHS) survey; a secondary data analysis of social determinants of inequity in access to social services using DHS (2005/6) and MIMS (2009); a national baseline study of life experiences of adolescents; the Apostolic study on the utilisation of maternal and child health services in Zimbabwe; the situation analysis on the status of children and women in Zimbabwe: a call for reducing disparities and improving equity; an analysis of irregular child migration patterns; the secondary data analysis of the My Life Now and Community Perception Index (CPI) tool using data from the NAP for OVC; analysis of child abuse cases; the formative research on barriers to exclusive breastfeeding; a qualitative study on the Health Worker Retention Scheme; and a National Integrated Health Facility Assessment (NIFA). Information from these studies was instrumental in informing sectoral policy review and formulation as well as the design of 2012–2013 rolling work plans.

The descriptive evaluation of the Male Champions programme and the evaluation of the ZIMWASH project for addressing the water and sanitation needs of the rural poor in the context of HIV and AIDS in Zimbabwe were also conducted. Other proposed evaluations were at different stages of planning.

Future Work Plan

In 2012, UNICEF, in partnership with UNDP and UNFPA, will continue to support national planning and monitoring processes through technically sound evidence-based programming and advocacy. Capacity building of the national statistical system will be on-going, with a focus on ensuring data is available to guide programming in a way that promotes equitable access to social services. As data on children improves, UNICEF will encourage the development of relevant monitoring mechanisms that aim to ensure accountability and focus on the most vulnerable children and women.

From 2012 and beyond, UNICEF will increase its focus on strengthening routine information systems of key social sector line Ministries (Health, Education, Social Services and Water) to ensure increased availability of real-time data for planning, implementing, monitoring and evaluating programmes. Support will also be provided towards the implementation, monitoring and evaluation of the government's Medium-Term Plan (2011–2015).

In 2012, CCORE will focus on operational research and evaluation activities according to needs identified through the implementation of the Transition Funds in health, child protection, education and water and sanitation. CCORE will work with partners at all levels to jointly assess, analyse and address bottlenecks and barriers to progress and actively engage in measuring intervention outcomes in representative areas or groups. CCORE is well positioned to continue its growth and it is anticipated that the emergence of a new CCORE-Tech Unit in 2012 will buttress efforts towards real-time monitoring using ICT technologies.

In 2012, key priority areas for the CO will be capacity development, efficient management of large funding for effective service delivery, strengthening monitoring and evaluation and risk management in the fragile context of the finalisation of the new Constitution and the subsequent referendum as well as potentially, another election cycle.

Country Programme Component: Cross-sectoral Costs

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PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Cross-sector costs aimed to facilitate the implementation of other programme component results in the Country Programme.	3	FA6OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	1943346.00	1794404.00	92.34
OR-R	754000.00	3429722.00	3255293.00	94.91
RR	599600.00	1664466.00	1386915.00	83.32
Total	\$1,353,600.00	\$7,037,534.00	\$6,436,612.00	

Results Achieved

In 2011, the cross-sectoral function of the Country Programme was critical to supporting efficient management of all programme areas. Cross-sectoral costs ensured that preparation and programme growth were facilitated in a way that did not jeopardise programme continuity and implementation. This involved sustaining capacities in programme coordination and strategic support as well as operational capacities. The total expenditure on programme support costs was US\$5,967,394, which represents 6.4% of the yearly expenditure

The Programme Management Unit (PMU) provided support in grants management with reviewing proposals and ensuring timely submission of 88 quality donor reports. The PMU also ensured that all CPAP results were monitored and reviewed during quarterly review meetings and results shared with the government. The PMU coordinated the HACT/NGO partnership PCA process, ensuring efficient and effective management of 52 partnerships. The field monitoring system was developed further to coordinate program information gathered through 180 office field trips. Three advisors provided essential policy and technical support in the fields of HIV and AIDS, Gender and Human Rights, and Emergency Coordination. Each interacted with all programs and ensured a coherent and strategic UNICEF approach to partnership, capacity development, evaluation and results-based management. Their substantial contribution is reflected in every programme component of this report. All programme grants and financial management data were continuously monitored and analysed by the programme budget officer and necessary and timely actions taken on grant management and donor relations. The CMT was provided with reliable and decision-oriented information. Adequate operational support ensured necessary administrative functions were completed in line with the required high standards of accountability, maximising resource use to achieve results for children and women and ensuring compliance with UN Minimum Operating Security Standards. Expenditure in this area also assisted the development of improved management systems in line with audit requirements as well as an effective work environment. Costs included support to programme logistics, recurrent running costs, including expansion of office space, information and communication technology (see Section 4.1), costs of utilities, business continuity and security. They also included basic office supplies and transport maintenance, for which cost savings were made (see Section 4).

In 2012, the CO will continue to streamline processes to keep support costs to a minimum, while ensuring efficient and effective programme and staff support.

Most Critical Factors and Constraints

Donors and UNICEF are increasingly emphasising the focus on value for money and efficiencies as they jointly agree on increasing resources channelled through UNICEF. Hence, the management of support costs through the transition funds required particularly robust recording and coding into VISION to ensure that

they are used as per the 5% 'identifiable costs' limit and reported adequately to donors. Donors, due to the global financial crisis and the pressure from their own taxpayers, are increasingly challenging UNICEF on any post not technically directly related to the execution of an activity. It is therefore becoming increasingly difficult to include posts of a cross-sectoral nature (particularly operations posts) in donor proposals. Many of those posts, without which UNICEF's programme excellence and risk management capacities would be compromised, rely on Regular Resources (RR) funding; unfortunately the CO receives less than 4% of its total budget allocation as RR, thus limiting the flexible resources it has to support staffing and programmes such as capacity building with government for which use of OR funds is highly restricted.

Key Strategic Partnerships and Interagency Collaboration

UNICEF chaired the UN Programme Management Team that was established in April 2011, the UN Communications Group and the UNDAF thematic group on population and basic services; this demonstrated leadership positioned UNICEF strongly as a leading organization within the UNCT in Zimbabwe.

UNICEF continued to work together with implementing partners, both governments and NGOs, to meet its results in improving the lives of children and women through improved programme delivery efficiency. In order to achieve more efficient and effective partnership, UNICEF will continue to learn from challenges encountered during HACT implementation. Together with other UN agencies and implementing partners, the office developed solutions and reached an inter-agency agreement on identified problems. Continuous training on HACT to implementing partners took place during 2011, and internal training to staff members played a crucial role, especially on managing assurance activities. The HACT working group under UNCT initiated a business review process to identify options for simplifying and harmonising the implementation of HACT in order to increase productivity gains and reduce transactions costs. This required harmonised financial policies, assurance activities and monitoring tools and procedures for use by UN agencies.

In 2011, 80% of planned assurance activities were completed, thereby helping implementing partners to strengthen their financial capacity as well as their internal controls. In the first quarter of 2012, as it starts the new Country Programme cycle (2012–2015), and together with other UN agencies, UNICEF will conduct new macro- and micro-assessments of implementing partners.

UNICEF currently co-leads (with UNDP) the Joint Agency Procurement Task Force, which shares supplier databases including LTAs and has developed a common procurement guideline and matrix to improve the efficiency and cost-effectiveness of common goods and services such as fuel, security, travel and banking.

Summary of Monitoring, Studies and Evaluations

A quarterly report to Regional Office was sent in a timely manner and was used to monitor all financial aspects of the UNICEF Zimbabwe CO. The regional office, as part of its oversight responsibilities, monitors and reports on the performance indicators against set targets for the quarter. The indicators include RR and ORR utilisation, human resources and supply management indicators, outstanding direct cash transfers (DCT) and the status of the implementation of audit recommendations.

By the end of December 2011, the CO had cleared all outstanding DCTs of more than nine months duration; DCTs aged between six and nine represented less than 1%, and 43% fell under the category of three to six months and the rest (53%) fell under the category of three months or less. Following the audit conducted in April 2011, the CO managed to close 18 out of 19 recommendations within a period of four months of the issuance of the final audit report. The recommendations were adopted as indicators to help the CO to improve the way it does business and to reduce risks.

Future Work Plan

As UNICEF starts to implement IPSAS, staff members and implementing partners will be trained and advised about this change to enhance the quality of financial reporting, enabling improved transparency, accountability and governance. The way UNICEF does business will be based on this newly introduced accounting system that other UN agencies are already implementing as part of UN Reform. This gives

UNICEF the opportunity to examine and improve management practices and to more accurately measure results for children.

In order to achieve 100% IPSAS compliance, UNICEF will use VISION, a SAP-based financial system to support the IPSAS. To facilitate smooth transition, the CO finished the VISION training in December 2011. The rollout of VISION in January 2012 will provide both opportunities and challenges for the CO.

The HACT policy is part of the UN coherence initiative that was introduced in 2006. The CO will strive for 100% HACT compliance as it begins the new Country Programme cycle, in line with regional priorities and audit recommendations.

The drive to procure high-quality goods locally to empower and develop the local supplier base will continue, along with an emphasis on quality assurance and pre-and post-delivery inspections. The commitment to ensure the most cost-effective and efficient procurement and distribution of supplies for beneficiaries will continue through activities such as consolidated procurement and transport loads to achieve economies of scale.

Effective Governance Structure

As the country context transitioned towards fragile recovery, the CO continued to stabilise and consolidate its organisational structure and increase its resource base. While continuing critical risk reduction and contingency activities for humanitarian preparedness and response, programmes continued to evolve towards longer-term, national scale, sector-wide transitional and recovery approaches in all social service sectors.

A results-orientated Annual Management Plan (AMP) was developed, clarifying a common vision for priority results for children by thematic area linked to the UNICEF and government Work Plan. The AMP establishes clear accountability for team outcomes, including management indicators, authority delegations and relevant resource mobilisation strategies (including the formation of a Resource Mobilisation Task Force).

Oversight structures, including country and programme management teams (CMT and PMT), met regularly, ensuring issues affecting the programme were prioritised and managed. The focus of the CMT became more strategic in 2011, centring on high-level policy issues as well as monitoring standard indicators of quality assurance and efficiency across programme and operations activities in the Country Programme Management Plan. The PMT focused on programme performance. An Access-based field monitoring system was reviewed and continued to assist in the analysis of recommendations for follow up. Programme budget allotment (PBA) management and programme co-operation agreement (PCA) monitoring were also strengthened through new systems and routine management meetings. The peer review-based system considered 44 PCAs in 2011. Timeliness of the peer review process improved substantially in 2011 with the majority of submissions being completed within 20 working days. A resource mobilization task force and a Research and Evaluation Committee were established in 2011 as well as a problem solving sub-committee of the CMT.

The Emergency Core Group (ECG) provided internal coordination of preparedness and response activities as well as critical linkages to the humanitarian community through the humanitarian Clusters. The ECG coordinated UNICEF's involvement in the consolidated appeals process (CAP), including advocating for a targeted 2012 appeal. The ECG also supported the pre-positioning and release of emergency supplies and ensured sufficient stocks for 25,000 households (100,000 beneficiaries).

An audit sub-committee was formally established and met monthly. Of the 19 audit observations made in 2011, none were on governance and 18 were closed within 4 months of issuance of the final report. The audit sub-committee will now be merged with the risk management committee and will focus on risk management as well as sustaining audit recommendations.

Efforts were made to improve participatory decision-making through the Joint Consultative Committee, an HIV stigma-free conducive work environment and a strong and vibrant staff association.

Strategic Risk Management

Building on the Risk Control Self-Assessment workshop held in late 2010, risks were systematically identified, analysed and managed, with the CO's risk and control library being regularly updated. In particular, ratings were increased for financial management, ICT, and UN coherence in 2011. Major areas of high risk identified related to country environment, security, WASH-related emergencies and the predictability of funding. Other risks related to the office's ability to ensure programme continuity, including its ITC back-up capability and complete operating system migration (the VISION agenda). These risks have since been substantially mitigated by comprehensive business continuity exercises, targeted training exercises and VISION courses.

In line with a shift in the contextual understandings of emergency programming and recovery agendas in Zimbabwe, the CO continued to refine, advocate and adapt emergency preparedness and recovery roles as well as the associated planning and reporting tools.

UNICEF continued to provide support and leadership for the IASC Clusters, particularly in nutrition, WASH and education, where it is the lead agency. UNICEF increasingly supported line ministries in coordination roles, while also using the cluster mechanism to advocate for clearer linkages and planning between humanitarian action and development/transition as well as for refining the focus of the CAP.

The office's Emergency Core Group that meets regularly includes membership across the organisation to assess staffing gaps and emergency risk management and response training requirements. Related plans are uploaded to the EWER site on a regular basis.

Risks related to elections, drought and large-scale forced returns to Zimbabwe are now factors more likely to affect the new Country Programme. As such, relevant considerations are being incorporated into risk reduction and contingency planning for the 2012–2015 rolling Work Plan. Early warning/early action systems have been built into all transitional programmes and government has been supported in integrating such planning into sector-wide policies.

Evaluation

The ability to demonstrate programme impact and develop rigorous monitoring and evaluation has been essential in establishing sector-wide programmes and has become increasingly important to engaging and negotiating on-going donor support. In 2011, UNICEF benefited from CCORE's capacity to support critical reviews of programme design and implementation through both process and impact evaluations. In addition, each of the major transition funds is subject to an annual review and mid-term and end of year formal independent evaluations. Findings from these reviews are systematically incorporated into the next year's programme cycle for each of the transition funds.

UNICEF established a Research and Evaluation Committee (REC) to oversee the prioritisation of activities within the overall research and evaluation agenda (research, surveys, studies, monitoring), as defined within the IMEP. The REC, chaired by the Country Representative, met quarterly and enhanced coordination and collaboration between UNICEF and CCORE. A Technical Reference Group (TRG) providing quality assurance throughout studies and evaluations was also established. This body includes members from all UNICEF programmes and external academic organisations and meets every fortnight. The REC and TRG help to develop a management response to completed studies and evaluations, ensuring critical evidence is considered in the following year's plans for the Transition Funds and national programmes and influences the policy advocacy priorities of the CO.

At the end of the current Country Programme cycle, priority areas for operational research were agreed upon to improve organisational learning on how transitional programmes are impacting on children and women in Zimbabwe and particularly to assess the impact of the CP on equity. These studies will build on the 2011 agenda and be centred around four key research questions:

- The impact of the removal of user fees for health services on the poorest women and children
- The impact of social cash transfers on Zimbabwe's poorest groups in terms of economic, social sector and HIV risk-related outcomes
- The role of the transition funds in social service revitalisation and improving access to services
- The critical linkages between stunting and diarrhoea and the role of sanitation and hygiene and feeding practices, with the results informing the design of school WASH, breastfeeding promotion and demand-led sanitation programmes

As UNICEF's role in the social sectors has increased, donor agencies have provided many independent evaluations documenting the key comparative advantages of UNICEF's involvement, demonstrating value for money and providing key recommendations. Furthermore, the evaluation of the 2007–2011 ZUNDAF demonstrated results from joint UN programming and advocacy efforts, supporting collaborative partnerships moving forward.

Effective Use of Information and Communication Technology

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2011 saw improvements in Zimbabwe's poor national network capacity, including the development of extensive fibre optic cabling. As such, UNICEF contracted a local Internet service provider to install a 5MB link to the Internet, providing end-users with ten times the previous browsing speed. In addition, the CISCO PABX telephone system was commissioned, allowing the office to link with improved communication service providers, providing end-users with more reliable and higher-functioning workstations.

The CO remained confident of business continuity in the event of emergency relocation – the business continuity exercise demonstrated back-up office capacity of 100% functionality. All recommendations of the exercise were implemented.

Importantly, the office introduced new initiatives and improvements in ICT that improved how well information and communications systems are implemented, coordinated and managed. A highlight was the design of the Delivering as One ICT project, which engaged expertise from UNICEF and the World Food Programme. The first phase of a 12-month, three-phase programme will be implemented in 2012 establishing the required budget, targets and technical foundation to achieve system-wide ICT coherence and enhanced productivity.

This project will bring country-level benefits such as:

- Support for staff mobility and culture of One UN
- Consolidation of telecommunications services and cost savings realised from leveraging economies of scale
- Provision of technical services to all agencies and sharing resources
- Provision of business continuity services – telecommunications and access services
- Provision of collaboration space and UN-wide common directory
- Definition of a sustainable operational framework.

The office also engaged technology for development expertise to explore possibilities for an innovative use of technology based on the Zimbabwe context. This timely support informed the scope and planning for continued ICT support and innovation in the next Country Programme. The team also provided ad hoc ICT advice to counterparts and partners.

Fund Raising and Donor Relations

UNICEF worked in close partnership with donors to develop innovative transitional funding mechanisms that retain government leadership, and involve participation by donors, civil society and UN partners. These efforts resulted in the development of the Health Transition Fund (US\$ 435 million (2012–2015)), Education Transition Fund II (US\$ 87 million (2012–2015)), the Child Protection Fund (US\$ 73 million (2011–2013)) and a multi-donor strategy for funding the recovery of the Water Sanitation and Hygiene sector (US\$ 50 million (2012–2015)). The management and implementation of these funds will rely on efficient use of limited support costs, economies of scale and harmonized reporting. This approach in a political transition and fragile environment is consistent with the principles of the 'New Deal' on fragile states agreed at the Busan High level meeting on aid and development effectiveness. The OR ceiling for the CPD has been raised on 3 occasions due to successful resource mobilization efforts and targets were once again surpassed in 2011. In addition, the quality of funding is improving with increases in multi-year commitments, formal pooling of unearmarked sectoral funds, and donors such as Sweden funding the entire Country Programme with unearmarked thematic funding.

UNICEF's position and credibility with government and donors and its close collaboration within the UNCT and with NGOs led to a positive resource mobilisation trend. The annual target was US\$151 million (including resources required and to be allocated on a multi-year basis), of which US\$112 million were committed during 2011. The top five donors to UNICEF in 2011 were in decreasing order: the UK, the E.C, Australia, Japan and Germany.

The CO strengthened internal capacity to meet donor requirements for evidence based reporting, financial

statements and risk management. A Quality Assurance assessment conducted by the Regional Office rated reports from Zimbabwe as good, but observed that reports need to provide donors with information on UNICEF strategic role in addressing children's issues within Zimbabwe. 88 reports were due in 2011 and all were submitted before the deadline. Communication with donors improved with the office endeavouring to understand specific donor modalities, contributing to effective donor collaboration, including reporting on resource utilisation.

A Resource Mobilization Task Force was established and a comprehensive Resource Mobilisation strategy (2012-2015) developed with a long-term vision of leveraging partnerships and resources and targeting emerging donors such as BRICS (Brazil, Russia, India, China and South Africa) to support underfunded programmes and specific equity-focused initiatives. The engagement of UNICEF Natcoms was expanded through visits from Norway, Canada and Ireland. It is envisaged that communication materials such as the Natcom Donor Toolkits will generate more flexible funding and support for critical under-funded programmes.

Fortnightly PBA management meetings continued, significantly improving budget monitoring, with focus on timely disbursement of DCTs, timely liquidations, compliance with donor requirements and expenditure level. Key achievements resulting from improved budget monitoring include: 0% DCT outstanding for more than nine months and <1%, 6-9 months; of the US\$112 million resources mobilised for 2011 an expenditure level of 86% (US\$97,395,862) was reached at year-end.

Management of Financial and Other Assets

Financial risk management remained a fundamental focus in the high-risk environment; this was consistent with major audit recommendations in 2011, which focused on financial management and HACT. Specific support was provided to NGO partners to build their capacity through workshops and quarterly trainings, resulting in strengthening of assurance activities and field monitoring visits. In 2011, a total of 44 PCAs were signed having undergone peer review; 72% of these were signed within the new 20 working day benchmark. A PCA monitoring guidance note on the efficiency of partnerships was developed with the specific objective of building a clear understanding of the monitoring of UNICEF and NGO duties and obligations. Systematic training was conducted for all staff on Financial Circular 34 and for staff and partners on HACT. Spot check plan for 2011 was 100% implemented. Quality assurance in cash transfers in field operations was monitored through the comprehensive field monitoring system. The HACT working group under UNCT commenced a business review process with the objective of simplifying and harmonizing the implementation of HACT in order to find ways of increasing productivity and reducing transactions costs.

In 2011 UNICEF implemented SAP-HR in processing staff salary and other entitlements. Both Finance and Human Resource staff were fully trained as of February 2011, and by March 2011, UNICEF was fully implementing SAP-HR. Payroll is being processed and locked by DHR, then replicated to the office for payments only. Since payroll and all other staff related entitlements are now recorded and calculated fully in SAP-HR, use of PnP was discontinued.

During 2011, UNICEF was in the preparation of becoming IPSAS (International Public Sector Accounting Standards) compliant. IPSAS has affected the way in which transactions will be carried out, especially in the field of operations supply, advances, prepayments, other receivables, and cash transfers. Almost all staff in Zimbabwe office has finished their e-learning modules on IPSAS, and an intensive training across programme have taken place in November-December for the role out of VISION.

During 2011, the ratio representing a monthly ending balance to replenishment varied between 2% and 8%. Bank reconciliation has been performed by the Administrative Specialist to maximize internal controls and segregation of duties from staff involved in the receipt and disbursement process.

Office also made significant progress towards becoming IPSAS compliance in Asset Management. Independent physical counts of non-expendable equipment were completed and results reconciled with the asset management database. A total of 12 Property Survey Board meetings were convened to review

issues related to programme supplies and office non-expendable property. To streamline work processes, administrative instructions in the areas of travel, conferencing and vehicle management were issued to mitigate identified risks.

Of the 2011 resources mobilised 87% of RR, 89% of ORR and 83% of ORE was spent (100% of ORE utilised within original lifespan of PBA); the remaining unspent balance representing 11% of the total funds were OBOed. One extension request was submitted and granted for a grant expiring within this year.

Supply Management

Despite a complex operating environment, programme and donor confidence was maintained through strategic sourcing and timely procurement and delivery of supplies, including in emergencies. The 2010 comprehensive market survey was further elaborated in 2011 and directly informed and enhanced UNICEF's ability to obtain quality products and value for money through robust, fair and competitive tendering processes.

Total procurement value for 2011 was US\$ 56 million, of which 42% was procured locally, maintaining the trend towards increased local supply throughout the Country Programme cycle (41% in 2010). Locally procured supplies included aluminium sulphate, printing materials, construction materials for schools and jerry cans. The space occupied by the UNICEF in-country distribution centre that accommodates set-packing and emergency and contingency stock was reduced this year due to improved stock efficiency and supply management. UNICEF-controlled stock levels were reduced from approximately US\$ 3.4 million in January 2011 to approximately US\$ 1 million in December 2011. US\$6.7 million worth of Institutional Services Contracts were also drawn with various service providers, mainly for borehole drilling, urban water rehabilitation, implementation of the essential medicines programme and provision of education consultancy services. For procurement services, UNITAID and GAVI were assisted by the UNICEF CO to acquire laboratory equipment, ARV drugs and vaccines at a value of around US\$ 4 million. In 2011, a total of 66 CRC submissions were reviewed in 38 meetings.

Through the ETF, approximately six million textbooks were procured and distributed to over 2,300 secondary schools, along with sports kits, steel cabinets and early childhood development materials. This was made possible due to financial savings from 2010's cost-effective procurement of primary school textbooks and learning materials. In partnership with MoESAC, a secondary schools survey was administered to determine teachers' textbook preferences and three local publishers were engaged in printing. In addition, technical support was provided by UNICEF to MOESAC staff for the procurement of history textbooks directly using government funds.

All healthcare facilities in Zimbabwe continued to receive essential medicines and emergency obstetric care commodities through support from UNICEF. As part of a new 'Bikes for Health' initiative, UNICEF began purchasing and distributing specifically designed bicycles to rural health centres, improving the reach of health workers. In addition, 1,500 MOHCW and natpharm staff were trained in management of essential medicines.

Trainings were organized and conducted by the UNICEF for MOLSS staff on management of procurement of services and goods (March/April 2011) and technical support was provided on the management of the cash transfer system. Extensive preparations for VISION and IPAS compliance in supply management were made. Staff professional development was on-going, primarily through on-the-job mentoring and learning. A field warehouse management course was also given in-house for logistics staff.

UNICEF, with UNDP, co-led the Common Services Working Group under the Deliver as One project. A Procurement Options report (for travel, banking, courier, fuel, security services) was drafted and procurement documentation and evaluation were coordinated by UNICEF.

Human Resources

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In 2011, UNICEF recruited 61 fixed term contracts and 9 temporary assistants; total staff at year end was approximately 148. Despite the short funding cycles, which remain an obstacle to stable staffing levels, contracts were on average at least 12 months. By year-end, 88% of new Country Programme 2012-2015 staffing was resourced, and 73% of new posts filled; there is on-going recruitment for vacancies. Time to fill posts was within industry norms, on average CO selection process (discounting onward global processing) was as follows: international Posts: 79.3, national professional: 54 and general service: 48 days.

The CO continued prioritising issues raised in the 2009 Staff Survey, having management excellence as the overall theme for learning and development in 2011. The CO developed an innovative management and coaching development programme for managers, focused on ensuring that they empower their teams and encourage initiative, which other country offices are now trialling. This has resulted in higher ratings for supervisor/management interaction in the 2011 Staff Survey.

In regards to office efficiency, the CMT initiated a Problem-solving Working Group to find real time solutions to procedural bottlenecks and a 'mediation team' to work alongside Peer Support Volunteers and JCC on staffing issues. Career and professional development continues to be supported through the local learning opportunities and UNICEF gave grants to support further studies; in addition, the CO introduced a new performance management system where the career/growth elements also get reviewed at the mid-year point alongside performance. Responding to perceptions of bias, the Ethics Training is now an annual event and relevant policies shared as part of formal orientation for all new staff for CO ensuring all staff are aware of the standards of conduct and appropriate behaviour.

Work/life balance continues to be a complex challenge. Recognising limitations of funding that affect staffing, workload distribution is still a delicate balance, however several steps were taken to integrate work/life family celebrations such as the annual Christmas party for all staff and families and a child feedback session that allowed interaction with staff children and parents on perceptions of working for UNICEF. In addition, regular HR clinics and extensive staff training on CBI were conducted. Overall the office achieved 70% planned LLC activities with the last quarter focused on office-wide VISION training.

Performance management training was done for all professional staff and the performance management cycle adhered to with over 95% evaluations being completed in time over the three phases. Learning plans were aligned with planned results and individual objectives.

Staff wellbeing and a conducive work culture continued to thrive in 2011. Staff continued to have access to a dedicated in-country UN counsellor as well as PSVs. Our 'Caring for Us' programme worked closely with UN Cares on the UN-wide launch of an anti-stigma campaign along with other HIV and wellness activities in the workplace specific to UNICEF such as commemorating World AIDS Day and the continued partnership with Right to Care assuring all staff and families 100% cover, confidentiality and counselling for HIV related illnesses.

Efficiency Gains and Cost Savings

Through early forecasting and consolidated orders, the CO supply and logistics section was able to realise economies of scale. Highly competitive prices were obtained through market research and strategic procurement. For example, the average shelf price of a secondary school textbook is US\$10 but the CO managed to procure over six million textbooks for an average price of US\$1.30 per book, saving more than US\$ 50 million. Aluminium sulphate and hyperchloride, both important chemicals for water treatment, have market prices of US\$600/MT and US\$5.50/KG respectively. The CO was able to ensure their procurement at US\$400/MT and US\$2.50/KG respectively, which represents another major savings.

By planning for direct deliveries of supplies to partners, the CO was also able to save significantly on handling and storage fees of supplies, as well as ensuring the supplies reached their destination counterparts/partners in good time. Innovative planning solutions, including the comprehensive GIS mapping of all schools' locations and optimal route planning, ensured significant savings. This approach enabled accurate, cost-effective and highly efficient supply delivery.

The office maintained a low programme support cost at 6.4 per cent of the total programme assistance throughput. Finally, the staffing structure remained very lean when compared to other COs with similar budget throughput.

Changes in AMP and CPMP

In 2012, the office will embark on two-year rolling work plans and a new Country Programme. In particular, the office is challenged to continue to strengthen monitoring and evaluation, while delivering on high-volume, national-scale, sector-wide programmes in WASH, education, child protection and health. The management of transitional funding mechanisms will require enhanced capacity for efficient resource management at new scales and a high level of detailed reporting.

The office finalised and successfully submitted a CPMP in support of the new Country Programme. The office successfully completed a CPMP for the next programme cycle, undertaking a thorough review of the competency profile and staffing mix best suited to support government and partners to produce results for children in Zimbabwe including strengthening the social policy, monitoring and research functions as capacity to focus on equity is further strengthened. The new structure involves several upgrades, reflecting the complexity of programme context, opportunities for staff development and increased programme throughput. Critical were Chief of Section posts in both programme and operations that are now at P5 level. And, in line with the strategy to ensure national capacity and career development, several key national posts in education and gender/human rights were upgraded to NOD. Several NOCs were created in all programme areas to ensure a clear progressive reflection of the overall complexity and enhanced scope of the Country Programme.

The staff complement, however, remained lean, with an overall 154 posts for the new Country Programme, well below the total staffing of other comparable sized country programmes in the region. With more predictable funding become available, it is envisaged that in 2012 contracts of longer duration will be easier to secure.

The AMP being developed for 2012 will reflect the two-year rolling work plan model, so providing a more streamlined operational planning mechanism. In 2011 the office premises were innovatively upgraded to better accommodate the additional staff and began streamlining other operational support areas such as transport and vehicles. The office also moved into SAP for HR and by end of 2011 was preparing for VISION, which will integrate all its systems, with major implications for the entire office. The final quarter of 2011 was largely dedicated to staff training on VISION. Staff competency profiles and several key work processes will change as a result of this bold move, which the AMP will focus on reviewing.

Summary Notes and Acronyms

2011 COAR ACRONYMS

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AIDS	Acquired Immuno-Deficiency Syndrome
AfDB	African Development Bank
ARVs	Anti-Retrovirals
AWP	Annual Work Plan
BCA	Basic Co-operation Agreement
BEAM	Basic Education Assistance Module
BRTI	Biomedical Research Training Institute
CBO	Community-Based Organisation
CCORE	Collaborative Centre for Operational Research and Evaluation
CDC	United States Center for Disease Control and Prevention
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CMT	Country Management Team
CO	Country Office
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPMP	Country Programme Management Team
CPF	Child Protection Fund
CRC	Convention on the Rights of the Child
CSO	Central Statistical Office
DHS	Demographic Health Survey
EBF	Early Breast-Feeding
EC	European Commission
ECD	Early Childhood Development
EID	Early Infant Diagnosis
EMIS	Education Management Information System
EMONC	Emergency Obstetric and Neonatal Care
ER&RR	Emergency Rehabilitation and Risk Reduction
ETF	Education Transition Fund
FACE	Fund Authorisation and Certificate of Expenditure
FAO	Food and Agricultural Organisation
FBO	Faith-Based Organisation
GDP	Gross Domestic Product
GP	Growth Point
GPA	Global Political Agreement
HACT	Harmonised Approach to Cash Transfers
HH	Household(s)
HIV	Human Immuno-Deficiency Virus
H4+	Health Partnerships 4 Plus
HTF	Health Transition Fund
ILO	International Labour Organisation
IMERP	Integrated Monitoring, Evaluation and Research Plan
IMF	International Monetary Fund
IMNCI	Integrated Management of Newborn and Childhood Illnesses
IOM	International Organisation for Migration
IP	Implementing Partner
IASC	Inter Agency Standing Committee
MDG	Millennium Development Goal
MIMS	Multiple Indicator Monitoring Survey
MNCH	Maternal, Neonatal and Child Health
MoEPIP	Ministry of Economic Planning and Investment Promotion
MoESAC	Ministry of Education, Sport, Arts and Culture
MoF	Ministry of Finance
MTP	Medium-Term Plan
NAC	National Aids Council
NAP	National Action Plan

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NGO	Non-Governmental Organisation
OR	Other Resources
OVC	Orphans and Vulnerable Children
PMT	Programme Management Team
PMTCT	Prevention of Mother-to-Child Transmission
RR	Regular Resources
SA	South Africa
SACMEQ	Southern African Consortium for the Monitoring of Education Quality
SADC	Southern African Development Community
SAI	Supreme Audit Institute
SWAP	Sector-Wide Approach
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Aids Programme
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
VMAHS	Vital Medicines Availability and Health Services Survey
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation
ZIMDAT	Zimbabwe Statistics Database
ZIMSTAT	Zimbabwe National Statistics Agency
ZUNDAF	Zimbabwe United Nations Development Assistance Framework

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Evaluations

	Title	Sequence Number	Type of Report
1	Demographic and Health Survey (Preliminary report)	2011/001	Survey
2	Secondary review and finalisation of the 'My Life Now' study (CSI)	2011/008	Study
3	Apostolic religion, health and utilisation of maternal and child services in Zimbabwe	2011/015	Study
4	A retrospective analysis of data – Child Rehabilitation Unit (CRU-Harare Hospital)	2011/016	Study
5	'My Life Now' and the Community Perception Index – an analysis of outcome data (of the programme of support)	2011/018	Study
6	Qualitative study – health worker retention scheme	2011/020	Study
7	National soil transmitted helminthiasis and schistosomiasis survey	2011/002	Survey
8	Vital medicines and health facilities survey (VMAHFS)	2011/003	Survey
9	Separated and unaccompanied children study	2011/004	Study
10	Secondary data analysis of children's rehabilitation unit and compilation of costing data for disability	2011/005	Study
11	Study to determine reasons for non-adherence to health services in the Apostolic community in Zimbabwe	2011/006	Study
12	Triangulation of VMAHS data and data collected at community level to verify changes and trends in provision of health services in Zimbabwe	2011/007	Study
13	Longitudinal study to determine effects of cash transfer intervention on health and social outcomes in financially and socially deprived households	2011/009	Study
14	Situation analysis on the status of children and women in Zimbabwe: a call for reducing disparities and improving equity (2005–2010)	2011/010	Situation Analysis
15	Secondary analysis of vital medicines health facilities data	2011/011	Study
16	A descriptive evaluation of the 'Male Champions' programme	2011/012	Study
17	Analysis of child abuse cases reported to FST clinics (Dec 2008–Jan 2010)	2011/013	Study
18	'End of Decade Progress Report' (GoZ)	2011/014	Study
19	An analysis of determinants of exclusive breastfeeding practice using data from Zimbabwe national surveys	2011/017	Study
20	Formative research on barriers to exclusive breastfeeding	2011/019	Study
21	Assessment of distribution and use of community home-based care kits	2011/021	Study
22	WASH evaluation in six districts	2011/022	Evaluation

Other Publications

	Title
1	2010 Country Office Annual Report
2	Child Protection Fund for NAP II Strategic Design and Concept
3	ZHSSCT MIS Operations Guide
4	Health Transition Fund
5	Maternal health video
6	Zimbabwe Country Kit

Lessons Learned

	Title	Document Type/Category
1	Use of Point-of-Care PIMA machines to test for CD4 Cell Count of HIV-positive pregnant women and their families in Maternal, Newborn and Child Health – Zimbabwe	Innovation
2	UNICEF in a unique role within the Urban Water, Sanitation and Hygiene Sector in Zimbabwe	Lesson Learned