The context in Zimbabwe has evolved rapidly during 2019. Regarding the economy, the country continues to face weak growth. Limited functionality of the formal foreign exchange market, unsustainable public debt, high inflation, a depreciating local currency, and persistent shortages of fuel and electricity remain critical major headwinds constricting economic performance. The economy is expected to have shrunk by around 6.5 percent in 2019 (2020 National Budget Statement, Ministry of Finance and Economic development). Incomes and purchasing power have been eroded significantly.

In June 2019 the Zimbabwean Dollar was made the only legal tender, causing a number of challenges for programme implementation, for instance as social cash transfers were delayed due to issues in sourcing local hard currency and fluctuating prices of critical goods and services hampered procurement. In parallel, over the last four years there was been cyclical episodes of drought, exacerbated in 2019 due to low and poorly distributed rainfall resulting in poor crop production and a significant cereal deficit; according to the Zimbabwe Vulnerability Assessment Committee report, nearly 7.7 million people will need humanitarian food assistance during the peak hunger season in 2020. Around 93 percent of children between 6 months and 2 years of age and 47 percent of households are not consuming a minimum acceptable diet. Access to safe water has decreased with only a third of water sources being operational and protected. Infection prevention at health facilities remains precarious creating risk for new cholera and typhoid epidemics. Much of the population faces the risk of poverty and food insecurity.

The economic situation and the drought have resulted in disruptions to social services. The widespread industrial action by doctors and other health professionals negatively impacted the provision of quality health services in public institutions and staff morale among health-workers. Access to maternal, newborn, emergency obstetric and child health services was particularly affected. Erratic fuel supplies are disrupting scheduled outreach services and other logistics. Inflation has created additional financial barriers for people in accessing care, and health facilities struggle to meet their operational costs. Local authorities are not able to maintain basic service provision such as water and electricity. Inflation has also resulted in high food prices beyond the reach of many especially the poor and marginalized. In the education sector, challenges include a teachers’ union strike early in the year affecting availability of teachers and inflation undermining the ability of families to afford school costs, causing schools to have decreased budgets available, and deprecating teacher salaries. The child protection sector reported increased levels of violence, coupled with a decline in access to justice and welfare services because of acute financial access barriers and a shortage of qualified service providers. The risk of gender-based violence and transactional sex and higher risk of HIV transmission especially among most vulnerable adolescents and women has increased. Adherence to HIV medication is affected by lack of money for transport and poor intake of food with implications for the effectiveness of drugs. In WASH, the lack of access to foreign currency has reduced the capacity to import required materials including water treatment chemical and the delivery of quality spares, tools and services in a timely fashion, impacting access to clean water by children and women. Additionally, in March 2019, Cyclone Idai hit Zimbabwe in the east of the country, hampering regular schooling of almost 91,000 learners in 139 schools and affecting over 270,000 people needing support, including for water and sanitation and health and nutrition services.

The 2019 Multiple Indicator Cluster Survey (MICS) data – collected in the first quarter of 2019 and published in December 2019 – showed positive developments and challenges. The maternal mortality ratio has dropped dramatically from 614 (2015 Demographic and Health Survey) to 462 (2019 MICS) maternal deaths per 100,000 live births – a considerable achievement indicating that a systems-strengthening approach can produce encouraging results even amidst challenges. While data showed slight reduction in stunting, revealing a national medium prevalence rate of 23.5 percent in 2019 according to WHO standards, nine out of 60 rural districts have high prevalence rates of stunting (above 30 percent). In education, gains have been made in attendance to early childhood education (increasing from 21.6 percent in 2015 to 28.4 percent in 2019), although attendance is disproportionately higher in urban areas and among the richest households. There has been some decline in primary school attendance (from 93.3 percent in 2014 to 90.5 percent in 2019). Upper secondary school attendance is low at 8.5 percent in 2019. While water shortages remain a challenge, nationally open defecation has reduced from 31.7 percent in 2014 to 21.7 percent in 2019, though with still some challenges in rural areas.

In this context, partnerships are especially critical. Through UNICEF’s advocacy, the Ministry of Finance released US$1.1 million as part of GAVI co-financing for new vaccines and produced the 2020 Infrastructure Investment Plan that guided allocations for capital projects for 2020. A growing number of donors are slowing development resources to the country given some of the macroeconomic and political challenges. Nevertheless, donors supported UNICEF with close to US$240 million in 2019, with around half allocated for use in 2020 to respond to the needs of children. Moving forward, the likely deterioration of food security and provision of social services will require further commitments from donors to ensure that life-saving and resilience results are achieved.
UNICEF achieved some significant results in 2019, supporting progress towards the achievement of Country Programme results, and the key priorities articulated in the Annual Management Plan, both of which are aligned to the 2016-2021 Zimbabwe UN Development Assistance Framework (UNDAF). Simultaneously, the office also responded to key humanitarian crises, such as the Cyclone Idai, the drought and typhoid. Results in 2019 were achieved in collaboration with key donors in particular those contributing to the Health, Education and Child Protection Development Funds, including the European Union, the Governments of the United Kingdom, Sweden, Germany, Switzerland and Ireland, and Gavi; in addition, other donors included the Global Partnership for Education, the World Bank, the Central Emergency Response Fund, the Governments of Australia, Japan and Italy, the Peace Building Fund, UNICEF National Committees of the United Kingdom, the United States, and Australia, and UNICEF multi-donor Global Thematic Funds.

In health, the key priority in 2019 was to support Health System Strengthening (HSS) and increased access to quality services especially for newborns under the Health Development Fund (HDF). The 2019 Multiple Indication Cluster Survey (MICS) showed some progress, in particular a drop in under-five mortality from 75 in 2015 to 65 per 1,000 live births in 2019. No significant progress was noted in the neonatal mortality rate which stands at 32 per 1,000 live births in 2019, despite concerted efforts and investment in essential newborn care and care for small and sick babies. Indeed, UNICEF was able to support 85 percent (target of 82 percent) of newborns to receive post-natal care within three days of birth and 100 percent of designated Basic Emergency Obstetric and Newborn Care facilities to be operational on a 24/7 basis (against a target of 99 percent). Notwithstanding the deteriorating economy, coverage for Maternal, Newborn and Child Health services remains generally high: antenatal care coverage for 1 visit is 93.3 percent and for 4 visits is at 72 percent, higher among rural populations (73 percent) than urban (68 percent). A key strategy for supporting newborn health has been Results Based Financing rolled out in 42 districts, which has contributed to resilience within the health system. DPT3 national immunization coverage, according to routine reporting, remained stable at 89 percent in 2019 (data as of September 2019). The priority in 2020 will be the re-enforcement of quality of care, including investment in WASH in health services and a focus on community based primary health care systems through training, equipping and deployment of village health workers and capacity building for health centre committees.

In terms of the enabling environment, UNICEF developed a coverage and equity analysis on the vaccination programme. Bottlenecks to address include gender barriers, health provider attitudes, shortage of staff and supplies, poor communication and negative attitudes influenced by social media. UNICEF also supported the National Maternal and Perinatal Death Surveillance and Response committee, as a means of contributing to maternal mortality reduction. At policy level, UNICEF supported the government to develop, finalize and launch the National Community Health Strategy, Human Resources for Health Strategy and the Reproductive, Maternal, Neonatal, Child and Adolescent Health Communication Strategy.

Given the food insecurity situation, a particular focus for UNICEF was the nutrition response, triggered by the drought across the country and Cyclone Idai in the East. Childhood stunting levels have slightly reduced from 27 percent reported in 2017 to 24 percent (MICS 2019), although disparities remain with high prevalence in 9 out of 60 rural districts. UNICEF’s key focus in 2019 was on scaling up the stunting reduction programme across districts as well as providing timely respond to the emergency. UNICEF supported the Food and Nutrition Council (FNC) to expand the stunting reduction programme from 31 districts in 2018 to 38 districts using a convergence model through working with multiple. This was achieved through UNICEF’s collaboration with other UN agencies particularly through a joint programme with the Food and Agricultural Organization, highlighted as a good practice in the ZUNDAF evaluation.

During the year, the target on Vitamin A supplementation proved challenging to attain, with 44 percent of girls and boys receiving two annual doses against the target of 60 percent, but up from the baseline of 34 percent in 2018. Positively, over 360,000 primary caregivers received Infant and Young Children feeding counseling (double the annual target), and the percentage of districts implementing the minimum package to prevent stunting in children increased from 52 percent to 63 percent, exceeding the target of 60 percent. A total of 19,802 (11,003 girls; 9,096 boys) of a target of 27,012 were treated for severe acute malnutrition across the country with 68 percent discharged as cured, 16 percent defaulted while 3 percent died.

Recognizing adolescence as a second window of opportunity to improve child nutrition and promote growth, the programme expanded its target population in 2019 to include adolescents and school age children. In-country, 13 percent of adolescents aged 15-19 years are overweight, a rise from 11 percent in 2005/6. With support of Global Thematic Funds, and partnership with the Ministries in charge of Education and Health, draft clinical guidelines for the prevention and management of overweight and obesity among adolescents were developed and are expected to be rolled out in 2020.

In 2019, UNICEF supported improved access to HIV testing and treatment and retention services for pregnant women, their children and adolescents. Key strategies were to target interventions in low performing districts and to increase the
UNICEF supported 94 percent of pregnant women living with HIV who received antiretroviral treatment (ART) to reduce the risk of mother-to-child transmission of HIV (against the target of 95 percent and the 2018 baseline of 77 percent). In the 10 focus districts, 100 percent of all 220 health facilities were supported to implement targeted HIV testing of pregnant and breast-feeding women, children and adolescents and linkage to treatment, including as part of management of acute malnutrition and emergency programmes. Pediatric HIV testing increased to 76 percent from 69 percent (2016), but ART coverage has declined from 82 percent in 2016 to 67 percent in 2019 because of the increased estimated denominator.

The programme for pregnant adolescents and young women ("2gether 4 SRHR") is a promising practice contributing to the elimination of mother to child transmission (eMTCT): 93 percent of supported mothers had documented reduced viral load. This places the project MTCT rate at less than 1 percent against a national average of 6.7 percent.

Key actions in 2019 included strengthening the capacity of health workers to deliver quality integrated services; rolling out of adolescent-friendly package of services within the joint UN programme; and conducting case audits for new infant HIV infections. UNICEF has also supported strengthening of the engagement and capacity at community level including the community adolescents’ treatment supporters in 16 districts and Young Mentor Mothers in 5 districts.

In 2019, UNICEF reached a total of 1.48 million people with safe drinking water; 90 percent of this reach was responding to humanitarian needs. A total of 121,000 people (65,000 females and 56,000 males) in 12 districts of Mashonaland East, Mashonaland Central and Manicaland were reached with safe drinking water in communities with UNICEF support. In urban centres, 23,600 people (12,500 females, 11,100 males) were reached with improved water in the two towns of Gokwe and Chivhu. These efforts contributed to the 64 percent of the population accessing at least a basic level of drinking water provision in Zimbabwe (MICS 2019), and 51 percent in rural areas against the target of 44.5 percent.

UNICEF also supported strengthened sanitation in Zimbabwe by reaching around 210,000 people with safe sanitation services. In the 3 provinces of Mashonaland Central, Mashonaland East and Manicaland, a total of 29,000 people (16,000 females and 13,000 males) have access to an improved sanitation facility and a total of 188 villages have been declared open defecation free with support from UNICEF. The results contributed to the decline in open defecation in rural areas from 43.5 percent (MICS 2014) to 31 percent (MICS 2019) against a target of 33.5 percent. At the same time, rural sanitation needs further work moving forward, where 34 percent of the population has access to basic sanitation (MICS 2019, against the target of 37 percent).

To strengthen the enabling environment, UNICEF supported the drafting of a National Sanitation and Hygiene Policy and Strategy; the strategy was approved by the Ministry of Health and Child Care while the policy awaits cabinet approval. The first WASH Joint Sector Review since 2011 was undertaken, with a series of commitments signed off by all the major Government ministries and sector partners. A WASH Financial Flow tracking was undertaken, UNICEF conducted a Menstrual Hygiene national formative study and a Small Towns WASH evaluation both of which will support strengthened programming in 2020.

In terms of early learning access, UNICEF focused on developing a strengthened policy environment. A key strategy was on advocacy for policy reforms in the infant education subsector, informed by evidence and best practices. UNICEF also focused on procuring and distributing teaching and learning materials to targeted schools in the most disadvantaged districts to support early learning. To further increase education access for older children, around 1.57 million children benefited from the School Improvement Grant (SIG) made available to 4,400 vulnerable schools (97 percent of the targeted schools, not including the 54 schools targeted as part of the Cyclone Idai response), through the donor-supported Education Development Fund (EDF). In addition, the Global Partnership for Education-funded SIG Complementary Funds were disbursed to 194 schools for infrastructure support.

In support of quality, to enable those teachers in 5,441 disadvantaged schools to effectively execute the competency-based curriculum, about 4.1 million Phase 3 textbooks were procured and are currently being distributed with UNICEF’s support to benefit 1.27 million learners (640,000 male and 630,000 female). Around 18,000 primary school teachers and 200 secondary school science teachers were trained to deliver the new curriculum. To promote inclusive education for children with disabilities, the Community Outreach Programme was organized in 64 districts out of 72 total, reaching 30,000 community members and 63,000 children.
Significant progress was made around policy development in support of children’s access to education. UNICEF managed to lobby successfully for the provision of Free Basic Education and provision of Free Sanitary Wear for Children in schools. In anticipation of its signing, the Ministry of Finance and Economic Development allocated ZWL400million (around US $25million) for free education for key primary and secondary schools in the 2020 Budget, in addition to ZWL200million (approximately US$12 million) for provision of free sanitary wear for Grade 4 to Form 6 students. Both Early Learning and Inclusive Education Policies were drafted and validated and will be finalized for submission to Cabinet.

The key programming areas of focus for child protection in 2019 were around addressing violence against children (VAC) and Sexual and Gender Based Violence (SGBV) and supporting access to justice for children. UNICEF supported the Government to fully utilize the national case management system (NCMS), which connects 2,857 capacitated community child care workers with 18 trained Government case management social workers and 12 specialized CSO service providers in 18 districts. Through the NCMS, in 2019 UNICEF ensured the detection, timely referral and quality safe services for around 75,000 children (32,000 boys and 43,000 girls), surpassing the target of 55,000 children. Moreover, UNICEF supported, 1,161 child survivors of sexual offences to access child-friendly courts and 797 children in contact with the law, to benefit from pre-trial diversion with services expanded to 6 additional districts.

UNICEF intensified efforts to address social norms condoning VAC through a comprehensive parenting programme in 7 districts, reaching a total of around 34,000 families with parenting skills. In addition, 15,000 adolescents (5,000 boys and 10,000 girls) were reached with assertiveness building training and protection information and skills to say no to violence and seek help. Zimbabwe also acquired Ending Violence against Children pathfinder status in 2019.

UNICEF supported almost 29,000 households, covering over 55,000 children (27,829 girls and 27,472 boys), with harmonized social cash transfers (HSCT) that improved their economic capacity to care for children as well as enhanced their access to and utilization of protection services. Donor funding for HSCT ended in 2019 and moving forward efforts will be on strengthening the Government’s performance in targeting and implementation for HSCT.

The Spotlight Initiative enabled UNICEF to work more collaboratively with UN sister agencies on SGBV and disability-related services and reforms. UNICEF technical assistance and support to public consultations helped support the generation of draft bills that outlaw child marriage and raise the age of criminal responsibility from 7 to 12 years, while supporting service delivery to survivors of SGBV. Working with UNFPA, UNDP and UNWOMEN on legal and policy reform, UNICEF led development of joint position papers around age of consent, mandatory sentencing of GBV crimes, child justice and online sexual abuse that contributed to legal drafting and guidelines. The high level of integrated One UN delivery in all pillars of the Zimbabwe Spotlight programme contributed to steady though relatively slow expenditure rates.

In social policy, UNICEF and partners supported Government in the implementation of the MICS 6 and data analysis with dissemination of results in December 2019. These results are expected to inform both government and development partner planning for interventions in social sectors for 2020. To ensure continued measurement of non-monetary poverty, based on the Poverty Income Consumption and Expenditure Survey 2017 data, UNICEF supported the production of the Child Poverty Report as well as Poverty Maps. The results of these key surveys and reports are critical for the new five-year National Development Plan, to be developed in 2020.

UNICEF supported local authorities in budget reporting, transparency and accountability through the implementation of Programme Based Budgeting (PBB), with 61 local authorities reporting their budgets in PBB in 2019 (increasing from 55 in 2018).

UNICEF was also able to successfully co-ordinate the Zimbabwe Social Protection Sector Review with the Government, which saw multi-agency collaboration with DFID, the World Bank, UNDP, WFP, and ILO. The review is now serving to define the reform agenda for Social Protection in the country.

Finally, as part of the celebrations around the 30th anniversary of the Convention on the Rights of the Child (CRC), UNICEF supported a number of events including a high-level forum with Parliamentarians, Government and partners resulting in a Call to Action signed by a large number of Parliamentarians present at the event, to foster renewed commitment of the Government to children’s rights. The Call to action is expected to be presented to the President of Zimbabwe by Parliament advocating for the country to join the CRC Global Pledge.

During 2019 UNICEF and partners delivered critical life-saving services to approximately 1.6 million people (767,000 children) in response to typhoid, Cyclone Idai and drought emergencies. UNICEF led sector coordination in Nutrition, WASH, Education and the Child Protection Area of Responsibility. Around 1.33 million people were reached with safe water supply and 170,000 people with basic sanitation. UNICEF supported 54 schools with the school improvement grant to repair and recover the damages and losses due to Cyclone Idai, and also provided 135,000 textbooks and materials to benefit around 77,000 learners. Almost 68,000 children aged 6-59 months were reached with measles vaccination. UNICEF and partners ensured psychosocial support and identification, tracing and reunification and other services to an additional 554 (283 boys
and 271 girls) children. In the nutrition response to Cyclone Idai, UNICEF provided life-saving therapeutic foods for 1,134 acutely malnourished children and supported over 84,000 children with micronutrient supplementation. Critical communications and advocacy efforts helped to achieve these results.

To strengthen cross cutting domains, UNICEF supported the development and validation of a national monitoring and evaluation policy and guideline. Early Childhood Development (ECD) interventions were implemented through a HSS approach including work to improve interpersonal communication skills of health staff in Kangaroo Mother Care; 18,000 women received post-natal care home visits within 7 days of childbirth in 30 selected districts. In 2020, UNICEF will focus on developing a National Integrated ECD Policy. UNICEF has supported the Government in developing the first Zimbabwe National Disability Policy, to be finalized in early 2020. The policy covers issues such as self-reliance and employment, exploitation and abuse, health, education, sexuality, humanitarian action, assistive devices, children and women with disability, access to justice and political and public life. UNICEF also provided technical support in the development of the Inclusive Education Policy as well as on developing a Disability inclusive information package for pregnant and breastfeeding adolescents and young women. As part of ongoing efforts toward preventing sexual exploitation and abuse, more than 95 percent of staff as well as staff of more than 40 implementing partner organizations received face to face training. UNICEF supported child and adolescent-friendly spaces in Cyclone Idai-affected areas. Children’s participation was promoted as part of the celebration of the Day of the African Child with the highest level of Government attendance, as well as CRC@30 events, including with the participation of Junior Parliament. Going forward UNICEF will focus on developing a comprehensive Adolescent Strategy in 2020. UNICEF also supported children, youth and communities to promote environmentally sustainable innovations in waste management, sustainable energy, sustainable agriculture, and to cultivate a culture of environmental stewardship as part of the Green Innovations Hub and Sustainable Energy for Health Facilities and Surrounding Facilities Project. Further collaboration is planned with the Government and the private sector in installation and provision of training in maintenance of solar systems in rural health facilities.

**Lessons Learned and Innovations**

The challenges referred in the situation analysis highlight the need to strengthen resilience to sustain the gains made in the social sectors, including investing in strengthening community structures and innovative approaches. This is critical for the office’s theories of change per outcome. The following lessons reflect the office’s experience in 2019, linked to the aforementioned challenges and solutions.

In looking to address MIS data challenges and strengthen data more broadly, including ensuring availability of disaggregated data to support equity approaches, the office has employed a strong approach in the use of technology for development and humanitarian results in 2019. Beginning with the Cyclone Idai response, lessons learnt have highlighted the importance of investing in information management and data preparedness. UNICEF worked with government and NGO partners to identify the standard datasets available, building tools fit for purpose and garnering support among partners to buy into the approach. As a result, humanitarian situation and results data were input into an online data management and visualization platform (ONA), giving near real time information on key results and the status of the situation of women and children in affected areas. UNICEF advocacy also led to the World Bank adopting ONA for monitoring of the Zimbabwe Idai recovery Project. Linking across the humanitarian-development nexus, in 2020 UNICEF will explore whether key elements of sectoral information management systems can be brought together for more disaggregated and wide-ranging situation and results reporting. The use of RapidPro in the WASH and education sectors to gather data for monitoring water service delivery in urban and rural areas and the status of schools and attendance figures is also feeding broader data efforts.

UNICEF gained some valuable learning around resilience building in 2019. In the health sector, the programme focus on system strengthening has been pivotal in building resilience to respond to multiple shocks. This was confirmed during the Cyclone Idai response, when, with available supplies, trained staff and village health workers quickly mobilized to support the response. Further, the economic crisis leading to health worker strikes is being turned into an opportunity through improvement of power supply using solar, innovative motivation mechanisms for staff, broader discussions on health care financing to overcome inefficiencies, and increasing fiscal space. In WASH, a partnership with UNDP on strengthening urban resilience allowed the development of an urban resilience systems analysis leading to a draft national urban resilience roadmap with WASH as a key entry point for local economic development. In the education sector to provide specific support to disadvantaged schools and learners and enhance their resilience, equity- and performance-based criteria were introduced for the 2019 School Improvement Grant programme, with the distribution of textbooks targeted towards disadvantaged schools. Moving forward, UNICEF will further support the Government in capacity-strengthening in disaster risk reduction and management to build resilience against climate change impact.

UNICEF has seen some success and learning emanating from community-based approaches to programming. The nutrition Multisector Community Based Model (MCBM) approach continues to provide a valuable framework for the delivery of optimum nutrition services with enhanced coordination, collaboration, capacity building and community participation. The three MCBM pillars - a single coordination structure, a harmonized nutrition package and a near real time monitoring
were assessed in 2019. The findings show that the structures are critical for delivery of services and need to all be brought to a high level of functionality with improved reporting, knowledge management and capacity strengthening. Next steps include providing systems and guidelines to sub-national levels and creation of an enabling policy environment. In the WASH sector, there is also a focus on communities, especially in rural, more marginalized areas. A key lesson in 2019 was that there is a continued need to strengthen the community management arrangements that will sustain the infrastructure. An opportunity exists for WASH to build on the Community Health Clubs, which consistently yield strong hygiene results and more sustained outcomes. The Community Adolescent Treatment Supporters (CATS) as a peer community cadre to disseminate information on sexual and reproductive health, HIV and mental health at community level and link to treatment and care, have proven effective in 2019 and represent an important opportunity to reach vulnerable adolescents and young people. UNICEF will look for avenues to scale up this approach in 2020.

UNICEF has done significant work in policy advocacy in 2019. The Education Amendment Bill provides for free basic education and creates scope for innovative and sustainable school financing models. Close engagement with the Parliamentary Portfolio Committee on Education provided opportunities to advocate on this key agenda. UNICEF also supported the development of the Early Learning policy and the Inclusive Education Policy. The collaborative work of the education stakeholders (government, communities, UNICEF and CSOs) was critical in the successful development and promoted ownership. In the development of the aforementioned Disability Policy, UNICEF was able to leverage its global knowledge and partnerships including with other UN Agencies to inform the policy development. Through the UN Resident Coordinator’s Office, UNICEF drew together UN Agencies in Zimbabwe to have a common voice, in ways that effectively reconciled the different perspectives of key government actors. Finally, UNICEF, with the Ministry of Finance, was able to influence the government to avail co-financing for all New Vaccines to Gavi for 2019 using available evidence to influence the decision.

UNICEF has had some strong experience in youth engagement in 2019. The first ever nutrition hackathon coding event - engaging 55 young people aged 10-24 years from all over Zimbabwe where participants developed ICT-based prototypes addressing nutrition challenges in partnership with BOOST Fellowship – demonstrates the opportunity to engage young people in co-creation of solutions. UNICEF also engaged young people in the CRC@30 celebrations, supporting youth to champion the causes of children and women in Zimbabwe. In 2020, UNICEF will build on the experiences and potential to explore more systematic ways of partnering with Junior Parliament, Junior Government and Junior Mayors and engaging them in their communities.