

Zimbabwe

Executive Summary

In 2015 efforts to realise and protect child rights were challenged by the scale of the need and resource inadequacies. Children constitute 48 per cent of Zimbabwe's population of 13.1 million, resulting in a high dependency rate. The high dependency rate, together with high levels of poverty (72 per cent consumption poverty), condemns 25 per cent of children to extreme poverty. The State, despite its efficiency in tax collection (27 per cent of GDP), against a backdrop of economic deterioration, has been unable to adequately fund social services (> 80 per cent of revenues fund employment costs).

Donor support therefore remained key, and UNICEF managed approximately US\$190 million, largely through multi-donor pooled funds (transition funds) in education, health, child protection and water, sanitation and hygiene (WASH). The 2014 Multiple Indicator Cluster Survey (MICS) findings showed improvement across several indicators, which helped to sustain development partner confidence in UNICEF's programming effectiveness.

The Country Office increased advocacy efforts and successfully convened a high-level "fiscal space" dialogue for social sector financing between Government and development partners and international financial institutions, resulting in the development of a child-friendly fiscal sustainability framework that has informed ongoing fiscal reforms. Despite the early onset of political succession battles and deteriorating economic conditions, the Country Office maintained focus on quality evidence-generation, as well as alignment of UNICEF analyses and advocacy with IFI processes.

The new Health Development Fund (HDF) was launched, and UNFPA joined as a partner, managing the reproductive health and rights pillar. Going forward, GAVI will channel its resources for the Immunisation programme through the HDF.

By October 2015, immunisation coverage remained high: with BCG immunisation at 95 per cent, measles coverage at 85 per cent, and primary completed course of immunisation at 82 per cent. However, the limited fiscal space affected the ability of Government to meet its co-financing commitments to GAVI.

The integration of nutrition within the HDF ensured resource availability and increased accountability. High-level political commitment was received for implementation of the multi-sectoral community-based model in four districts. UNICEF supported the implementation of nutrition-specific interventions, while leveraging resources from the World Food Programme (WFP), Food and Agriculture Organization (FAO) and World Health Organization (WHO) to implement agriculture, social services and health interventions respectively. In addition, the Bill and Melinda Gates Foundation supported real-time monitoring.

The water, sanitation and hygiene (WASH) section exceeded the target of 845,000, as 1,362,716 additional people were reached with improved drinking water through new and

rehabilitated boreholes, as well as piped water schemes in 33 districts. To aid service monitoring, the SMS-linked rural WASH information management system (RWIMS) was deployed in 14 of the target 33 drought-affected districts, providing real-time information on the impact of drought on water resources.

The number of health facilities with health workers trained in child and adolescent HIV/AIDS management and care increased from 479 in 2014 to 582; all health facilities now offer HIV testing and anti-retroviral treatment (ART) to adolescents and the proportion of facilities providing paediatric ART rose from 39 per cent in 2014 to 62 per cent in 2015. However, challenges remain, mainly in logistics for the distribution and storage of paediatric medicines and delayed turn-around times for early infant diagnosis.

In child protection, support to the harmonised social cash transfer (HSCT) programme led to reaching 51,351 extremely poor, labour-constrained households in 19 districts. A total of 2,349 children (1,820 boys, 529 girls) in contact with the law accessed legal assistance. However, challenges remained with the case management system, and the management information systems remained highly fragmented.

With support from the Education Development Fund and Global Partnership for Education (GPE), all of the targeted 5,996 most-disadvantaged primary and secondary schools (of a total of 8,651) were reached with school improvement grants, and the drafting of the education sector strategic plan 2016-2020, with the roll-out of the new curriculum framework at its core, was completed. However, limited fiscal space, in combination with the dependency on school fees and levies paid by parents, is a key challenge to achieving equitable results.

The Country Office realised efficiency gains and cost savings through several interventions. Power usage for lighting was reduced by more than 50 per cent through energy saving installations, and cost efficiencies on negotiated procurement achieved US\$831,628 in savings. Despite these gains, difficult economic conditions characterised by liquidity constraints, continued to impact local suppliers' ability to meet their commitments, resulting in increased administrative costs.

Given the prevailing economic conditions in Zimbabwe and anticipated shifts in donor support the 2016-2020 Country Programme Action Plan (CPAP) places increased focus on improving results-based management and innovation, to achieve better value for money.

Humanitarian Assistance

The Zimbabwe Country Office maintained compliance with UNICEF's corporate preparedness benchmarks in 2015, and its minimum readiness status ensured that a multi-sectoral response would be available to a target population of 125,000 people (25,000 households) at any given time.

UNICEF's humanitarian response in 2015 delivered critical life-saving support to approximately 40,000 people, among them 16,614 children. The specific hazards included drought and flooding, a cholera outbreak, and xenophobic attacks in neighbouring South Africa that led to the displacement and return of Zimbabwean nationals.

UNICEF responded by improving access to critical social services in education, water, sanitation and hygiene (WASH), health and nutrition. Support was provided for the development and operationalisation of the multi-sectoral food insecurity response plan, and ongoing

development of the El Niño response plan.

In WASH, access to safe water and sanitation for 38,500 people was enhanced through construction of toilets, drilling and rehabilitation of boreholes and water trucking for populations affected by floods and for returnees from South Africa.

Emergency health and hygiene education was promoted through participatory health and hygiene education sessions for community health workers, environmental health technicians (EHTs), and community members. Non-food Items (water treatment tablets, jerry-cans, soap and information, education and communication (IEC) materials) were distributed to people affected by flooding in Chingwizi, to families returning from South Africa after xenophobic attacks and in response to cholera in seven districts. As a result of effective intervention by UNICEF and partners, 42 reported cholera cases (20 confirmed) were detected and managed without any deaths.

To inform the ongoing drought response in the country, UNICEF Zimbabwe supported the mapping of drought-affected water sources using the SMS-linked RWIMS, which has provided development partners with a real-time water availability monitoring platform for timely response.

In the nutrition sector, UNICEF continued to support the Ministry of Health and Child Care (MoHCC) in the implementation of the National Community Management of Acute Malnutrition (CMAM) programme. During the period January to October 2015, 16,614 children under-five were treated for severe acute malnutrition (SAM) nationally. Of these, 8,390 children were tested for HIV; 1,186 (14 per cent) tested positive. Nearly 3,000 children (2,900) from the flood-displaced population in Chingwizi were screened for malnutrition, and 304 children under five were referred for management of acute malnutrition.

Currently, the emergency nutrition response in four highly vulnerable districts is aimed at preventing nutrition deterioration among 98,534 children under five, through active nutrition counselling and provision of Vitamin A supplementation. UNICEF has pre-positioned supplies of ready-to-use supplementary food to support the nutritional needs of an anticipated 4,513 children under five with moderate acute malnutrition; and ready-to-use therapeutic food for 2,831 children under five with SAM.

The education response was targeted at schools affected by hailstorms, and the flood-displaced population in Chingwizi. Through the emergency education response and preparedness network, UNICEF, partners and the Ministry of Primary and Secondary Education (MoPSE) supported 6,878 children. UNICEF pre-positioned teaching and learning materials, and provided 55 tents for five temporary schools covering 3,483 children (1,746 boys and 1,737 girls) in Chingwizi. In addition, 108 teachers were trained on the provision of quality education that adequately responds to the needs of children affected by emergencies.

Through the HSCT programme, UNICEF reached 18,240 households in five food-insecure districts, and through various partnerships provided support for the protection of 2,000 vulnerable children, particularly girls, from violence, abuse and exploitation in the Chingwizi area.

Under the framework of the Working Party of Officials, coordinated by the Department of Social Services, UNICEF supported the accelerated roll-out of the national case management system in Mwenezi and neighbouring districts. The system aims to enhance and expand community-based child protection mechanisms.

Several capacity-building initiatives were implemented. A national-level training on Disaster Risk Reduction (DRR) and WASH was conducted during the last quarter of 2015, with participants from the Government and non-governmental organisations (NGOs). A regional joint cholera initiative forum was co-hosted with Oxfam, and attended by international and regional delegates. Its key objective was to strengthen preparedness and response mechanisms, to prevent and address cross-border transmission of cholera.

UNICEF remained an active member of the national civil protection committee, and provided technical support for contingency planning and emergency response interventions. UNICEF also continued to participate in the UN disaster risk management taskforce, and the re-constituted humanitarian country team (HCT).

Mid-term Review of the Strategic Plan

1. The strategic plan was introduced in the middle of the current UNICEF ZIMBABWE country programme 2012-2015. This provided an opportunity to re-align the outcomes and to improve on the programming theory of change and indicators.
2. The two years of implementation of the Strategic Plan (SP) have further confirmed the need to focus on common indicators across the organisations that are guided by a focus on equity.
3. The strategic plan has a well thought out results framework that provided a good mix of outcomes, outputs and indicators that could be contextualized and used for the preparation of results frameworks for the Country Offices. Within the prevailing economically strapped context of Zimbabwe, UNICEF has benefited from the strategic plan results framework and used it extensively to develop the results framework for the CPAP 2016-2020.
4. The mid-term review provides an opportunity to include some SDG indicators and to re-align the strategic plan results framework with the SDG framework.
5. The globally decreasing development resources at the advent of the SDG agenda provides a pointer to consider during the MTR – how the strategic plan will be resourced – and to possibly include a new strategy on “domestic financing for social sectors”.
6. The MTR also allowed Zimbabwe Country Office to look into the sustainability of the Multi-Donor Trust Fund (HTF/HDF) managed by UNICEF and propose short- and medium-term reforms for policy and decision making.
7. The MTR process should be an opportunity for UNICEF to clarify its engagement in emerging areas such as - environment and climate change, the “demographic dividend” and engagement with non-traditional donors and the private sector.
8. This is also an opportunity to clarify UNICEF’s advocacy and research agenda in the post-2015 era and include consideration of “value for money”, accountability and transparency as key components of good programme delivery.
9. The MTR process should also be an opportunity to clarify the different country contexts and partnerships in which UNICEF will be engaged in tracking results for children with the SDG agenda in mind.

10. UNICEF has engaged significantly in innovations during the two years of SP implementation. This will be an opportunity to pause and see how this has increased the efficiency and effectiveness of our programmes.

11. The MTR should also be used to check how SP strategies have been utilised across the organisation. Two of the strategies, South-South and triangular cooperation and support to integration and cross-sectoral linkages were rather abstract, and could do with further analysis.

12. SP implementation also allowed the Country Office to systematically move into 'new' areas of social inclusion that include environment, urbanisation and youth, and further guided more effective evidence-generation through detailed equity and gender-focused disaggregated data analysis.

Summary Notes and Acronyms

AIDS - Acquired immune deficiency syndrome
ANC – Antenatal care
ART - Antiretroviral treatment
AU - African Union
BCG - Bacillus Calmette–Guérin vaccine
BCP - Business continuity plan
CBI - Competency-based interview
CBM – Community-based management
CMAM – Community management of acute malnutrition
CMT - Country management team
CPAP - Country Programme Action Plan
CP - Country Programme (of UNICEF)
CRC - Convention on the Rights of the Child
DFID - Department for International Development (UK)
DRM – Disaster risk management
DRR - Disaster risk reduction
EC/EU - European Commission/Union
ECD – Early childhood development
EMIS - Education management information system
EmONC - Emergency obstetric and new-born care
ERM - Enterprise risk management
FACE - Financial authorisation and certificate of expenditure
FAO - Food and Agriculture Organization
FNC – Food and Nutrition Council
GAP – Gender action plan
GAVI - Global Alliance on Vaccines and Immunisation
GBV – Gender-based violence
GDP – Gross domestic product
GPE – Global Partnership for Education
GSM – Global system for mobile communications
HACT - Harmonised approach to cash transfers
HDF - Health Development Fund
HIV – Human immunodeficiency virus
HTF - Health Transition Fund
ICASA - International Conference of AIDS and STIs in Africa
ICT - Information and communication technology

IEC – Information, education, communication
IFI – International financial institution
IMERP – Integrated monitoring, evaluation and research plan
IMNCI - Integrated management of neonatal and childhood illness
IKMTF - Information and Knowledge Management Taskforce
IYCF - Infant and young child feeding
JCC - Joint Consultative Committee
IKMTF - Information and Knowledge Management Taskforce
KPI - Key performance indicators
MICS – Multiple indicator cluster survey
MoEWC - Ministry of Environment, Water and Climate
MoEPD - Ministry of Energy and Power Development
MoHCC - Ministry of Health and Child Care
MoPSE - Ministry of Primary and Secondary Education
MORSS - Minimum operating residential security standards
MTR – Mid-term review
NAC - National Action Committee
NGO - Non-governmental organisation
ODK - Open data kit
OIAI - Office of Internal Audit and Investigations
ORR - Other resources, regular
PBR - Programme budget review
RCO - Resident Coordinator's Office
REC - Research and evaluations committee
RMNCH - Reproductive, Maternal, Newborn, and Child Health
RWIMS - Rural WASH information management system
SAM - Severe acute malnutrition
SDG - Sustainable Development Goal
SHP - Smart hand pump
SIGs – School improvement grants
SIDA - Swedish International Development Cooperation Agency
SMS – Short message service
SOP - Standard operating procedure
SP – Strategic Plan
TDIS – Teacher development information system
TREG- Technical Research and Evaluation Group
TOR -Terms of reference
UK - United Kingdom
UN - United Nations
UNICEF - United Nations Children’s Fund
UNDP - United Nations Development Programme
UNFPA – United Nations Population Fund
UNDSS - United Nations Department of Safety and Security
VMAHS - Vital medicine availability and health services survey
WASH - Water, sanitation and hygiene
WFP - World Food Programme
WHO - World Health Organization
ZELA – Zimbabwe early learning assessment
ZIMSTAT - Zimbabwe National Statistics Agency
ZUNDAF - Zimbabwe United Nations Development Assistance Framework

Capacity Development

Training for HIV-exposed mother-baby and male mobilisers on adherence and retention in ART was conducted. Skills of government health staff in data collection, analysis and use for bottleneck analysis and focused interventions were enhanced.

Government staff were exposed to climate change and energy efficiency through attendance at international conferences, and an eco-schools project trained environmental clubs from 90 schools to design innovative energy solutions.

Through a multi-sectoral, community-based approach, UNICEF supported the first multi-sectoral capacity building for stunting reduction in Zimbabwe. This resulted in 1,050 government extension officers (of 1,100) in four vulnerable districts having critical skills to assess context-specific drivers of stunting, develop action plans to reach 64,000 children under two years with stunting prevention interventions and use a near real-time monitoring system.

In WASH, capacity development focused on training community-based structures such as water point committees (4,018), sanitation action groups (602), community health clubs (1,305), village pump mechanics (1,225), latrine builders (2,135), school health clubs (821) and school health teachers (1,316) on operation and management of WASH infrastructure and hygiene promotion.

Under the child-friendly national budget initiative (CFNBI), child participation was supported through educating children on national and local budgeting concepts and processes using a child-friendly comic book titled “Our needs, Our Budget”. Parliamentarians were trained in public finance for children to influence 2016 national budget allocations for social sectors. To simplify national data for children and promote child rights in the national agenda, UNICEF produced a comic and child-friendly version of the MICS report. To create local capacity for further analysis of secondary data, government staff worked with an international consultant to further analyse thematic areas of the MICS report.

A total of 27,941 and 32,083 teachers received training in early reading and addressing performance lags, respectively, 33 per cent more than targeted.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF partnered with Zimbabwe’s statistical agency (ZimStat) in the collection, analysis and sharing of data related to children and women. Disaggregated and equity-focused data analysis was completed using the population census data and national poverty data. This resulted in the production and launch of the “Descriptive Child and Youth Equity Atlas” and the “Zimbabwe Poverty Atlas”. These publications exposed widespread poverty both in wards located in rural districts, as well as in pockets of high population concentration in urban areas.

These equity analyses were also used to inform the development of the new Education Sector Plan that now includes indicators monitoring equity in education. In addition, the analyses were used for advocacy and engagement with parliamentarians and civil society to end child marriages – including support for the drafting of motions. They have been a contributing factor to the recently announced Constitutional Court judgement banning child marriage in Zimbabwe.

The Country Office also initiated a MICS secondary analysis, in addition to the multiple overlapping deprivation analysis (MODA) that is to be completed in 2016. These are expected to enable the Government and other development partners to monitor progress towards national

and international (Sustainable Development Goals) goals and commitments aimed at promoting the welfare of children.

In light of the Government's dire fiscal position, UNICEF, in partnership with the Ministry of Finance, organised a high-level fiscal space dialogue. This included discussions on policy options to support the financial and fiscal well-being of the Government and expand funding commitments to the social sectors. The success of this dialogue culminated in the establishment of a Fiscal Space Taskforce and development of a Fiscal Sustainability Framework that has informed ongoing economic and fiscal reform processes.

Partnerships

In 2015 the new HDF was launched. UNFPA joined as a partner, managing the Reproductive Health and Rights pillar; while going forward, GAVI will channel its resources for the immunisation programme through the HDF.

Using the global guidance on ending AIDS among adolescents, stakeholders conducted a rapid assessment of adolescents. This data facilitated the development of action plans to strengthen the adolescent response. UNICEF also contributed to, and supported the successful hosting of, the International Conference on AIDS and STIs in Africa (ICASA 2015).

In nutrition, the multi-sectoral approach to addressing stunting led to successful UN agency collaboration – with UNICEF supporting the implementation of nutrition-specific interventions, while leveraging resources from WFP, FAO and WHO to implement agriculture, social services and health interventions, respectively. In addition, the Bill and Melinda Gates Foundation is supporting the real-time monitoring and citizens' accountability component.

In-kind contributions were received from Econet Wireless Zimbabwe in support of the RWIMS, thus enhancing the ability of communities to provide near-real-time feedback on the operational status of community boreholes.

Finally, the Country Office partnered with several academic institutions, such as Women's University in Africa's child-sensitive social policies programme (supported by SIDA). This programme successfully conducted child rights workshops for parliamentarians, to enhance their ability to execute their legislative and oversight functions in a child-sensitive manner. In addition, the teacher capacity development programme, supported by UNICEF and MoPSE, was delivered through partnership with five state universities in Zimbabwe.

External Communication and Public Advocacy

In line with UNICEF's global communications and public advocacy strategy, UNICEF Zimbabwe continued to 'communicate to advocate' on behalf of Zimbabwe's children, with key messages focusing on equity and sustainability. Studies such as the Child and Youth Equity Atlas, the National Survey on Disability and Health, the Specialized Study on Urban Poverty, the Situation Analysis of Children and Women in Zimbabwe 2011-2014, and the MICS provided the evidentiary basis for promoting public dialogue. Key themes highlighted included ending child marriage, access to maternal and child health services and the need for increased fiscal space to support the social sectors.

Equally, with new global strategies that aim to maximise the advancement of digital and youth engagement, UNICEF Zimbabwe has placed a strong emphasis on youth engagement and innovation. Through the U-Report, UNICEF has provided a platform for young people to express

their views and opinions on issues affecting them. Subscribers during the second semester of 2015 reached nearly 20,000 (41 per cent females). U-Report provided a unique opportunity for issues expressed by young people to escalate all the way up to policy-makers.

The widening range of media outlets in Zimbabwe has enabled UNICEF to further promote development-driven stories that promote child rights. Using UNICEF's strong media relations and established partnerships with organisations such as the Zimbabwe Union of Journalists, the Zimbabwe National Editors Forum and the Humanitarian Information Facilitation Centre, UNICEF was able to place numerous feature and news stories in the mass media, thereby maximising public advocacy. Similarly, UNICEF was able to keep issues in the public domain through weekly radio and television shows.

UNICEF has initiated discussions with a local entity, the Media Monitoring Project of Zimbabwe, on a partnership to provide metrics on UNICEF's communications reach beginning in 2016.

South-South Cooperation and Triangular Cooperation

Acknowledging that rural areas of Zimbabwe are highly dependent on boreholes for water but face difficulties in monitoring functionality, UNICEF coordinated a knowledge exchange visit between the governments of Kenya and Zimbabwe on the smart hand-pump (SHP) technology.

The Government of Zimbabwe requested a twinning with SHP developed by Oxford University to strengthen the RWIMS, being implemented across rural districts of Zimbabwe. The visit to Kenya was intended to introduce the innovative Global System for Mobile-based transmitter, which automatically generates and transmits text messages at programmed intervals during water extraction with movement of the smart-pump handle, and thus triggers alerts in case of no-movement when the pump has broken down.

This system has the potential to improve real-time reporting of pump breakdowns, thus reducing down-time of pumps and strengthening the community-based management system (CBM). The SHP technology system has been successfully piloted in Kenya, resulting in improved service delivery and reduced the down-time of hand pumps to less than three days.

On the invitation of UNICEF, a technical team from Oxford University visited Zimbabwe and made a presentation to the information and knowledge management taskforce (IKMTF) of the WASH sector National Action Committee (NAC). Later in August 2015, a six-person delegation from Zimbabwe (Government and UNICEF) undertook an exchange visit to Kenya to study the SHP pilot project. The objective of the visit was to facilitate information-gathering on best practices and exchange information and ideas on this innovation. The study team acknowledged the effectiveness of the system being used in Kenya and recommended use of SHP technology in Zimbabwe by interfacing it with the existing RWIMS. Plans to pilot SHP technology in selected districts in Zimbabwe are underway for 2016.

Identification and Promotion of Innovation

In collaboration with a key set of partners, UNICEF Zimbabwe designed and implemented innovative products and services for underserved communities. The goal was to strengthen essential services and deliver life-enhancing content that empowers underserved populations to access information and share their voice.

Real-time data monitoring was achieved through the establishment of a two-way communication system through the U-Report, EduTrac and the RWIMS. Real-time data enabled the Country

Office to know where disparities were the greatest, who is not being reached, who is not using essential services and why this is the case.

The use of open source platforms – Rapid Pro and Open Data Kit (ODK) allowed UNICEF Zimbabwe to connect with young people with access to a mobile phone. Young people also connected and counselled each other anonymously (through the U-Report, which currently has a subscriber base of 20,000). The U-Report platform also allowed young people to share and scale their own solutions, without ‘top down’ or more traditional information flows. Over 571,459 SMS’s were sent and received as part of polls and alerts on various topics including HIV/AIDS, climate change and education.

The ODK was used to monitor Zimbabwe’s national food and nutrition strategy community-based approach to reducing stunting. Using smart phones, extension workers at the community level collected nutrition indicators, thereby significantly shortening the feedback loop. A total of 125 tablets were distributed in four districts in Manicaland and Masvingo provinces and 1,600 villages were targeted.

With an almost ubiquitous availability of mobile phones in the country, UNICEF Zimbabwe and the Ministry of Primary and Secondary Education piloted Edutrac in Masvingo and Mashonaland East provinces to improve the efficiency of data collection and monitoring, with plans to cover all 8,750 schools in 2016.

Support to Integration and cross-sectoral linkages

After a fiscal space analysis, UNICEF partnered with the Ministry of Finance, senior government officials, the private sector, IFIs and civil society to develop a fiscal sustainability framework for increasing investments in children and sustaining gains in the social sectors. UNICEF’s close relationship with the Ministry of Finance, and its convening of the first-ever high-level fiscal space dialogue, produced the child-friendly ‘fiscal sustainability framework’ that is now informing ongoing economic and fiscal reforms.

UNICEF conducted a disaggregated analysis of the population census and national poverty data to produce a *Child and Youth Equity Atlas* and a *Zimbabwe Poverty Atlas*. These analyses have been used in policy dialogues with the Government, parliamentarians and civil society on issues such as child marriage, out-of-school children, youth and child poverty. A key lesson is that although UNICEF and Zimbabwe’s National Statistics Agency (ZIMSTAT) produce good-quality evidence through various analyses, the information is sometimes not packaged in the right way, for the right people, at the right time.

UNICEF has generated evidence on climate change and children, including sustainable energy solutions that are currently being used in the national climate policy and the national climate change response strategy. The evidence is also being used to explore solar electrification of schools, biogas digesters for health facilities and solar water pumps for boreholes in rural areas. An important lesson is the importance of child participation in the environment and climate change discourse.

UNICEF convened eight dialogue sessions on 12 topics, where researchers from communities of knowledge and practice presented their latest findings. UNICEF has a database of 1,600 individuals who regularly participated in these sessions. The sessions were tweeted live on social media and live-streamed to virtual audiences in two provinces, an innovation that will be expanded to other provinces in 2016.

Service Delivery

In order to “sustain the gains” made to date, and in line with the shift from transition into development, the overall thrust of the Zimbabwe Country Office has been to strengthen government systems and enhance capacity for service delivery, while gradually scaling down UNICEF’s investment in direct service delivery. However the Country Office continued to provide direct services – particularly in emergencies and when Government, for various reasons, continued to experience capacity gaps.

In the education sector, the Country Office strengthened the role of the sub-national level – district education offices – in quality assurance and monitoring of schools. This experience confirmed that capacities at the sub-national level are solid and provide a foundation for sustainable and cost-efficient mechanisms for service delivery.

The HIV sector supported decentralisation of HIV testing for children to an additional two laboratories, which reduced turnaround time for HIV test results from three months to an average of four weeks.

In the area of child protection, the national case management system was rolled out in all 65 districts, with 9,365 child care workers (CCWs) contributing to referrals of 25,891 protection cases. CCWs continued to provide community-based surveillance, and to serve as a critical bridge between communities and state and non-state child protection service providers.

While progress was made and systems were strengthened, the lack of government resources for actual service delivery remains a critical, overarching challenge.

Human Rights-Based Approach to Cooperation

Over the last year the Country Office made efforts to further strengthen rights-based programming across the various sectors. The Child Protection section supported partners in the legislative alignment processes to ensure that legislation is in line with the new Constitution. UNICEF Zimbabwe supported the process of reviewing the Children’s Act, which is going to be a key piece of legislation on children’s rights in Zimbabwe. Following the review, the Office also supported a validation exercise through nationwide consultation, of the report as well as the drafting of the legislative principles. These legislative principles have now been approved by the Minister of Labour and a draft Act awaits public consultations.

Throughout the process, UNICEF ensured that the analysis and proposed provisions to be included in the new Children’s Act were informed by and reflected international and regional human rights standards for the promotion and protection of children’s rights, including the Convention on the Rights of the Child (CRC) and the African Union’s Convention on the Rights of the African Child. In addition, UNICEF supported the coordination of efforts to ensure judicial recognition and protection of the rights of children by supporting the constitutional case seeking to outlaw corporal punishment. The case was argued in the Constitutional Court and a decision is pending. This is an important link between Constitutional provisions and the actual realisation of rights for children.

Furthermore, UNICEF conducted the national disability survey, aimed at generating evidence to inform the country’s programming for equity. In addition UNICEF Zimbabwe produced the “Child and Youth Equity Atlas” and Poverty Map, as well as MICS thematic analyses to identify the structural causes of deprivation of children’s rights and to strengthen the evidence base for equity-based programming. In addition to generating evidence and analyses to inform its

responses, UNICEF has begun using this evidence to engage the Government of Zimbabwe on expanding the fiscal space to enable it to be responsive to the rights of children through, among other things, effective budgeting and resourcing.

Gender Mainstreaming and Equality

In 2015 the Country Office completed the recruitment of a gender and human rights specialist, who has a cross-sectoral role and is based in the Deputy Representative's Office. In discharging this mandate, the gender specialist works closely with a team of gender focal persons from each section.

At the national level near gender parity has been achieved in enrolment at primary and secondary schools, but to a lesser extent in pass rates, with girls outperforming boys at primary and upper-secondary levels. The widest gap is for lower-secondary pass rates, with boys (27.2 per cent) outperforming girls (18.8 per cent). At the sub-national level gender disparities are more pronounced in some areas. The low pass rates, particularly at lower-secondary, suggested that learning environments were not supporting the realisation of expected learning outcomes. In response, UNICEF supported the MoPSE to draft a new sector plan, new curriculum and a school health policy.

UNICEF further supported the strengthening of HIV and AIDS, Life Skills and Sexuality Education in the new curriculum. UNICEF's education and health sections worked jointly with UNESCO and UNFPA to provide technical guidance for the development of syllabi that adequately address these issues. To date, UNICEF Zimbabwe has invested US\$1,932,625 in the curriculum reform; finalisation and implementation of the school health policy is a priority in MoPSE's 2016-2020 Education Sector Strategic Plan (ESSP).

As part of the 'All In' initiative, the HIV team, with support from UNICEF's Regional Office and Headquarters, and in collaboration with other agencies, invested US\$20,000 in a rapid country assessment to strengthen the adolescent component of the national HIV programme. The assessment found that despite similar HIV prevalence (2.8 per cent) at age 10-14, with increases in age the gender disparity in HIV prevalence becomes visible, and HIV prevalence among girls is higher than among boys.

HIV prevalence for girls between the ages of 15 and 19 is at 4.6 per cent, and for boys of that age at 3.7 per cent. But young females age 20-to-24 are infected at a rate of 10.8 per cent, while the rate for young males is 8 per cent. Recommendations included in the rapid assessment informed the development of the 2016-2020 Country Programme.

Environmental Sustainability

1. UNICEF, in partnership with Institute of Environmental Studies (IES), carried out the 'Children and Climate Change in Zimbabwe' study; the findings contributed to the national climate policy development. This study also led to the designing of three energy-related projects:

- i) In collaboration with IES, operational research to address environmental sustainability issues affecting children is underway.
- ii) The Mukuvisi Woodlands Eco-Schools project to train environmental clubs from 90 schools to design innovative solutions to mitigate energy challenges.
- iii) The 'Green Solutions Hub' programme, in partnership with the Development Reality Institute; a social innovation platform for youth on environmental sustainability and renewable energy.

2. UNICEF supported the development of the national climate change response strategy and provided ongoing support to the national climate policy development process, while ensuring that the special needs of children are reflected, through a child participation approach.
3. Supported staff from the Ministry of Energy and Power Development (MoEPD) and Ministry of Environment Water and Climate (MEWC) to participate in international conferences on climate change and energy.
4. Conducted two pilot programmes on the use of improved cook-stoves in partnership with two CSOs (Practical Action and GOAL), in Seke and Hurungwe districts, respectively, and commenced a similar project in the flood-displaced community of Chingwizi in Mwenezi District .
5. UNICEF, with MoEPD, is spearheading the setting-up of a national improved cook-stoves task force.
6. Contributed to the primary and secondary education curriculum development process, ensuring that environmental sustainability and climate change were included.
7. UNICEF Zimbabwe is currently developing a child-friendly climate change manual and has contributed a chapter in the 'School Energy Manual' being developed by the MoEPD.
8. UNICEF Zimbabwe supported the "Voices of Youth Climate Mapping Activity" and had a young climate mapper representing Zimbabwe at the Conference of Youth 11.
- 9.. The Country Office is taking strides towards greening UNICEF, through measures to reduce carbon emissions such as: use of solar energy and energy-efficient technologies, recycling waste, reducing water consumption and raising awareness among staff.

Effective Leadership

The Zimbabwe Country Office pursued results-based programme management to ensure that all available financial and human resources support achievement of planned results. Risk management practices in decision-making, planning, and programme implementation were used, following the best practices that facilitate integration of enterprise risk management (ERM) into key business processes and support effective decision-making. UNICEF Zimbabwe proactively and systematically identified, assessed and managed key risks, and assigned ownership for risks. A risk implementation plan was established with clear indication of targets, indicators and a reporting mechanism. The implementation of the planned risk mitigation actions were reviewed by the Country Management Team (CMT) and during mid-year and annual programme reviews.

Office governance structures supported by 16 committees with adequate terms of reference and appropriate membership provided the required oversight to ensure that programme deliverables were achieved. Through monthly CMT meetings, key programme and operations indicators were reviewed and effective remedial actions taken wherever bottlenecks were observed. The business continuity plan (BCP) was updated during the year, including the composition of BCP teams. A BCP simulation exercise was conducted in December; lessons learnt from the exercise will be used to improve UNICEF Zimbabwe's efforts to ensure high availability of critical functions and services in case of disruptive events. UNICEF Zimbabwe is collaborating with the Ethiopia Country Office to facilitate a devolution of transaction processing as a business continuity strategy.

The CMT played a critical role by providing strategic and operational oversight, in particular addressing issues raised during the 2015 audit and actions required to bring audit recommendations to closure. There were 21 recommendations, in the following categories: 18 medium priority and three high priority. As of the reporting date, 17 had been closed and the expectation is that by the first half of 2016 the remaining four will also be closed.

Financial Resources Management

The bank communication module was fully implemented, ensuring swift delivery of funds to beneficiary accounts and timely bank reconciliation, reducing month-end outstanding payments and enhancing efficient management of cash resources. In response to an audit observation on the office's request of funds replenishment that was not in sync with monthly cash projections, a template was developed to track projections with the actual utilisations, in which UNICEF's finance and programme sections will collaborate. The template also allows adjustment of fortnightly projection at the end of each week to make more credible projections, ensuring that the bank account is optimally replenished following the 'just in time, just enough' funds policy.

UNICEF Zimbabwe operates in a volatile banking environment in which some of the vendors' banks faced liquidity challenges, as in the previous year. Finance supported the HACT office to deliberate an office-wide HACT/FACE training and plans to carry out more with partners in 2016. With the advent of the new CP cycle commencing 2016, UNICEF worked at the inter-agency level as part of the HACT Working Group, to develop a database of all partners working with the UN Ex Com Agencies, identified common partners and issued a contract for joint micro-assessment of common partners.

The assessment exercise is ongoing, mainly including central-level ministries and large NGOs. The macro-assessment exercise is currently ongoing. The same working group worked with programme colleagues to review the harmonised per diems for implementing partners and concluded to maintain the rate at US\$75.00 for the year 2015.

Fund-raising and Donor Relations

By November 2015, the Country Office had mobilised US\$558,490,998 which represents 93 per cent of the planned ORR ceiling of US\$601,624,000. The top five donors to the programme were UK (US\$218,962,217), EC (US\$85,293,164), Sweden (US\$30,908,624), Germany (US\$30,857,513) and Australia (US\$26,624,275).

These donors signed multi-year funding agreements, which ensured that resources to support the programme were flexible and predictable. Sweden provided thematic funding to support all outcome areas of the strategic plan. Social inclusion benefited most from thematic funding, and was able to generate data for programming. By November 2015, utilisation levels stood at 89 per cent.

All 54 donor reports due in 2015 were submitted within the deadlines agreed to with donors, following an extensive quality assurance review. An audit conducted in April 2015 reported that the Office had adequate controls and processes in place to ensure timely and quality donor reports. All seven reports reviewed were found to be of good quality and evidence-based. Two major donors interviewed (DFID and EU) expressed satisfaction with the quality of donor reports.

A major contributor to the positive audit results was frequent dialogue with donors, either

bilaterally or through structured forums such as DFID/UNICEF quarterly meetings or steering committee meetings for transition funds led by Government. This ensured that all parties shared the responsibility of monitoring progress in the results being implemented. DFID's live scoring exercises for the child protection fund, WASH and education programmes reported a favourable rating of A, which is an indicator of strong programme efficiency and effectiveness. Issues such as value for money and risk management were constantly on the agenda with donors and implementing partners.

To ensure sustained donor funding for the next Country Programme, a resource mobilisation and partnerships strategy and action plan was finalised in November 2015 and approved by the CMT.

Evaluation

The Country Office evaluation function was strengthened significantly in 2015. With the dissolution of the collaborating centre for operations research, which coordinated research and evaluation, the evaluation function was re-established under the planning, monitoring and evaluation (PME) section, while research was positioned under the social policy and research section. The PME section retained responsibility for compiling the integrated monitoring, evaluation and research plan (IMERP). Standard operating procedures (SOPs) for evaluations were developed and are being implemented, describing the processes and responsibilities for the planning, preparation, evaluation, reporting and post-evaluation phases.

The SOPs address actions to remove bottlenecks in the evaluation process, such as ensuring availability of resources, standardising the tools and defining quality assurance processes and ensuring tracking implementation of management actions.

The Country Office reconstituted and trained the Research and Evaluation Committee and Technical Research and Evaluation Group (TREG) and revised the TORs, ensuring that committees are able to provide required support. These bodies are expected to play a critical role in quality assurance of all research and evaluations conducted by the country office.

The Country Office has access to the Regional Office's roster of institutions and consultants that support quality evaluations.

The 2015 IMERP was finalised and approved in the first quarter and reviewed at the end of the year, documenting over 80 per cent implementation of planned studies. The IMERP 2016-2020 was also developed for the new CP, reflecting the need for evidence to inform programming during this period.

No evaluations were planned for 2015, but several transition-funded programmes end in 2015 and evaluations are planned for 2016. Preparations for evaluating the Education Development Fund in 2016 are advanced. The TORs were vetted using the new SOPs, prior to approval by the TREG. The Country Office is better prepared for quality evaluations and continued to enhance capacities.

Efficiency Gains and Cost Savings

The Business Support Centre continued to provide efficiencies, as it was streamlined to consolidate transaction processing. Programme excellence was enhanced through release of additional staff to focus on programme monitoring, thereby leveraging of resources for children.

Throughout the year, UNICEF Zimbabwe took on office 'greening' efforts to reduce its carbon footprint. It introduced several initiatives during the period under review, such as replacing security and office/room lights (40 watts) with low energy lights (18 watts). This reduced power usage for lighting by more than 50 per cent. The electric fence surrounding the premises is on full solar power. Previously, the Office was using two large generators (350kva each), which were replaced with four small generators (50kva each) with low fuel consumption, thereby saving on both fuel and maintenance costs by US\$16,800 per annum. Motion sensors were installed in selected offices/boardrooms/rest rooms to enable automatic switching off of lights, thereby helping to further reduce electricity consumption. The server was put on an uninterrupted power supply from an inverter to ensure continuous, uninterrupted access in case of power outages.

Introducing a fleet management and vehicle-tracking system contributed to significant reduction of fuel consumption; more than 50 per cent. Average fuel consumption per month for the period January 2014 to June 2015 was US\$19,631 compared to US\$8,165 for July to October 2015.

Following a security assessment, a decision was made to reduce the number of security guards manning the premises by four, resulting in a cost savings of US\$72,000.00 per annum.

Relocation of the warehouse resulted in a cost saving of US\$28,660 on the lease agreement. UNICEF shall continue to explore additional measures to reduce operating costs by a further 7.5 per cent in 2016.

Supply Management

In 2015, 47 per cent of total Zimbabwe Country Office procurement was contracting for services for programme strengthening, research, M&E and WASH rehabilitation. The supply plan implementation rate was 86 per cent.

Total procurement throughput, including procurement services (PS) support to Government through UNDP was US\$76,189,464. However the value of procurement services declined by 79 per cent, mainly due to UNDP's reduced procurement of anti-retrovirals (from US\$83 million in 2014 to US\$2.9 million in 2015).

UNICEF Zimbabwe continued to support a wide range of high-value, complex procurement activities for essential supplies and services for programme delivery across the sectors. This included erection of pre-fab storage facilities, increasing efficiency gains and availability of nutritional supplies at the provincial level, and WASH rehabilitation works, which increased water production by over 50 per cent in 14 targeted small towns.

Economic volatility continued to contribute to supplier inability to meet commitments, resulting in order cancellations and reordering increasing administrative costs and delivery delays.

As part of early market engagement strategy and to ensure a wider market reach to leverage value for money, a supplier conference was held in September and a market survey finalised in the fourth quarter. Cost efficiencies on negotiated procurement of goods and services achieved US\$831,628 savings, and the number of long-term agreements increased from 14 to 31 in 2015.

Successful relocation of the UNICEF Zimbabwe warehouse in March resulted in US\$28,660 annual cost savings. The total value of programme supplies in warehouse as of 7 December 2015 was \$1,178,306, of which emergency prepositioned stock represented US\$210,617.

UNICEF Zimbabwe 2015	Value in US\$
Programme supplies	11,062,994
Operational supplies	870,926
Services	35,494,599
Total	47,428,519
Supplies channelled via procurement services	
via regular procurement services	13,990,237
via GAVI	14,770,708
Total Procurement Services	28,760,945
GRAND TOTAL	76,189,464

Supplies managed by UNICEF Zimbabwe Warehouse 2015	Value in US\$
Physical Inventory on 7 th December 2015	1,178,306
Supplies issued from warehouse as of 7 th December 2015	3,062,338
Total	4,240,644

Security for Staff and Premises

Zimbabwe, though not experiencing conflict, has the potential to deteriorate rapidly due to inter- and intra-party political infighting. Thus the security situation was monitored and regular updates provided by United Nations Department of Security Services (UNDSS). With the economic situation not improving, there have been reported cases of car thefts and burglaries, as well as occasional hijackings. Increased criminality against property and bank card fraud was reportedly attributable to high unemployment rates.

The Country Office owns two premises and is renting five. Of the seven, six are offices – one is the business continuity plan alternate site and the other a warehouse. All premises were inspected by UNDSS and meet required minimum operating security safety standards. Following a UNDSS recommendation, a fire detection and alarm system was being installed. The Country Security Plan and minimum operating residential security standards (MORSS) were reviewed and revised MORSS are in place. The UNDSS aviation risk management office upgraded Air Zimbabwe to “unrestricted use” air operator, thus suitable for use by UN personnel.

Fire wardens were trained in firefighting and basic first aid procedures. One fire drill exercise was held in 2015. All premises are manned by 24 hour security guards who manage and control the movement of staff and visitors and equipment into and out of the offices. All staff have UN identification cards, and a bio-metric access system is used to control movement at office premises.

New staff are briefed on staff security and awareness and radio checks and trainings conducted at quarterly.

The Country Office participated in common services with other UN agencies to manage costs through joint procurement and piggy-backing on the following services: UN Staff Safety/Security Services (UNDSS); UN Clinic; and Mail and Courier Services.

Human Resources

The Country Office conducted a successful programme budget review exercise in preparation for the new Country Programme 2016-2020. Recruitments for new positions were underway. All 2015 audit recommendations pertaining to human resources were closed and the focus was on sustaining agreed actions.

Projected expenditure for the learning and development plan is 100 per cent. Group learning activities included programme planning process, managing performance for results and competency-based interviewing for both panel members and interviewees. The next competency-based interviewing training will be conducted in January 2016. Human Resources developed and facilitated three clinics, on: Cigna, flexible working arrangements and Agora. Overall, the implementation rate of the 2015 Learning and Development plan was 80 per cent; the mandatory learning activities completion rate was 92 per cent.

Two standard operating procedure documents were developed for recruitment and selection of staff, consultants and contractors, to enhance operational efficiency and effectiveness in the recruitment process.

Key indicators for local staff recruitments are within range of the established baseline. Most of the delays with recruitment of international staff lie with the Division of Human Resources.

The Country Office has achieved a 100 per cent completion rate for both phase I and phase II of the performance evaluation cycles, with 97 per cent meeting the global completion deadline. To further support managers and employees, training sessions in managing performance for results were held for both managers and staff in 2015.

In the 2014 global staff survey for Zimbabwe, 76 per cent of staff reported overall employee satisfaction. The joint coordinating committee is closely monitoring implementation of the action plan developed to address the issues raised. The Country Office is conducting information sessions to promote the use of flexible working hours, but only 17 staff members have formalised flexible working arrangement.

Overall gender parity in the office has improved slightly. As of December 2015 the overall gender balance was 48 per cent (female) vs. 52 per cent (male).

Effective Use of Information and Communication Technology

UNICEF Zimbabwe continued to build on past accomplishments to enhance operations efficiency in programme management through strengthened information and communication technology infrastructure.

Several significant achievements were completed during the period under review:

- Reduction of local Internet bandwidth cost by 9 per cent through the UN ICT working group arrangement.
- Implementation of UNICEF universal Wi-Fi, which streamlined network access, and installation of additional access points to enable seamless connection in any location within the premises.
- Facilitated records and information management through the introduction of Zimbabwe Teamsite; finalised documents were moved/published in Teamsite, resulting in increased

accessibility, sharing, collaboration and recovery.

- Increased collaboration with programme section through innovations. IT tools for collecting, processing and analysing data developed for education and nutrition projects, following the systems development lifecycle model.
- Improved uptime and availability of data centre with the installation of hybrid solar/inverter power system. Average of 90 per cent of data centre load is drawn from solar/inverter during daytime.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Pregnant women and children of less than five years of age have access to quality maternal new-born and child health services nationally, by the end of 2015.

Analytical Statement of Progress:

The main focus of the health outcome in 2015 was to sustain the gains thus far achieved in reviving the nearly collapsed health system of Zimbabwe, with a focus on quality of care and equity, delivering the last thrust of effort to reduce the lag in meeting MDG goals. The Zimbabwe MICS 2014, which provided the baseline for the 2015 annual work-plan, showed significantly improved coverages for most of the high-impact, cost-effective maternal, new-born and child health interventions, as compared to coverage measured in 2009 by MIMS. The percentage of pregnant women attending four antenatal care (ANC) visits increased from 57 per cent to 70 per cent, institutional delivery from 59 per cent to 79.6 per cent, skilled attendance at delivery from 60 per cent to 80 per cent, postnatal care within 48 hours from 27 per cent to 78 per cent, BCG immunisation coverage from 91 per cent to 92 per cent, measles immunisation coverage from 69 per cent to 83 per cent, primary completed course of immunisation from 37 per cent to 69 per cent and antibiotics for suspected pneumonia from 16 per cent to 34 per cent.

Some other interventions related to nutrition, HIV-AIDS, TB and malaria similarly benefitted from the human resources retention scheme, regular availability of vital medicines and consumables, and routine maintenance funds provided to the health facilities. Despite these achievements, some health-related MDG 4 and 5 targets were not met. The maternal mortality ratio declined from 1,069 deaths per 100,000 live births (census 2002) to 526 (census 2012), representing a decline of 51 per cent, while the 2014 MICS figure was 614 against the MDG target of 174. The under-five mortality rate declined from 65 deaths per 1,000 live births (MIMS 1999) to 55 (MICS 2014), falling short of the MDG target of 34. Infant mortality declined from 120 deaths per 1,000 live births (MIMS 1999) to 75 (MICS 2014), also short of the MDG target of 22. However, it may be argued that it was inappropriate to measure the country against the MDG targets, considering that progress was seriously derailed by the near-collapsed status of the health system in 2008 and 2009.

UNICEF, with funding from the Health Transition Fund, continued to support health system-strengthening by ensuring continued availability of human resources, vital medicines and health commodities, as well as routine maintenance funds provided to health facilities. UNICEF's support to improving quality of care included finalisation of the integrated quality of care supportive supervision checklist and monitoring tool, support to the reproductive, maternal, newborn, and child health (RMNCH) clinical mentorship programme in five provinces, introduction and roll-out of the guidelines for rational use of blood and blood coupons. The roll-

out of results-based financing in 800 supported health facilities in the 42 districts previously receiving input-based health service funds also contributed to quality improvement, as did the introduction of the balanced RMNCH scorecard at national and provincial levels.

UNICEF, with additional funding from the HTF and the EU, supported the development of the 2016-2020 national health sector strategy.

During most of 2015, funding funds flow from major HTF donors were interrupted, resulting in the slowing down of programme implementation and requiring very careful prioritisation. Consequently, some annual targets were revised downwards and some rolled over to 2016, when funding is expected to be more predictable and consistent.

Because of high levels of transparency and accountability, with the support of the HTF Steering Committee and the very positive results achieved, it was possible to mobilise additional resources for the 2016-2020 HDF, and to maintain UNICEF's role as fund administrator. Government's commitment to GAVI co-financing improved. UNICEF put in place robust risk-management systems, resulting in improved accountability for funds disbursed to the Ministry of Health and Child Care at all levels, and fewer delays in acquittal of funds as compared to the previous year. Results-based financing (RBF) was scaled up nationwide, with UNICEF's support, to 42 districts, with World Bank support in 18 districts. The challenges involved are to be addressed through revision of the implementation modalities.

There is better appreciation of the health services by the citizens, as evidenced by positive feedback from the community committees and fewer negative media reports than the previous year. UNICEF contributed to this by embracing and freely disseminating the independent evaluations of the HTF, closely engaging with the HTF steering committee, community committees, the media and the general public through social media and health bulletins, including publications of *Health Matters* magazine.

UNICEF's new Country Programme 2016-2020 was developed and approved, with specific areas within health outcomes that will need to be addressed, including adapting services to focus on more new-born and adolescent health services, increasing the proportion of children completing immunisation and tackling religious and other socio-cultural objections. UNICEF supported the MoHCC to conduct rapid assessments of: new-born corners and kangaroo mother care in 20 districts, stakeholders' consultations on an adolescent health package linked to the HPV vaccination and the design of an MNCH intervention package for Apostolic groups. These interventions will be developed into concrete RMNCH action plans to be implemented during the 2016-2017 rolling work-plan and beyond.

OUTPUT 1: All health facilities are able to provide routine immunisation including outreach services.

Analytical Statement of Progress:

All health facilities provided routine immunisation, including outreach, although the joint review mission of the HTF (March 2015) found that 16 of the 29 primary health care facilities visited were conducting outreach immunisation services, while the remaining 13 had their outreach supported from the district level. Routine EPI data from the health information management system showed high immunisation coverage for initial utilisation of traditional vaccines (BCG 97 per cent, OPV₁ 97 per cent, Penta₁ 97 per cent, measles 90 per cent), but significant reduction in continuous utilisation (OPV₁ 97 per cent - OPV₃ 91 per cent, Penta₁ 97 per cent - Penta₃ 90 per cent); the primary completed course stood at 87 per cent (MoHCC routine HMIS data,

2015). Coverage for the new vaccines were relatively lower, also with significant drop-outs (Pneumo₁ 96 per cent - Pneumo₃ 87 per cent, ROTA₁ 95 per cent - ROTA₂ 88 per cent).

UNICEF supported the forecasting, timely procurement and distribution of vaccines; maintenance of the cold chain system, including preventive maintenance and consistent supply of LP gas for refrigerators; and provided some financial and logistic support for 2,944 immunisation outreach in all 62 districts. UNICEF also supported the expansion of the cold chain system, including installation of 21 walk-in cold rooms and 107 solar-driven refrigerators. As a result of UNICEF's support to build the capacity of Ministry of Health staff in data management, timeliness and completeness, quality has significantly improved. Full immunisation coverage was being monitored on a monthly basis through monthly generic reports and quarterly review meetings.

The major challenges of the expanded programme of immunisation (EPI) programme during 2015 included: limited fiscal space, hence inability of Government to meet its co-financing commitments to GAVI (so far defaulted twice, and only partly paid the 2015 co-financing); reduced HTF funds flow; global shortage of some key vaccines (BCG and IPV); inadequate staff for the EPI programme at national level (an acting EPI Manager and only two other staff to support); skills gaps at sub-national level (poor vaccine management at sub-national and service delivery level); and stagnation of some immunisation coverage indicators (due to religious and other socio-cultural objections and other inequities).

UNICEF and other partners will continue to advocate for: increased Government funding for the health programme; the recruitment of a substantive EPI manager and other critical staff at national level (stores officer, cold chain technicians, programme assistant and additional store hands); capacity building for EPI staff at the sub-national and service delivery levels; and strengthening of outreach efforts. The problems of objectors and other inequities need to be addressed urgently.

OUTPUT 2 All health facilities are able to manage common childhood illnesses using the IMNCI approach.

Analytical Statement of Progress:

UNICEF provided support for increasing the coverage of integrated management of neonatal and childhood illness (IMNCI) services, aiming at every health facility having at least two IMNCI-trained health workers. An additional 102 health workers were trained and followed-up by the pool of 122 IMNCI facilitators. UNICEF procured and distributed essential medicines for common new-born and childhood illnesses. The joint review mission by HTF partners (March 2015) found that 100 per cent of the 29 primary health care facilities visited were assessing and managing childhood illnesses according to IMNCI guidelines and protocols. The vital medicine availability and health survey (VMAHS) round 25 (July – September 2015) found that sick children below the age of five years in 87 per cent of primary health facilities had access to medicines and at least one trained health worker to provide appropriate care using IMNCI.

Universal coverage of IMNCI services is hampered by the high cost of traditional IMNCI training, and it is only through rolling-out IMNCI distance learning that adequate coverage can be achieved. The MoHCC, in collaboration with UNICEF, WHO and other partners introduced IMNCI distance learning in two districts (Bindura and Seke) in preparation for national roll-out in 2016. This will help to scale-up the coverage of IMNCI-trained health workers, but will need to be supplemented with mentorship and supportive supervision to ensure that the quality is maintained. The modules of IMNCI distance learning materials were pre-tested and being

revised.

Although preventive and simple curative child health interventions at primary health centres are relatively good, prompt and quality care at the referral and tertiary levels is still lacking, and more children are reported to be dying at referral centres. UNICEF, WHO and other partners supported the MoHCC to initiate emergency triage and treatment (ETAT) for IMNCI referrals. A clinical mentorship team on IMNCI was built, consisting one IMNCI course director, 4 IMNCI facilitators and 19 paediatric nurses (15 females, four males) thereby setting up a platform for the introduction of ETAT in Harare Central Hospital.

There is need to strengthen community IMNCI, as front-line service providers at the community level can only treat malaria (in malaria-endemic districts) and diarrhoea with ORS plus zinc. Even if access to health facilities in Zimbabwe is relatively good, community-based IMNCI still has an important role to play in disadvantaged and hard-to-reach communities.

OUTPUT 3: All health facilities are able to provide Basic Emergency Obstetric and Neonatal Care (BEmONC) to pregnant women and new-borns

Analytical Statement of Progress:

UNICEF and other partners supported the MOHCC to review the focused ANC protocol and update it to ensure ANC services were comprehensive, covering all essential areas including HIV and nutrition services for pregnant women. Five thousand copies of the focused ANC protocol were printed and distributed to all primary care facilities nationwide. ANC is almost universal; 99.9 per cent of all health facilities provide ANC services. However challenges are still being experienced with pregnant women booking late and loss to follow-up, as only 70 per cent complete the recommended four ANC visits. Coverage for emergency obstetric and new-born care (EmONC) services (six signal functions) was 98 per cent of all health facilities in 2015, and basic EmONC, with four signal functions, achieved 100 per cent coverage. Manual removal of the placenta and manual vacuum extraction for removal of retained products are at 85 per cent and 70 per cent respectively, with technical follow-up to boost health worker confidence.

At least 96 per cent of health facilities have essential MNCH equipment and essential obstetric and neonatal care medicines, with a 94 per cent availability of oxytocin and magnesium sulphate. To ensure provision of quality services, on-the-job training and technical follow-up of 1,265 primary care nurses at primary-level facilities was sustained and; UNICEF's support to the MOHCC was in collaboration with the UN Population Fund (UNFPA), the Catholic Organisation for Relief and Development Aid, the USAID Bureau for Global Health's flagship maternal, neonatal and child health and the World Health Organisation. Various BEmONC signal functions were covered, including management of pre-eclampsia and eclampsia, helping babies breathe (HBB), management of post-partum haemorrhage and manual removal of the placenta.

UNICEF ensured the availability of the updated midwifery curriculum; 1,000 copies were printed and distributed to all 22 midwifery and 15 up-skilling nursing schools nationwide. Fifty-five midwifery tutors from 21 midwifery schools received technical supervision and on-the-job training to update their knowledge and skills in management of obstetric and neonatal emergencies, in an effort to improve the quality of midwifery training. At least 765 newly qualified midwives and 515 primary care nurses who completed the accelerated midwifery training programme entered the health service in 2015, hence sustaining the high coverage for skilled care at birth. Access to services is increasing as user fees have been abolished in most rural health facilities; at least 93 per cent of the facilities offer free maternal, new-born and child services, including BEmONC (VHMAS Round 25).

OUTPUT 4: All district hospitals are able to provide Comprehensive Emergency Obstetric and Neonatal care to pregnant women and new-borns

Analytical Statement of Progress:

UNICEF continued to support the training of health workers, procurement and distribution of equipment and supplies and technical supervision of district hospitals, as well as the provision of retention allowances for doctors working in district hospitals to enhance Caesarean-EmONC services. Coverage of C-EmONC services remained high in 2015, with 83 per cent of hospitals performing Caesarean section and 75 per cent providing blood transfusion. UNICEF is supporting the clinical mentorship programme in five provinces, with the three remaining provinces being supported by UNFPA as part of continued quality improvement in C-EmONC. Onsite technical follow-up was conducted for provision of on-the-job training. To date, 136 health service providers were mentored, of whom 23 per cent were medical doctors and 76 per cent nurses. Provision of blood and blood products to pregnant and post-partum women, through the coupon system, was being implemented successfully. At least 11,000 blood coupons were delivered to the MoHCC from January to late 2015; 84 per cent were utilised. Orientation of 155 MNCH officers from district, provincial and central hospitals on rational use of blood in obstetrics and gynaecology was conducted, and 3,000 copies of guidelines on rational use of blood were printed and distributed in an effort to ensure efficient use of blood and blood products. An end-user verification exercise conducted in all provinces showed that at least 97 per cent of pregnant and post-partum women who had received a blood transfusion in 2015 did not pay for the blood. The expansion of new-born corners to provide essential care for every baby and care to sick and small new-borns is being enhanced, and a baseline assessment on kangaroo mother care (KMC) units in 20 district hospitals showed the need to upgrade midwives' skills in KMC and appropriate equipment to provide quality KMC and essential care for every new-born. Training on management of preterm infants and the KMC approach was conducted for 60 health workers from 20 selected district hospitals to ensure that every new-born baby has access to quality essential new-born care and neonatal basic life support immediately after birth, and to inform health workers about the value of KMC and its appropriateness as a strategy for caring for low birth-weight babies. Roll-out of the RMNCH scorecard as a management tool for monitoring at the provincial and district levels was in progress.

OUTPUT 5 National Health Systems strengthened.

Analytical Statement of Progress:

UNICEF used its comparative advantage to source good quality medicines at very reasonable prices, thus ensuring value for money for procured essential medicines and health commodities, including: 9,618 primary health care packs, bulk medicines, 7,110 cartons of ready-to-use therapeutic feed (RUTF) and 10,000 blood coupons to be used for pregnancy-related complications, valued at \$11,142,749. Through UNICEF's comparative advantage, good quality medicines (WHO pre-qualified where applicable) were sourced at very reasonable prices, thus ensuring value for money. UNICEF and JSI/ Deliver supported the National Pharmaceutical Company, the national drug supplier in Zimbabwe, to distribute these medicines and health commodities to 1,300 health facilities through a pus delivery system; 8,003 health packs were distributed this year in two delivery runs; a third run was underway at year's end. The MoHCC received financial support of \$992,921 for the distribution and storage of medicines, including support for the roll-out of the Zimbabwe Assisted Pull System (ZAPS) in Manicaland Province. This support has resulted in 92.3 per cent of the primary health facilities having at least 80 per cent of a selection of essential medicines (VHMAS round 25 report).

With UNICEF's support for implementation of results-based financing in 834 primary health care facilities in 42 districts, funded by the HTF, in addition to the 18 districts funded by the World Bank, all primary health facilities in Zimbabwe received RBF. By end October 2015, UNICEF had disbursed \$3,404,471, either as RBF or input-based financing. A review of the RBF programme implementation module is currently underway.

UNICEF supported the payment of retention allowances to 4,265 critical staff and 20,518 health workers. This contributed to an increase in the number of doctors in rural district hospitals from 82 in 2012 to 148 in 2015 and the number of midwives reaching 3,941 (MoHCC Administrative report). The majority (88 per cent) of the doctors in district hospitals are being supported by the HTF, through UNICEF (MoHCC Administrative report). Support for implementation of the workload indicator of staffing needs continued with training for data collectors and piloting at one primary health facility, one district hospital and one central hospital.

The joint review mission by HTF partners and donors was conducted in March 2015, and showed improvements in staff motivation among with significant improvement in access to services by community members.

The final report of the 2014 HTF Annual Review, conducted by Liverpool School of Tropical Medicine was shared with HTF steering committee.

OUTPUT 6 Families and communities are empowered to effectively utilize health services

Analytical Statement of Progress:

By end-2015 13,447 village health workers (VHWs) had been trained out of the required 22,000, covering 61 per cent of villages. During the year 1,647 new VHWs were trained, representing 54.9 per cent of the planned annual target of 3,000. The joint review mission of the HTF in March 2015 met with VHWs in 27 primary health care facilities, all of whom were found to be quite knowledgeable about their roles and responsibilities and appeared well-motivated.

Five thousand copies of the revised VHW Handbook, which includes the full package of community-level MNCH, HIV and AIDS and nutrition services were printed and distributed. Five thousand pairs of tennis shoes were procured and distributed. The remaining items of the VHW kits will be prioritised for procurement when funding is available. The token incentive allowances (US\$14 per month) have been paid to 4,213 VHWs for the period August 2014 to April 2015; allowances for May to October 2015 were being processed. The major bottlenecks hindering timely payment of these allowances included delays in updating the VHW databases and inconsistencies therein, and delayed acquittals of the funds by the districts and provinces. UNICEF will continue to follow up with the provinces to submit timely requests, and will provide the necessary support to districts where payment of the VHWs is a challenge. Meanwhile options for paying VHW allowances through mobile telephone systems or through RBF are under consideration.

The March 2015 joint review mission found that all the health facilities visited had functional health unit management committees. UNICEF and the World Bank, through the RBF in 42 and 18 districts, respectively, have supported the establishment or revitalisation and functionality of these committees, while the community working group on health supported the drafting of the training manuals.

As part of the 2016-2017 rolling work-plan there will be technical follow-up for the newly trained

VHWs, refresher training for VHW trainers to ensure that they are fully conversant with the full package of MNCH and HIV and AIDS and nutrition services at the community level. Strengthening of supportive supervision of community health workers and other community service providers is also planned. Within the context of limited resources, the MoHCC will in 2016 prioritise the rolling out of an initial three weeks of training for VHWs, before taking on the subsequent eight- weeks' training.

OUTPUT 7: Project support

Analytical Statement of Progress:

All critical posts for the current Country Programme, including the chief of health and nutrition (which had been vacant for most of the year), the HTF coordinator and the community health officer were filled during the course of the year.

OUTCOME 2: Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents (boys & girls), by the end of 2015.

Analytical Statement of Progress:

The programme aimed to have at least 80 per cent 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 the end of 2015. HIV testing and counselling among pregnant women attending antenatal clinics remained high at 94 per cent. Implementation of the new WHO ART guidelines at the national level, in almost 93 per cent of health facilities, led to an increase in the proportion of pregnant women accessing ART: 96 per cent of all women identified as HIV-positive during ANC, labour or delivery were initiated on ART, representing 64 per cent of the estimated number of HIV-positive women in need of ART in Zimbabwe in 2015. In terms of access to ARV prophylaxis, 60 per cent of HIV-exposed children had received Nevirapine by September 2015.

Access to early infant diagnosis remained constrained; by September 58 per cent of children were getting tested by the age of two months. A slow increase has been observed in the proportion of HIV-positive children aged zero-to-four years receiving ART – from 34 per cent in 2014 to 43 per cent by September 2015 – representing 72 per cent of all children in need of ART in 2015. According to new WHO ART guidelines, all HIV-positive children under the age of five should be initiated on ART upon diagnosis. In line with this guideline, 82 per cent of under-five HIV-positive children identified were initiated on ART, indicating that the majority of health workers are complying with the guidelines. However, there is need to increase ART initiations to reach all children under five.

HIV testing among adolescents still remains low; only 24 per cent of males and 35 per cent of females aged 15-to-19 knew their HIV status by 2014. In 2015, 63 per cent of female adolescents (170,664) had been tested by September. Gender disparities were observed among children aged 10-to-14 years and those aged 15-to-19: Of 41,443 adolescents aged 10-to-14 years, only 26 per cent were females, while 75 per cent of the total (129,221) aged 15-to-19 years were females. Linkages between HIV testing and voluntary male medical circumcision has led to having more 10-14-year-old boys tested, while linkages to MTCT might have led to high testing rates among 15-to-19 year-old females. There is therefore need to develop strategies and innovations that will increase access to HIV testing to address age and gender disparities. An increase was observed in access to ART for adolescents 10-to-19 years, from 34 per cent in December 2014 to 52 per cent among those aged 10-to-14 and 63 per cent among for the 15-to-19 age group by September 2015. More adolescent females (65 per cent) than

males (51 per cent) are accessing ART, which may be attributable to the provision of ART during pregnancy and breastfeeding period.

These achievements were achieved with support from various partners, including the Elizabeth Glaser Paediatric AIDS Foundation, the Organization for Public Health Interventions and Development, UN agencies and others. UNICEF's contribution went towards downstream and upstream activities, with a focus on the 20 poorly performing districts with huge unmet need for paediatric HIV services. The support included capacity building of health workers on prevention of mother-to-child transmission of HIV (PMTCT); paediatric and adolescent ART through training, mentorship, clinical attachments and supportive supervision; provincial, district and community mobilisation for HIV service utilisation; printing of training materials and IEC materials for male mobilisers; HIV testing campaigns in high-prevalence provinces; strengthening the diagnostics systems for children through conventional laboratory service and Point of Care technology. In collaboration with other UN agencies, UNICEF supported the roll-out of the 'All In' initiative that was launched globally by UNICEF and UNAIDS, and a rapid assessment for adolescents on HIV was conducted. This led to the country having data for adolescents that informs adolescent programming. In addition, UNICEF and EGPAF supported the development and finalisation of an accelerated action plan (AAP) for ART for children and adolescents, which was informed by the 'All In' rapid assessment results. UNICEF also supported the annual review, planning and report writing for the HIV programmes to assess 2015 progress, which guided the development of plans for 2016.

Technical and financial support was provided to the development of an application to the Global Fund Incentive Fund, in which issues of children and adolescents were incorporated. The proposal was approved, including support for full coverage of paediatric ART through 2016.

UNICEF coordinated with UN and other partners through UN joint team technical support to MoHCC, joint UN team meetings HIV technical working groups and partnership forums at the national and provincial levels. UNICEF also coordinated with partners to provide technical and financial support to the International Conference on AIDS and STIs in Africa (ICASA) and ensured that issues pertinent to children, women and adolescents were highly visible during the conference, as well as increasing youth participation.

Challenges that affected achievement of some results included: slow finalisation of the AAP due to overlapping priorities, which affected the roll out of the plan to the districts; holding ICASA in Zimbabwe, which was not initially planned affected implementation of some activities, during the last quarter, due to competing priorities; the limited focus on adolescents by key partners affected the roll-out of adolescent interventions and availability of data for adolescents.

OUTPUT 1 All health facilities are fully functional to provide comprehensive PMTCT services.

Analytical Statement of Progress:

The programme aimed to increase access to PMTCT services for HIV-positive women and HIV-exposed children through expansion of PMTCT services and uninterrupted supply of antiretroviral medicines. Of the 100 per cent 2015 target, 93 per cent of MNCH facilities offer ART to pregnant women and 97 per cent (against 80 per cent target) of all PMTCT sites had adequate stocks of ARV medicines. This led to 96 per cent of HIV-positive women identified in ANC, labour and delivery or post-natal receiving ART by September, 2015. Sixty per cent of HIV-exposed babies had received ARV for prophylaxis by September 2015. Early infant diagnosis remained lower, with 58 per cent of HIV-exposed children getting tested using DNA polymerase chain reaction by two months of age. The decentralisation of testing for children to

two more laboratories and use of the SMS platform to convey results to health facilities, however, reduced the turnaround time for results to around two-to-four weeks from the previous 12 weeks.

UNICEF's contribution toward achievement of these results include training of 223 health workers in ten districts on option B+ and paediatric ART; training of 82 male mobilisers for PMTCT; printing IEC and visibility materials for male mobilisers; post-training follow-up and supportive supervision in 16 districts; and training of 102 community-based workers in referral, tracking and tracing of HIV-infected mother/baby pairs. In addition, UNICEF supported Mbereko mother support groups, where 10,288 mothers were reached by 318 trained VHVs in three districts; 9,916 group members from 291 groups were trained in income generating activities and the internal savings and lending groups have 7,578 members, 130 MNCH workers were involved in review meetings for the Mbereko work, 76 salter scales and 2,000 MUAC tapes were distributed to VHVs to integrate nutrition screening in the community. At the national level, technical support was provided for the development of the mother/baby pair register, which will be used for longitudinal follow up of HIV-positive mothers and their babies, to reduce loss to follow up. Technical support was also provided for analysis of PMTCT data and stock-taking on implementation progress, to inform prioritisation of districts where more focus will be placed on facilitating the achievement of elimination; validation is planned for 2016/2017. UNICEF also supported Government participation in a regional capacity-building workshop on PMTCT option B+ monitoring, which facilitated the review of option B+ tools and systems at country level.

OUTPUT 2: 80 per cent health facilities are able to provide comprehensive Paediatric ART services.

Analytical Statement of Progress:

The programme aimed at scaling-up paediatric HIV services to 80 per cent of health facilities, to reach to at least 90 per cent of eligible HIV-positive children. By September 2015, 93 per cent of all health facilities had nurses trained to initiate ART with children, and 962 (62 per cent) of facilities were initiating paediatric ART, up from 610 (39 per cent) in December 2014. The proportion of health facilities that maintained at least 80 per cent of availability of paediatric ART drugs remained low, at 54 per cent, contributing to low initiations of ART among children. On the other hand, the increase in number of facilities initiating ART in children has led to having 43 per cent of HIV-positive children receiving ART, translating to 72 per cent coverage for children eligible for ART. ART initiations in under-five children identified as HIV-positive was high; 82 per cent were started on treatment upon diagnosis.

UNICEF contributed to the achievement of these result through support to the development of the accelerated action plan for ART for children and adolescents (2016–2018) and its dissemination to four provinces; clinical attachment of 172 nurses to high-volume health facilities; paediatric ART mentorship for nurses in 85 health facilities; supportive supervision by national and provincial teams to health facilities; training of 42 health workers in Zimbabwe ART distribution systems, to improve ordering and management of paediatric ART medicines and minimize stock outs of medicines; accreditation of health facilities to provide ART services for children, to facilitate decentralisation of ART for children to lower-level health facilities; strengthening dry blood sample transportation and results between clinics and hospitals through provision of fuel for motorcycles in six districts; development of a laboratory strategy for 2016–2020, which creates a platform for introducing new technology for testing children; technical support for the introduction of new Point of Care technology for early infant diagnosis; technical support to ensure the inclusion of paediatric HIV within the National Health strategy and Child survival strategy for 2016-2020.

In addition, UNICEF supported the targeted 20 poorly performing districts to develop evidence-based action plans to address bottlenecks; the plans were implemented with support from UNICEF and other partners. This process has enhanced the capacity of the districts to utilise data for programme planning, monitoring and reporting on results for children.

OUTPUT 3: Adolescent friendly SRH & HIV provide gender-sensitive and adolescent-friendly reproductive health services, including HIV services.

Analytical Statement of Progress:

The programme aimed to scale up adolescents HIV prevention, care and support services at all levels of care, including in communities, within the broader adolescent sexual and reproductive health (ASRH) programme. The number of health facilities with health workers trained in child and adolescent care and management increased from 479 in 2014 to 582 by September 2015. At least 100 per cent of all ART-providing sites offer HIV testing and ART to adolescents although adolescent responsiveness to the services remained a challenge. By end-September, a total of 170,664 adolescents had been tested for HIV, of whom and 7,673 (4.5 per cent) tested positive. . Of the 7,673 adolescents identified as HIV positive during the period, 60 per cent were initiated on ART. This led to an increase in the proportion of HIV-positive adolescents accessing ART to 52 per cent among those aged 10-to-14 and 63 per cent for those aged 15-to-19 by September.

UNICEF contributed to these achievements through: technical and financial support for the revision of the national child and adolescents training manual to make it more responsive to adolescent needs; training of 187 health workers in 12 districts in Matebeland North and South provinces on child and adolescent care and management; establishment of an additional 12 support groups for adolescents living with HIV in H4+ districts and training and support to 136 peer supporters; conducting of a rapid assessment of the HIV and SRH situation for adolescents, within the context of 'All In'; technical support to the revision of national school curriculum to incorporate HIV; technical support to the review of the national ASRH program, development of the joint UN programme on young people and support for monitoring and supervision of adolescent HIV programmes in six districts; orientation of 76 schools teachers and 100 community leaders on testing of children and adolescents prior to an HIV testing campaign; and support to family-centred HIV testing campaign in four provinces where more than 84,809 people were tested. Data from the HTC campaign showed that more adolescents and children accessed the service from outreach services than from routine health facilities. Forty-six per cent of those tested during the campaign were aged below 19 years compared to 25 per cent under 19 years tested at health-facilities. Taking services to the communities therefore is key to reaching children and adolescents with preventive services.

OUTPUT 4: Project support

Analytical Statement of Progress:

All critical staff were in place in 2015 and this ensured full implementation and monitoring of HIV and AIDS interventions

OUTCOME 3 Improved and equitable use of nutritional support and improved nutrition and care practices for pregnant and lactating mothers, new-borns and children by the end of 2015.

Analytical Statement of Progress:

UNICEF support continued at all levels for improving nutritional support and improved nutrition care practices for pregnant and lactating mothers and children under five, including: provision of critical nutrition supplies (Vitamin A, IFA, RUTF, F75, F100, resomal, amoxicillin), technical assistance for policy launch, baseline survey on multi-sectoral, community-based approach, finalisation of national a communication strategy for nutrition and setting up a near real-time data monitoring system. To address micronutrient deficiency disorders, micronutrient interventions for pregnant and lactating women and children 6-to-59 months continued to be delivered routinely through the health system. UNICEF continued its support for providing assistance for quality delivery of CMAM, integrated with IMNCl, including capacity-strengthening for quality service delivery.

The national nutrition strategy was launched at a high-level meeting at the Zimbabwe International Trade Fair on 3rd May 2015. Community-level dissemination of the strategy was completed with full participation and representation of community heads, all district nutritionists and provincial health executive representatives from all provinces. The national nutrition strategy was adopted as the Scaling Up Nutrition (SUN) common results framework for Zimbabwe, and provides strategic guidance on how stakeholders can address stunting in a cohesive and coordinated manner. The national food fortification strategy was also launched by the Minister of Health and Child Care, with high-level commitment from heads of UN agencies to continue supporting the implementation of the strategy.

In addition, within the region, UNICEF supported a regional food fortification workshop, which resulted in high-level Government commitment for rolling out implementation of the food fortification programme.

Through technical and financial support from UNICEF, the SUN Movement gained further momentum in 2015. All five SUN networks were activated, and implemented nutrition-specific, nutrition-sensitive and advocacy actions as part of the 2015 SUN annual work plan. Another key achievement in advocacy for the 2015 SUN work plan was the engagement of a parliamentary champion for nutrition, which resulted in the presentation of Zimbabwe's key nutrition issues to a parliamentary committee. Another major SUN achievement was that the UNICEF-supported multi-sectoral community-based approach for addressing stunting gained high-level Government endorsement as the SUN model for Zimbabwe. The approach was adopted by the Food and Nutrition Council under the Office of the President and Cabinet as the approach for resilience-building and broader food and nutrition programming in Zimbabwe.

The nutrition programme is also ensuring collaboration with UNICEF's WASH, child protection, social policy and education sections, as well as other UN agencies (UNFPA, FAO, WHO and WFP) and relevant line ministries to ensure that evidence-based, nutrition-sensitive interventions that address basic and underlying causes of stunting are integrated within the multi-sectoral community-based approach model launched this year in four most vulnerable districts. A regional workshop was hosted by UNICEF Zimbabwe on establishment of a near real-time monitoring system for the new approach for addressing stunting.

Exclusive breastfeeding in four prioritised districts for the multi-sectoral community-based approach was above the national average (41.1 per cent) in two of the four districts; Mwenezi (46 per cent) and Chiredzi (45 per cent), while Chipinge (35 per cent) and Mutasa (20 per cent) remained below average. Complementary feeding was an ongoing challenge in all four districts, with fewer than 20 per cent of children aged 6-to-23 months being optimally fed. The national nutrition communication strategy was finalised and activities conducted during the 2015 World Breastfeeding Week Commemorations marked its implementation. The highlight of

this year's World Breastfeeding Week was advocacy with the private sector to promote breastfeeding in the work place. World Breastfeeding Week showcased a lactating room at Lafarge Company, one of the biggest cement manufacturing companies, which was well-suited to the 2015 theme: Breastfeeding and work, let's make it work. Establishment of the lactation room at Lafarge demonstrated a public-private partnership in nutrition.

Through support from the Regional Office, UNICEF Zimbabwe supported the updating of the national IMAM protocol, trainers' package, tools and job aides based on global standards. Training resulted in improved knowledge of 11 doctors, nine sisters in charge and 25 nutritionists for further training at the sub-national level for implementing, monitoring and evaluating IMAM protocol. In addition, UNICEF supported revision of the IMAM reporting forms in the DHIS 2 as part of institutionalising the IMAM programme within government systems, including additional such elements as data disaggregation by age, sex and HIV status.

In the area of research and assessments, UNICEF, in collaboration with WFP, FAO and WHO, provided technical support to the Food and Nutrition Council (FNC) to fulfil its function of conducting timely assessments, resulting in engagement by several sectors in the multi-sectoral, community-based model for addressing stunting and the successful completion of a baseline survey in four priority districts. In addition, technical support was provided for the annual Zimbabwe rural livelihoods assessment; the final report was disseminated and approved by Cabinet.

To improve coordination of and reporting on the national nutrition programme, UNICEF extended technical support to the national nutrition department to conduct the planned nutrition programme review in all provincials and districts. Sixty-eight district mentors (nutritionists and community nurses) and eight provincial managers were trained on the monitoring framework, in accordance with indicators of the national nutrition strategy, and learned to support implementation of a quality nutrition programme in all districts in the country.

OUTPUT 1 All health facilities are able to manage sick children with Severe Acute Malnutrition as per the global standard

Analytical Statement of Progress:

In partnership with MOHCC, UNICEF organised a national workshop on IMAM, in which national treatment protocols were reviewed and participants were exposed to a global update on treatment protocol by renowned global experts. Forty-five master trainers were trained at the national level to build capacity across the country.

Nationwide, 14,338 children (0-to-59 months of age) with SAM had been treated as of September 2015 (43 per cent), against a target of 33,340. Of the children treated in the SAM programme, 8,390 children under five were tested for HIV, of whom 1,186 (8 per cent) were identified as HIV-positive and treated both for HIV and SAM (DHIS, 2015). About 90 per cent of all health facilities are providing treatment for SAM and 90 per cent of facilities have at least one health worker trained on CMAM, 98 per cent of facilities were equipped with anthropometric equipment and 96 per cent have adequate RUTF supply (VMAHS Round 25). UNICEF procured a total of 8,110 cartons of RUTF against a target of 15,000 cartons. In addition, 2,000 cartons of RUSF were also procured in November 2015 for emergency drought response in four districts .

To improve the quality of the IMAM programme across the country, UNICEF support continued through the nutrition mentorship programme. This has resulted in over 3,000 health workers in all 62 districts with improved skills on managing acute malnutrition. To ensure availability and

proper storage of CMAM commodities, UNICEF supported the construction of three prefabricated warehouses in Mutare, Masvingo and Chinhoyi.

Emergency response was initiated in 2014 and continued with financial support from the Government of Japan. Fifty community-based health workers were trained on the integrated package of infant and young child feeding with growth monitoring and promotion in Mwenezi district by UNICEF and MOHCC. Three hundred community health workers were trained on active screening, early detection and referral of acutely malnourished children, and 2,900 children under five years were screened in Chingwizi, of whom 303 were referred for management of acute malnutrition and 53 received treatment for SAM. Counselling support to mothers in Chingwizi resulted in a reduction of reported cases of SAM in the ward. To prevent micronutrient deficiencies in children affected by floods in the Chingwizi area of Mwenezi District, UNICEF also supported the MoHCC to distribute multi-micronutrient powders to 1,640 out of 2,000 targeted children aged six-to-23 months (82 per cent coverage).

OUTPUT 2 Facilities and communities are capacitated to practise optimal Infant and Young Child Feeding in 8 selected districts.

Analytical Statement of Progress:

All primary health facilities in the eight UNICEF-supported districts were trained to implement the latest IYCF guidance through two rounds of nutrition mentorship visits by three nutrition mentors in 100 per cent of districts in the country. Mentorship visits revealed that over 90 per cent of mothers attending growth-monitoring sessions who had exit interviews with nutrition mentors received group counselling on IYCF. Capacity to deliver IYCF services in the health facilities in the UNICEF priority districts surpassed the target of 90 per cent of availability of at least one health worker trained in IYCF, while national coverage stands at 74 per cent.

All the hospitals in the eight prioritized districts were trained in the BFHI but due to various challenges, only three hospitals were certified as baby-friendly. To complement IYCF efforts in health facilities, UNICEF supported community IYCF in the eight priority districts, through capacity building and equipping them with counselling cards to provide IYCF at community and facility level. Implementation of IYCF at the community level was undertaken by trained VHWs who provide individual IYCF counselling to mothers and caregivers in close to 52 per cent of all districts nationally, while ward development coordinators (WADCOs) from the Ministry of Women Affairs, Gender and Community Development (MWGCD) were trained to mainstream IYCF in their women's empowerment activities in 16 per cent of districts nationally. Mwenezi, one of the targeted districts for stunting reduction, received support from Japan's International Cooperation Agency to train 300 community cadres to provide IYCF counselling to women and children in Chingwizi who were displaced by floods in 2014. Furthermore about 500 community workers from three districts implementing the multi-sectoral, community-based model for addressing stunting were also trained to deliver IYCF services. Follow-up after IYCF training of WADCOs by MWGCD was carried out in two H4-plus districts (Chipinge and Mbire). The groups receiving IYCF support from WADCOs were diverse, including lactating mothers, older women and men. In Chipinge 174 members of MWGCD groups were observed during IYCF group sessions. Sixty WADCOs from Hurungwe and Gokwe North were trained to mainstream IYCF in their women's empowerment activities.

OUTPUT 3 All HFs are able to provide appropriate micro nutrient supplements for pregnant & lactating mothers and young children.

Analytical Statement of Progress:

UNICEF offered technical and financial support to MOHCC to implement the micronutrient programme in all 62 districts across the country. Between January and June 2015, 81,6629 of 1,817,635 (45 per cent) children aged six-to-59 months received their first dose of vitamin A through routine supplementation. For the second dose of 2015, Vitamin A supplements were given during a nationwide Measles/Rubella and Vitamin A supplementation campaign conducted at the end of September 2015, leading to a significant increase in coverage: 1,621,571 of the targeted 1,817,635 (89 per cent) children aged six-to-59 months received Vitamin A supplementation. Almost all health facilities visited during VHMAS Round 25 (96.4 per cent, N=1,277) had Vitamin A in stock. Disaggregation by location shows that the proportion of rural health facilities (97.5 per cent, N= 1008) with Vitamin A in stock was higher than that of urban health facilities (92.6 per cent, N=161) The same report also showed that, overall, 93.6 per cent of facilities were providing iron and folate for pregnant women and 95.9 per cent were providing zinc to manage diarrhoea in children.

With technical support from UNICEF and WHO, 3,354,296 of 3,496,730 (96 per cent) children aged five-to-15 years were de-wormed for bilharzia, and 4,234,982 out of 4,747,000 (89 per cent) children aged one-to-15 years were treated for intestinal worms in October, 2015. This was an improvement from the 69 per cent coverage for the control of bilharzia and 57 per cent for the control of intestinal worms attained in the previous campaign.

With extended technical support from UNICEF, and in collaboration with WFP and FAO, legislation for the fortification of vegetable oils, sugar, wheat flour and maize meal with multiple micronutrients was drafted and submitted to the Attorney General's office for legal drafting. In 2015, a total of three oil industries, two sugar industries and five grain millers received mentoring and guidance to start fortification in Harare, Bulawayo, Gweru, Chiredzi and Chinhoyi. To facilitate certification of premix suppliers and industry to start fortification, GAIN donated analysis equipment to the Government's Analysis Laboratory and eight laboratory technicians were trained on how to use and maintain the equipment.

OUTPUT 4 Enabling Policy and institutional environment is strengthened for the provision of quality Maternal and Child Nutrition Services by the end of 2015.

Analytical Statement of Progress:

Notable progress was made in supporting the Government priority of addressing stunting and operationalising the national nutrition strategy in 2015. UNICEF supported the first-ever capacity-building for nutrition programme planning, implementation, monitoring and evaluation at the lowest administrative level in the country. This resulted in the establishment of all 109 targeted rural Ward Food and Nutrition Security Committees (WFNSCs). Over 1,000 Government officials (agriculture extension officers, environmental health technicians, community nurses, counsellors, school health masters, youth and women and gender development officers) of a targeted 1,100, from four highly vulnerable districts gained critical skills for assessing context-specific drivers of stunting, developing action plans to address stunting and monitoring and evaluation of key food and nutrition security indicators. Ward-level action plans were developed and initial implementation was underway to reach a targeted 64,000 children under two with stunting prevention interventions in the four target districts.

Another important achievement under this approach was the joint collaboration and partnership with WFP, FAO and WHO that resulted in leveraging of resources for implementation of nutrition-sensitive interventions in three of four selected districts. To ensure timely and continued identification of bottlenecks in coverage of high-impact nutrition interventions, UNICEF supported an innovative approach to evidence-generation by WFNSCs, through the

use of a near real-time monitoring system that is being rolled in all 109 wards. Support was also extended to the FNC to strengthen its food and nutrition security analysis unit to obtain multi-sectoral data.

Technical and financial support was extended to the FNC to ensure sub-national capacity building of multi-sectoral district food and nutrition security committees (DFNSCs). The target of 100 per cent of DFNSCs functional in the 12 UNICEF-supported districts was achieved, as evidenced by district-level reporting on key nutrition indicators and development of quarterly food and nutrition situation reports. Annual work plans from the DFNSCs have resulted in implementation of evidence-based, nutrition-sensitive actions being identified as priorities by key line ministries in all 12 UNICEF-supported districts.

OUTCOME 4 Improved and more equitable access to and completion of quality, inclusive education with improved learning outcomes.

Analytical Statement of Progress:

Zimbabwe's education system registered significant progress in terms of quality and participation between 2012 and 2015. Pass rates for pre-primary, primary and secondary education have witnessed a steady upward trend over the past four years, reflecting improvements in the quality of education over the years. The Zimbabwe Early Learning Assessment (ZELA) shows a significant increase in the percentage of children performing at the grade-appropriate level in the two subjects assessed between 2012 and 2013, and maintained the same level in 2014 and 2015 (English - 53 per cent; Mathematics - 66 per cent). Between 2009 and 2014 primary school pass rates rose by 16.7 percentage points to 42.8 per cent. Global figures released by the Zimbabwe School Examinations Council show a further increase in 2015 pass rates of 3.7 percentage points over 2014. Secondary school pass rates have remained depressed, but rose from 21.7 per cent in 2013 to 22.4 per cent in 2014. ZELA results and Grade 7 pass rates for 2015 were close to the target, but secondary-level pass rates fell far short of the targets set for 2015. This was largely a result of a combination of factors, among them low government investment in education, low teaching quality, non-conducive learning environments and an inappropriate assessment system.

In 2015 the number and percentage of qualified teachers increased. The qualified teacher-to-pupil ratio improved slightly: from 1:40 in 2014 to 1:38 in 2015 for primary and from 1:30 to 1:29 for secondary school. This is attributed to an increase in the supply of qualified teachers, alongside the system's enhanced retention capacity. The training of 9,954 early child development (ECD) paraprofessionals, supported through UNICEF funding since 2012, was concluded in May 2015 with the graduation of the last batch of 2,500 trainees. UNICEF supported the enhancement of over 22,900 pre-primary and primary school teachers' pedagogical skills in early reading and catch-up education. UNICEF and the Ministry of Education also jointly funded the Teacher Capacity Development Programme (TCDP) to upgrade 1,749 teachers' subject-matter knowledge in a variety of fields.

A major bottleneck to quality enhancement remains the serious underfunding of the education sector, against the backdrop of a weakening economy and the prevalence of poverty. The percentage of the national budget allocated to primary and secondary education in 2015 remained high (25.1 per cent), but nearly 99 per cent of it supports employment costs, resulting in households bearing an increasingly heavier financial burden (about 96 per cent) of non-salary costs. The 2016 budgetary allocation declined to 23.8 per cent, with 98.4 per cent supporting staff costs. To mitigate the negative impacts of limited fiscal space, UNICEF continued in 2015 to provide school improvement grants (SIGs) to the most disadvantaged so that they can meet

their most basic needs. Among the schools targeted are those that serve children with various forms of disability and who therefore have special learning needs. Meanwhile, UNICEF continued to advocate for more resources for the sector, both from Government and other players, by supporting the development of a credible, more equity-focused 2016-2020 education sector plan and by facilitating a deeper engagement with the Ministry of Finance and other potential funding partners to ensure more sustainable, longer term commitments to fund the sector.

In 2015 UNICEF concluded its partnership with two NGOs that were implementing two models of second-chance education for out-of-school children. By November 2015, the accelerated learning model and the skills-based model had reached a total of 65,061 out-of-school children. Buoyed by the launch in February 2015 of the non-formal education (NFE) policy and the new curriculum, which places emphasis on the expansion of NFE opportunities in general and skills orientation in particular, aspects of the two models will be incorporated into the system from 2016 onwards.

UNICEF continued to support the strengthening of MoPSE's EMIS, and for the third year MoPSE has been able to produce annual education data within the same year with little external support. The Rapid SMS-based EduTrac initiative was piloted and was ready for use in collecting real-time data from December 2015 onwards. UNICEF also supported several data-gathering activities. One key activity undertaken in 2015 was provision of support for the development of the 2016-2020 ESSP, which included capacity building of MoPSE staff in sector plan development.

Successes scored in 2015 can be attributed to UNICEF's focus on sustained capacity-building and systems-strengthening efforts, which enabled MoPSE to increasingly take on an effective leadership and management role. This has enhanced ownership, cost-effectiveness and sustainability. UNICEF also promoted the generation and use of information to guide decision-making processes. The strengthening of partnerships with national institutions, civil society organisations, and private sector players has broadened MoPSE's capacity for programme delivery. Lastly, UNICEF facilitated the use of the education coordination group as the main forum for more effective coordination of players in the sector, under MoPSE leadership.

The year 2015 marks the end of MoPSE's 2012-2015 Education Medium-Term Plan (EMTP) and the final year of the MDGs, and coincides with the end of the current UNICEF programme cycle. As 2016 approaches, greater focus will be on strengthening MoPSE's systems at all levels so that it can take on the challenges faced by the sector with a sharper equity focus, employ lessons learned over the past four years to build on the gains already made, all within the framework of Sustainable Development Goals and priorities articulated in the 2016-2020 ESSP.

OUTPUT 1: Enhanced communities and stakeholders' capacities at all levels (MoPSE and education partners) for increased learning opportunities and equitable access and retention of disadvantaged, excluded and out-of-school children (boys and girls).

Analytical Statement of Progress:

The main achievements for this period include the finalisation and launch of the NFE policy, a successful de-worming programme and the effective response to the needs of children in communities affected by the floods and storms.

The national assessment of out-of-school children completed in June 2015 revealed that

between 258,195 and 366,083 primary (six-to-12 years) and lower secondary (13-to-16 years) age children were out of school. The Zimbabwe Accelerated Learning Programme, developed with UNICEF support, provided 32,301 of the younger children with access to NFE, and opportunities to re-integrate into formal schooling. Similarly, a skills-based programme provided 32,760 older children with skills directly linked to the economy. Finalisation of these models, supported by the NFE policy, completed and launched in February 2015, will be adopted as part of the implementation of a new curriculum beginning in 2016. Although the two models ought to ensure gender parity in enrolment, the GPI currently stands at only 0.68. The lesson learnt was that gender stereotypes are still prevalent in some fields. Future strategies to address this include the inclusion of fields that respond better to the needs of female learners, and making existing, traditionally male-dominated fields more attractive to females and responsive to their needs.

In October 2015 a national deworming exercise reached in excess of 4 million children in districts with a high prevalence of bilharzia and soil helminths. This exercise demonstrated the benefits of cross-sector collaboration between the ministries of Education and Health. Altogether, 3,354,296 children under 15 years were treated for bilharzia while 4,234,982 children aged five-to-15 were treated for soil helminths. This is a low-cost intervention that has immense benefits in terms of children's well-being and a positive impact on attendance and concentration in school. The future thrust is to institutionalise deworming through stronger cross-sector collaboration and, especially, local partnerships between schools and health centres.

EMIS data for 2014 showed that only 27,299 children with a disability (CWD) were enrolled in primary school and 4,955 were enrolled in secondary school in 2014. Accurate figures are not available, but this represents a small proportion of the estimated total number of CWD. Although the existence of a policy that addresses such children is a facilitating factor, the supply of infrastructure, assistive devices and adequately skilled staff remains a barrier to the participation of CWDs in education. As one of its strategic objectives, the 2016-2020 ESSP seeks to establish the exact numbers CWD and implement a set of inclusive interventions and approaches that reach more such children and respond better to their learning needs. Among these interventions will be the adoption of a sharper equity focus in resource allocation, including the implementation of an incentive system that provides additional support to schools that deliberately reach out to CWD. Future UNICEF support will go towards fuller implementation of strategic priorities articulated in the ESSP.

OUTPUT 2: Increased national capacity to provide access to quality early learning opportunities, primary and secondary education.

Analytical Statement of Progress:

During the first half of 2015, UNICEF built on initiatives supported in previous years to further expand the education sector's capacity to provide enhanced access to quality education for all children. The key areas where achievements were scored included the disbursement of SIGs and upgrading of teachers' skills in areas that address MoPSE's priority needs.

Lessons learnt in 2013 and 2014 were used to further improve the SIG design in 2015, with emphasis on (a) sharpening the equity focus through improved targeting, (b) responding better to different school contexts, and (c) realising greater value for money through more efficient disbursement modalities. The disbursement of SIG funds has helped the poorest schools meet their most basic needs, with some of the funds used to meet the fees of the neediest children. In

2015 SIG funds were disbursed to a total of 5,996 schools (5,222 primary; 774 secondary), and helped the schools create improved learning environments for children. As the SIG envelope shrinks, sharper targeting and the use of the 2016-2020 ESSP as the advocacy base for more state resources will be required.

While 78.9 per cent of all teachers in Zimbabwe are trained, they have had limited opportunities for further professional development. UNICEF therefore supported several teacher capacity-building interventions. Previous efforts focused on operationalising the teacher development information system (TDIS), and in 2015 attention shifted to ensuring that the system has up-to-date information on teachers, and that staff at decentralised levels have the capacity to update and use the system. UNICEF supported the installation of the TDIS data base at all 10 provincial offices and 72 district offices and equipped users and administrators in the use of TDIS for teacher management. In 2015 UNICEF supported the operationalisation of teacher professional standards through development of the manuals and accompanying teacher supervision tools. The last batch of 2,500 ECD paraprofessionals who commenced training in 2014, completed training in May 2015, bringing the number of ECD paraprofessionals trained over the past three years to 9,954 (9,919 females and 35 males). Five local universities embarked on the second phase of the teacher capacity development programme co-funded by MoPSE and UNICEF. By April 1,749 teachers were enrolled in various programmes that address the priority needs of MoPSE. The Global Programme on Education-supported early reading initiative (covering all ECD A & B and Grade 1 & 2 teachers) and the performance lag address programme (covering all Grade 3 – 7 teachers) strengthened teachers' capacity to teach reading and catch-up education. These two create a strong learning base that will contribute to better learning at subsequent stages. Investment in teacher knowledge and skills within a defined framework (TPS) offers vast opportunities for quality enhancement, and particularly enhances MoPSE's capacity to deliver the reformed curriculum. From 2016 onwards, UNICEF will gradually reduce its support and advocate for increasing use of state and local (institutional and individual) funding and regular systems – including local universities and teacher training colleges – to sustain future teacher development initiatives.

OUTPUT 3: Strengthened political commitment, accountability and national capacity for evidence-based legislation, planning and budgeting for scaling-up quality and inclusive education.

Analytical Statement of Progress:

In 2015, major successes under this output were the conclusion of the curriculum review process, development of the 2016-2020 ESSP, generation of EMIS data, and conclusion of several research studies.

The curriculum reform was the most significant development in 2015. A new curriculum blueprint was endorsed by Cabinet in July, followed by the development and validation of 54 primary and secondary school syllabuses. A plan for the phased implementation of the curriculum is available, ready for implementation. The new curriculum provides opportunities for more refined system-strengthening and quality enhancement, but implementation will require far more resources than those available. UNICEF's efforts will focus mainly on advocating for more state resources to support implementation of the new curriculum.

The development of the 2016-2020 ESSP involved conducting an education sector analysis, an education sector performance review and national consultations on ESSP priorities, all of which received UNICEF technical and financial support. These inputs provided a robust base for informed decisions on sector priorities, policy goals and strategies. A complete draft of the

ESSP is now in place. UNICEF ensured participation by a broad range of partners, among them other sector ministries (e.g. Finance, Higher and Tertiary Education); Zimbabwe School Examinations Council; Education Coalition of Zimbabwe (CSO umbrella body); and NGOs (Save the Children). The main challenge was the need to balance ambitious priorities with the reality of a weak funding base.

Following UNICEF's efforts to strengthen EMIS, this year MoPSE was able to produce the 2014 EMIS statistical report and 2015 EMIS data with minimal support from UNICEF. MoPSE's decentralised levels were also able to update the TDIS data base. Efforts are underway to merge TDIS and EMIS, but progress is slow due to bureaucratic bottlenecks. Updating TDIS records is also cumbersome due to poor connectivity between the head office and provincial and district education offices; efforts will go toward the creation of a decentralised, web-based data capture system.

The 2015 round of ZELA generated information on trends in the quality of early learning. The high standard maintained by ZELA was largely attributed to financial and technical support provided by UNICEF, which worked closely with ZIMSEC in support of MoPSE. From 2016 onwards, UNICEF will be scaling down its support and ensuring that MoPSE assumes greater responsibility for managing ZELA. Other significant research studies supported by UNICEF were the "Assessment of the ECD B Programme"; "National Assessment of Out of School"; "Assessment of Teacher Supervision Practices in Zimbabwe"; and the mid-term review of GPE-supported interventions. These products have informed programming, policy and strategy development, and UNICEF will encourage greater use of this valuable resource.

Largely as a result of joint advocacy and technical support by UNICEF, UNESCO and UNFPA in syllabus development, issues of gender, climate change, DRR, HIV and AIDS, life skills and sexuality education are firmly anchored in the new curriculum framework and syllabuses.

OUTCOME 5: Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.

Analytical Statement of Progress:

In 2015 the child protection programme worked towards completing its Country Programme commitments. This year 51,351 (and at peak enrolment 55,509) food-poor, labour-constrained households in 19 districts received regular, reliable disbursement of harmonised social cash transfer payments. According to the 2015 HSCT impact evaluation, the majority of beneficiaries receive the correct amount of money, on time, and consistently, and do not face significant challenges with the payment process. To further strengthen the cash transfer programme, UNICEF was developing an exit and graduation strategy as well as a communication strategy.

The case management programme was scaled up to all 65 districts in Zimbabwe. By year-end 100 per cent national coverage had been achieved, with 28 per cent of support provided by Save the Children and USAID through its implementing partners. In addition, of 9,365 community childcare workers (CCWs), 84 per cent had received training on case management operational processes. CCWs were provided with tools to facilitate their transportation and communication challenges. Through case management a total of 58,499 children were assisted; 44 per cent of cases were related to child protection and 56 per cent to child welfare, such as birth registration.

Mainstreaming of HIV specialist services in the national case management system made good progress, covering 40 districts through sensitisation and mentorship, benefitting 131 district child

welfare and protection services (DCWPS) officers and 2,821 CCWs. Referrals between community-based adolescent treatment supporters and national case management system cadres increased in 2015.

Mainstreaming disability in the national case management system was rolled out in 37 districts, using the sensitisation and mentorship approach in case conferences for DCWPS and other stakeholders. Case conferencing on child protection concerns for children living with disabilities resulted in identification of gaps in access to social, welfare and justice services required by children and their families. The conferences, organised by DCWPS, involve cadres from two departments of the Ministry of Public Service Labour and Social Welfare (Department of Social Services and Department of Child Welfare and Protection Services); MoPSE's Department of Schools Psychological Services; and the MoHCC's Department of Rehabilitation as well as CSOs with a presence in a particular district.

UNICEF also supported strengthening of child protection in emergencies in four districts in Masvingo affected by the flooding of Tokwe Mukosi Dam in 2014. The focus was on improving child protection coordination structures and the efficiency and effectiveness of the national case management system's response to the needs and rights of children affected by emergencies.

The number of UNICEF's civil society partnerships declined in 2015, resulting in a reduction in the number of children reached. Despite this development, through a civil society partnership 2,349 (529 girls, 1,820 boys) children in contact with the law received legal assistance, including children with disabilities and children who were removed from detention into more protective environments or children who avoided detention through diversion. UNICEF continued to support a civil society partner to carry out detention monitoring and also established a partnership with the Human Rights Commission to develop a more sustainable monitoring system. UNICEF has also supported the setting up of an electronic detention monitoring system to capture real-time data, and a data collation tool to ensure systematic trend analysis of the data collected. Government now covers 50 per cent of the salaries of the 17 pre-trial diversion officers under the Ministry of Justice, Legal and Parliamentary Affairs, with UNICEF and Save the Children paying the remaining 50 per cent. Theft and assault remain the most frequently committed offences since the programme's inception; recidivism and default levels remain very low.

Survivor-friendly legal aid, psychosocial and medical support was provided to 3,437 people (1979 girls, 369 boys; 886 women, 203 men) in three districts (Beitbridge, Bindura and Makoni) as part of the UNICEF/UN Women joint programme on GBV prevention, implemented with the Ministry of Women's Affairs, Gender and Community Development and other relevant ministries.

Through UNICEF's partnership with the justice ministry and a civil society partner, more than 40,000 books and material on constitutional awareness were distributed throughout the country. The study on social determinants of violence against children initiated to inform the demand side of bottlenecks in addressing VAC and preventive measures continued in 2015 under the leadership of the Ministry of Public Service, Labour and Social Welfare.

UNICEF supported legislative alignment, which resulted in drafting of the principles for the amendment of the Children's Act and subsequent approval by the Minister of Public Service, Labour and Social Welfare for submission to the Cabinet. Final drafting of the Act and local consultations were ongoing.

OUTPUT 1. Increased national capacity to provide access to child protection systems, including welfare and justice services that prevent and respond to violence, exploitation, abuse, and neglect.

Analytical Statement of Progress:

UNICEF continued to assist the Government to expand coverage and reach of services for vulnerable children, using the Child Protection Fund. Of the 58,499 children reached by case management, 25,891 children (11,270 male, 14,621 female) received protection-related services, in some cases from civil society partners. At UNICEF's request, partners now separate between "child protection" and "welfare" cases to fully determine the nature of the caseload.

UNICEF supported child welfare workforce strengthening at all levels; 9,365 CCWs were recruited and 84 per cent trained on case management. HIV/AIDS was integrated into HSCT in two districts where 148 children with HIV were identified via HSCT pay-points. As a result of system-strengthening by UNICEF and partners, DCWPS started to address issues of children and adolescents living with HIV. DCWPS provided child protection services to 2,518 children and adolescents with HIV referred by community adolescent treatment supporters, and facilitated establishment of six additional support groups. Staff from DCWPS and health rehabilitation units were trained to address disability issues. Over 11,000 CWD were served by these units and 570 CWD with protection concerns were supported by DCWPS through national case management.

In 2015, the caseload was 47 per cent protection and 53 per cent welfare, an improvement from December 2014 when the figures were 26 per cent protection and 74 per cent welfare. More than half (55 per cent) of case files met minimum national quality standards. The double-counting of children being assisted by different service providers was estimated at 9 per cent, down from 16 per cent in December 2014.

With DANIDA funds, UNICEF supported partners to provide legal assistance to 2,349 children (529 girls, 1,820 boys), including CWD and children in conflict with the law. Seventy per cent of the 526 children referred for diversion were diverted (486 boys, 89 girls). The Government is now financing 50 per cent of the salaries of diversion officers, with UNICEF and Save the Children paying the rest. UNICEF procured motorbikes and office equipment for legal aid directorate offices, the pre-trial diversion programme and victim-friendly units, and motorbikes for the Ministry to address outreach and service quality issues.

As part of the joint GBV-prevention programme, UNICEF supported partners to serve 2,865 survivors (1979 girls, 886 women, 572 369 boys, and 203 men) with legal aid, psychosocial and medical support in three districts. A total of 1,636 (1518 girls, 108 boys) victims of rape and other sexual offences saw justice delivered in 17 victim-friendly courts.

OUTPUT 2. Increased capacities of children and their families to protect themselves and to eliminate practices and behaviours harmful to children.

Analytical Statement of Progress:

The HSCT received support throughout the year. The number of beneficiaries stands at 51,351, with a peak reach of 55,509; the decline is attributable to natural attrition, such as deaths and relocations.

UNICEF supported the joint work-plan agreed with Ministry of Justice, Legal and Parliamentary Affairs and a local NGO to design a civic education programme "Children and the Constitution".

A set of materials was developed and more than 50,000 copies were printed. To date more than 900 children and adults have been trained on the use of these materials for future scaling-up.

A total of 40,288 books on issues related to the Constitution and the rights of children were distributed to children and community members in nine provinces, in collaboration with the Ministry of Justice and Africa Community Publishing and Development Trust. The estimated reach is about one book per four people, meaning around 160,000 people were reached.

Groundwork was carried out for curriculum development for various actors of justice, including police, diversion officers, magistrates and defence lawyers. The goal is to have a solid programme that would be possibly used at a later date through the regular training mechanisms of the relevant agencies. A training programme for the Human Rights Commission was also in the pipeline.

OUTPUT 3. Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up interventions that prevent and respond to violence, exploitation and neglect.

Analytical Statement of Progress:

The validation workshop for the Legal Aid Directorate institutional and capacity gap assessment report and legal aid strategy for children, held with support from UNICEF, resulted in high-level commitment from the MoJLPA to strengthen the directorate's role. Strategy development and costing and budgeting for the directorate and for national legal assistance for children were in progress at year's-end.

To address bottlenecks around transportation and working conditions of justice staff, UNICEF provided office equipment and motorbikes for the legal aid provincial offices, pre-trial diversion officers and victim-friendly units.

The UNICEF-funded review of legislation to support the constitutional alignment process was approved by the Minister of Justice, who tasked the legislative drafters with taking action on the recommendations.

A draft of the national report on the drivers of violence in Zimbabwe is ready. A reflection workshop was held to validate findings and generate additional knowledge around the results of the secondary analysis of the National Baseline Survey on Life Experiences of Adolescents. (and the literature review. A social norms strategy will be developed in 2016.

UNICEF, UN Women and UNFPA supported the Ministry of Women's Affairs, Gender and Community Development to launch the 'Prevention of Child Marriages' campaign in Zimbabwe as part of a wider African Union campaign. Currently, the three UN agencies are supporting the Ministry to develop a widely consulted and well-developed national action plan for prevention of child marriages, which is expected to be finalized in 2016.

UNICEF participated fully as a steering committee member of the Justice, Law and Order Sector, working actively with the sub-committee on prison decongestion.

A key finding of the 2014 'promising quality framework' is that it is not a useful tool for measuring the quality of systems-strengthening activities, which are now the primary focus of most NGO partners. This is particularly evident in the reports submitted by NGO partners whose focus has shifted away from direct service delivery. The concept of monitoring the reach and

quality of service provision is widely supported by Government and NGO partners, however it is clear that the PQF tool needs to be substantially revised and updated. Ideally, this should form part of the programme development for the Country Programme Framework, to ensure that the revised tool is fit for purpose.

The HSCT impact evaluation study indicated greater impact in households with four or less members. It also showed a slight increase in primary school involvement and improvements in household resilience. The planned 24-month follow-up study, mostly funded by International Initiative for Impact Evaluation was postponed to June 2016, in agreement with the Government and donors. The postponement is to allow a longer time lag (i.e. 36 months) since the baseline, so that changes are more evident and impacts better understood.

The country's first national social protection policy framework was drafted and awaiting Government approval.

OUTCOME 6: Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices

Analytical Statement of Progress:

The world celebrated achieving the MDG target on access to safe water. Zimbabwe failed to achieve all of the MDG 7C indicators on access to safe water and adequate sanitation. The Water, sanitation and hygiene sector is one of the worst-affected by a decade of economic collapse. However recent economic recovery has resulted in the sector slowly emerging from near-collapse, but in a fragile manner, because it was and still is largely supported by donors, using multi-donor trust funds. UNICEF, working with the Government of Zimbabwe and CSOs, has contributed to this recovery in both rural and urban areas.

Through implementation of the rural WASH project, UNICEF contributed to increasing access to adequate sanitation. MICS 2014 results showed an increase in sanitation coverage (shared and not shared) from 60.3 per cent in 2009 to 61.7 per cent in 2014. Open defecation was reduced to 31.7 per cent (MICS 2014) from 48 per cent (MIMS, 2009). Interestingly, 15.1 per cent of the sanitation facilities reported in 2014 are upgradable Blair ventilated improved pit latrines (uBVIP), which were introduced as the lowest tier of acceptable latrines through the new demand-led approach. The high prevalence of uBVIP latrines and low overall increase in access may be a reflection of the failure to replace non-upgradable BVIPs that are filling up due to the high cost involved. The low-cost technology of the uBVIP aims to solve the issue of pit filling by providing households with an acceptable, cheaper standard latrine that allows them to access safe sanitation while they improve on the structure to meet the standard BVIP. UNICEF helped to improve the enabling environment by facilitating adoption of the demand-led approach, 'sanitation-focused participatory health and hygiene education' (SaFPHHE), as per the national sanitation and hygiene strategy. The SaFPHHE approach continues to be cascaded in both UNICEF and Government-supported districts.

In urban areas, use of toilet facilities with flush systems connected to the sewer system decreased from 85.2 per cent (MIMS 2009) to 79 per cent (MICS, 2014). UNICEF, through its small towns WASH project, aims to contribute to halting further deterioration in sanitation systems in Zimbabwe through rehabilitation of the sewer system in 14 urban centres. Rehabilitation works on sewer systems commenced in seven towns (Hwange, Mvurwi, Mutoko, Chivhu, Gokwe, Gwanda and Zvishavane). The rehabilitation of sewerage systems in urban areas improves efficiency in the conveyance of waste water to treatment plants. This means limited blockages and/or spillages and leaks into residential areas, thereby improving sanitation

service levels and providing healthy environments for children to play in.

The use of improved drinking water sources increased steadily in Zimbabwe, from 72.8 per cent (MIMS, 2009) to 76.1 per cent (MICS, 2014). UNICEF supports the drilling of new boreholes, rehabilitation of broken-down boreholes, rehabilitation of piped water schemes and urban water supplies. To date UNICEF has reached about 2,817 million people in rural areas with safe drinking water through new or rehabilitated water points. Further, 162,853 people in seven towns benefitted from rehabilitation of water supply systems under the emergency rehabilitation and risk reduction (ER and RR) programme, and 16,056 benefitted from completion of the small towns WASH project in Mutoko and Murewa. Rehabilitation in five other towns was at an advanced stage in late 2015.

Hygiene promotion remains a key activity in water and sanitation programmes, to support achievement of health outcomes. In Zimbabwe, hygiene promotion activities were rigorously conducted in both rural and urban areas. Promotional methods and tools to promote good hygiene practices, such as participatory health and hygiene education; hygiene promotion vehicles, such as community and school clubs, were designed and implemented. Traditionally these vehicles were implemented in rural areas. Consequently, a greater improvement in hygiene practices was noted in rural areas (from 43 per cent to 48 percent, according to MIMS 2009 and MICS 2014) as compared to urban areas which rose from 97 per cent to 97.5 per cent. To ensure transfer of these successful hygiene promotion vehicles to urban settings, UNICEF supported the Government of Zimbabwe in the development of urban hygiene promotion guidelines, which aim to direct hygiene promotion activities in urban areas. UNICEF also supported hygiene promotion in 14 urban centres to improve hygiene practices among the urban population. To date UNICEF, through implementing partners, has reached 267,607 urban residents (139,155 females, 128,452 males) and a total of 1,110,475 people in rural areas with key hygiene messages. Other stakeholders supporting the WASH sector in urban centres include the African Development Bank, Deutsche Gesellschaft für Internationale Zusammenarbeit (German Society for International Cooperation) and World Vision.

OUTPUT 1. 3000 rural communities, 14 urban centres, and 1,300 schools in 33 districts and population (men, women and children) affected by emergencies have access to improved and sustainable drinking water services by December 2015.

Analytical Statement of Progress:

Water supply registered considerable progress. A total of 1,150 new boreholes were constructed and 9,279 were repaired or rehabilitated in 33 rural districts. The rehabilitation of water supply systems in seven urban centres was ongoing, the works are at an advanced stage, with two towns (Mvurwi and Mutoko) already commissioned; the rest are due to be completed before the end of 2015. To date a total of 2.8 million people in rural areas and 178,909 people in urban areas now have improved access to safe water.

Most indicators in water supply were surpassed, especially in rural areas. This was mainly as a result of efficiencies registered during borehole repairs. The adoption of borehole repairs rather than rehabilitation by the target rural districts ensured that available spare parts were able to cover more borehole repairs. This resulted in more communities benefiting from increased access to water supply.

All contracting processes for borehole drilling are complete. UNICEF is in partnership with the national water authority for the drilling of 220 boreholes. Three hundred boreholes are to be drilled by private contractors, while project cooperation agreements for NGOs were amended to

enable them to contract for the drilling of 160 boreholes.

The tender process for the rehabilitation of the remaining seven towns resumed in June 2015, after confirmation of adequate financial support by the donor. An average of 10 tenders/bids per town were received, thus reflecting a competitive bidding process that will maximise value for money in terms of cost-efficiency and quality. Tender review and evaluation was ongoing. The tender process was expected to be finalised and contracts awarded by the end of 2015. Site handover and commencement of works was expected to be done during the first quarter of 2016, with implementation to be completed by end of 2016.

UNICEF had in place contingency agreements with Christian Care, Oxfam, GAA and Mercy Corps and stand-by contracts for water trucking and sanitation services with pre-qualified service providers to enable quick response to emergencies. Through these arrangements UNICEF reached a total of 15,092 people (6,782 males, 8310 females) with safe water during the cholera response in Beitbridge, Mudzi and Chiredzi and the emergency response in Beitbridge to assist returnees who were fleeing xenophobic attacks in South Africa.

OUTPUT 2. 3000 rural communities, 14 urban centres, and 1,300 schools in 33 districts, and population (men, women and children) affected by emergencies have access to improved sanitation services by December 2015.

Analytical Statement of Progress:

There was notable progress at the community level in terms of acceptability of the demand-led approach. The uptake of improved sanitation facilities (uBVIP/BVIP) by households, without any external subsidy, has improved since inception of the demand-led approach. A total 5,236 villages were triggered to change behaviour and stop open defecation. More than 5,000 (5,174) sanitation action groups (SAGs) were formed and strengthened and 3,325 Community Health Clubs (CHCs) were established. These community structures have championed community-led sanitation in their villages, resulting in 35,683 households constructing latrines without subsidy while 7,832 households have constructed with a subsidy. Cumulatively, over 284,874 people have been reached with improved sanitation facilities in rural areas. The construction of household latrines is consistently gaining momentum. To date 209 villages have achieved open defecation free status, verified by the DWSSC. The DWSSC has played a crucial role in ensuring that communities embrace demand-led sanitation through increased community mobilisation, monitoring and support for post-triggered villages.

School latrines separated by sex were constructed in 1,265 schools. These are benefiting about 632,500 school children. The latrines help to ensure that the latrine-to-student ratio is 1:20 as per the national standard.

Rehabilitation of sanitation systems for Phase I towns (Chivhu, Gokwe, Gwanda, Hwange, Mvurwi, Mutoko, Zvishavane) are in progress. Currently, the works are at an advanced stage, with two towns (Mvurwi and Mutoko) already commissioned. The rest are due to be completed before the end of 2015. Works completed include the replacement or upgrading of defective, undersized collector and/or trunk sewers in Chivhu, Hwange, Mutoko, Mvurwi and Zvishavane, desludging and rehabilitation/upgrading of septic tanks in Mutoko and Mvurwi, desludging and rehabilitation/upgrading of sewage treatment ponds in Chivhu (ongoing), Mutoko and Zvishavane.

In 2015 UNICEF supported displaced returnees in Beitbridge District following the attack against foreigners in South Africa. A total of 844 such returnees were supported through the provision of

10 emergency portable chemical toilets, soap and IEC material on hygiene at the transit camp in Beitbridge.

OUTPUT 3 3000 rural communities, 14 urban centres, and 1,300 schools and have adequate knowledge and skills on critical hygiene practices by December 2015.

Analytical Statement of Progress:

UNICEF is partnering with NGOs to promote good hygiene practices through hygiene education. Road-shows, ward-based awareness sessions and clean-up campaigns were implemented in 5,236 rural communities in 33 rural districts and 14 urban centres. To date 267,607 urban residents (139,155 female, 128,452 male) and 1,110,475 people in rural areas have been reached with hygiene messages. A total of 327 town council staff were trained on hygiene promotion, 426 urban CHCs were formed in 14 towns and 3,325 in rural districts. School hygiene promotion is also being conducted through school health clubs. A total of 139 urban schools and 1,737 rural schools conduct hygiene education for pupils through such clubs. Participatory health and hygiene education sessions have included various cross-cutting issues, including gender-based violence, child protection issues, HIV/AIDS vulnerability and disability.

Health clubs are being encouraged and facilitated to enhance their sustainability through various other activities, such as income-generating activities. Establishment and facilitation of men's forums continues to be an area of focus, as men have traditionally seen hygiene issues as a women's issue; to this end, more than seven men's forum have been established in urban centres. The identification and training of gender champions in various urban council departments has increased men's involvement in hygiene-promotion activities, provision of materials and facilities for improved menstrual hygiene in schools and within council offices.

The Government of Zimbabwe declared the period from 26th to 30th October as National Sanitation Week with the theme 'Elimination of Open Defaecation and Promotion of Hand Washing with Soap for a Diarrhoea Free Zimbabwe'. Specific hygiene promotion activities were undertaken in 14 small towns in support of this Government-led initiative. UNICEF also supported the commemoration of the event held in Matabeleland North.

OUTPUT 4 Enabling policy, financial, and institutional environment is strengthened for provision of equitable access to improved WASH services (WASH General).

Analytical Statement of Progress:

Advocacy for the development of an investment plan is still ongoing. The sector conducted a water resources infrastructure development investment forum in order to attract the private sector to invest in the development of the national water infrastructure, as well as to disseminate information on current Government projects. The high-level conference was attended by over 400 delegates. In addition, a national conference (WASHen Confex) was held in Bulawayo to discuss sector-pertinent issues, such as the WASH investment plan.

UNICEF provided technical and financial support to the development of a public/private partnership framework for rural WASH. A draft framework was produced and presented at a national stakeholder's workshop. The workshop attracted delegates from the private sector, ministerial departments and civil society. The framework is being finalised, prior to endorsement by the national action committee. This framework aims to create an enabling environment for the private sector engagement in the supply of WASH materials, and the creation or strengthening of community-based structures for operation and maintenance (including water point committees, sanitation action groups, chains of village pump mechanics, latrine builders,

and school development committees). Under the UNICEF-supported programmes, implementing partners such as the Mass Media Trust, Farm Community Trust of Zimbabwe and Care International, are piloting various localised approaches to establishing partnership with the private sector. An initial mapping of public/private partnerships in 14 towns was completed; to date, nine partnerships have been established with the private sector.

During the reporting period, the automated RWIMS was established in 14 districts, with support from the Netherlands development organisation SNV, through a project cooperation agreement. This led to the capacity development of the 14 districts and respective provinces on RWIMS and the automated Village-Based Consultative Inventory. Data is now available online on the status of WASH infrastructure in these districts. The impact of RWIMS can be felt if the system is able to respond to the practical challenges facing communities, such as the functionality of water points. It is therefore imperative to develop a solution that enhances operation and maintenance of water points through RWIMS.

UNICEF partnered with SNV to strengthen knowledge management in the WASH sector. The aim is to contribute to streamlining sector-wide information and communication and improve the capacities of WASH partners to store and document data. Technical support to the national coordination unit included development of WASH knowledge products and reactivation of a WASH presence on social and electronic media.

OUTCOME 7: Improved policy environment and equitable systems for disadvantaged and excluded children, guided by evidence and meaningful participation of children at national and decentralized levels

Analytical Statement of Progress:

UNICEF Zimbabwe's social policy programme has been a major Government partner, working toward improvement of the policy environment and equitable systems for children, especially those disadvantaged and excluded. The Office achieved major results in the four outputs, as well providing timely support to other programme sections in the areas of equity-focused analyses and policy development.

Notable achievements were realised in generation of evidence, through secondary analysis of data previously collected. Zimbabwe's poverty data was analysed and disaggregated, together with national population census data, using a small area estimation statistical inference technique to produce the *Zimbabwe Poverty Atlas*, which provides ward-level poverty estimates in maps and absolute numbers, the first of its kind ever published in Zimbabwe. The Atlas will be useful in a number of ways, including: informing investment planning and resource allocation to reach the poor, monitoring and evaluating progress made by Zimbabwe towards achieving the MDG1 target and serving as a baseline for the SDG1 target and as a tool for planning, implementing and monitoring interventions to address food and nutrition security.

Similarly the Census 2012 and the MICS 2014 data were analysed in depth to produce the *Child and Youth Equity Atlas* and thematic studies, respectively. The *Child and Youth Equity Atlas* describes social deprivation at the district and ward levels, revealing pockets of social deprivation. The analysis was presented to district administrators during a national dialogue on 'Localizing the Sustainable Development Goals', as a way to raise awareness on the challenges that their populations face and that need to be addressed on the post-2015 development agenda. After publication of the MICS main results UNICEF, in agreement with partners, decided to further analyse data related to five specific themes, namely: education; religion, health, nutrition and WASH: early marriage, attitudes on domestic violence and other child

protection issues; and social policy issues, inequity and deprivation.

Given the constrained macroeconomic environment it is critical to safeguard social sectors in the budget to achieve results for children. In this regard public finance for children work focuses mainly on evidence-based aggressive advocacy. Budget analyses (ex-ante and ex-post), ODA analysis, as well as fiscal space analysis under the fiscal sustainability framework were critical ingredients for high-level advocacy with international finance institutions, senior Government officials, Parliament, civil society and the media to raise awareness on prioritised social sectors in budgetary allocations and disbursements.

UNICEF's social inclusion programme also supported policy development in Zimbabwe in 2015. Processes initiated in 2014 for two major policy documents are near completion: the National Social Protection Policy Framework, which has been finalised and is ready to be tabled to Cabinet for approval; and the National Climate Policy, which will be finalised with inputs from the 2015 United Nations Climate Change Conference (COP 21).

As a response to climate change and in order to prepare the country's response for the consequences of the El Nino, UNICEF Zimbabwe's social policy section supported the establishment of a Green Innovations Hub ([GiHUB](#)) that was launched in November 2015. The focus is on 'Igniting Innovation, Catalysing Change' – which is a creative space for incubating green and smart-energy innovations by young Zimbabweans, while addressing the climate challenge. The project is based on three elements: capacity building in the area of environmental sustainability and renewable energy for young people and children, provision of an incubation financing facility to test ideas and technical support for scale-up and support to in-school young people to nurture innovative approaches to community challenges.

The achievements described above were made possible through excellent collaboration with Government and other development partners. For instance the Poverty Atlas and the Child and Youth Equity Atlas are the results of a fruitful partnership between ZimStat, UNICEF and the World Bank. Similarly sound partnerships that were initiated with research institutions were strengthened, especially with the Women's University in Africa (that UNICEF is assisting in the preparation of Master's and PhD programmes, in addition to the post-graduate programme currently offered). The Office also started a small grants initiative to strengthen research skills of institutional and individual researchers.

OUTPUT 1 Strengthened national capacity for child sensitive budgeting, costing and financing of services for children.

Analytical Statement of Progress:

UNICEF continued to play its central role among development partners in the area of public finance and budget, focusing on aggressive advocacy based on budget analyses, capacity building of relevant stakeholders and child participation and inclusion into budget issues.

In terms of advocacy, UNICEF played the lead role on the national fiscal taskforce, which was established following the national fiscal space dialogue organised in February 2015. The main achievement of the taskforce was the development of a fiscal space road map, whose recommendations were incorporated into the IMF staff monitored programme. UNICEF Zimbabwe continued to produce quarterly analyses of budget outturns, as well as budget briefs for education, health and social services. The ex-post analysis of the 2015 budget (through September) revealed very low rates of budget execution rate for social sectors, in addition to inadequate allocations. For instance, around 0.46 per cent of the national budget was

earmarked for social protection in 2015. However, only 47 per cent of the budget allocation was actually spent. In addition, disbursements for social sectors are mainly spent on salaries, with a record of 99 per cent spent on employment costs in the education sector. Similarly ex-ante analysis of the 2016 budget was performed, showing an increase in the allocation to health and social protection by 6.5 per cent and 1 per cent, respectively, but also a 6 per cent decrease in the allocation to education.

In terms of capacity building, UNICEF Zimbabwe supported a training workshop for parliamentarians in October 2015. The training was premised on the finding of a survey on the economic literacy of MPs that revealed that only 14 per cent were able to effectively discuss and debate budget proposals. The workshop was designed to strengthen parliamentarians' skills to allow them to participate in budget debates from an informed point of view as well as actively monitor budget implementation to ensure that public resources are used effectively to reduce poverty, increase access to basic services and promote the welfare of children in the country.

Regarding child participation and inclusion into budget issues UNICEF Zimbabwe developed 'Our needs Our budget', which is a child-friendly budgeting manual to help young people understand the basics of budgeting at the national and local levels, as a way of promoting their participation in the budgeting process. To ensure that the booklet is accessible to a maximum number of children it was published in English, Shona and Ndebele.

OUTPUT 2. Strengthened integrated Social Protection Systems to respond to child poverty and vulnerability through multi- dimensional poverty analysis and policy advocacy

Analytical Statement of Progress:

The development process of the national social protection policy framework was accelerated during the second semester of 2015. A high-level workshop to present the draft policy document to permanent secretaries of ministries of the social services and poverty eradication cluster was organised, with technical and financial support from UNICEF. The workshop received commitment from the highest political level, being officially opened by the Vice-President and concluding with the adoption of a resolution on social protection by the ministers. The policy document was finalised and ready to be presented to Cabinet for approval. The workshop also witnessed strong commitment at the highest technical level, with permanent secretaries deciding on key action points under each pillar of social protection to form the building blocks of an action plan to make the policy operational.

After completion of the policy process UNICEF supported the Government to elaborate the social protection action plan, based on the above-mentioned key action points that were classified under social protection pillars, namely: social assistance (including social support and care), social insurance, labour market interventions and livelihoods support strategies. For each goal, the action plan establishes action steps, timeframes, responsible entities and underlying assumptions.

The poverty-mapping exercise was completed, in collaboration with ZimStat and the World Bank, resulting in the publication of the *Zimbabwe Poverty Atlas* which was launched in Harare on 14 December 2015 and in Bulawayo on 18 December 2015. Using small area estimation the Atlas shows prevalence of poverty, Gini coefficients and other analytical issues at the ward and district levels. The results indicated that poverty is widespread in wards located in rural districts, with pockets of high concentration in urban areas.

In 2015 UNICEF Zimbabwe completed a child poverty analysis using the multiple overlapping deprivations analysis (MODA) methodology. The analysis was performed on four different age groups (0-to-23 months 24-to-59 months, 5-to-14 years and 15-to-17 years). In addition to showing deprivations by single dimension, the main result of the MODA is the overlap among dimensions, especially among nutrition, health and sanitation for children under two. Indeed the analysis showed that fewer than one-third of children deprived in nutrition experience deprivation in that dimension only. The remaining two-thirds are also deprived either in health or sanitation, or both. The MODA results informed the development of the Country Office rolling work-plan for 2016-2017.

OUTPUT 3: Strengthened data generation and analyses, and evidence-based legislation and policies that promote social inclusion.

Analytical Statement of Progress:

The main results produced under this output were based on secondary analysis of existing datasets from the PICES 2011/12, the Census 2012 and the MICS 2014. Using 2012 census data, ZimStat produced a *Child and Youth Equity Atlas*, with the support of UNICEF. The Atlas was undertaken principally to achieve two broad goals: analyse the pockets of social deprivations as the basis for a call for concerted action to close inequality gaps between areas and population groups in the country; and contribute to policy dialogue to reform and refocus relevant policies and programmes towards more equitable socioeconomic development in Zimbabwe. The important Atlas revealed that Zimbabwe is less homogenous than thought, based upon provincial-level results. The robust census data at the lower geographical district and ward level show disparities within provinces, especially within urban districts or provinces with isolated areas.

Five thematic areas were identified for analysis of MICS data: education; religion; health, Nutrition and WASH; early marriage, attitudes towards domestic violence and other child protection issues; and social policy issues, inequity and deprivation. These secondary analyses dig deeper into the MICS data to reveal inequities in the gains that have been achieved, to inform UNICEF as well as Government and NGO partners' programming to close the equity gaps and achieve equity-focus.

UNICEF supported the Zimbabwe Youth Council to undertake a youth situation analysis, which sought to uncover the heterogeneous challenges that youth in Zimbabwe face as evidence to informal youth-related programming. These challenges include health issues, especially relating to reproductive health; weak transition to higher levels of education (over 75 per cent of youth fail to proceed to tertiary levels of education and girls drop out of school earlier than boys in secondary); unemployment, with over 80 per cent of youth out of school unemployed; and lack of recreational and sports infrastructure, especially for those who are not in school. A youth investment case commissioned by UNICEF emphasising the need for Government to invest in youth – to address the above issues and to take advantage of the demographic dividend – is under finalisation. The investment case, to be completed in 2016, looks at five main areas requiring consistent investment from Government and partners to fully benefit from the potential contribution of youth to development: education; health; employment; gender; and culture, arts, recreation and sports.

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Other Publications

Title
Programme Videos - WASH, Education, Health, Child Protection
YouTube Video - Multiple Indicator Cluster Survey (MICS)
Video - Health Matters Weekly TV Programme: Bilharzia
Video - Health Matters Weekly TV Programme: Cervical Cancer
Video +Print - Access to Health: The Case of Apostolic Communities
Video + Print - ECD as an Entry Point for Comprehensive Services for Under 5s
Video + Print - Acceptability of Lifelong Antiretroviral Treatment (Option B+) among HIV-Positive Pregnant Women in Selected Sites in Zimbabwe.
Video - Launch of the Pre-Trial Diversion Programme
Video - Celebrating Village Health Workers in Zimbabwe
Video - Launch of the International Conference on AIDS and STIs in Africa
Situation Analysis of Children and Women in Zimbabwe: An Update (2011 – 2014)
Living Conditions Among Persons with Disability Survey Report
Zimbabwe 2012 Population Census Results: Provincial and District Profiles
Our Budget Our Needs Booklet
The Multiple Indicator Cluster Survey MICS 2014 (Child Friendly Version)
The Multiple Indicator Cluster Survey MICS 2014
Climate Change: What Children Think and Say
Assessment of the Transition Funding Modality, A pooled Funding Mechanism for Social Sectors in Zimbabwe
Where do Religion and the Law in Zimbabwe Meet?
Improving Maternal and Newborn Child Health Outcomes among Apostolic Religious Groups in Zimbabwe
Descriptive Child and Youth Equity Atlas: Zimbabwe
Zimbabwe Poverty Atlas 2015