Executive Summary

The first year of the 2016-2020 Country Programme of Cooperation was underpinned by optimism arising from adoption of the Sustainable Development Goals (SDGs), gains of the previous cycle and an economy projected to expand by 2.7 per cent from the 1.5 per cent in 2015. Zimbabwe was optimistic its debt with international financial institutions under the Lima agreement would be cleared, paving the way for much-needed external financing.

Events, however, did not unfold as planned and the year ended with an estimated gross domestic product (GDP) growth of just 0.6 per cent. The El Nino-induced drought left 4.1 million people, including nearly two million children, needing food assistance. As implementation of the Lima agreement stuttered, Zimbabwe endured acute cash shortages caused by an unsustainable import bill and the Government's inability to access external lines of credit to boost its reserves and expand fiscal space.

Within these constraints, UNICEF Zimbabwe continued to support the provision of critical social services to children through the pooled funding mechanisms in health, education, water and sanitation, and child protection. Significant efforts were also directed towards strengthening social service delivery systems.

By year end, UNICEF Zimbabwe had mobilised US$305 million, representing 55 per cent of resources required for the five-year Country Programme. In addition, US$18.59 million was mobilised for the 2016 humanitarian action for children budget of US$21.8 million. More than 412,000 children and women were reached with humanitarian assistance.

Key achievements were recorded in the procurement of medical supplies, retention of health workers, and results-based financing. Availability of essential medicines increased from 65 per cent to 78 per cent for tracer drugs; the proportion of district hospitals with three doctors increased from 67.4 per cent to 75 per cent, and; and immunisation coverage increased from 69 per cent to 90 per cent. UNICEF Zimbabwe’s support also increased the proportion of villages with trained village health workers from 61 per cent to 72.6 per cent.

Furthermore, 763,589 children aged 6-59 months (50.6 per cent) received a first dose of vitamin A and 394,474 received a second dose. A total of 5,110 children under-five were treated for severe acute malnutrition through UNICEF Zimbabwe programming support. The community-based model to reduce stunting was tested in four districts and prepared for scale-up to 15 districts. The proportion of HIV positive children aged 0-14 years accessing anti-retroviral therapy increased from 38 per cent to 83 per cent.

UNICEF Zimbabwe’s water and sanitation (WASH) and humanitarian actions enabled 402,292 people to have access to safe water and 361,417 people to safe sanitation. A total of 2,215 rural villages were certified free of open defecation.

UNICEF Zimbabwe provided social cash transfers to 64,274 labour-constrained and food-poor households. A total of 1,224 child survivors of rape accessed justice services and 529 children were diverted from criminal justice to the justice for children system. The
programme on gender-based violence (GBV) enabled 21,314 women and girls to receive legal, medical and psycho-social support.

A total of 750,000 children benefited from school improvement grants (SIG). Furthermore, 38,000 teachers were trained under the early reading initiative and 32,000 trained under a catch-up education initiative.

UNICEF Zimbabwe supported the Government to prepare and submit reports to the Committee on the Convention on the Rights of the Child and contributed to the universal periodic review mechanism of the Human Rights Council.

Young people were supported to participate in discussions and decision-making processes on issues affecting their lives, based on “Agenda 2030” and the SDGs. Young people were engaged through U-Report and dialogues were convened with child-rights oriented civil society, private sector organisations and Government.

At policy level, UNICEF Zimbabwe supported the development of the National Health Strategy, the Education Sector Strategic Plan, the National Action Plan Orphans and Vulnerable Children III, the National Social Protection Framework, and the National Action Plan to end child marriages and child pregnancies, all of which are being used to mobilise domestic and external resources.

UNICEF Zimbabwe spent US$123 million of the US$145 million allocated to the country programme in 2016. Partnerships with donors were kept strong through timely and quality submissions of the 49 donor reports due. UNICEF Zimbabwe regularly assessed risks in the operating environment to respond to changing scenarios. All 2015 internal audit recommendations were closed. Investments were made in development and security of staff and premises, including training of 88 per cent of professional staff in Results-Based Management.

UNICEF Zimbabwe acknowledges that the gains made in 2016 remain vulnerable owing to inadequate state financing, declining donor funding, and humanitarian challenges. However, strategic and intense resource mobilisation combined with programming efficiencies will buttress the achievements.

**Humanitarian Assistance**

Low rainfall resulting from the El-Niño persisted in 2016 affecting 4.1 million people (including 1.9 million children). For the first time in 15 years, Zimbabwe’s documented global acute malnutrition (GAM) rates exceeded five per cent. In line with the strategic objectives set out in the humanitarian response plan (HRP), UNICEF Zimbabwe contributed to two rural and one urban national vulnerability assessments which determined the prevalence of food and nutrition insecurity and the drought’s impact on people and their livelihoods. The assessments were used by the Government to declare a national disaster, target the most affected populations, design a national response, and mobilise resources.

Using regular resources (US$300,000) and the UN’s Central Emergency Response Fund (US$1.7 million), UNICEF Zimbabwe reached a high level of emergency preparedness and support a timely multisectoral response to multiple shocks and hazards. As of 31 December 2016, UNICEF had received US$17.6 million against the 2016 Humanitarian Action for Children target of US$21.8 million, which enabled a scale-up of the response. As part of the humanitarian coordination team, UNICEF Zimbabwe coordinated responses in health and nutrition, WASH, child protection and education sectors.
In collaboration with the Government, civil society partners and other United Nations agencies, UNICEF Zimbabwe delivered critical life-saving services to approximately 510,713 people, among whom 245,142 were children. These humanitarian interventions were guided by results of the vulnerability assessments and targeted the most affected districts. They were effectively built on existing development programmes across the sectors, thus promoting resilience and sustainability, and providing the link from recovery to long-term development programming.

UNICEF Zimbabwe and partners supported the Government to respond to nutrition needs of children and pregnant and lactating women in 20 priority districts. In response to rising levels of severe acute malnutrition (SAM), 6,189 children aged 6-59 months were treated for severe acute malnutrition in the 20 priority districts. Support was also provided to the Ministry of Health and Child Care (MoHCC) to strengthen HIV testing of children admitted into the community management of acute malnutrition (CMAM) programme. During the period January to November 2016, 4,009 out of 6,536 (61 per cent) children aged 0-59 months admitted into the programme were tested for HIV. The first dose of vitamin A supplements was administered to 213,745 children aged 6-59 months (89 per cent of the targeted children) and the second dose of vitamin A was administered to 72,042 children.

The drought’s effect on water resources was severe and required urgent attention to avert disease outbreaks. UNICEF Zimbabwe used available humanitarian funding to provide 144,707 people affected by drought with access to water through the drilling of two boreholes, rehabilitation of three piped water schemes and rehabilitation of 341 boreholes. In addition, 227,103 people were reached with hygiene promotion messages. As of December 2016, 10 cholera cases had been reported in the country (seven suspected, three confirmed and one death). A typhoid outbreak was also experienced during the year. In response to the outbreak of diarrhoeal diseases, 86,556 children with diarrhoea were treated with oral rehydration therapy and zinc. The interventions by UNICEF Zimbabwe and its partners mitigated the negative impact of water-borne diseases.

To mitigate the impact of the drought on school attendance, the Government embarked on school feeding for early childhood development (ECD) classes. UNICEF Zimbabwe and the World Food Programme (WFP) provided technical and programmatic support to the programme and are in the process of providing access to safe water. UNICEF Zimbabwe supported real-time data collection on school attendance and the school feeding programme, covering more than 4,000 schools using the RapidPro SMS platform. A total of 2,834 schools responded, with 2,643 indicating that they were implementing school feeding programmes.

The social cash transfer and case management system was the basis for building protective systems for women and children affected by emergencies. During the period January to October 2016, UNICEF and partners reached 25,246 children and women with critical protection services. A total of 13,881 labour-constrained and food poor households in nine districts benefited from the Cash Transfer programme.

Communication for development approaches were deployed using Government systems and partnerships with civil society organisations to improve health, nutrition and hygiene practices. To define specific communication targeting urban areas, UNICEF Zimbabwe engaged with the City of Harare to conduct a Knowledge, Attitudes and Practices survey on typhoid. The results showed that people had negative attitudes and practices despite high levels of knowledge. UNICEF is now working with the city authorities to identify key interventions to improve practices.
Emerging Areas of Importance

UNICEF Zimbabwe expanded on work done in the last programme cycle to improve focus on emerging areas of urbanisation and children, climate change and children, and support to movements to accelerate results for children.

**Urbanisation.** A 2014 study by the University of Zimbabwe’s Institute of Environmental Studies and UNICEF Zimbabwe titled “The Multi-Dimensional Nature of Urban Poverty among Children in Zimbabwe” found that over 25 per cent of children in urban Zimbabwe were living in poverty and 50 per cent of these were in extreme poverty. As many as 40 per cent of children in Harare had no access to a functioning flushing toilet, 21 per cent suffered from untreated diarrhoea, 31 per cent had no access to safe drinking water and 32 per cent of those in the age range of 6-24 months were stunted.

Building on these findings, UNICEF Zimbabwe begun to disaggregate data to district and ward levels, revealing the specific urban locations where vulnerable children reside. The programmatic response has entailed advocacy for prioritisation of the hotspots as well as innovative approaches for the inclusion of marginalised urban children. In addition to supporting the rehabilitation of waterworks in 14 towns, as part of a typhoid response, UNICEF supported the rehabilitation of 15 boreholes and drilling of two solar-equipped boreholes in Harare.

**A ‘movement’ to accelerate results.** UNICEF Zimbabwe sought to strengthen a movement to accelerate results for children by building an understanding of the extent to which organisations in Zimbabwe were exploiting the potential offered by Agenda2030 and the SDGs, and providing strategic support to movement building. Using U-Report, UNICEF conducted a public poll in which 13,360 of 50,782 polled individuals responded. The poll found that knowledge of SDGs was limited. Female respondents cited health as their biggest concern while male respondents were concerned about employment. A briefing workshop for child rights-oriented civil society, Government and UN agencies was conducted offering participants the opportunities to learn about and critique Government plans for the implementation of Agenda2030, and reflect on their potential roles in implementation, monitoring and accountability for SDGs. UNICEF Zimbabwe will build into its 2017 plans further activities to strengthen the role of civil society, communities, governance structures and academic institutions in using the Agenda2030 framework to accelerate results for children.

**Climate change.** UNICEF Zimbabwe provided technical and financial support to several follow-up initiatives to the 2014 study “Children and Climate Change in Zimbabwe”, with an emphasis on children’s voices and inputs. Support was provided to the development of the Zimbabwe Climate Policy, Zimbabwe’s Intended Nationally Determined Contributions (INDCs), the 3rd National Communication to the United Nations Framework Convention on Climate Change, the first country submission to the Global Climate Fund, and the integration of environmental sustainability and climate change into the education curriculum.

The inclusion of climate in the school curricula will enable school children to have a better understanding of climate change and provide them an opportunity to innovate and design effective solutions to the negative impacts of climate change and environmental degradation.

UNICEF conducted two programmes on improved cook stoves which are cleaner, emit less smoke, are more efficient and use less wood. The expected impact is a reduction in both deforestation and respiratory problems. So far, 3,480 households (approximately 17,400 indirect beneficiaries) have been reached. Participants are also now selling the Tsotso stove and generating income.
UNICEF Zimbabwe also developed a ‘Green Innovations Hub’ with the overall objective of igniting creative ideas and unlocking young people’s potential to come up with social innovations for environmental sustainability and renewable energy. The project involved an incubation hub during which 30 out of 1,398 innovators had an opportunity to be mentored by skilled professionals on their ideas. These included crop drying, pellet manufacturing, solar school bags, eco-fuel production from litter, plant that converts waste oil into diesel, and biogas digester for converting waste into fuel.

Summary Notes and Acronyms

AIDS Acquired Immune Deficiency Syndrome
AMP Annual Management Plan
BCP Business Continuity Plan
c-IYCF Community-Based Infant and Young Child Feeding
CMAM Community Management of Acute Malnutrition
CMT Country Management Team (UNICEF)
CPF Child Protection Fund
CRC Convention on the Rights of the Child
CRVS Civil Registry and Vital Statistics
DCT Direct Cash Transfer
DFID Department for International Development (UK Government)
DHIS District Health Information System
ECD Early Childhood Development
ECG Evaluation Coordination Group
EDF Education Development Fund
EMIS Education Management Information System
EMR Evaluation Management Responses
ESARO UNICEF Eastern and Southern Africa Regional Office
ESPR Education Sector Performance Review
ESSP Education Sector Strategic Plan
ERM Enterprise Risk Management
FAO Food and Agriculture Organization
FFP Food for Peace (US Government)
GAM Global Acute Malnutrition
GBV Gender-based Violence
GDP Gross Domestic Product
GER Gross Enrolment Rate
GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit
GCF Global Climate Fund
GPE Global Partnership for Education
GAVI Global Alliance on Vaccines and Immunisation
GSSC Global Shared Service Centre
HACT Harmonised Approach to Cash Transfers
HCC Health Centre Committee
HDF Health Development Fund
HIV Human Immunodeficiency Virus
HRP Humanitarian Response Plan
HTF Health Transition Fund
HSCT Harmonised Social Cash Transfer
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICT</td>
<td>Information (and Communication) Technology</td>
</tr>
<tr>
<td>IMAM</td>
<td>Integrated Management of Acute Malnutrition</td>
</tr>
<tr>
<td>IMERP</td>
<td>Integrated Monitoring, Evaluation and Research plan</td>
</tr>
<tr>
<td>INDCs</td>
<td>Intended Nationally Determined Contributions</td>
</tr>
<tr>
<td>I-PRSP</td>
<td>Interim-Poverty Reduction Strategy Paper</td>
</tr>
<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
</tr>
<tr>
<td>LAN</td>
<td>Local Area Network</td>
</tr>
<tr>
<td>LCDZ</td>
<td>Leonard Cheshire Disability Zimbabwe</td>
</tr>
<tr>
<td>LTA</td>
<td>Long-term Agreement</td>
</tr>
<tr>
<td>MAM</td>
<td>Moderate Acute Malnutrition</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
</tr>
<tr>
<td>MIS</td>
<td>Management Information System</td>
</tr>
<tr>
<td>MNCH</td>
<td>Maternal, Newborn and Child Health</td>
</tr>
<tr>
<td>MoHCC</td>
<td>Ministry of Health and Child Care</td>
</tr>
<tr>
<td>MoPSE</td>
<td>Ministry of Primary and Secondary Education</td>
</tr>
<tr>
<td>NATCOM</td>
<td>National Committee for UNICEF</td>
</tr>
<tr>
<td>NCMS</td>
<td>National Case Management System</td>
</tr>
<tr>
<td>NER</td>
<td>Net Enrolment Rate</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>O&amp;M</td>
<td>Operations and Maintenance</td>
</tr>
<tr>
<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Assistance (of the UN)</td>
</tr>
<tr>
<td>ODF</td>
<td>Open Defecation Free</td>
</tr>
<tr>
<td>OFDA</td>
<td>Office of Foreign Disaster Assistance</td>
</tr>
<tr>
<td>OR</td>
<td>Other Resources</td>
</tr>
<tr>
<td>PEP</td>
<td>Post Exposure Prophylaxis</td>
</tr>
<tr>
<td>PER</td>
<td>Performance Evaluation Report</td>
</tr>
<tr>
<td>PMT</td>
<td>Programme Management Team</td>
</tr>
<tr>
<td>PTD</td>
<td>Pre-trial Diversion</td>
</tr>
<tr>
<td>RBF</td>
<td>Results Based Financing</td>
</tr>
<tr>
<td>RR</td>
<td>Regular Resources</td>
</tr>
<tr>
<td>RSM</td>
<td>Residential Security Measures</td>
</tr>
<tr>
<td>RWIMS</td>
<td>Rural WASH Information Management System</td>
</tr>
<tr>
<td>SaPHELHE</td>
<td>Sanitation Focused Participatory Health and Hygiene Education</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>SIG</td>
<td>School Improvement Grant</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>SOWC</td>
<td>State of the World’s Children</td>
</tr>
<tr>
<td>SMS</td>
<td>Short Message Service</td>
</tr>
<tr>
<td>SMT</td>
<td>Security Management Team</td>
</tr>
<tr>
<td>SP</td>
<td>Strategic Plan</td>
</tr>
<tr>
<td>T4D</td>
<td>Technology for Development</td>
</tr>
<tr>
<td>TF</td>
<td>Transition Fund</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNECA</td>
<td>United Nations Economic Commission for Africa</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Education, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNFCCC</td>
<td>UN Framework Convention on Climate Change</td>
</tr>
</tbody>
</table>
The rapid revival of the collapsed social sectors during the Country Programme 2012–2015 resulted in improved access to services and a reversal in the declining trends of indicators for child well-being. Service level data, however, showed significant gaps in the analysis and use of data and for result-based planning and management, particularly at decentralised levels. Consequently, UNICEF Zimbabwe placed deliberate emphasis on strengthening institutional capacity to deliver quality services at decentralised levels. Such support included the development of local government financial management and reporting software for use by local authorities in the country and the decentralisation to district level of the collection, capture, cleaning, analysis and use of data for local level planning and review.

Capacity building of regular sector management information systems was complemented by support to the collection and use of real-time data by Government, partner organisations and communities. Cases in point include the rural water information management system (RWIMS) for monitoring the provision of WASH services and the slim education management information system (known as SlimEMIS) for monitoring the education system’s performance against selected high frequency indicators.

UNICEF Zimbabwe supported the upgrading of knowledge and skills through training of service providers in areas where gaps existed. Interventions included the training of 650 health workers on comprehensive HIV prevention, treatment care and support, training of more than 100,000 teachers in syllabus interpretation and early reading, and training of staff from the poorest municipalities and local authorities in financial management and reporting. Where needed, longer term training supported by UNICEF Zimbabwe included partnering with the private sector, local universities and international institutions such as the Women’s University in Africa and the International Institute for Educational Planning.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Zimbabwe undertook initiatives that generated evidence in support of results for children. These included:

a) The development of 2016 National Budget Briefs that analysed spending patterns in general and social sector spending, which essentially showed that non-wage social sector (education, health, welfare) Government expenditure is falling significantly below off-budget donor support to these sectors. UNICEF engaged the media, the Ministry of Finance, Members of Parliament, civil society and the private sector with the budget analyses, and in collaboration with the World Bank, the International Monetary Fund and the African
Development Bank pursued Government commitment to social sector prioritisation in allocations and disbursements. By the third quarter of the 2016 fiscal year, social sector disbursements from the national treasury had improved relative to previous years and relative to some of the other sectors.

b) The secondary analysis of the Multiple Indicator Cluster Survey (MICS) 2014 data to develop the first non-monetary, multidimensional child poverty measurement in partnership with the National Statistics Agency (ZIMSTAT) and the Ministry of Planning. The results were included in the Interim-Poverty Reduction Strategy Paper (I-PRSP). Additional papers focused on child marriage, religion, health and nutrition, education and child protection. These have been influential in supporting the current national movement to end child marriages in Zimbabwe.

c) Results from a sustainable energy for children study, undertaken by UNICEF Zimbabwe in conjunction with the Ministry of Energy and the University of Zimbabwe, have been used to influence the development of the National Renewable Energy Policy. Child-friendly materials being developed under the new curriculum include issues of renewable energy and environmental sustainability.

d) Drivers of a violence against children (VAC) study, which was used to inform the National Action Plan, communication strategy and local campaign activities to end violence against children and child marriages.

**Partnerships**

UNICEF Zimbabwe’s Country Programme 2016–2020 consolidates the gains made through the “Transition Funds” in the previous Country Programme 2012-2015. The Transition Funds, now known as “Development Funds” are pooled funding mechanisms that comprise the Government, donors, UN Agencies and other stakeholders to promote social sector growth and stability in Zimbabwe. UNICEF is a fund manager and technical partner to the Development Funds.

The Health Development Fund (2016-2020) succeeded the Health Transition Fund (HTF 2011–2015). The HDF is a joint programme with the United Nations Population Fund (UNFPA) as a Participating United Nations Organisation managing the reproductive health and rights pillar. The Ministry of Health and Child Care co-chairs the HDF Steering Committee together with a funding partner. In the maternal, newborn and child health programme, there is continued collaboration with other UN agencies such as the United Nations Development Programme (UNDP), World Health Organization (WHO) and WFP. In human resources for health, there is collaboration with the Global Fund and the Health Services Board.

The Education Development Fund (EDF) 2016–2020 succeeded the Education Transition Fund 2011–2015. The Ministry of Primary and Secondary Education (MoPSE) is the lead Ministry for both the EDF and the Global Partnership for Education (GPE) programmes. Policy decisions on the activities supported by the GPE and EDF are made by the MoPSE in consultation with UNICEF and informed by discussions in the Education Coordination Group (ECG).

A multi-donor Child Protection Fund (CPF) II to support the implementation of the National Action Plan for Children (NAP III) was secured for a value of US$48 million from the United Kingdom’s Department for International Development (DFID), the Swiss Development Cooperation (SDC) and the Swedish International Development Cooperation Agency (SIDA). The CPF II has a stronger focus on violence prevention, information management,
sustainability of the harmonised social cash transfer (HSCT) programme and governance structure and capacity.

**External Communication and Public Advocacy**

UNICEF Zimbabwe’s communication and public advocacy objectives were to ensure that critical information affecting children and young people was used to mobilise support for children and to promote the active engagement of millennials in processes to shape their futures through facilitating dialogue and the growth of equity-focused social innovations.

A key priority in 2016 was to highlight the impact of the El Nino-induced drought on women and children. UNICEF’s voice was highly visible, in both national and international media, and human interest stories and videos generated from UNICEF’s communication activities were published on digital platforms for extended reach. These communication efforts contributed significantly to the mobilisation of resources, following a limited response in the initial stages of the humanitarian crisis.

Another key priority related to the inequities in access to services which continue to negatively affect marginalised communities. UNICEF Zimbabwe used the State of the World’s Children Report 2016 (SOWC) to highlight inequities in the country, using data from the youth and child equity atlas, the child poverty atlas, and the food poverty atlas. The equity message was reflected in all of UNICEF’s messaging throughout the year and statistics from both the SOWC and the equity atlases were used regularly by the media.

The Junior Parliament, supported by UNICEF, provided a platform for the President and members of his Cabinet to engage with over 300 child Members of Parliament, drawn from all of the country’s constituencies. Two sittings were held in 2016 where the President and his two Vice-Presidents pledged their commitment to ending child marriages.

UNICEF Zimbabwe continued to expand its reach through social media and other digital platforms. Monthly impressions averaged 170 on Facebook and 600 on Twitter. In addition, UNICEF Zimbabwe used U-Report to reach its 50,000 U-Reporters with messages on violence against children, child marriages, and child rights in the Constitution, among others.

**South-South Cooperation and Triangular Cooperation**

In the context of China-Africa relations, UNICEF Zimbabwe participated in the first China-Africa Maternal and New Born Child Health (MNCH) Forum that provided a platform for knowledge exchange and mobilisation of resources for MNCH. UNICEF Zimbabwe together with the Ministries of Health, Finance and Planning in Zimbabwe, engaged with the Chinese embassy to facilitate cooperation in the form of technical support and financial assistance towards the ongoing MNCH scale-up in Zimbabwe. The initiative resulted in pledged funding in 2017, on the back of a prioritised MNCH plan.

UNICEF promoted knowledge and technical exchange with South Africa by assisting the Zimbabwe National Statistics Agency to partner with their South African counterpart to strengthen the civil registry and vital statistics framework, which enabled Zimbabwe to produce a Vital Statistics Report on births, deaths, divorces and marriages. This cooperation, which was also supported by UNECA, included the training of ZIMSTAT, Ministry of Health and the Registrar-General’s Office in coding of causes of death as well as overall administration of the civil registry and vital statistics system.

A delegation from the education sector was supported to attend the Board meeting of the Global Partnership of Education as observers, and to learn about education management in Cambodia. Through the visit, the Zimbabwe delegation gathered lessons and contacts in
relation to the Education Resource Centre, Department of Planning, the Department of Finance, and the National Education Partners (a coalition of NGOs which brings a unified civil society voice into the education sector). The lessons will inform Zimbabwe’s implementation of the Education Sector Strategic Plan 2016-2020, particularly the aspects of research, civil society engagement and management of decentralised education planning.

Identification Promotion of Innovation

UNICEF Zimbabwe has focused on innovations that increase the effectiveness and efficiencies of programmes and provide opportunities for the participation of the marginalised. U-Report and RapidPro have been deployed to provide real-time data, increase efficiency, promote social accountability and increase youth participation.

UNICEF contributed to improved monitoring and response in communities affected by El-Nino through the integration of RapidPro with RWIMS. This integration enabled the collection of real-time information on the status of water sources in affected areas. RapidPro was used to support weekly reporting on severe and moderate acute malnutrition screening, and referrals and admissions in the 10 worst affected districts.

In the urban WASH program, the U-Report was used to improve communication between residents and local authorities. Residents reported disruptions in service delivery with response teams immediately receiving SMS notifications. The system reduced the distances that communities travel to report faults, reduced response times, improved accountability and, is contributing to improved relations between the councils and residents.

RapidPro was also used as a tool for citizen engagement in local government budget processes in Bulawayo and Ruwa. Drawn from the local authority databases, 65,000 residents were identified to make inputs into the budgeting processes. Despite the 40 per cent response rate, the absolute number of respondents represented a marked improvement on past budget consultations.

UNICEF Zimbabwe promoted the use of open data kits for monitoring of the multisector community-based approach to reducing stunting intervention in support of the Zimbabwe National Food and Nutrition Security Policy and Strategy. Extension workers used the system to collect data on nutrition-related indicators in four districts in Manicaland and Masvingo provinces. The data is being used by communities in formulating community-based interventions and by extension services to tailor their interventions to local needs. RapidPro was incorporated into the intervention to promote citizen engagement and social accountability.

Support to Integration and Cross-sectoral Linkages

The recovery of Zimbabwe’s social sectors has largely been sector specific with inadequate integration. Yet, service integration (co-location, collaboration) is central to success in nutrition, early childhood development, child protection, programming for adolescents, and addressing multi-dimensional child poverty, among others. To promote integration, UNICEF Zimbabwe supported the development of an Investment Case on Youth, a National Action Plan on Ending Child Pregnancies and Marriages, provided support to the implementation of a multi-sector community-based intervention to reduce stunting, and undertook secondary analysis of data and case experiences from child protection services.

During this process, four key lessons emerged.

1) Strong coordination is needed within multi-sector initiatives. A mandate alone is not sufficient for successful coordination. The mandate must be accompanied by clarity on role
and the abilities to assist actors to develop a common understanding of issues, identify their potential roles, support action planning, and agree on performance indicators and monitoring processes.

2) Clarity on resources for implementation is key. Open discussion and identification of the resource requirements and sources is central to give meaning to commitments to act.

3) A multi-purpose near real-time shared data and monitoring system is needed. The data and monitoring system should perform various roles including fostering vertical accountability (community to ward to district to province to national linkages) of sector actors for their actions. It must also promote horizontal accountability (cross-sector accountability at various administrative levels and accountability to communities). Such systems must provide timely data that allows for corrective action to be taken in near real-time.

4) The quality of the delivery process must be checked. A multi-pronged quality checking process that combines user feedback and process quality standards is essential for process improvements.

Application of these lessons will improve future service integration and cross-sector work and is particularly important for delivery on the SDGs.

**Service Delivery**

In 2016, UNICEF Zimbabwe continued to provide leadership in the mobilisation and strategic deployment of service delivery resources. Strategic investments were made focusing on six elements of service delivery: people, business practices, facilities and equipment, information and communication technology, knowledge, and governance/accountability.

To track the efficiency and effectiveness of service delivery in the different sectors, UNICEF introduced mechanisms to check on service provision and follow up on user satisfaction.

In the health sector, the Vital Medicine Availability and Health Services survey collected quarterly data from health facilities and was used to track the availability of commodities. Exit interviews with clients were used to check on satisfaction with services. Through the Health Development Fund, support was provided for a results-based financing approach which addressed motivation issues and contributed to improvements in both service reach and service quality. Health centre committees facilitated interaction between service providers and community members.

The education sector used the education management information system, complemented by the Edu-track tool to check on teacher availability and attendance.

In child protection, the interaction of cash transfer clients and service providers was enhanced through the introduction of a grievance/complaints mechanism.

In the WASH sector service delivery was supported by a combination of data and village water committees that allowed for dialogue and participation of communities in decision making.

With Zimbabwe still faced with challenges of objectors who, on the basis of culture, religion or other beliefs refuse to utilise services, UNICEF Zimbabwe undertook studies on objections and mechanisms that could be used to overcome the objections. The research informed the formulation of a communication strategy that was used to address service objectors from religious groups, and underpinned new partnerships with civil society organisations.
**Human Rights-Based Approach to Cooperation**

UNICEF Zimbabwe’s 2016-2020 Country Programme responds to a situation analysis that identified the main determinants responsible for the shortfalls and inequities affecting children and women in the country. The analysis informed the choice of indicators and guided the annual review and planned adjustments for 2017.

Having ratified the Convention on the Rights of the Child (CRC) in September 1990, Zimbabwe had submitted no further reports after 1996. With the support of UNICEF Zimbabwe, the Government of Zimbabwe prepared and presented its second report in January 2016. Following the presentation of the report, UNICEF supported the development of an integrated monitoring and evaluation framework incorporating CRC Committee recommendations and those of the African Committee of Experts on the Rights and Welfare of Children. In addition, UNICEF Zimbabwe supported the development and presentation of the country’s 2016 Report to the Universal Periodic Review mechanism.

With a focus on addressing inequities, UNICEF Zimbabwe complemented investments in making services available by investing in improving access and utilisation by the most vulnerable children. Through a combination of equity-focused analytical reports and programme interventions, UNICEF Zimbabwe contributed to several improvements, which included ensuring that 64,274 labour-constrained and food-poor households in 23 districts received non-conditional cash transfers to meet their basic needs, 23,944 children with statutory cases received assistance through the National Case Management System, 529 children being successfully diverted from being dealt with as adults within the justice system, 1,172 girl and 52 boy survivors of sexual violence accessed justice, and 1,381 girls and 223 boys received free legal services. Through a partnership with Leonard Cheshire Disability Zimbabwe (LCDZ), 158 children with disabilities were supported to access justice. LCDZ trained 68 staff under the sub-committees of the victim-friendly services on sign language and disability issues, thereby improving their ability to assist children with disabilities.

In collaboration with WFP, UNDP, World Bank and the Food and Agriculture Organization (FAO), UNICEF supported the development and adoption of a comprehensive National Social Protection Framework and advocated for a single social protection registry. These measures, in a context of improving Government commitment to social protection, hold much promise for the most vulnerable children.

**Gender Equality**

Zimbabwe has a serious problem of child marriages, with nearly 33 per cent of girls married before 18 years of age. Ending child marriages was identified as the priority area for UNICEF Zimbabwe in 2016. In January 2016, the Constitutional Court made all laws and customs that permit marriages to persons under the age of 18 invalid.

To support the implementation of this decision, UNICEF Zimbabwe, together with UNFPA and UN Women, supported the Government to develop a National Plan of Action to End Child Marriages. UNICEF provided technical and financial support during extensive consultations both within the Government and with over 60 civil society organisations that included women’s rights and child rights organisations.

Following the development of the draft National Plan of Action, UNICEF committed US$106,000 to a pilot social mobilisation and behaviour change communication campaign that was implemented with 10 civil society organisations and the Government. This reached over 5,879 men and boys and 8,336 women and girls with messages on ending child marriages and gender-based violence using community dialogues, theatre, training, U-
Report, a national toll-free helpline and psychosocial support services in eight high incidence districts. A launch of the social mobilisation campaign was headlined by prominent Zimbabwean musician and UNICEF Goodwill Ambassador Oliver Mtukudzi and this was widely covered by both TV and print media, with a reach of over one million people across the country.

All these efforts culminated in the adoption by the Government of the SADC Model Law on Ending Child Marriages. The model law will be used in the alignment of marriage laws for preventing child and forced marriages.

A programme on prevention of gender-based violence, which enabled 21,314 women and girls to receive legal, medical and psychosocial support, was implemented jointly with UN Women. UNICEF spent US$913,703 during 2016 on this programme.

In gender mainstreaming, the mechanisms and processes within UNICEF Zimbabwe were strengthened with the establishment of a gender task force and development of terms of reference to guide its operations. The development of a gender action plan and orientation on the same resulted in improved appreciation of gender mainstreaming responsibilities.

Environmental Sustainability

UNICEF supported a research study on sustainable energy for children in Zimbabwe which gathered evidence on the root causes of, and barriers associated with, energy access. Evidence from the study informed the development of the National Climate and Renewable Energy Policies. To strengthen children’s participation in the climate change response, UNICEF Zimbabwe supported the development of child-friendly booklets on climate change and the National Climate Policy, National Climate Change Debate competitions and Eco-School projects which engaged school children across the country to increase awareness and knowledge about climate change and clean energy.

UNICEF Zimbabwe also supported the 22nd Conference of the Parties (known as COP22) Voices of Youth Climate Mapping activity which called on young people through a digital mapping initiative to conduct digital mapping on climate change locally and use the map and complementary child and youth-produced media for local advocacy with Government, business and community.

And as Zimbabwe proceeded with a review of the education curriculum review, UNICEF advocated for and supported the integration of climate change and environmental sustainability into the curriculum development process.

In pursuit of a greener UNICEF Zimbabwe, various changes were made, including solar installations, inverter type air conditioning units, changing to lower capacity generators, and recycling, among others. Improvements were made on 2014-15 performance as follows: carbon dioxide (CO2) emissions from electricity reduced from 247 to 123 tonnes; vehicle emissions reduced from 521 to 274 tonnes; on-site fuel combustion from 35 to 22 tonnes; waste-to-landfill fell from 10.5 tonnes to 7.2 tonnes; and paper consumption fell from 2.8 million sheets to 1.3 million sheets.

Effective Leadership

The UNICEF Zimbabwe country management team (CMT), which met monthly, provided overall oversight of country programme implementation by tracking annual management plan (AMP) priorities. As a result, UNICEF Zimbabwe achieved all the key priorities, which included: development of a costed national health strategy, development of data systems on violence, exploitation and abuse, enhanced proportion of primary health care centres
providing treatment of severe acute malnutrition, and development of a National Sanitation and Hygiene Policy. The country management team provided sufficient oversight to ensure that UNICEF Zimbabwe closed the remaining internal audit recommendations in the first quarter of 2016.

On the operations side, the CMT continued to be updated on the challenging operating environment that is characterised by the ongoing cash shortages and the introduction of Bond Notes to inform on appropriate course of action and to minimise the negative impact on programme implementation and staff. The CMT reviewed the country office’s enterprise risk management plan to ensure that the risk library is updated and any emerging risks are addressed.

The transition of financial transactions to the Global Shared Services Centre (GSSC) was seamless, following the training of staff. Several initiatives were taken by UNICEF Zimbabwe to achieve cost savings of more than US$1.26 million for 2016. The office streamlined trip management by rolling out an online reporting tool. UNICEF Zimbabwe successfully participated in the UNICEF Eastern and Southern Africa Regional Business Continuity Plan (BCP) Initiative.

These efforts are reflected in the Insight performance indicators for Zimbabwe in December 2016, where the country office ranked at the top in the region and also in comparison with other offices of similar budget globally.

**Financial Resources Management**

The country management team continued key performance indicators to monitor key performance indicators monthly and red flag areas including grant expiry, direct cash transfers (DCT) liquidations, budget commitments/utilisation, resource mobilisation, donor reporting, cash flow forecast, bank optimisation and implementation of audit recommendations. Financial management systems were strengthened and streamlined on an ongoing basis depending on the emerging needs.

To strengthen financial management, existing standard operating procedures (SOP) and work flows were reviewed in line with the standard operating procedures of the Global Shared Services Centre. Assignment of VISION roles were reviewed and streamlined with the requirements of the Centre.

All bank reconciliations were completed, uploaded and approved in VISION within the deadlines, with regular follow up of the reconciling balances. Monthly financial closure and review of accounts were properly performed.

A cost avoidance of US$1,262,310 was achieved through downward negotiations of costs with suppliers in procurement of goods and services.

UNICEF Zimbabwe was audited from 13 April to 8 May 2015 with the final audit report issued in August 2015. The audit concluded that the country office’s controls and processes were generally established and functioning well during the period under audit. All recommendations of the internal audit have since been closed.

The HACT Steering Committee met quarterly to monitor progress of the assurance and capacity-building activities. To further strengthen implementation of HACT, UNICEF Zimbabwe carried out 584 planned programmatic field visits, 78 spot-checks, and five micro-assessments. The country’s macro-assessment has also been completed jointly with other UN agencies.
Utilisation of funds as of 28 December 2016 was at 99.2 per cent. Of the other resources (OR) expiring at the end of 2016, the utilised proportion also stood at 100 per cent. DCT status was reviewed continuously. As of 28 December 2016, there were no DCTs older than six months.

**Fundraising and Donor Relations**

The approved ceiling for the 2016–2020 Zimbabwe country programme is US$558,310,000. By November 2016, the country office had mobilised US$305,300,000 (55 per cent of the ceiling). Compared to the first year of the 2012–2015 country programme, donor funding declined with significant deficits in child survival and child protection.

Funding from private sector was negligible due to the frail macro-economic environment. UNICEF Zimbabwe’s engagement with UNICEF National Committees increased with four visits hosted in 2016 and approximately US$4 million raised. The office received thematic funding focused on child rights from Sweden (US$6 million) and was allocated US$400,000 Global Education thematic funding.

Following two consecutive seasons of failed rains, the Government declared a drought disaster on 4th February 2016. The UN’s Office for the Coordination of Humanitarian Affairs supported the UN Country Team to develop a National Response Plan from which UNICEF identified a requirement of US$21.8 million to meet the needs of children in health, nutrition, HIV and AIDS, WASH, education and child protection. As of December 2016, US$18.59 million had been raised from DFID, USAID- Office of U.S Foreign Disaster Assistance, USAID- Food for Peace, USAID-PEPFAR, GIZ, German Federal Office, Global Affairs Canada, and the German, UK and Japan National Committees for UNICEF.

UNICEF Zimbabwe encouraged programme teams to gather data, human interest stories, and financial analysis as part of donor reporting. Quality assurance was handled by the monitoring and evaluation unit while timeliness was tracked by the country management team. All 49 donor reports and seven thematic reports were submitted on time and positive feedback on quality and content received from donors. Feedback from DFID, Denmark, Sweden, SDC, Australia, the Global Alliance for Vaccines and Immunisation, and the European Union was valuable in enhancing the quality of reporting.

**Evaluation and Research**

UNICEF Zimbabwe continued to strengthen its evaluation function through engaging the technical research and evaluation group for quality assurance at all stages of the evaluation cycle. The programme management team (PMT) was familiarised with evaluation processes and, together with the country management team, was trained in results-based management which included a session on evaluation.

The integrated monitoring, research and evaluation plan (IMERP), developed and approved in the first quarter of 2016, had 13 activities with a value of US$2,550,856.00 representing about two per cent of the total UNICEF Zimbabwe programme costs. Of the 13 activities, four were evaluations planned for completion in 2016. Of the planned evaluations, two were completed (the independent evaluation of the Health Transition Fund and the joint programme on prevention of gender-based violence against adolescent girls and young women), one will be completed in 2017 (Education Development Fund/Global Partnership for Education) and the fourth was downgraded to a programme assessment (pre-trial diversion end of pilot programme evaluation).
The completed evaluations were subjected to UNICEF ESARO and the evaluation office quality assurance processes, returning a rating of “Satisfactory” on one while rating on the second is pending. To promote evaluation utilisation, evaluation reports were presented to stakeholders and evaluation management responses developed through participatory processes.

The findings of the evaluation of the Health Transition Fund have informed the streamlining of management structures as well as improvements in the monitoring and evaluation framework for the Health Transition Fund. Both actions are instructive for other collaborative initiatives.

### Efficiency Gains and Cost Savings

UNICEF Zimbabwe took initiatives to achieve cost savings of more than US$1.26 million for 2016, including:

- a) Close monitoring of fuel consumption, repairs and maintenance of motor vehicle and generators;
- b) A culture of consistent and systematic price negotiations with service providers was introduced and led to significant savings;
- c) Reduced conventional electricity bills by installing solar system;
- d) Use of the log base office site for small internal conferences and workshops;
- e) Reduced transaction costs through the use of common services in security, fuel, travel agents, courier and UN clinic.

In addition, through rigorous and competitive selection of a fleet maintenance garage, a saving of US$3,500 per month was achieved in vehicle fleet repairs and maintenance. An innovative fleet monitoring, management and vehicle tracking system resulted in a reduction of about 33 per cent in fuel costs by plugging wastage.

By installing additional solar system capacity, UNICEF Zimbabwe’s electricity bill was reduced. A switch was also made from VSAT to fibre for internet services. As a result, the cost of band-width was reduced by 24 per cent from US$485 to US$ 370 per megabyte per second. Reductions were also achieved in the cost of satellite phone communications by changing the service-provider. A saving of US$18,637 annually on warehouse lease costs was achieved through negotiating downwards on already leased premises.

A comprehensive print and design market survey was concluded, resulting in eight long-term agreements (LTAs) which will reduce transactional costs while increasing efficiency by faster turnaround of procurement requests, hence improved service delivery.

### Supply Management

In 2016, 37 per cent of total UNICEF Zimbabwe procurement was contracting for services, mainly programme strengthening, monitoring and evaluation and WASH rehabilitation. As part of the procurement strategy to reduce transactional costs, increase efficiency and improve service delivery, 17 strategic commodities/service groups were identified and prioritised for LTAs, and increased from 31 to 64. The supply plan implementation rate was 112 per cent.

The total procurement throughput for goods and services including procurement services support to Government through UNDP was US$92,350,838.02. Supplies via GAVI declined by 27 per cent (from US$14.7 million in 2015 to US$10.8 million in 2016) due to delays in the switch from measles to measles rubella vaccines, which postponed procurement to 2017.
UNICEF Zimbabwe continued to support a wide range of high-value, complex procurement and contracting activities for essential supplies and services for programme delivery across the sectors. This included contracts for WASH rehabilitation works, Cash in Transit supporting the Harmonised Social Cash Transfer programme, and Results Based Financing and Human Resources for Health programmes through the Health Development Fund. In-kind supply contributions worth US$ 1,204,634.30 were received for essential medicines from DFID, Ready-to-Use Therapeutic Food from USAID and mobile handsets from ECONET for the El Nino response.

Economic volatility continued to contribute to supplier inability to meet commitments coupled with new imports restrictions introduced by the Government in July resulting in price increases and delivery delays. US$ 1,380,635 cost savings were achieved on negotiated procurement of goods and services and 14 per cent annual cost savings of US$ 18,637 were successfully negotiated on the new warehouse lease.

Collaboration with Government partners increased direct delivery of supplies to provincial storage locations, reducing stock issued through UNICEF warehouse by 52 per cent from US$ 3.1 million (2015) to US$ 1.4 million (2016). Technical assistance was provided on the distribution of medicines, and UNICEF funded a supply chain strengthening study tour to supply division for Government counterparts from the Natpharm and Directorate of Pharmacy services.

The total value of programme supplies in the UNICEF warehouse as of 13 December 2016 was US$1,106,707.20.

<table>
<thead>
<tr>
<th>2016 value of supply input (goods &amp; services) (in USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
</tr>
<tr>
<td>Operational supplies</td>
</tr>
<tr>
<td>Services</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Value of supplies channelled via procurement services (in USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>via regular PS</td>
</tr>
<tr>
<td>via GAVI</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2016 value of supplies managed by UNICEF Zimbabwe</th>
<th>In USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies Received</td>
<td>US$1,846,247.92</td>
</tr>
<tr>
<td>Physical Stock at 13-December</td>
<td>US$1,106,707.20</td>
</tr>
<tr>
<td>Supplies Issued</td>
<td>US$1,720,821.07</td>
</tr>
</tbody>
</table>
Security for Staff and Premises

A combination of political, economic and social factors led to an environment of increased tension that called for greater attention to security of staff and premises. Key factors include the political positioning in relation to the 2018 elections, high youth unemployment; increasing resort to street protests; shortages of cash; and challenges related to weak economic performance and the attendant effects on fiscal space.

Against this backdrop, the UN Security Management Team elaborated a security risk management document to ensure staff safety as well as the smooth conduct of the UN mandate in the country. Residential security measures were updated during the year, resulting in significant cost reductions while ensuring residential safety of the staff.

A number of training activities were conducted for staff including: defensive driving; warden training; fire warden training; and; suspicious letters and packages training. Security standard operating procedures were reviewed and updated. UNICEF Zimbabwe conducted fire safety drills in which all staff participated. The United Nations Department for Safety and Security (UNDSS) reviewed the visitor screening and entrance of office premises. Following this, the office’s Minimum Operating Security Standard reached 100 per cent compliance.

As the office receives frequent visits from UNICEF National Committee staff and others, security briefings were organised to ensure proper security orientation of visiting teams.

UNICEF staff receive UNDSS rapid-SMS in case of security incidents.

Human Resources

In 2015, UNICEF Zimbabwe presented a new country programme management plan that included a fit for purpose staffing structure. In 2016, informed by the funding situation, the country management team undertook a detailed affordability analysis and filled only those positions deemed critical for programme delivery. Emergency-related staff requirements were continuously reviewed through an emergency task force which met regularly. The use of competency-based interviewing ensured the recruitment of capable staff.

UNICEF Zimbabwe made use of organisational tools for personnel performance planning and management. The current office gender diversity is 43 per cent female and 57 per cent male. The CMT actively monitored the timely completion of each phase of the e-performance appraisal system, ensuring that deadlines for each phase were met. The office attained 100 per cent completion rate for 2015 Performance Evaluation Reports.

In pursuit of the 2014 Global Staff Survey action plan, UNICEF Zimbabwe had an all staff team-building retreat which developed an action plan encompassing staff welfare and work-life balance. Subsequently, 31 of 138 staff members utilised flexible working arrangements. Implementation of the learning and development plan reached 95 per cent with 82 of 86 planned learning activities completed and 91 per cent budget utilisation. Furthermore, 88 per cent of the professional staff were trained in results-based management with the remainder to be trained in 2017. Four clinics were conducted: on the new compensation package for international professional staff, the new performance management system (ACHIEVE), retirement planning, and medical evacuation.

UNICEF benefitted from and contributed to a well-functioning UN Cares Network for Zimbabwe. Implemented UN Cares activities included: a UN harmonised wellness and family day. Staff orientation on HIV, counselling and testing, completion of the mandatory online HIV in the Workplace course, the provision of PEP Kits and provision of male and female condoms, among others.
Effective Use of Information and Communication Technology

UNICEF Zimbabwe used the UNICEF standard cloud-based office automation tools to provide staff with greater opportunities to improve effectiveness and efficiency in programmes. With the migration from Lotus Notes to Exchange, collaborative benefits of cloud computing which include working on the same document opened up. Office 365 has extended access to emails beyond the LAN and the guest facility to connect to the internet enabled easy remote access, which is key for maintaining continuous staff accessibility and ability to contribute to office tasks from remote locations.

Use of Skype for Business assisted in reducing communication costs. One Drive is being used mainly for individual backup and data sharing. UNICEF Zimbabwe is migrating shared-folders to SharePoint for secure storage as well as extending access to files beyond the LAN. Other tools that UNICEF Zimbabwe deployed include the use of Survey Monkey for data collection, and Hangouts on Air for live streaming of the monthly Brown Bag meetings. An electronic trip reporting and analysis system was developed improving the ease of analysis of trip reports and follow-up actions.

To reduce its carbon footprint, UNICEF Zimbabwe donated to partners some office equipment that had been replaced. All donated and auctioned computer equipment was pre-loaded with open source software such as Ubuntu and Libre suite. Similarly, Linux was used on some test servers for partners. UNICEF Zimbabwe is also embracing T4D initiatives to promote effective and efficient ways for communication thereby reducing the amount of paper that is printed.

In 2016, UNICEF Zimbabwe scaled up its use of using digital social media such as Twitter and Facebook to improve visibility and awareness. A deliberate focus was on enabling two-way flows of information with stakeholders including influencers and individuals.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1: Eighty per cent of pregnant women, new-borns, children and adolescents have equitable access to and utilise high-impact, cost-effective and quality health interventions and practice healthy behaviours by 2020.

Analytical Statement of Progress:
The main focus of the Health Outcome during 2016 was to sustain the gains made in the coverage of maternal, newborn, child and adolescent health services while improving on efficiencies, quality and equity for better impact.

Despite a very challenging funding climate, most of the results for the Maternal, Newborn, Child Health and Systems Strengthening programmes have progressed well during the year. With reduced donor funds and a national economy that is showing a downward trend, UNICEF’s focus was on maximising on the limited resources, ensuring optimal resource efficiency. Scenarios for prioritisation of Health Development Fund spending were developed and implemented. Top priorities were to improve availability of essential pharmaceuticals and human resources, while at the same time not losing focus on sustaining the programmatic gains on the major MNCH areas.

UNICEF also focused on resources mobilisation and efficient use through the HDF Coordination Unit engagement with donors (EU Ambassadors and Natcoms, etc.) and monitoring performance. The HDF partnership was expanded bringing GAVI on board as a
major funder for the EPI Programme. Some additional donor resources were mobilised outside the HDF.

With the available HDF and other programme funds, UNICEF has continued using the Health Systems Strengthening approach, focusing on health commodities, human resources for health and Results-Based Financing, as well as service delivery.

UNICEF, UNFPA, John Snow International Deliver and the Global Fund procured and distributed medicines, including the 13 essential MNCH commodities, ensuring increased availability of the tracer essential medicines in health facilities from 65 per cent to 78 per cent. UNICEF and the Global Fund contributed to the health worker retention scheme, resulting in low staff turnover and increased proportion of District Hospitals having at least three doctors from 67.4 per cent at the beginning of the year to 75 per cent.

The programme results included maintenance of high coverage of interventions: 90 per cent fully immunised infants against a target of 85 per cent for the year, universal access to antenatal care (ANC) and postnatal care (PNC) at 99.7 per cent and 99.9 per cent respectively. ANC first booking coverage reached 95 per cent, although there was loss to follow up for ANC, whereby only 76 per cent of pregnant women attending the recommended minimum of four ANC visits. By November 2016, there was no new data on the proportion of under-five children sleeping under an insecticide treated net, nor on appropriate treatment of fever, diarrhoea and pneumonia. As a proxy indicator, the proportion of health facilities with at least one health worker trained in integrated management of childhood illnesses (IMNCI) was 86.4 per cent as of September 2016.

The proportion of District Hospitals able to perform Caesarean Section was 88.5 per cent. This resulted from the support that UNICEF provided in the deployment and retention of doctors in districts hospitals, the provision of blood coupons to enable hospitals to provide free blood to pregnant women who needed it. Furthermore, this was made possible through the Clinical Mentorship Programme, and the support provided by the NGO ARK to train and deploy Nurse Anaesthetists to District Hospitals, where the doctors were not able to administer anaesthesia.

UNICEF, WHO, the US Government’s Maternal and Child Health Integrated Programme and Save the Children have continued to support the MOHCC to scale up the proportion of health facilities managing sick children using the IMNCI approach by introducing the long-distance learning module which aims to capacitate a larger number of health workers with the available limited resources. A total of 223 health workers were trained in the eight provinces and Bulawayo City. To improve timely and appropriate management of sick children referred to the higher levels facilities, UNICEF and WHO in collaboration with the Paediatric Association of Zimbabwe introduced the Emergency Triaging Assessment and Treatment programme as part of the referral chain for the IMNCI programme in 16 District Hospitals. A follow up assessment conducted by the MOHCC and partners revealed good achievements, including intraosseous insertion (injecting of drugs directly into the bone marrow).

With support from UNICEF, the World Bank and other partners, a costed National Health Strategy 2016-2020 and a Child Survival Strategy 2016 - 2020 are now in place. UNICEF in collaboration with the African Leadership and Management Academy also supported the MOHCC to develop the Zimbabwe RMNCHA scorecard which is now being used at National and Provincial level for programme monitoring and feedback for action.

Health Centre Committees (HCCs) are core community structures in the governance, monitoring of health services, feedback for action and citizen’s accountability. The proportion of facilities with functional HCCs remained at 100 per cent. The Community Working Group
on Health and Save the Children continued to play an important role in trainings and review of the HCCs training manual.

Although there was good coverage for most of the MNCH indicators, an enabling environment including availability of skilled health professionals, commodities and essential medicines including blood, mothers and newborns continue to die. On a positive note, a decline of 8.9 per cent in institutional maternal mortality ratio (from 146 per 100,000 live births in 2015 to 133 per 100,000 live births in 2016) was noted, based on the number of maternal deaths by end of September 2015 as compared to the same period in 2016. Nevertheless, there is still great concern as mothers continue to die from preventable and manageable conditions. In effort to address this, UNICEF will continue to support Quality of Care improvement through the Clinical Mentorship Programme in five provinces, while UNFPA supports three provinces.

**OUTPUT 1**: Strengthened health systems capacity to deliver quality rights-based and gender sensitive maternal new born child and adolescent health care.

**Analytical Statement of Progress:**
The Health Systems Strengthening support has contributed to increased immunisation coverage (from 69 per cent to 90 per cent), more facilities offering comprehensive emergency obstetric and newborn care services (from 70 per cent to 86.2 per cent), providing basic emergency obstetric and newborn care (from 70 per cent in first quarter to 77.5 per cent at the end of third quarter) and increased the proportion of district hospitals with at least three doctors from 67.4 per cent at the beginning of the year to 75 per cent by the end of the third quarter.

UNICEF’s support through the HDF pooled funding arrangement, partnerships and inclusion, management and coordination mechanisms continued to ensure major successes in maintaining the health system’s capacity to deliver quality immunisation, maternal, newborn and child health services.

Support to the immunisation programme included technical, financial and logistic support to the Ministry of Health and Child Care in forecasting, procurement and distribution of vaccines and other immunisation supplies, maintenance of the cold chain system through regular servicing and repairs, ensuring constant back-up power supply of LP gas and generators, and the installation of 107 solar drive refrigerators, resulting in 98.1 per cent of health facilities having functional cold chain refrigerators throughout the year. The MNH programme review revised the 2016 RMNCH implementation plan, resulting in sustained high coverage of institutional deliveries (93 per cent), increased community awareness on danger signs of pregnancy, and increased early ANC booking to enable pregnant women to benefit from the full complement of the four visits during pregnancy. The accelerated midwifery upskilling programme for primary care nurses contributed to increased skilled care at delivery. The ongoing clinical mentorship supported by UNICEF (in five provinces) and UNFPA (in three provinces), the procurement of blood (8,000 blood coupons benefitting over 3,500 pregnant women), the rolling out Kangaroo Mother Care in 20 health facilities, building health worker skills on Essential Care for Every Baby including management of small and sick newborns, have improved access to life-saving services for mothers and children as well as newborns, of which the latter has been a neglected area. Sick newborns and under-5 children have access to the integrated management of newborn and childhood illnesses (IMNCI) in 86.4 per cent of health facilities where at least one health worker trained and 43 per cent of the health facilities where at least two health workers trained. The very sick ones now access improved referral care in 16 (25 per cent) of the District Hospitals where Emergency Triaging Assessment and Treatment programme was successfully introduced.
this year.

OUTPUT 2: Strengthened commitment, partnerships and accountability to plan, budget, finance and monitor the scale-up of low-cost evidence-based health interventions, including in humanitarian situations.

Analytical Statement of Progress:
UNICEF supported Results Based Financing (RBF) which has helped primary health facilities improve their capacity to plan, budget, finance and monitor scale-up of low-cost evidence-based health interventions, become more accountable to the communities they serve through the involvement of the Health Centre Committees. Together with World Bank, UNICEF supported the implementation of the RBF, which funds the day to day running of health facilities, thereby ensuring that no user fees are charged for full maternity and child health services.

UNICEF provided technical support to improve functionality of the HCCs, which are core community structures in the governance, monitoring of health services, feedback for action and citizen’s accountability. Implementation of the RBF has revamped and empowered the HCCs, and 100 per cent of the primary health care facilities have functional committee. The HCCs fully participate in the planning and utilisation of the RBF earnings thereby increasing the accountability to and participation of the community in the overall management of the health facilities. The Community Working Group on Health and Save the Children supported the trainings and review of the HCCs training manual.

UNICEF, in collaboration with World Bank, WHO and the Clinton Health Access Initiative has also supported the MoHCC to draft a National Health Financing Policy and revised the RBF Programme Implementation Plan, constituting the policy framework for the implementation of the RBF. UNICEF and the World Bank supported the development of a costed National Health Strategy 2016-2020, through an extensive bottom-up consultative process, as well as a Child Survival Strategy 2016-2020 which is yet to be costed with support from Clinton Health Access Initiative.

UNICEF supported the Medicines Control Authority to license and register the 13 essential MNCH commodities relevant to Zimbabwe, and to produce an updated Zimbabwe Essential Medicines List which contains guidelines for use in facilities of all the 13 commodities.

With UNICEF’s support, the MoHCC conducted its biannual planning meeting where all the programmes were reviewed and implementation plans for the second half of the year developed.

UNICEF in collaboration with the African Leadership and Management supported the development of the Zimbabwe RMNCHA scorecard, which is now being used at national and provincial level for programme monitoring and feedback for action. The scorecard will soon be rolled out to district and community level, not only to provide real-time monitoring for decision making, programme adjustments and feedback but also used as a tool to foster accountability for results.

OUTPUT 3: Increased demand and equitable utilisation of quality maternal, newborn, child and adolescent health services among disadvantages and marginalised groups.

Analytical Statement of Progress:
UNICEF played a critical role in improving the package and quality of health service delivery at the community level by supporting a comprehensive review of the village health worker
programme including the training materials and its management systems. The proportion of villages with trained village health workers (VHWs) increased from 61 per cent in 2015 to 72.6 per cent in 2016. At least 60 per cent of households in the rural districts that had lowest coverages can now access the services of a village health worker an improvement from 39 per cent at the beginning of the year. Overall, more than 70 per cent of households countrywide now have access to community health services delivered through village health workers, whereby one worker is responsible for 100 households in communal areas.

UNICEF through the HDF has continued to provide evidence based support to increase the number of VHWs in districts with lowest coverages through targeted three week trainings. An additional 3,002 VHWs were capacitated with knowledge and skills to provide a comprehensive package of basic preventive, promotive and curative health, nutrition and HIV services during the year. UNICEF also continued to provide refresher trainings to capacitate 3,000 VHW peer supervisors in supportive supervision at community level. By quarter two of 2016, UNICEF also paid the token allowances to incentivise the 5,886 VHWs, complemented by 7,440 HWs paid by the Global Fund. The DHIS 2.0 data indicates that VHWs contributed significantly to demand creation for services within their communities as shown by an increase in the number of pregnant women being identified and referred from the community to the health facilities for antenatal care booking before 14 weeks, increased proportion of caregivers with first contact with VHWs who seek treatment for childhood illnesses at the health facility, and increased institutional deliveries at facilities previously recording high number of home deliveries.

Additionally, UNICEF, through the HDF, supported the capacitating of community-based service providers on Community Dialogue, to mobilise communities for services, and supported the ongoing development of an RMNCHA Communication Strategy.

A revised VHW Strategic Direction document still awaits finalisation of the Community Systems Strengthening Framework supported by UNICEF and UNAIDS to streamline community health service delivery and incorporate recommendations that improves service delivery at community level in the Zimbabwean context

**OUTCOME 2**: By 2020, at least 80 per cent of children, pregnant women and adolescent girls and boys have equitable use of proven HIV prevention and treatment interventions.

**Analytical Statement of Progress:**
The HIV programme is aimed at ensuring that 80 per cent of pregnant women, new-borns, children and adolescents have equitable access to and utilise high-impact, cost-effective and quality health interventions and practice healthy behaviours by 2020.

Significant progress was made with most of the indicators exceeding the set targets for 2016. There was a significant increase on access to antiretroviral therapy (ART) by HIV positive pregnant and HIV positive children 0-14 years between 2015 and September 2016 from 84 per cent to 95 per cent and from 38 per cent to 83 per cent respectively.

The increase in uptake of ART for PMTCT has led to reduction of MTCT to four per cent at six weeks and 7.2 per cent at final determination from 26 per cent in 2009. The number of adolescents 10-19 years accessing ART increased from 62,845 in 2015 to 66,886 (26,501 males and 40,385 females) by September 2016. The proportion of HIV-exposed newborns receiving effective ARVs for PMTCT significantly increased to almost 100 per cent, (98 per cent) from 78 per cent in 2015 and far exceeding the target of 85 per cent for 2016.

There is marked improvement in engagement of adolescents and young people in planning and monitoring of their interventions including development of national strategies and
guidelines ensuring that issues of adolescents and young people are well articulated. The improved health workers’ knowledge and skills on how to manage children led to formation of support groups for children and adolescents living with HIV. Adolescents reported a marked improvement in relationships with health workers and the support received from caregivers following the latter’s training on how to manage and support adolescents living HIV. The use of Community Adolescents Treatment Supporters has encouraged other adolescents to open up and freely discuss their experiences thereby reducing stigma and promoting adherence to HIV treatment.

UNICEF contributed to the achieved results through support to training and mentoring of health workers on paediatric ART management, child and adolescent HIV counselling and collection of dry blood sample for Early Infant Diagnosis. UNICEF also supported the capacity development of Ministry of Health and Child Care and partners at national and provincial level on equity-focused and evidence-based planning and programme implementation. This led to increased technical support and resource allocation commitments by MoHCC and partners towards 44 poorly performing districts on paediatric and adolescent HIV, which accelerated achievement of 2016 results. Financial and technical support was provided to conduct HIV Testing Services campaigns in three selected provinces targeting HIV hot spot districts including 10 UNICEF-supported districts.

The use of social media through the U-Report allowed adolescents and young peoples’ to express their views on HIV and adolescents’ sexual and reproductive health issues. Child friendly communication materials were developed and distributed, to support counselling and disclosure on HIV.

The capacity building of national and provincial monitoring officers resulted in improved reporting and analysis of data by age and sex. The trained officers were also able to facilitate development of evidence based plans for their respective districts.

Working with UNAIDS, the Elizabeth Glazer Paediatric AIDS Fund, Zimbabwe Medical Association of Doctors and the National Aids Council, UNICEF contributed financial and technical support towards a symposium on Pediatric and Adolescent HIV held in November. Recommendations will inform identification of priorities and effective approaches for implementation in 2017.

UNICEF in collaboration with WHO, technically and financially supported the adaptation and dissemination of the new ART guidelines and revision of the Operational and Service Delivery Manual for the Prevention, Care and Treatment of HIV in Zimbabwe to ensure issues of children and adolescents are clearly articulated. Implementation of these guidelines will create opportunities for increasing access to ART for children and adolescents living with HIV, since laboratory diagnostics, which have been a bottleneck, will not be a basic requirement for ART initiation. However, this will require strengthening of the health system to accelerate identification of children and adolescents living with HIV. In this regard, UNICEF in collaboration with WHO commenced support for the MoHCC to pilot the family centred approach as an innovation for identification of HIV infected children and adolescents through index cases. The findings from this pilot will inform scaling up of the initiative nationally.

In collaboration with UNFPA, the United Nations Education, Scientific and Cultural Organization (UNESCO) and WHO, UNICEF provided technical support to the development of the ASRH strategy including an M&E Framework (2016-2020) aimed at reducing teenage pregnancy and new HIV infections among adolescents and young people.

UNICEF supported the implementation of HIV-sensitive social protection programmes using the Harmonised Social Cash Transfer platform as an entry point in ten districts. This has
enhanced linkages and referrals for children in need of HIV services from vulnerable households to health facilities as well as referral of vulnerable HIV infected children, adolescents and pregnant women in need of social support from health workers to the community case care workers.

The key priorities for the next year include improving quality of care along the HIV cascade, strengthening data quality and data utilisation. Apart from that focus will be on targeted testing for HIV especially among children and adolescents, in order reach out to more people living with HIV, rather than using widespread campaigns.

**OUTPUT 1**: Increased national, provincial, district, facility and community service delivery capacity to provide essential rights- and gender-sensitive HIV information and services for women, children and adolescent girls and boys, including in humanitarian situations.

**Analytical Statement of Progress:**
UNICEF continued to support the strengthening of national, sub-national and community service delivery capacity for provision of essential rights and gender-sensitive HIV information and services. UNICEF contributed to national capacity strengthening in developing the national guidance for HIV testing and treatment of children, adolescents and women and development of a community system framework; capacity development of health workers; and introduction of new service delivery models and technology. Significant progress was made with 98 per cent of facilities offering HIV testing, 93 per cent of facilities offering PMTCT and the number of facilities offering paediatric ART doubled from 650 in 2014 to 1,594 by October 2016. Seventy-nine per cent of facilities maintained 80 per cent availability of ARVs for children by end of September 2016.

UNICEF provided technical and financial support to MoHCC towards finalisation of HIV testing strategy and adaptation of ART guidelines. It also supported the dissemination of Operational and Service Delivery guidelines and the national ART guidelines to provincial and district health teams. A Paediatric and Adolescent HIV Symposium was supported, which showcased achievements and highlighted areas for continued attention. UNICEF supported training of 284 health workers in child and adolescents counselling and testing and 224 health workers were attached and mentored in centres of excellence to increase capacity to manage HIV positive children and adolescents. Training of 65 health workers (49 females and 16 males) in HIV rapid testing in three districts supported under the joint joint effort by the United Nations agencies UNFPA, UNAIDS, UNICEF, UN Women, WHO and the World Bank known as H4+, and of 85 (65 females and 20 males) health workers in collection and management of dry blood spot sample for early infant diagnosis was supported for enhanced quality testing services. Fifty-seven (5 male and 52 female) health workers were trained on integrated HIV testing and Paediatric ART management targeting Bulawayo city which had very low Paediatric ART coverage. Training of these cadres is expected to improve the coverage of Paediatric ART and the results of these trainings are expected to be noticed next year 2017.

UNICEF, collaborating with the Clinton Health Access Initiative, evaluated new Point of Care technologies. Two new Point of Care for Early infant diagnosis platforms have been approved for roll out. A pilot family centred approach was initiated in Bindura and Makoni districts to provide the basis for identification of HIV infected children and enrolment on treatment. UNICEF provided technical support of the conceptualisation of the integrated sample transport system. These activities were achieved in collaboration with other UN agencies, Clinton Health Access Initiative, Medicins Sans Frontiers, MSF, and the Elizabeth Glazer Paediatric AIDS Fund, working through MOHCC.
OUTPUT 2 Strengthened leadership, commitment, accountability and capacity for evidence-based equity-focused planning and budgeting for scale-up of HIV and AIDS prevention and treatment interventions for children and adolescent girls and boys.

Analytical Statement of Progress:
The programme aimed to strengthen the capacity, leadership and accountability for evidence-based equity-focused planning and budgeting for a scaled-up HIV response at all levels. This was achieved through provision of evidence to inform programme planning and implementation, training of 65 national and provincial HIV Officers on bottleneck analysis and evidence-based planning; and training of 36 HIV Officers on monitoring and evaluation.

The support provided to develop the 2015 Annual HIV and the elimination of Mother-to-Child Transmission of HIV (eMTCT) Stocktake reports ensured that results for children and adolescents were clearly articulated. The analysis of the reports also guided the identification of poorly performing districts leading to development of 44 evidence-based 2016 district HIV plans which were informed by a bottleneck analysis. In addition, the Zimbabwe AIDS Progress Report with clear results on children was developed and informed the development of the 2016 Global AIDS Progress report.

The capacity building of national and provincial staff in monitoring and evaluation using simplified data presentation tools such as graphs and dashboards enabled assessment of performances and identification of gaps. Results from the global evaluation of UNICEF support to PMTCT and paediatric HIV programme and an evaluation of the H4+ support to the UN were utilised for programme improvement. Joint field visits that were conducted with MoHCC, NGO partners and members of the joint UN team on HIV, revealed challenges with data quality, shortage of Point of Care CD4 count machines and breakdown of the machines. The first round of data abstraction and analysis of the pilot Family-Centred Approach to identify HIV services for children and adolescents in Makoni and Bindura districts was scheduled for the end of December.

UNICEF supported the implementation of an operation research study on the Family-Centred Approach aimed at improving identification of children living with HIV in order to initiate treatment early. This was implemented in two districts, namely Bindura and Makoni. The first round of data abstraction and analysis was conducted in Makoni district with Bindura district being planned before the end of the year. Monthly supportive supervision was conducted in each of the 20 UNICEF-supported districts to assess the quality of service provision and where gaps were identified necessary support was provided.

OUTCOME 3 By 2020, Zimbabweans have increased and equitable use of safe drinking water, sanitation and improved hygiene practices.

Analytical Statement of Progress:
Working in partnership with UNICEF, donors, other UN agencies as well as international and national NGOs, Zimbabwe aims to increase the equitable use of safe drinking water, sanitation and improved hygiene practices amongst its population, as reflected in the Government’s blueprint for development (ZIMASSET) as well as the strides being made toward SDGs. The UNICEF WASH Programme, implemented in 33 rural districts and 14 small urban towns, continued to utilise a variety of partners and counterparts, leveraging different strengths for optimising programme effectiveness and efficiency. Thus, construction works are executed by professional contractors, NGO’s contribute to capacity building and community engagement, monitoring and coordination is led by the Government for ownership and improved sustainability, and various consulting institutions provide specialised expertise on a needs basis including monitoring of complex urban WASH infrastructure.
During 2016, UNICEF supported the provision of improved water supply to 267,365 people (114,967 children, 83,607 women, and 68,791 men) under its Rural WASH Programme through drilling of new boreholes, rehabilitation of defunct pipe water schemes and boreholes. Even though Zimbabwe legislation provides for high service level of water supply in urban towns, this is not realised in practice. In 2016, completion of UNICEF-supported rehabilitation works resulted in a two-fold increase in water production in seven towns from a baseline of 28.9 mega litres to 54.3 mega litres and increased the reliability of the water supply and distribution system by increasing the stand by capacity from a baseline of 21 per cent to 90 per cent. Overall, 7,779 additional people gained access to safe water and 87,325 people realised improved service level water supply, including improvement in quality of water supplied.

UNICEF’s WASH programming demonstrated progressive results for improved sustainability, operation and maintenance (O&M) and Public Private Partnerships in water supply. A national Public Private Partnerships strategic framework that aims to increase private sector engagement in WASH services provision was developed, to provide guidance to the rural WASH sector. In addition, community-based management of WASH infrastructure was enhanced through establishment and training of water point committees and village pump mechanics whose mandate is to ensure reduced down time of water supply infrastructure for sustainability and increased access to skilled labour for O&M.

Peer support mechanisms are functional amongst urban towns for transfer of skills and knowledge on areas such as improving billing and cost recovery and best practices on support to hygiene clubs. Urban community health clubs contributed to improved hygiene as well as entry points for other interventions in the small towns, and improved livelihoods of members through income generating activities.

Initiatives on improving monitoring and O&M actions at all levels with community participation were piloted in 2016. This includes linking of community residents in rural areas via SMS to the web-based and Government-hosted RWIMS. Rapid Pro was used in small towns to monitor level of service by consumers.

The Government of Zimbabwe, with support of UNICEF and other partners, is developing a gender-sensitive Sanitation and Hygiene Policy which aims to promote demand led approaches and provide guidance to an open defecation free nation by 2030. The adoption of the demand-led sanitation (advocated for and implemented by UNICEF) Sanitation Focused Participatory Health and Hygiene Education (SaPHE), has improved access to safe sanitation for rural households in Zimbabwe. The preliminary findings of a Sanitation Review commissioned by the National Action Committee found that SaPHE has the potential of increasing sanitation coverage at a faster rate than subsidy-driven approaches. SaPHE is being implemented in 33 districts with support from UNICEF. A total of 361,417 people (155,409 children; 112,039 women; 93,969 men) gained access to safe sanitation through the construction of 58,085 latrines. The concept of open defecation free (ODF) communities is progressively taking firm root, with the number of ODF villages across five provinces increasing six-fold during 2016.

Hygiene promotion remained a key component of the WASH programme primarily through Participatory Health and Hygiene Education particularly using Government structures complemented by NGO facilitation. Support and facilitation was provided to 432 Sanitation Action Groups and 388 Health Clubs. A total of 267,826 rural people (83,026 women; 69,635 men; 115,165 children) were reached with hygiene messages in 2016 and preliminary analysis of diarrhoea data indicate a diarrhoeal reduction of 13 per cent in the rural WASH intervention wards as compared to four per cent in non-intervention wards.
In the small towns, direct NGO facilitation of hygiene promotion came to an end during 2016 under an agreed exit strategy; the local town authorities are now implementing and monitoring hygiene promotion activities on their own. Monitoring of health clubs using the Growth Maturity Index indicated a progressive development of health clubs with a fourfold increase from the formation/growth to manage/maturity stage.

UNICEF contributed technical support for improved coordination of the emergency drought response through the national Emergency Strategic Advisory Group, UN Country Team and partners resulting in the development and implementation of WASH Humanitarian Response Plan; additionally, UNICEF provided technical support to ESAG for the coordination and response of other WASH emergencies (floods, refugees). In 2017, UNICEF will consolidate small town WASH gains on O&M, improved billing and monitoring service levels. The rural WASH will be extended to three new provinces with new DFID funds and continue increasing WASH access and improving systems for O&M.

OUTPUT 1 Enhanced support for children, adolescent girls and families leading to sustained use of safe drinking water, adoption of adequate sanitation and good hygiene practices.

Analytical Statement of Progress:
The demand-led SaPHE demonstrated significant results during 2016 with 2,215 villages certified as ODF in five provinces, a six-fold increase in number of ODF villages. Success factors included improved programme management practices (performance based payment for front line workers, transparent monitoring) and identification and promotion of community drivers for ODF, including use of community and district level leadership and active involvement of national and subnational governments. A total of 58,085 household latrines were constructed resulting in 361,417 people (155,409 children; 112,039 women; 93,969 men) having access to safe sanitation. Facilitation for new ODF achievement/sustaining will continue in 2017 through Government structures as the NGOs phase out of the five provinces and move into three new provinces.

UNICEF, by contracting engineering consulting companies, supported rehabilitation of the sewerage system in five towns of Gwanda, Hwange, Mutoko, Mvurwi and Zvishavane resulting in safe sanitation for 80,574 people (37,870 males, 42,704 females. The rehabilitation of these sewerage system facilitated a comprehensive sewerage management chain from conveyance to treatment, ensuring protection and risk reduction of both residents’ health as well as the environment.

A total of 329 boreholes were drilled in 33 rural district. These boreholes improved access to safe water for 267,365 people (114,967 children, 83,607 women, 68,791 men in the rural areas. Rehabilitation of 704 broken down water points and five piped water schemes in the 33 rural districts benefited 246,092 people (105,580 children, 76,853 women and 63,658 men). In urban centres rehabilitation of water supply in Gwanda, Hwange, Mutoko, Mvurwi and Zvishavane increased water availability and reliability for 95,104 people (49,454 women; 45,650 men).

Analysis of rural survey data indicate a 12 percent decrease in people accessing improved water source at distance of more than 30 minutes of ravel time, improving safety and productivity of women and children, who mainly transport water. In the small towns, rehabilitation works increased reliability of water supply system, increased continuity and quantity of water received.

Through NGO partners and local authorities 267,826 people (83,026 women; 69,635 men; 115,165 children) were reached with key hygiene messages in 5,302 rural village and13 schools. The main mode of communication used to deliver the hygiene messages to the communities included Sanitation Action Groups, community, market and youth health clubs,
OUTPUT 2 Increased national capacity and delivery of services to ensure that girls, boys and women have protected and reliable access to sufficient safe water, sanitation and hygiene facilities in humanitarian situations.

Analytical Statement of Progress:
UNICEF in coordination with the Government of Zimbabwe and through the facilitation of NGO implementing partners responded to several emergency situations across the country. Because of this response, 144,707 people (75,248 women; 69,459 men) in humanitarian situations accessed sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene. In Chingwizi, 15,000 people (7,950 women; 7,050 men) affected by floods were provided with means for safeguarding water quality through the distribution of 720,000 water purification tablets and 20,400 flocculation sachets for Point of Use Water Treatment. In addition, the affected community benefited from two Field Water Testing kits which will improve the monitoring of water quality. Safe water was also provided in the six drought-affected districts of Umguza, Tsholotsho, Lupane, Hwange, Binga and Umzingwane. In these districts, 69,610 people (36,081 women; 33,529 men) were reached with sufficient safe water through repair/rehabilitation of 270 boreholes while 6,462 people (3,349 women, 3,113 men) were reached through rehabilitation of three solar powered piped water schemes. An additional 15,750 people (8,142 women; 7,608 men) accessed safe water during the typhoid outbreak response in Harare through drilling and equipping two boreholes with solar powered pumps and the repair of 15 boreholes.

Demand-led approaches in the elimination of open defecation were adopted in the Chingwizi to encourage construction of latrines. To date, the majority of families within the community in the target area have adopted means for excreta disposal and have stopped practicing open defecation. A total of 1,121 households managed to construct self-sponsored Upgradable Blair Ventilated Latrines, giving access to safe sanitation to 5,605 people (2,971 women, 2,634 men) in a humanitarian situation. Moreover, affected families constructed of 1,572 tippy taps in the targeted community, to enhance the practice of appropriate hand washing.

A total of 184,551 people (93,059 women, 5,392 children, 86,100 men) were reached with key hygiene messages in a humanitarian situation. Hygiene promotion was carried out in all emergency response situations to encourage good hygiene practices and prevent open defecation in emergency affected communities. In the flood-affected Chingwizi Campsite, a total of 14,191 people (4,825 women, 3,974 men and 5,392 children) were reached with hygiene promotion, an additional 120,000 people (62,200 women, 57,800 men) were reached in six drought-affected districts, while 50,360 people (26,034 women, 24,326 men) were reached with hygiene promotion in Harare during the typhoid emergency response.

OUTCOME 4 Infants, young children and mothers have increased and equitable use of nutritional services and improved nutrition and care practices, with a focus on stunting.

Analytical Statement of Progress:
The effects of the El Nino weather conditions experienced during the 2015/2016 agricultural season resulted in the worst drought experienced in Zimbabwe in the past 35 years. The June 2016 Zimbabwe Vulnerability Assessment Committee report revealed that 20 districts had Global Acute Malnutrition rates of over five per cent. As such, the focus of UNICEF’s nutrition programme was on planning and responding to the drought emergency.
UNICEF contributed to development of key emergency documents including emergency guidelines for nutrition response, Humanitarian Action for Children 2016, regional nutrition emergency response plan, Humanitarian Needs Overview and Humanitarian Response Plans (HRP). In partnership with NGOs and Government, UNICEF implemented nutrition emergency response activities in 20 districts. A total 48,132 children were screened for malnutrition using MUAC by VHWs in the community from January to October 2016 and 16,689 children aged 6 to 59 months were treated for severe acute malnutrition. UNICEF supported the Ministry of Health and Child Care to capacitate both community-based and health facility-based health workers for them to be able to correctly identify, refer and treat SAM. A total of 441 health workers and 3,522 village health workers were trained in active screening for SAM and integrated management of acute malnutrition (IMAM). Active screening was also done to identify moderately acute malnourished children who were then referred for moderate acute malnutrition treatment led by WFP. UNICEF also supported the Government in procuring IMAM supplies for the year. A total of 33,279 ready-to-use therapeutic food cartons were procured and distributed, which covered all the requirements for the year.

Furthermore, adequate supplies of vitamin A capsules were ensured throughout the year. As a result, 763,589 children aged 6-59 months (389,972 girls and 373,617 boys) received vitamin A supplementation for the period January to June 2016 (50.6 per cent). For the period July to November 2016, a total of 394,474 children aged 6 to 59 months (206,641 girls and 187,833 boys) received Vitamin A (26 per cent). Although Vitamin A supplies were adequate, the number of children who received the supplements was below the target. The 2016 mid-year planning by Ministry of Health and its donor partners recommended the use of VHW to administer the capsules. UNICEF started to assist the Government in implementing this recommendation after a successful pilot in Manicaland in 2015.

As part of the micronutrient control programme, UNICEF assisted the MoHCC in distributing iodine test kits to facilitate household salt monitoring exercise. Reports on the salt monitoring have not yet been received for 2016. In addition, UNICEF supported the Ministry to come up with legislation for mandatory food fortification. UNICEF supported several National Food Fortification Task Force meetings and workshops that enabled the taskforce to support the birth of the statutory instrument.

UNICEF supported the Ministry in training health workers in community infant and young child feeding (cIYCF). A total of 674 volunteer health workers (VHW) and 28 health workers from Binga, Tsholotsho, Lupane, and Buhera districts were trained in cIYCF in 2016. After the training, each VHW followed at least 10 mother-baby pairs, and thus about 6740 mother-baby pairs were reached with IYCF counselling in 2016. Having mothers counselled on IYCF is key in the promotion of the key IYCF recommended practices. The country has witnessed an improvement in exclusive breastfeeding rates and this can be attributed to the capacity that have been given to the VHW and health workers. Other cIYCF trainings are scheduled for December 2016.

Resource mobilisation efforts were intensified because of the 2016 El Nino-induced drought, and funding was received from the UN Central Emergency Relief Fund, FFP, OFDA, DFID and GIZ for emergency response. The long-awaited DFID funding earmarked for implementing 90 per cent of the planned nutrition activities was received in the fourth quarter of 2016, and implementation commenced.

UNICEF in collaboration with the Food and Nutrition Council and the MoHCC are undertaking an innovative approach to monitor implementation of multi-sectoral nutrition interventions for stunting reduction, using a near real-time monitoring system. To date, all the 110 wards from four pilot districts are reporting monthly on nutrition-sensitive and specific data. With support from DfID, the scaling up has commenced to expand this
approach to 15 districts. A total of 180 Nutrition ward coordinators were recruited and trained to help Ward Food and Nutrition Security Committees to compile and implement the ward level micro plans. The training capacitated the coordinators to start their function in their catchment areas. They appreciated the need for multisectoral coordination for stunting reduction. As a result, formation of Ward Food and Nutrition Security Committees commenced in the 15 districts. These committees will be trained in January, so that they start their multisectoral function. In addition, 100 Ward Coordinators will be recruited in January for 10 more districts.

OUTPUT 1: Equity-focused national policies, legislation, strategies and plans adopted for scaling up of high-impact critical nutrition interventions.

Analytical Statement of Progress:
The implementation of multi-sectoral community-based model continued in four districts with financial support from the Bill Melinda Gates Foundation to strengthen near real-time monitoring of multi-sectoral indicators. Two data management trainings for Ward Food and Nutrition Security Committees were conducted in 2016 to capacitate the committees to collect, analyse, report and use data in the programme. The initial training focused on the 20 learning wards but the trainings were later cascaded to the rest of the 110 wards in the four districts. Much progress was realised in terms of data entry, availability and data utilisation. More than five coordination meetings on the programme were held during the year. Two expanded technical committee meetings for Food and Nutrition Security were held in the third and fourth quarters of 2016. These meetings, though deliberated on the general food and nutrition security issues, had their focus on the implementation of the community-based model programme. The meetings managed to provide solutions to the challenges that were being faced in the implementation of the programme during the pilot phase in the four districts and riding on the lessons learnt and opportunities in the programme. This saw the reshaping of the stunting reduction model and creation of a better coordinated platform for the multi sectoral intervention.

Two reviews of the programme were conducted with the two provinces and the four districts, as well as representation from ward level. The reviews showed that a lot was happening at district and ward levels in implementation of microplans. Some best practices were documented, for example, the male engagement through male champion clubs in 15 wards of Chipinge district. DFID support was received in the fourth quarter to scale up the intervention to 15 more districts. To date, 180 Ward Nutrition coordinators have been recruited and inducted in the 15 districts. The provinces and districts have been sensitised of the stunting reduction programme. A baseline survey which was planned for November and December 2016 in the 15 districts is expected to start in January 2017. Under this support, health workers will be trained on IMAM and cIYCF in December 2016 and January 2017.

OUTPUT 2 Strengthened subnational capacity to implement and coordinate multi-sectoral scale-up of services to protect, promote and support optimal nutritional status of boys, girls and women, including in humanitarian situations.

Analytical Statement of Progress:
UNICEF provided financial and technical support for the implementation of guidelines and training packages for active screening for acute malnutrition and the integrated management of acute malnutrition guidelines. The revised guidelines and training package supported capacity building of 3,522 community workers and about 411 health workers from 311 health facilities. Nationwide, 17,494 (68 per cent) of children 6-59 months of age with SAM were treated between January and October 2016, against a UNICEF target of 25,806 children with SAM (80 per cent of the total caseload). Capacity building for Village Health Workers and health workers in active screening resulted in an increase in the number of children that were actively screened and referred for SAM treatment from the districts that benefited.
target was not reached as active screening has not reached many districts yet. The weekly nutrition emergency meetings indicated that several partners stepped up their efforts to capacitate health workers in active screening for SAM as well as treatment of the same. It was evident from the districts that implemented the comprehensive active screening and Sam treatment package that combining both yield better results. Going into 2017, active screening should be scaled up to the other districts especially during the peak hunger period (January to March 2017).

All public health facilities (100 per cent) in the country surveyed during September 2016 had Vitamin A in stock. A total of 738,845 (83 per cent) children received the first dose of vitamin A supplements between January and June 2016. The second dose can only be reported after December 2016. A higher proportion of the smaller age children (6 to 11 months old) received Vitamin A supplements than the older children aged 12 to 59 months. The 2016 Ministry of Health and donor organisations) meetings recommended the use of village health workers in administering vitamin A to children in the community. UNICEF and other partners such as Clinton Health Access Initiative will assist MoHCC to implement this recommendation from 2017 following the lessons learnt from Manicaland pilot. Guidelines for this community based intervention are to be developed and implemented. More than 86 per cent of the health facilities had ferrous and folic tablets in stock on the day of the Vital Medicines Availability and Health Services survey in September 2016.

OUTPUT 3: Children, caregivers and communities in selected districts apply optimal nutrition and care practices, and seek preventive, promotive and curative nutrition services

Analytical Statement of Progress:
The output focuses on creating demand for services among targeted population groups in the community. These services usually target pregnant and lactating mothers, as well as children 0-59 months old. UNICEF supported the Ministry of Health and Child Care to procure, distribute and monitor the iron and folate supplements. The third quarter Vital Medicines Availability and Health Services survey reported that 86.6 per cent of the facilities were providing iron and folate tablets for pregnant women. Data on the numbers of pregnant women who received iron and folate has now been included in the national health information system and should be available for reporting by end-December 2016. UNICEF supported meetings that saw the inclusion of these indicators into the national health information system. According to programme data available at health facilities in the ANC registers, over 90 per cent of pregnant women booked are accessing iron and folate supplements. Health facilities were adequately stocked of the iron and folate supplements in 2016. UNICEF supported the training of VHW in cYCF. Reports from community YCF trained village health workers indicate an increase (an average of 10 care givers per VHW) in the number of primary care givers of children under two years and pregnant women accessing community support and counselling on key child caring practices. A plan was developed to carry out complementary feeding demonstrations in 450 rural wards, where mothers would be targeted with recommended and appropriate information on complementary feeding as well as on infant and young child feeding recommendations. This activity was postponed as a result of delays in receiving funds in 2016. The plan is to scale up the activity in 2017.

OUTCOME 5 By 2020, all boys and girls, including young people, have increased and more equitable access to, and completion of, quality, inclusive education, with improved learning outcomes.

Analytical Statement of Progress:
Education Management Information System (EMIS) data for 2016 shows that participation rates at the primary school level have remained high, with gross enrolment rates (GER) and net enrolment rates (NER) at 105.0 per cent and 89.3 per cent respectively. However, GER and NER at pre-primary (51.9 per cent and 33.0 per cent) and lower secondary (76.7 per cent and 56.4 per cent) are lower, but show an upward trend. Between 2013 and 2016, pre-primary GER rose by 31.7 per cent and lower secondary GER in the 10 districts with the lowest enrolment rates rose by 11.5 per cent between 2013 and 2016. In all cases, 2016 figures show an increase over 2015, with gender parity index of between 0.97 and 1.02.

The rise in participation rates, particularly within such a constrained economic environment, reflects a combination of several positive factors, among them: (a) the impact of the policy on non-exclusion on grounds of wealth, gender, ability status, geographical location, race or linguistic origin; (b) Zimbabwean communities’ high education-seeking norms and behaviour; and (c) the resilience of the education sector and school. The latter point is borne out by the fact that the Government has maintained investment in education at around eight per cent of GDP (although 98.6 per cent of it goes towards meeting staff costs) while communities have contributed 96 per cent of the non-staff component of the education budget. The sector has also enjoyed significant financial and technical support from the EDF and the Global Partnership for Education, both of which are managed by UNICEF. The major challenge remains the existence of disparities in access to education caused by the gaps that the policy on non-exclusion still creates in the world of reality. Children from poorer families, learners residing in geographical locations that were historically under-served, as well as children with special learning needs (e.g. children with disabilities) still exhibit lower participation rates. For this reason, UNICEF has strongly advocated for a deliberate focus on these disadvantaged social groups.

Learning outcomes, as a proxy indicator of quality, show satisfactory progress against targets set. Zimbabwe Early Learning Assessment (ZELA) scores for 2015, compared to 2014, show stabilisation of performance at Grade 2. The percentage of learners performing at or above the grade-appropriate level in English rose from 51 to 53, but in Mathematics it declined from 67 to 66. Pass rates at Grade 7 have improved from 41.61 per cent in 2015 to 42.90 per cent in 2016. At both levels, girls outperformed boys. Pass rates at lower secondary, though rising steadily, remain low (27.9 per cent in 2015 compared to 22.4 per cent), with boys outperforming girls.

In 2016, significant progress was registered towards equity of access and learning outcomes. Lower secondary GERs in the ten lowest-performing districts rose by 5.9 percentage points between 2013 and 2016, with gender parity maintained. In comparison, the national average for GER also increased, but by a much lower percentage (3.4 percentage points). However, Grade 7 pass rates among the bottom 10 per cent of schools rose by only 0.9 of a percentage point (against a national average of 9.62 percentage points) from 2.2 to 3.1 per cent, falling below the 2016 target of 4.2 per cent. These results point to the persistence inequities in learning outcomes between the best and worst performing schools. Neither Grade 7 nor lower secondary pass rates reached the 50 per cent mark, a result of underfunding of the sector (leading to under provision of infrastructure and learning resources), an irrelevant curriculum, and a learning assessment system that narrowly focuses on academic achievement to the exclusion of other learner competences, as well as unequal allocation of well trained, competent and motivated teachers. For this reason, UNICEF has continued to advocate for an equity-based approach to education support, with considerable success. MoPSE’s 2016-2020 Education Sector Strategic Plan (ESSP), school improvement grants and provision of fuel for school monitoring and inspection reflect elements of this equity thrust. UNICEF also supported MoPSE’s preparatory activities for the new curriculum to be implemented in January 2017.
Support to the development of the ESSP was accompanied by a strong capacity building component targeted at MoPSE staff at central, provincial, district and school levels. The outcome of these efforts was a credible, costed, equity-focused ESSP that acknowledged the realities of a strained resource envelope. The ESSP was endorsed by the Education Coordination Group that comprises MoPSE, other sector ministries, funding partners (chief among them DFID), CSO representatives, UN partners, and the World Bank. Recognising its strength, GPE availed US$20.6 million to support the implementation of selected components of the ESSP, with Germany contributing another $16.1 million. Largely through UNICEF support, MoPSE’s capacity for the generation of accurate, up to date information for evidence-based policy development, sector planning, and decision making processes was expanded. The sector’s EMIS was strengthened further at decentralised levels, merged with the Teacher Development Information System and complemented by the collection of real-time data used to monitor a selected subset of indicators. EMIS data for 2016 was available in November, in time to inform the Education Sector Performance Review (ESPR) that was conducted in mid-November. In 2017, UNICEF will support the more effective use of the ESSP and available data to build and present to Ministry of Finance and Economic Development a stronger investment case for education.

**OUTPUT 1** Enhanced capacities of stakeholders at all levels, including communities, for increased learning opportunities for out-of-school children and young people, and equitable access for and retention of disadvantaged children.

**Analytical Statement of Progress:**
The decline in the financial resources available to UNICEF in 2016 forced it to reduce both the number of schools benefitting from SIG, and the amounts disbursed to each beneficiary school. However, this forced UNICEF and MoPSE to increasingly focus the available resources on the most disadvantaged schools and their communities. Using available EMIS data on school income, SIG recipient schools targeted were only those unregistered satellite schools that realised annual income of US$15,000 or less and registered schools with annual income of US$10,000 or less. A total of 3,159 out of the 3,200 schools targeted (98.7 per cent) received SIG in 2016, benefitting just over 750,000 children. The Joint Monitoring Visit findings presented by Campaign for Female Education at the Education Sector Performance Review confirmed that SIG had contributed to the improvement of schools’ physical environment and to the availability of teaching and learning materials. Income from SIG also enhanced the retention of poor children in school by reducing the overall cost of education. The 10.7 per cent increase in GER in early childhood centres between 2015 and 2016 may also be attributed to the implementation by MoPSE of the home-grown school feeding programme whose implementation UNICEF technically supported.

The number of out of school children who accessed skills-based, non-formal education increased marginally by 0.7 per cent from 20,533 in 2015 to 20,762 in 2016, far below the annual target of 45,000. While the small increase reflects the supportive environment provided by the NFE policy that UNICEF supported in 2014, there was slow and inadequate implementation of the NFE policy. In 2016, UNICEF therefore supported the development of a clearer set of operational guidelines to support the fuller implementation of the policy, and supported MoPSE in monitoring policy implementation.

In line with the equity focus reflected in MoPSE’s ESSP and UNICEF’s strategic plan, UNICEF has advocated for the expansion of access to education by children with disabilities and continued to target more SIG resources to institutions that enrolled them. As a result, the number of children with disabilities increased by over 150 per cent (from 34,734 to 49,692) between 2015 and 2016, by far exceeding the 2016 target of 40,000.

UNICEF continued to financially support the implementation of the national deworming...
exercise in schools, but with reduced funding as part of the gradual process of institutionalising it as a regular MoPSE/MoHCC programme. A total of 2,875,413 children were treated for bilharzia and 3,298,238 were treated for intestinal worms, contributing to healthier children who concentrate better on learning tasks. UNICEF also supported the drilling of boreholes at 20 satellite schools in the most disadvantaged districts of Binga, Hurungwe and Mwenezi, and supported the construction of toilets with handwashing facilities at 27 schools in the same districts. This enhanced the quality of the learning environments of children in these schools through the promotion of health and hygiene, including menstrual hygiene for girls.

**OUTPUT 2:** Increased national capacity to provide access to age-appropriate, quality learning opportunities and minimise the effects of disasters on learning.

**Analytical Statement of Progress:**
Preparations for the new curriculum that will be rolled out in phases from January 2017 were completed in 2016. These included the finalisation, printing and distribution of 19 primary and 41 lower secondary syllabuses, training of 71,700 teachers in syllabus interpretation and procurement of complementary readers. A framework for curriculum-based continuous learning assessment system that offers opportunities to assess students against an expanded knowledge and skills base was developed. The critical mix of new syllabuses, learning materials, enhanced teacher competences and a new assessment system has laid a very firm base for the delivery of education of better quality.

MoPSE, with technical and financial support from UNICEF, selected CSOs, teacher training colleges and universities prioritised the development of teacher competences in order to improve the quality of education. Areas of such support include the Early Reading Initiative covering 38,000 teachers and the Performance Lag Address Programme, a catch-up education initiative that reached 32,000 teachers. Longer-term undergraduate and post-graduate diploma and degree programmes in priority areas of need also covered 2,482 teachers. Monitoring reports observed improved pedagogical practice by the trained teachers. UNICEF provided technical and financial support to the training of teachers in the use of Teacher Professional Standards to develop own professional development plans that respond better to individual teachers’ professional development needs.

UNICEF’s target was to provide materials that would ensure that children facing humanitarian situations continued to learn. In 2016, 120 children of refugees fleeing conflict in Mozambique were provided with classroom tents. The El Niño-induced drought that also affected Zimbabwe in 2016 caused hunger among learners. While Government was able to respond to this situation, it benefitted from UNICEF’s technical assistance at the planning and monitoring stages of the home-grown school feeding programme that MoPSE implemented through a Government-owned grain facility. The programme reached 1,070,867 children in 83.4 per cent of the schools targeted. The programme’s good coverage partly explains the high attendance rates of 96.1 per cent (96.0 per cent for males and 96.3 per cent for females) that was observed in October. UNICEF in collaboration with UNESCO, UNFPA and the National AIDS Council supported the finalisation of the School Health Policy that should provide a holistic framework for addressing learner welfare issues.

UNICEF provided fuel to support school monitoring and inspection visits by MoPSE staff at central, provincial and district levels. By October 2016, some 7,141 visits had been undertaken (average = 0.97 visit per school). This figure fell below the 2015 annual average (1.3 visits per school) and the 2016 target (1.8 visits per school). Nevertheless, at the ESPR, reports by the MoPSE staff at provincial and district levels pointed to better school management of staff and resources as a result of these monitoring visits. In future, UNICEF will support MoPSE’s efforts not only to ensure that more school monitoring visits
are conducted, but that the visits are qualitatively better in terms of the information they generated, as well as the quality of support provided to schools during these visits.

**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:**
The 2016-2020 ESSP that was finalised and adopted in July 2016 provides a comprehensive framework for MoPSE’s pursuit of a clearer set of priorities and facilitates a smoother coordination of the sector. The ESSP also served as a resource mobilisation tool, with the Global Partnership for Education approving $20.6 million on 2nd December 2016 and the German Government releasing another $16.1 million a week later. The development of the ESSP was a collaborative effort by Government, UN partners, funding partners, CSOs and specialised institutions. It is stronger document than its predecessor, as it more sufficiently addresses issues of gender, disaster risk reduction, HIV and AIDS, life skills and sexuality education.

UNICEF supported the expansion of MoPSE’s capacity for a decentralised, web-based capture and cleaning of 2016 EMIS data. This led to the timely availability of data for informed policy and decision making at all levels, including the availability of such data for use at the 2016 Education Sector Performance Review. EMIS was further strengthened through merging it with the Teacher Development Information System, implementation of an SMS-based system for the collection of real-time data and continued support to the implementation of the 2016 ZELA. While the target of making “EMIS data for the year available in the same year” was achieved, future efforts will be on ensuring fuller use of the data at decentralised levels as well as expansion of MoPSE’s capacity for the execution of more complex, EMIS-related tasks. This will ensure sustainability.

UNICEF provided financial and technical support to align the Education Act with the 2013 national constitution, with a draft now being subjected to the mandatory national stakeholder consultations. This has laid the foundation for the development of policies and other statutory instruments to guide the development of the sector, with priority attached to the School Financing Policy, the Inclusive Education Policy, the early learning policy and the Statutory Instrument governing the operation of school development committees. In 2016, MoPSE adopted a more inclusive approach to sector development by bringing to the table other sector ministries, UN agencies, funding partners such as DFID, and CSOs to provide strategic direction to sector development under the auspices of the Education Coordination Group. In 2016, the Ministry of Finance and Economic Development, Ministry of Higher and Tertiary Education, Science and Technology Development, and the World Bank attended Education Coordination Group meetings more regularly, making the partnership broader and stronger. Germany's December 2016 contribution to the EDF was a further boost to the partnership. However, underinvestment by the Government persisted in 2016, with education's share of the budget declining further, and parents continuing to bear a disproportionate burden of the cost of education. UNICEF therefore sees the need to advocate for more domestic resources in 2017, and will use the new Education Act, the forthcoming school financing policy and the abundant data that is now available as the basis of the advocacy effort.

**OUTCOME 6** By 2020, more children in Zimbabwe, especially adolescent girls and children without appropriate family care, are protected from violence, abuse and exploitation and benefit from improved response systems.
Analytical Statement of Progress:
UNICEF’s child protection programming in Zimbabwe focuses primarily on interventions to prevent and respond to violence against children and women.

A new multi-donor Child Protection Fund II to support the implementation of the National Action Plan for Children III was secured during the year for a value of $48,000,000 with resources from DFID, SDC and SIDA. There are also additional resources allocated by development partners to support child protection and social protection, including from the US Government’s DREAMS initiative.

UNICEF was a key partner in the development of NAP III 2016-2020 and its M&E framework, along with the harmonised M&E tools and data-flow processes, which were all adopted by the Government. The CPF II, which commenced in August 2016, has a stronger focus on violence prevention, information management, sustainability of HSCT and governance structure/capacity than the CPF I.

The Government adopted the long-awaited National Social Protection Policy Framework. While Zimbabwe has a long history of social protection provisioning, the country did not have a single guiding policy on the delivery of social protection. The policy provides a strong foundation to overcome the scattered and uncoordinated social protection interventions, thereby maximising the potential to obtain better returns on social protection investments. The approval of the policy by Cabinet serves as a platform for not only holding the Ministry of Public Service, Labour and Social Welfare accountable for the vulnerable people in the country, but also to ensure that other Ministries fulfil their responsibilities to respond to the needs of children and the provision of social protection support. The NSPPF was launched together with the NAP III and CPF II in December.

Despite limited fiscal space, the Government budget allocations for social protection are spread across various programmes and have been increasing in the recent years. The Government release of funding for the Harmonised Social Cash Transfer has seen a significant improvement in recent years. No part of the released fund went into HSCT in 2013, followed by 17 per cent in 2014, 18 per cent in 2015 and in 2016 100 per cent of the pledged amount for release is earmarked for HSCT. As the HSCT budget line includes both HSCT and Public Assistance, the Ministry makes a decision of how much goes to each. Previously a greater portion of released funds were found to be going to Public Assistance. Increased Government contribution into the HSCT was a result of sustained UNICEF advocacy efforts, and will go a long way into assuring HSCT financial sustainability and donor confidence.

The HSCT programme continued to present good value for money with about 85 per cent of the cash going directly to households, with 15 per cent for operations. The HSCT reached a cumulative figure of 64,274 households in 23 districts in 2016.

UNICEF also continued child protection systems strengthening, with a particular focus on the national case management system (NCMS). A total of 23,944 children (11,458 male, 12486 female) with statutory cases assisted through the NCMS.

UNICEF supported the development of a costed Legal Aid Directorate five-year strategy, a costed multi-sectoral protocol on management of sexual violence, and the guidelines and training guidelines on clinical management of sexual violence. A total of 529 children were diverted from the formal justice system, with a recidivism rate of less than three per cent. From June 2016, the Government agreed to cover the salary of 14 out of 17 Diversion Officers deployed in five districts.
UNICEF was instrumental in supporting the Government and civil society to mobilise an inter-sectoral and inter-agency coordination to end child marriage. Both women’s and children’s rights coalitions came together for the initiative, and an inter-ministerial committee was established. In January 2016, the Constitutional Court of Zimbabwe outlawed marriage below the age of 18. This resulted in increased commitment from the Government to take action towards ending child marriage. With support from UNICEF, UN Women and UNFPA, a National Action Plan and a Communication Plan to End Child Marriage were developed and adopted in October by the Ministers. A complementary campaign led by Ministry of Women Affairs, Gender and Community Development with support from UNICEF and CSO partners reached more than 5,000 people. UNICEF significantly contributed to the development of an Adolescent Sexual and Reproductive Health Strategy led by UNFPA, by lobbying for the inclusion of issues related to child marriage and gender-based violence.

During the year, the process of preparing humanitarian responses to the current drought situation strengthened the information sharing and coordination across agencies and partners. UNICEF led the overall Protection sector, which has a GBV sub-sector and Child Protection sub-sector. The sector now has a humanitarian strategy and workplan and is working on mainstreaming of child protection in Nutrition, WASH, Food Security/Livelihoods and Social Protection sectors. Standard operating procedures for child protection in humanitarian settings are being developed. Finally, a situation and response monitoring framework was developed for Child Protection in Emergencies, including a mapping of 5W’s (what, where, who, when, why).

UNICEF revived discussions on Civil Registration and Vital Statistics (CRVS) with the Registrar General’s Department in charge of Births and Deaths, after years of limited engagement. UNICEF Zimbabwe, in close collaboration with UNECA and UNICEF ESARO, provided technical assistance to enable the production of a long-awaited comprehensive vital statistics report in Zimbabwe. Discussions with UNECA are underway to engage the Government to conduct the CRVS Country Assessment before the next 4th Ministerial Conference in 2017.

**OUTPUT 1**: Increased capacity of Government and civil society organisations to provide safe access to quality comprehensive and coordinated child protection services that prevent and respond to violence, abuse, exploitation and neglect, and are sustained in humanitarian situations.

**Analytical Statement of Progress:**

In 2016, the Department of Child Welfare and Protection Services recruited all provincial child welfare officers and some district officers to fill vacant positions, strengthening supervision and technical support for implementation of the National Case Management System (NCMS) for child protection. UNICEF also continued to contribute towards improvement of data reporting and caseload analysis by separating child welfare and protection cases and accounting for double counting. A total of 23,944 children (11,458 Male, 12,486 Female) with statutory cases were assisted through the NCMS.

An interagency humanitarian coordination mechanism for child protection was established in 2016 to coordinate humanitarian child protection interventions in the 10 drought affected districts. A UNICEF Emergency Child Protection Coordinator secured through a standby arrangement provided support for strengthening child protection surveillance and capacity building of community-based for timely identification, reporting and referral of child protection cases. UNICEF continued to support the Victim Friendly System to implement the multi-sectoral protocol which complements the NCMS. A total of 1,729 children (96 males and 1,633
Output 2

Increased capacity of communities and families in target districts to practise behaviours and demonstrate attitudes which protect children from violence, abuse and exploitation.

Analytical Statement of Progress:

A joint UNICEF and UN Women programme to prevent violence against girls and young women funded by DANIDA came to an end. The awareness raising work, including the UNICEF-supported campaign to end child marriages, reached more than 20,000 community members. A “Drivers of Violence against Children” study and subsequent social norms strategy for violence prevention were concluded in 2016. Both the study and strategy had a specific focus on violence affecting adolescent girls such as child marriage, adolescent intimate-partner-violence, forced sexual debut and unwanted pregnancy. The process to develop a strategy was very participatory and inter-sectoral. The strategy makes a strong case for much needed inter-sectoral work (especially between health, HIV and education) to address violence against adolescent girls. Several policy and data briefings have been prepared using the findings of the study, and will be ready for distribution in 2017.

UNICEF explored ways to revitalise Family Clubs and other similar family-focused interventions, such as parenting orientation programmes. A national assessment on Family Clubs was commissioned in 2016, and will look at the potential of parenting initiatives in preventing violence against children. Special attention will be paid to gender and age dimensions, for instance assessment of opportunities for parenting initiatives to prevent violence against adolescent girls (including child marriage, forced sexual debut and early pregnancy). The findings from the assessment will contribute to the development of training modules for CCWs to assist them to regularly interact and engage with vulnerable families for child protection through Family Clubs. All changes are to be introduced in 2017.

UNICEF supported the development of training curriculum for the CCWs. The curriculum development process is aimed to ensure that the CCWs training is organised and focused on child protection to contribute to the better management of statutory cases that enter the system.

Output 3

Output 6.3: Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up quality rights- and gender-sensitive child protection services for vulnerable children and their families.

Analytical Statement of Progress:

The Government adopted the National Social Protection Policy Framework (NSPPF) which was an important result during the year. The Government also adopted the National Action Plan for Orphans and Vulnerable Children III (2016-2020) which aims to support the most vulnerable children and families, by improving their access to child protection services reinforced by social protection strengthening household and community economic resilience. Building on the NSPPF, UNICEF advocated for operationalising the harmonisation of social
protection programmes, including establishing a single registry management information system (MIS) for social protection. In collaboration with WFP, UNDP, World Bank and FAO, UNICEF hired a global MIS expert in November to develop an integrated Social Protection MIS.

In 2016, UNICEF along with UNFPA and UN Women supported the MWAGCD to develop a National Action Plan to End Child Marriage adopted in October 2016. UNICEF also supported a C4D campaign for ending child marriage. The awareness raising work as part of the JGBV programme and the campaign have reached more than 5,000 women, men, girls and boys in eight districts.

The pre-trial diversion piloted for the last three years with support from UNICEF and Save the Children, was taken over by the Government. Fourteen of the 17 pre-trial diversion officers are now being funded by the MoJLPA. Two of the recommendations from the legislative review supported by UNICEF were included in the recently approved general laws amendment bill (April 2016). The amended Children’s Act is still awaiting Cabinet approval. Once approved, the Act will harmonise the discrepancies in the definition of a child that is currently resulting in child sexual abuse cases being given low or no custodial sentences.

UNICEF supported MoPSLSW to conduct case management business process analysis as the first step to re-design the case management MIS. A detail roadmap to re-design and pilot MIS was developed in November.

UNICEF also technically assisted the Zimbabwe Human Rights Commission to develop training material for child-sensitive detention monitoring, which will be used in 2017 in order to institutionalise the tools and approach to ensure deprivation of liberty as last resort.

OUTPUT 4 Strengthened economic capacity for the most vulnerable households, including those affected by HIV and AIDS, to protect children from practices that expose them to violence, abuse and exploitation in target districts.

Analytical Statement of Progress:
The HSCT programme continued to present good value for money with about 85 per cent of the cash going directly to households while 15 per cent went toward operations. The HSCT reached a cumulative figure of 64,274 households in 23 Districts in 2016. The programme did not transit to electronic payments in 2016, but procurement to get a service provider with the capacity to deliver electronically are nearing conclusion.

The number of CPF-supported districts was reduced to eight due to funding constraints, and the Government committed to take over payments in the remaining 11 districts. With funding from the USAID ‘DREAMS’ programme, four new districts were added to the HSCT. In these four districts, due to the focus on HIV prevalence reduction, the enrolment targeted labour-constrained and food-poor households with adolescent girls and young women aged 10- 24 years.

The HSCT delivery modality was upgraded to include on-site provision of complementary services, including those related to HIV and disability (“Cash Plus” model). UNICEF has worked to link child protection service providers with WFP to provide services at their food distribution points. The collaboration with WFP moved forward for the HSCT harmonisation, specifically linking databases for beneficiaries to allow transfer beneficiary households between the two programmes.

The Cash Plus model was used through the 23 pay points, transforming them into broadened social services points.
The HSCT programme is now implementing a new grievance-handling system. This development is expected to increase resolution of recorded complaints, a weakness of the previous system. The programme now has clear communication documents to guide any future beneficiary exit. To date, the no beneficiaries have exited the programme, and the Government has pledged support for HSCT. UNICEF also reviewed the existing HSCT operational manual to make it more target-specific and user-friendly. Three separate draft HSCT operational manuals were developed: for the community level stakeholders, for the district level stakeholders, and one targeting higher level managers and policy makers. The full roll-out is pending adoption of new HSCT payment modality (e-payments) in 2017. The HSCT risk identification and mitigation continues to be prioritised, with the adoption of new risk mitigation templates that assess gross and net impacts of the identified risks.

UNICEF is actively exploring options to maintain the scope of the HSCT programme, including negotiations with the World Bank (as part of their re-engagement discussion with the Government), the UNDP resilience fund, and donors who support humanitarian action in the country.

**OUTCOME 7** Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data.

**Analytical Statement of Progress:**

In 2016, UNICEF in partnership with the Zimbabwe Statistical Office and different Government departments generated timely data and evidence in various areas. Of the 11 studies planned for the year, nine were completed by December 2016. UNICEF supported the Household Targeting Survey which supports the cash transfer programme. The survey was used for beneficiary targeting in the districts. The rural WASH end-line survey was completed and provided crucial evidence on the impact of rural WASH interventions. The National Poverty Survey, which is key for the SDG baseline data and for child poverty measurement was started, and the survey protocol and tools completed.

In collaboration with ZIMSTAT and Ministries of Finance and Planning, a secondary analysis was conducted of the MICS 2014 data using UNICEF’s Multiple Overlapping Deprivation Analysis methodology. This report generated the country’s first non-monetary child poverty measurement. The analysis was used to influence the final Interim Poverty Reduction Strategy Paper (I-PRSP). Five Equity Thematic Papers were also produced from further analysis of MICS 2014: Inequity in Zimbabwe, Education, Religion, Nutrition, Health and WASH, and Child Protection. This assisted in sharpening the equity focus of UNICEF programming and strengthening policy dialogues and advocacy.

To meet increasing demand for food insecurity estimates at lowest disaggregated levels, UNICEF, ZIMSTAT and the World Bank embarked on a poverty mapping exercise to produce the Food Poverty Atlas, using 2011/12 Poverty, Incomes, Consumption and Expenditure Survey) data and the 2012 Population Census data. It shows food poverty prevalence from ward level to national level, and is being used to support the targeting of beneficiaries for drought mitigation.

UNICEF partnered with the Ministry of Youth and the Zimbabwe Youth Council to commission a Youth Investment Case for Zimbabwe. It was undertaken to generate information on the situation of youth, quantify the costs of not investing in the youth (“do nothing” scenario), identify together with the youth, opportunities for undertaking strategic investments. The Youth Investment Case is now informing youth programming such as Youth and HIV/AIDS and Youth and Technical Vocational and Education Training, where policy instruments are being developed and specific interventions being planned.
Due to the national financial/liquidity crisis, UNICEF introduced a Weekly Liquidity Update that is produced using a variety of monetary, fiscal, trade and industry data, so as to support the planning, monitoring and risk management in relation to UNICEF’s programming cooperation. The Weekly Liquidity Updates provided timely information for UNICEF partners to help better plan and anticipate risks and scenarios within the macroeconomic environment.

Other reports that were produced in collaboration with ZIMSTAT were: Social Amenities Report – a registry of social amenities across the entire country that has helped contextualise the social service delivery constraints related to inadequate social infrastructure; Women and Men Report - which aims to bring to light progress made in addressing gender issues in areas such as education, health, participation in decision making, access to agricultural productive services and participation in employment activities and; a Vital Statistics Report (Birth Registration) using civil registry data to compute number of births registered as a first step in building an overall civil registry and vital statistics system.

In public finance for children, UNICEF developed analytical National Budget Briefs, analysing fiscal trends in each of the social sectors. These briefs were disseminated across Government, to Members of Parliament, civil society and media, with the overall result being a collective attention being paid to the social sectors, resulting in improved disbursement rates against the budget allocations for the social sectors. In addition, and to support the above, UNICEF produced quarterly budget monitoring reports and an Official Development Assistance analysis that tracks aid flows into and across Zimbabwe, as part of a budget monitoring and tracking programme. These are shared with the Government, as they give recommendations on what it can do to increase fiscal space, and hence increase spending in social service.

To further advocate for improved investment in children, UNICEF aided the implementation of the decentralised local authority budget monitoring surveillance and tracking system. This will increase accountability and transparency in local authority budgeting and financial management, as well as improve citizen (including children) participation.

The National Social Protection Policy framework, which UNICEF has led over the past two years in a cross-sectoral and consultative effort, was approved by Cabinet and launched in 2016. This significant achievement enables the harmonisation of social protection programmes, enables better coordination within the sector and emphasises the needs of children and vulnerable groups.

In environment and climate change, a Sustainable Energy for Children study was completed, and used to influence the Child-focus of the National Renewable Energy Policy. UNICEF also initiated and completed a child-friendly booklet on climate change which will be distributed to all schools and also made available online. The development of a tripartite agreement with the Harare Institute of Technology and Villanova University was initiated, to support young people in innovation and the environment and provide support to the Green Innovations Hub from 2017 onwards through formal knowledge exchange, mentoring and institutional capacity building.

**OUTPUT 1**: Increased national capacity to provide equitable access to inclusive systems that protect children, adolescents and women from poverty, promote social inclusion and resilience to climate change and humanitarian crises.
**Analytical Statement of Progress:**

In order to create a steady flow of national experts who are committed to the realisation of rights of children in the design and implementation of policies and programmes, UNICEF initiated the Child-Sensitive Social Policies Programme in which UNICEF entered into agreements with three universities. With the Women’s University in Africa and Africa University, UNICEF entered partnerships for programme and module design for academic Masters programmes in Child Rights and Child-Sensitive Policies. With the Midlands State University, UNICEF entered into a tripartite agreement with the Jesuits Province which has resulted in the revival of the School of Social Work to improve the quality and throughput of social workers in Zimbabwe.

To address the fragmented nature of social protection in Zimbabwe and provide a coordinated framework for systems strengthening, with a specific focus on children and vulnerable groups, UNICEF financially and technically supported the finalisation of the National Social Protection Policy. This was completed and approved by Cabinet in 2016.

UNICEF Zimbabwe focused its climate and environment work the four priority areas as guided per the Executive Directive of March 2016 which included: Advocacy and accountability; Climate-change adaptation through resilient development; Climate change mitigation; and Greening UNICEF.

Under advocacy and accountability two policy processes were supported financially and technically by UNICEF (National Climate and Renewable Energy Policies), both of which are due for completion and Cabinet approval in early 2017. UNICEF initiated the engagement of children through a research conducted on Sustainable Energy for Children, whose results are being used in the policy processes mentioned above.

Furthermore on advocacy, and in partnership with the Ministries of Water, Climate and Environment and Primary and Secondary Education, UNICEF developed a child-friendly climate change booklet which is a crucial resource for schools since, starting in 2017, a new school curriculum will be introduced which incorporates climate change and environment.

Under adaptation and mitigation, UNICEF, in partnership with civil society and the private sector, implemented a ‘Green Innovations Hub’ programme. The overall objective of the programme was to ignite creative ideas and unlock young people’s potential to environmental sustainability and renewable energy through social innovation open to youth between 18-35 years and school going children. The project involved an incubation hub in which qualifying young people had an opportunity to receive mentoring from skilled professionals on their ideas.

To mitigate, UNICEF Zimbabwe also conducted a second phase improved cook stove programme in partnership with the NGO GOAL in Masvingo. The programme funded and fostered the design, production and use of Improved Cook Stoves. This model of the stove minimises the use of firewood thereby reducing deforestation.

As part of the ‘Greening’ approach, all UNICEF Zimbabwe climate change and green economy-related advocacy and activities were undertaken in a coordinated manner for the office to be climate compliant.

**OUTPUT 2** Strengthened political commitment, accountability and national capacity to legislate, plan, budget and fund inclusive social policies.
Analytical Statement of Progress:
How and where government (both national and local) spend their resources makes a huge difference and often determines whether the most disadvantaged children are truly reached. In line with UNICEF’s commitment to make public resources work better for children, UNICEF undertook budget analyses, and tracking the size and quality of public investments in children, to advocate for an increase in the size, efficiency, transparency and equitable spending in child welfare.

Through a partnership with the Ministry of Finance – who provides monthly and annual budget outturns – UNICEF Zimbabwe carried out revenue and expenditure tracking of the 2016 national budget allocations and disbursements, and these analyses were shared with the Ministry of Finance, Ministry of Macro-Economic Planning and Investment Promotion, within UNICEF and UNCT. These analyses were used to inform and guide discussions with line ministries to advocate for increased budget flows to child-related sectors, and the need to improve the size, quality and equity of national spending to deliver results for children.

In addition, UNICEF Zimbabwe produced detailed sectoral budget briefs to understand the trends and implications of the 2016 budget allocations to social sectors, and then use this briefs for advocacy with Government, the legislature, civil society and others to protect and improve social sector spending. These analyses – both the budget briefs and the revenue and expenditure tracking – contributed to the improved non-wage disbursements by the national treasury to the social sectors in 2016 (against the approved budget allocations for 2016) compared to previous years, however, the non-wage disbursements are still small and are inadequate to cover the total need in the social sectors resulting in dependency on off-budget donor support.

UNICEF Zimbabwe also supported the 2017 national budgeting process, with a view to improve its allocations towards child wellbeing by engaging line Ministries (Health, Education and Public Service and Social welfare); and their respective Parliamentary Portfolio Committees to present results of budget analysis and advocate for effective budgeting that prioritises children’s rights and participation. Further, UNICEF Zimbabwe worked with civil society stakeholders to advocate for effective citizen participation in the budgeting process, including children and improving budget transparency at national and local levels.

UNICEF Zimbabwe, working with the Ministries of Local Government and Rural Development, is supporting the implementation of a decentralised (local government) budget planning, reporting and management tool for local authorities to enable tracking, monitoring and reporting of revenue and expenditures at the local level. The focus is to be able to quantify the resource flow to child well-being at the local level. In 2016, 24 (26 per cent) of the 92 local authorities had installed the new system. UNICEF Zimbabwe has held several engagement meetings with the Government centred on advocating and mapping strategies for children’s participation in the planning and budgeting processes.

OUTPUT 3 Enhanced capacity of disadvantaged and marginalised children and families to use social protection systems and participate in decision-making processes affecting them.

Analytical Statement of Progress:
Enhancing social protection requires a comprehensive social protection policy framework and action plan. However, this has been lacking in Zimbabwe, as the country relied on several policies, which made coordination and resource mobilisation difficult. As such, UNICEF supported the Ministry of Public Service Labour and Social Welfare in drafting and pushing cabinet to approve the National Social Protection Policy Framework. This framework seeks to harness all social protection interventions through enhanced coordination of cross sector social protection interventions. As part of the operationalisation of the NSPF,
UNICEF supported the design and launch of the National Action Plan for Orphans and Vulnerable Children III (NAP for OVC III 2016-2020). The NAP for OVC III, though not costed, provides an operational framework on child and social protection for vulnerable children.

Further, UNICEF managed to play a key convening role for other UN agencies and World Bank to work on joint Terms of Reference and engagement of an international consultant to support design and development of a single registry for social protection. The work has since started with a broader aim of linking social protection registry to the national civil registry.

Additionally, UNICEF concluded an agreement with the Ministry of Public Service, Labour and Social Welfare to work on Harmonisation of Social Protection Programmes. This is anticipated to significantly improve delivery of social protection interventions, generate efficiencies and improve social protection financing through streamlined programmes in line with the Social Protection Public Expenditure Review undertaken by the World Bank. Social Care work through the child protection case management system has enhanced demand driven services by supporting communities and families to participation in social protection related programmes and activities. UNICEF advocacy work partly resulted in increased budgetary allocation in the 2017 national budget announced at the end of 2016 where, for instance, the Government allocation to the Harmonised Social Cash Transfers rose from 13 per cent in 2016 to 48 per cent in 2017.

OUTPUT 4 Increased national capacity to generate and utilise data and knowledge on key human rights and gender equality dimensions of social inclusion.

Analytical Statement of Progress:
UNICEF Zimbabwe’s components of evidence generation comprises: 1) providing technical and financial support to critical surveys that produce data on children; 2) conducting disaggregated/secondary data analysis – ‘digging deeper’, and; 3) supporting administrative data systems and reporting.

In partnership with the ZIMSTAT, data and evidence was generated in various areas. All 11 studies/surveys planned for the year were started, and nine were successfully completed. One study – Crime Statistics Report - was delayed and will now be completed in 2017, and the poverty survey runs for a 12 month period and will be completed in 2017. The Household Targeting Survey was completed and was used in the targeting of cash-transfer beneficiaries. The preparations for the national poverty survey were initiated and UNICEF played a critical role in brokering an arrangement between the World Bank and ZIMSTAT for the Bank to fund the bulk of the poverty survey in return for access to microdata. To measure impact of WASH interventions over the previous years, UNICEF again partnered with ZIMSTAT to conduct a rural WASH end-line as part of the overall impact evaluation of the rural WASH programme. Furthermore, preparations for a Nutrition baseline survey – to support a DFID-funded nutrition programme – as well as preparations for the next MICS have also begun.

A secondary analysis of the MICS 2014 data was conducted, which produced five thematic papers relevant to all of UNICEF Zimbabwe’s programming, which helped to sharpen the focus on equity. Using the same MICS data, secondary analysis was further conducted to produce a Child Poverty Report (non-monetary) focusing on overlapping and multiple deprivations, and this report helped inform the Interim Poverty Reduction Strategic Plan (I-PRSP). In addition, through secondary data analysis, UNICEF Zimbabwe produced the first ever national Food Poverty Atlas using national census and national poverty data sets that produced food poverty estimates disaggregated down to the lowest administrative level (wards) and this work has helped focus mitigation efforts in drought-stricken, food-insecure
UNICEF, in partnership with ZIMSTAT, collated and compiled a National Social Amenities Report which provides a stock-take (registry) of all social amenities in Zimbabwe, and identified where and to what extent there were gaps in social infrastructure and services. The same partnership produced a Women and Men Report that compiles and collates all administrative data from across Government departments, and then disaggregated by gender. This report is used as an advocacy tool for promoting gender equality across all sectors of society. Furthermore, UNICEF working in partnership with ZIMSTAT, Registrar-General’s Office, and UNECA has started the process of converting the civil registry into vital statistics.

OUTCOME 8: Management

Analytical Statement of Progress:
To address effectively the market uncertainties and the liquidity shortage, an Inter-Agency Contingency Plan was prepared by the UN Operations Management Team and endorsed by the UNCT, stipulating actions to be taken if the financial situation further deteriorates. The risk library was updated and any emerging risks were analysed and incorporated. Delegation of Authority was updated, reviewed and endorsed by CMT regularly. Any existing conflicts in segregation of duties were addressed and mitigated in a timeous manner. UNICEF Zimbabwe closed the remaining internal audit recommendations in the first quarter of 2016. The focus then shifted to audit sustainability and in that regard, an audit sustainability plan was developed to track progress with periodic reports submitted to CMT.

The Business Continuity Plan was reviewed, updated and endorsed by the CMT. Effective cash flow projection and management instituted, monthly analysis of the variance between projection and actual utilisation of funds carried out. The variance exceeded the ceiling of 20 per cent only in three months. The UNICEF Zimbabwe Standard Operating Procedures and work flows were reviewed in line with GSSC SOPs. As a result, the transition of financial transactions to the GSSC was seamless and smooth.

An improved Supply Plan monitoring and reporting tool and database was developed using Quantrix Software. The continuous review and management of stock in the warehouse ensured the aging of inventory >24 months was maintained at 0 per cent as per target.

Technology for Development (T4D) support was provided in the following areas:

- Supporting near to real-time monitoring of implemented programmes;
- T4D Strategy formulation;
- Oversight or conceptualisation of information technology application;
- Strengthened existing data collection, processing and reporting information technologies;
- Provided sector specific T4D analysis;
- Documented lessons learned and systems user manuals.

OUTPUT 1 Governance and systems exist to support the direction of country operations.

Analytical Statement of Progress:
The Country Management Team met monthly to ensure adequate oversight of both Programme and Operations. The CMT continues to receive updates regarding the challenging operating environment that is characterised by both of the tightening cash shortages and the introduction of Bond Notes (new local currency) by the Government, to inform on appropriate course of action and to minimise negative impact on programme
The Business Continuity Plan was reviewed by UNICEF BCP Manager in NYHQ and the latest update carried out in October 2016. UNICEF Zimbabwe also participated in UNICEF Regional BCP Initiative, along with Ethiopia. Simulation exercises under the regional initiative were conducted, and the lessons learnt and the way forward on the regional BCP initiative

**OUTPUT 2** Stewardship of Financial Resources creates the conditions to pursue country operations

**Analytical Statement of Progress:**
The Supply Plan implementation rate was 89 per cent, mainly due to delayed funding and contracts for finalised in Q4. However new imports regulations gazetted under Statutory Instrument 64 issued in June 2016 to control the importation of goods that are available locally has impacted the local industry and suppliers especially for import based requirements. An improved Supply Plan monitoring and reporting tool was developed - database using Quantrix Software for monitoring and to inform discussions with programme sections.

Review and management of stock in the warehouse has ensured the aging of inventory >24 months is maintained at 0 per cent as per target. 64 per cent of stock in the warehouse is below 12 months.

Information and Communication Technology (ICT) focused on minimising telecommunication costs, establishing an efficient ICT infrastructure by upgrading outdated software and equipment. Migration to IEC TELECOM Europe IEC from Telespazio for Satellite Phone communications as a cost reduction measure. Set up of the UN Zimbabwe Digital Radio network in which UNICEF played a pivotal role in ensuring that all equipment is purchased and successfully implemented. Technology for Development initiatives including:

- Supporting near to real-time monitoring of implemented programmes
- T4D Strategy Formulation
- Oversight or conceptualisation of information technology application
- Strengthened existing data collection, processing and reporting information technologies
- Provided sector specific T4D analysis
- Documented lessons learned and systems user manuals

The transition of financial transactions to the Global Shared Services Centre was seamless and smooth through training, initially for individuals involved in the transition and then for all staff. The existing Standard Operating Procedures and work flows were reviewed in line with GSSC SOPs.
A monthly report for variance analysis between projection and actual utilisation of funds was presented to the CMT for a more realistic cash forecast. The variance has exceeded the ceiling of 20 per cent only for three months out of ten.

Timely closure of monthly accounts was undertaken through continuous monitoring of key suspense accounts, analysing, reconciling and clearing of open General Ledger items and outstanding bank transactions.

A number of initiatives were taken to achieve cost savings for 2016:

- Evaluation tool for international travel quotations was developed;
- Monitoring for fuel consumption, repairs and maintenance of motor vehicles and generators;
- The culture of systematic price negotiation with service providers led to a lot of savings;
- Reduced electricity bills by installing solar system;
- Log Base site for internal conferences and workshops;
- Use of common services in the following areas: Security, Fuel, Travel Agents, courier and UN Clinic.

The Minimum Operational Security Standard is fully implemented and UNICEF Zimbabwe is 100 per cent compliant to MOSS.

The annual asset physical count was successfully conducted within the deadlines. The accuracy and completeness of asset records in VISION and as well as the physical condition of the assets was conducted. The assets records were updated and reconciled, and the physical condition of the assets was verified.

**OUTPUT 3** Human resources have the capacities, skills, morale and motivation to support country operations.

**Analytical Statement of Progress:**

UNICEF Zimbabwe aimed to complete 75 per cent of 2016 staff recruitments within 90 days when compared with 65 per cent that was achieved in 2015. By November 2016, 69 per cent (nine out of 13) staff recruitments had been completed within 90 days. The average time taken to complete these recruitments is 69 days hence reasonable considering the KPI target of 90 days. Delays were experienced mainly at approval stages. The HR Section conducted a recruitment training workshop for hiring managers and CRB members, aimed at enhancing their skills in managing staff recruitments. A total of 28 staff were trained and the acquired skills contributed towards the completion of staff recruitment within the 90-day target.

Technical expertise to support quality programming was sought through consultant recruitments. A total of 62 consultants were recruited in 2016 plus 19 carryover consultants from 2015.

The year to date learning and development implementation rate is 95 per cent. A total of 85 learning activities were planned in 2016 and 81 activities have been implemented as follows, individual learning 35, group workshops 10, global trainings 19, stretch assignments undertaken 6 and e-learning recording 11 completed courses.

A year to date vacancy rate of 17.20 per cent was recorded versus the key performance indicators, target of 10 per cent given the current funding constraints which necessitated the freezing of vacant Other Resource-funded posts.
Gender parity issues are evident at National Officer (38 per cent: 62 per cent) and International Professional (42 per cent: 58 per cent) staff levels due to posts which are not being filled (27 out of 157 posts are vacant) given funding constraints. HR will continue to work closely with hiring managers and the CMT to close this gap through inclusive recruitment practices as funding becomes available.

UNICEF Zimbabwe attained a 100 per cent completion rate of 2015’s Phase 3 PERs. Similarly, a 100 per cent completion rate of 2016 performance plans was achieved, leveraging of the new ACHIEVE system. Mid-year 2016 performance reviews were discontinued organisationally. However, some of the UNICEF Zimbabwe sections took the initiative to review midyear performance progress offline to ensure ongoing performance discussions pending the annual performance appraisal. Two orientation workshops were held reaching out to 16 new staff to ensure familiarisation with country and organisational objectives thereof and strategically position themselves to deliver their new roles within UNICEF Zimbabwe.

The HR Unit will continue to provide orientation support to management and staff in using the new human resource systems (ACHIEVE, TMS and MyCase) to enhance efficiency and effectiveness within UNICEF Zimbabwe.

In collaboration with the UN Clinic, a UN Harmonised Wellness Fair event was conducted on 22 October 2016 where staff were offered services such as HIV testing and counselling, family planning, eye screening, dental care, blood pressure and cholesterol screening including a wellness walk.

OUTCOME 9 Country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children

Analytical Statement of Progress:
UNICEF Zimbabwe’s focus in the cross-sectoral programme component is on achieving: programme excellence, quality public and community engagement and, programme partnerships and accountability. Significant progress was made towards programme excellence and effectiveness.

Programme excellence was enhanced through a mix of interventions including: technical support in the preparation of Rolling Work Plans support to mainstream gender analysis and action in all programme components; training of professional staff in Results-Based Management and related planning tools; strengthening gender analysis and mainstreaming through support to focal points across the country programme; alignment of the process of evaluation management with organisational SOPs; coordination and management of the evaluation function; fostering of learning on innovative monitoring tools, including near-real time monitoring; development of an automated field trip management information system to improve field monitoring, reporting and follow-up of recommendations; drawing out lessons on programming and identifying gaps to inform CMT decision-making; and, ensuring the alignment of UNICEF Zimbabwe programmes with the Zimbabwe United Nations Development Assistance Framework and Agenda2030. The support provided is expected to reflect in improved year-end office management scores, as well as new programme activities in 2017.

Support to the planning and coordination of humanitarian assistance facilitated the integration of humanitarian considerations into regular programming. All sections were able to identify their strategic roles and participated in the successful mobilisation of resources and delivery of an integrated humanitarian response to drought affected children and women
in 20 priority districts. Efforts to improve programme reporting included the inclusion of a reporting session during the RBM training, the provision of templates for analysing results and technical support during the preparation of reports. Innovative approaches to mid-year and annual reviews were adopted allowing for learning across programmes as well as better articulation of both rationale and results through questions posed during reviews.

Public and community engagement were enhanced through four complementary forms of support that enabled UNICEF Zimbabwe to improve the visibility of children’s issues as well as the quality of programming, namely: supporting the production and broadcasting of key messages through a variety of forums including social media; enhancing engagement with and the voices of children and young people (including through the use of U-Report, the Junior Parliament and other forums); improving the effectiveness of programming through communication for development interventions; and, providing innovative tools for citizens’ engagement and social accountability. Support was provided to specific sector interventions including child protection on ending child marriages, nutrition on reducing stunting and health to understand and formulate appropriate responses to prevent and control outbreaks of communicable diseases, particularly typhoid.

Programme partnerships and accountability were strengthened through the Programme Planning, Monitoring and Evaluation Unit, developed screening tools for Programme Cooperation Agreements and small-scale funding agreements; participated in the recruitment of civil society organisations to partner UNICEF Zimbabwe in programme implementation; provided training and oversight on the HACT; and developed an end-user monitoring process for assets availed to or through partners. Enforcement of agreed performance standard enabled UNICEF Zimbabwe to maintain good scores for timely liquidation of funds advanced to partners. A coordinated and quality controlled donor reporting process ensured that all donor reports were submitted on time and met quality expectations. Donor feedback forms and meetings were used to ensure continuous improvement in the quality of reports.

**OUTPUT 1** UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes.

**Analytical Statement of Progress:**
UNICEF Zimbabwe conducted RBM for professional staff, resulting in 68 out of 77 (88 per cent) receiving training. An integrated monitoring, evaluation and research plan was developed and monitored to assess programme impact and to generate new data. The quality of evaluation processes such as terms of reference and two evaluation reports produced in 2016 was satisfactory. The office now tracks and monitors management responses and has started to utilise online reporting systems such as PRIME and GEROS. Through a competitive bidding process, 57 civil society organisations were shortlisted for partnership with UNICEF. Further, 39 PCAs and 14 small scale funding agreements were reviewed and signed in 2016. The supplies and end-user monitoring function was strengthened to better account for programme supplies, assets and consumables. However, capacity gaps still exist across the board among implementing partners. An automated field trip reporting system was developed to improve field monitoring processes and has resulted in better management of value-for-money indicators.

Supply and end-user monitoring were strengthened leading to greater consistency in use of programme supplies for intended purposes and accountability for assets, supplies and consumables. Challenges still remain in effecting an immediate change of culture to follow procedures and guidelines. The tools for end-user monitoring will be streamlined and automated systems used.
Under the leadership of UNDP, a macro assessment draft report was produced and approved by UNICEF and other concerned UN agencies in Zimbabwe. The implementation rates for the micro assessments, spot checks and programme monitoring visits for the year 2016 stood at 100 per cent, 123 per cent and 340 per cent respectively. The high implementation rate of 340 per cent for programme visits arose from the UNICEF Zimbabwe programme implementation model whereby all disbursements to key Government partners are sent via the provincial offices and the monitoring conducted at district level where implementation takes place.

Measured against the Regional Office and UNICEF Zimbabwe management indicators, funds utilisation was consistently rated as satisfactory. Balances on expired grants largely relate to revaluations and HQ managed balances. The balance within UNICEF Zimbabwe’s control is $4,058. Due to consistent monitoring at CMT and PMT level, the outstanding DCTs never reached nine months. Furthermore, DCTs between 6-9 months did not exceed the two per cent country level threshold. The target for DCTs on expired grants was not met, due to the size and nature of the programme. In response, internal strategies include constant monitoring, and a target of zero DCTs over three months on expired grants.

OUTPUT 2 UNICEF staff and partners are provided tools, guidance and resources for effective communication on child rights issues with stakeholders

Analytical Statement of Progress:
A key result in 2016 was the formation of a broad-based national coalition to end child marriages. UNICEF Zimbabwe helped to convene a meeting of Government, UN agencies, and NGOs, to forge a common approach. A five-day capacity-building workshop was held for 60 coalition partners and a road map developed. Coalition partners began implementing community engagement activities, which were complemented by mass and social media messages. A campaign to end child marriages was launched in November at a musical concert headlined by UNICEF Regional Goodwill Ambassador for Eastern and Southern Africa Oliver Mtukudzi. Ten technical working groups are leading on different aspects of the campaign and a communication toolkit is being developed for use in community dialogues.

With an estimated four million people needing humanitarian assistance as a result of the El Nino-induced drought, UNICEF Zimbabwe partnered with the Ministry of Health and the Food and Nutrition Council to produce communication assets for local and international news outlets. As a result, the impact on women and children received considerable visibility and contributed to an increase in resource mobilisation. UNICEF Zimbabwe provided communication training to partners involved in ending gender-based violence. The training covered communication materials development, with an emphasis on social and individual behaviour change.

UNICEF Zimbabwe supported the Harare City Council’s Department of Health to undertake formative research in the drivers of the chronic typhoid outbreaks in the city. The findings are being used to design a communication strategy as well as updating current WASH communication materials.

Inputs were also provided to the Social Norms Research that sought to establish pathways for causes and effects of violence against children in Zimbabwe. An assessment was carried out to establish factors leading to the high uptake of Measles and Rubella vaccination among apostolics in Manicaland and Mashonaland East Provinces. The findings will be used in advocacy among religious and traditional leaders. District level training workshops commenced for implementing the national nutrition communication strategy. Immunisation communication materials have been developed for HPV, as well as a community dialogue manual for Routine Immunisation. Communication for behaviour change activities continue
to be undertaken among communities impacted by the El Nino induced drought. Guidance was provided for donor reporting, ensure that quality and timeliness of reports were maintained. A total of 49 donor reports were submitted. The reports passed through a rigorous quality assurance and largely received positive feedback from funding partners.

**OUTPUT 3:** Strategies to address crosscutting issues related to child rights are developed and applied.

**Analytical Statement of Progress:**
Technical support was provided to the Government of Zimbabwe in preparing for the presentation of the 2nd periodic report in January 2016 as well as the various feedback processes on the CRC Recommendations, including the development of a monitoring framework to track implementation of CRC recommendations by the Government. UNICEF Zimbabwe capacity for gender mainstreaming was enhanced through orientation of gender focal points on mainstreaming using the UNICEF Gender Action Plan and the Gender Marker as a tool for tracking gender resources. Terms of reference for the Gender Task Force were developed and shared and the team met regularly, resulting in their increased confidence. Task force members are linked to the ESARO Gender Network for learning. A UNICEF Zimbabwe Gender Action Plan was developed to guide mainstreaming. Gender mainstreaming support was provided to programmes through: technical support to policy and sector strategy support, including to: the National Plan of Action to End Child Marriages in Zimbabwe; the National Sanitation and Hygiene Policy; Marriages Law Reform and alignment process. This ensured that human rights and gender perspectives are reflected in these policies and programmes.


### Document Centre

#### Evaluation and research

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended Analysis of Multiple Indicator Cluster Survey (MICS) 2014:</td>
<td>2016/009</td>
<td>Study</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended Analysis of Multiple Indicator Cluster Survey (MICS) 2014:</td>
<td>2016/008</td>
<td>Study</td>
</tr>
<tr>
<td>Extended Analysis of Multiple Indicator Cluster Survey (MICS) 2014:</td>
<td>2016/007</td>
<td>Study</td>
</tr>
<tr>
<td>Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended Analysis of Multiple Indicator Cluster Survey (MICS) 2014:</td>
<td>2016/007</td>
<td>Study</td>
</tr>
<tr>
<td>Extended Analysis of Multiple Indicator Cluster Survey (MICS) 2014:</td>
<td>2016/006</td>
<td>Study</td>
</tr>
<tr>
<td>Child Poverty in Zimbabwe: A Multiple Overlapping Deprivation</td>
<td>2016/005</td>
<td>Study</td>
</tr>
<tr>
<td>Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Case Study of Referral Pathways Childline Zimbabwe</td>
<td>2016/004</td>
<td>Study</td>
</tr>
</tbody>
</table>
### A Secondary Analysis of Data from Childline Zimbabwe

#### Mid-Term Evaluation of the Joint Programme on Prevention of Gender Based Violence (JPGBV) Against Young Women and Adolescent Girls

#### Independent Evaluation of the Health Transition Fund in Zimbabwe

### Other publications

<table>
<thead>
<tr>
<th>Title</th>
<th>Type/Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of Care: What is Connectivity and Quality Assurance?</td>
<td></td>
</tr>
<tr>
<td>The Small Towns WASH Programme</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe drought pushes up to 4 million towards hunger</td>
<td></td>
</tr>
<tr>
<td>Millions need aid as Zimbabwe Battles Drought</td>
<td></td>
</tr>
<tr>
<td>UNICEF 2017 Notebooks</td>
<td></td>
</tr>
<tr>
<td>UNICEF 2017 Desk Calendars</td>
<td></td>
</tr>
<tr>
<td>Youth Investment Case</td>
<td></td>
</tr>
<tr>
<td>Sustainable Energy for Children in Zimbabwe</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe Social Amenities Report</td>
<td></td>
</tr>
<tr>
<td>Food Poverty Atlas</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe Point of Care Guidelines</td>
<td></td>
</tr>
<tr>
<td>Education Sector Strategic Plan (ESSP)</td>
<td></td>
</tr>
</tbody>
</table>

### Lessons learned

<table>
<thead>
<tr>
<th>Document Type/Category</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson Learned</td>
<td>Mid-Term Evaluation of the UNICEF and UNWOMEN Joint Programme on Prevention of Gender-Based Violence against Adolescent Girls and Young Women.</td>
</tr>
<tr>
<td>Innovation</td>
<td>End-user monitoring to enhance programme efficiency and effectiveness</td>
</tr>
<tr>
<td>Innovation</td>
<td>Implementing Near Real Time Monitoring to achieve multiple purposes in multi-sector interventions</td>
</tr>
</tbody>
</table>