

Zimbabwe

Part 1: Situation update in the country

The year 2018 was an eventful year for UNICEF in Zimbabwe. While the political environment remained largely stable, and the Country Policy and Institutional Assessment (CPIA) index improved from 2.7 in 2017 to 2.8 in 2018, the country is still to recover from its fragile political and economic situation. Zimbabwe remains typified by weak institutions, high levels of corruption, weak economic performance, and poor social service delivery. Furthermore, post-election violence had negative implications for Zimbabwe in the broader international community.

The economic situation was turbulent, with negative implications for children. The country experienced build-up of macro-fiscal vulnerabilities. This included unsustainable fiscal and current account deficits, a currency crisis, liquidity constraints and foreign currency shortages, that had severe effects on economic growth. This growth slowed from 4.7 per cent in 2017 to an estimated 4.0 per cent in 2018 and is projected to further contract to 3.1 per cent in 2019. The challenge for the Government remains ensuring that this growth benefits everyone, particularly those children and families who are at the greatest risk of being left behind.

Having experienced deflation since 2010, annual inflation was estimated to average 8.3 per cent in 2018, rising to a projected annual average of 22.4 per cent in 2019. In addition, the economy experienced a currency devaluation which saw the real value of the local currency depreciating to 1:5 by mid-October 2018, albeit stabilizing to 1:3.5 by year-end. The net effect was the severe erosion of incomes and coping mechanisms, especially for the most vulnerable. For UNICEF, the currency depreciation resulted in a massive loss in value of its budget, as suppliers and service providers increased their prices. However, UNICEF continued to pay in US dollars, given that the Government maintained a fixed exchange rate of one to one between it and the Real Time Gross Settlement (RTGS)/ local currency.

The situation adversely impacted programming, due to loss in value of budgets and delays in disbursements to partners leading to slowing of activities. The loss in value of salaries and allowances of teachers, social workers, health workers and village health workers led to demotivation, poor retention and turnover of government staff. The proportion of doctors stationed at district hospitals reduced from 80 per cent to 60 per cent and Matabeleland North was affected the most. During the year junior doctors went on strike and teachers threatened to do the same.

Budgetary allocations to the social welfare sector remained extremely low to address the multi-variate challenges that children face. In this regard, the burden of support for social sectors (80 per cent) has been borne by development partners, a situation that is highly unsustainable, given a general slow-down in development assistance. The African Child Policy Forum 2018 ranking of African countries on child-friendliness of the country based on many domains, including budgetary allocations to child protection, placed Zimbabwe on number 32 out of 54, classifying it as a “fairly child-friendly” country.

Due to high food and non-food inflation, poor families and their children were deprived in

accessing key social services such as education, health and nutritious foods, thereby undermining the social inclusion agenda.

In the health sector, one of the major concerns was the sharp rise in health care inflation to 17.1 per cent in October 2018. This affected health seeking behaviours as it increases out-of-pocket costs, which most marginalized families and their children cannot afford. Coupled with the cholera and typhoid outbreak, the health and the water, sanitation and hygiene (WASH) sectors struggled to prioritize their scarce resources towards routine programming as well as mounting a full-scale response to control the outbreaks. Due to shortages in foreign currency for importation of essential medicines, there were shortages in the local market, resulting in an influx of cheap and counterfeit medicines in the unofficial market. Cases of antimicrobial resistance are likely to increase if the situation is not quickly contained.

Fuel shortages impacted on programme activities such as immunization outreach to the hard-to-reach, the distribution of medicines, the referral of the critical patients and supportive supervision and monitoring by Government of all programmes. This has impacted on the quality of programming and attainment of targets. Of the myriad health concerns facing adolescent girls and young women, maternal mortality is one of the most serious. Adolescents aged 15-19 years contributed 20.2 per cent of maternal mortality (*Zimbabwe Demographic and Household Survey/ZDHS 2015/16*). Viewed against the high rate of teenage pregnancies (24 per cent of 15-24-year olds have begun child bearing), this is an issue of concern among adolescent girls and young women. The unmet need for family planning for adolescents aged 15-19 years was high at 39.6 per cent (*ZDHS 2015/16*) and the rural-urban differential was striking. Girls residing in rural areas were close to three times (27.2 per cent) as likely to have begun child bearing than urban girls (10.3 per cent).

Furthermore, optimum care of newborns remains a challenge, resulting in perinatal mortality. Quarterly National Maternal and Perinatal Deaths Review meetings highlighted that the perinatal deaths reviewed were avoidable if optimum care had been provided. Industrial action by doctors and midwives for improved working conditions during 2018 and the unavailability of medicines and essential supplies for care of newborns impacted negatively on the quality of care. In addition, high transport costs deterred access to health facilities.

According to the National and Sub-National HIV Estimates Report 2017, of the 1.33 million people living with HIV in 2017, 5.8 per cent were children aged under 15 years. At 12.6 per cent, the HIV prevalence was almost twice as high among females aged 15-24 years than males (6.8 per cent). Based on the total population living with HIV, national antiretroviral therapy (ART) coverage increased steadily from 2014 to 2017. Within this population, the ART coverage for children increased from 77.6 per cent in 2014 to 89.5 per cent in 2017. Geographic inequality exists with a higher HIV prevalence in urban than in rural areas (14.3 per cent versus 13.5 per cent, respectively) and rates ranging from 11.4 per cent in Manicaland to 20.1 per cent in Matabeleland North and 22.3 per cent in Matabeleland South, as well as between age groups and gender (*Ministry of Health and Child Care/MOHCC Annual Report, 2016*). The young people between the ages of 15-24 years make up approximately half of all new infections in Zimbabwe, with girls and young women being particularly vulnerable.

The economic environment continued to adversely affect WASH programming across all actors in Zimbabwe; affecting access to water and improved sanitation hygiene services by women, men and children. These challenges come against the backdrop of pre-existing gender inequalities evidenced by adolescent girls bearing a disproportionate burden in sourcing water,

with 84 per cent of water carrying done by women and young girls. Support to management of menstruation in and out-of-school remained a challenge. These factors collectively interfered with education, recreation and income-generation for adolescent girls and young women.

The situation moving into 2019 remains challenging with continuing acute funding shortages, soaring inflation, lack of confidence in investing in Zimbabwe and insufficient allocation of Government budget to the WASH sector. UNICEF will continue advocating strongly to maintain the importance of WASH in the national development agenda and have agreed with Government to prioritize a Joint Sector Review in 2019. This will produce a costed investment plan for the sector, a roadmap for the country to reach Sustainable Development Goal (SDG) 6 and clear accountability mapping to streamline roles.

The National Sanitation and Hygiene Strategy was approved by the Ministry of Health and Child Care with UNICEF support. According to the End of Project Evaluation for a Water and Sanitation and Hygiene project in 27 satellite schools, significant contributions were made towards achievement of SDGs on access to water and sanitation. The project ensured that all schools achieved 'Basic Service' for drinking water, up from being classified as 'No Service' and 42.8 per cent of the schools moved from 'No Service' to 'Basic Service' for hygiene.

In the nutrition sector there was political commitment from the Government to address malnutrition as a national priority, reflected in the development and implementation of several national policies and strategies. Preventing and reducing stunting, especially during the first 1,000 days period, emerged as one of the main national priorities in Zimbabwe as reflected in the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZIMASSET). However, the 2018 National Nutrition survey showed that stunting remained a challenge. Some 26.2 per cent of the children 6-59 months were described as stunted; and there was a very poor minimum acceptable diet for children aged under 5 years at only 4 per cent. Despite this, evidence pointed towards improved breastfeeding outcomes with exclusive breastfeeding rates of 61 per cent, which exceeds the World Health Assembly target of 50 per cent. The revision of the National Nutrition Strategy will begin in 2019.

Annual education inflation peaked from sub-zero in 2017 to 6.3 per cent in October 2018. This exposes many vulnerable children to the risk of dropping out of school, as the costs of learning materials, uniforms and school fees increase. In 2018, completion rates for lower secondary was 68 per cent for boys and 66 per cent for girls, meaning that almost one-third of children did not complete lower secondary school. While data is not being systematically collected on children out of school, a recent report from the Zimbabwe Vulnerability Assessment Committee (ZimVAC) found that 11.6 per cent of children of school-going age were out of school, most of them due to financial constraints. The proportion of the education budget for salaries averaged 98 per cent of the total budget. This leaves little space for spending on teaching and learning materials or operational expenditure, thereby increasing the cost burden of the education system on parents and communities.

In relation to child welfare, in 2018 the rising poverty, harmful cultural practices and social norms, coupled with weakening social sectors capacity to provide comprehensive services further eroded the collective efforts by stakeholders to have a lasting and sustainable impact for children. Due to the exodus of social workers abroad to the United Kingdom and Australia in 2018 and persistently low government allocations to the social and child welfare sectors, a majority of services in the child welfare and protection sector continued to be funded by donors through UNICEF and civil society organizations (CSOs).

This context is against persistently high levels of violence against women and girls in Zimbabwe. According to the 2013 National Baseline Study on Life Experiences of Adolescents (NBSLEA), one in three girls was sexually violated before the age of 18, and there was a low services uptake. For adolescent girls, child marriage constitutes a widespread and serious rights violation. One in four girls aged 15-19 years was married, according to the 2014 Multiple Indicator Cluster Survey (MICS). Teenage pregnancies, gender-based, physical and sexual violence, result both from and contribute to child marriages. According to the MICS, less than 2 per cent of teenage boys were married, showing that child marriage affects predominantly girls. In the context of high levels of violence against children, boys' experience of and vulnerability to violence differs. More boys than girls experienced physical violence by a parent (60.9 per cent boys and 47.3 per cent girls) (NBSLEA). In addition, traditional concepts of masculinity often result in harmful behaviours associated with violence and high-risk sexual behaviour.

Anecdotal evidence points to an emerging substance abuse problem among adolescent boys and young men, particularly in impoverished urban areas. Because of the high visibility of sexual violence against adolescent girls, the gendered dynamics of the vulnerabilities and rights violations of boys may be overlooked, leading to lack of focus on the protection and promotion of the needs and rights of adolescent boys.

UNICEF funds management ensured a 100 per cent release of the donor-funded share of the harmonized social cash transfer (HSCT) programme, benefiting over 49,000 households in 12 districts. UNICEF advocacy with the line Ministry, the Ministry of Finance and the Parliamentary Portfolio Committee further ensured increased fiscal allocations to the HSCT programme from US\$7 million in 2017 to US\$11 million in 2018 and US\$12 million in the 2019 budget. However, cash shortages at the National Reserve Bank continued to challenge HSCT disbursements to households in the government-funded districts. The HSCT 48 months Impact Evaluation was finalized in April. It found noticeable improvements in household food security, ownership of productive assets, and household finances as well as a reduction of 13 per cent in reporting of physical violence in the last 12 months among youth in the HSCT. In addition, fewer young people reported witnessing violence against their parents and a reduction in emotional violence.

The country experienced a cholera outbreak in September, the biggest in a decade in Zimbabwe. This contributed to further vulnerability as children not only succumbed, but also lost parents and caregivers. The government service provision systems were further weakened by the strain placed upon them to respond to the crisis. As of 31 December 2018, MoHCC reported 10,630 cases (10,338 suspected and 292 confirmed cases) and 65 deaths throughout the country. The city of Harare accounted for 94 per cent of the cases and 77 per cent of the deaths. However, the trend of cases declined by the end of the year, with none reported in Harare after 11 December. An additional three rural districts (Mt Darwin, Murehwa and Mberengwa) were actively reporting cholera cases in December.

In addition, typhoid cases continued to be reported throughout the year. By 18 December, a cumulative total of 7,134 cases and 25 deaths had been reported nationally for the year. Again, Harare city contributed the highest number of cases of typhoid: 78 per cent out of which 25 per cent were under-five children. Both outbreaks disproportionality affected high-density suburbs of Harare underpinned by low socio-economic status, overcrowding, recurrent interruptions to the water supply and sewer systems together with poor hygiene practices. The distribution of cases by gender continued to show that males and females were equally affected.

In 2018, UNICEF contributed to two vulnerability assessments which determined the prevalence of food and nutrition insecurity and other sectoral impacts of the drought in May and June 2018. The Zimbabwe Vulnerability Assessment Rural Committee (ZimVAC) assessment report of June 2018 reported a deterioration in the food security situation during the peak hunger period of January to March 2019. According to the report, over 1.1 million people are at risk of being food insecure during this period. In addition, the Integrated Phase Classification (IPC) which was conducted in May 2018 projected that over 2.4 million people will be food insecure during the peak hunger period and at least 1.7 million people are projected to be in IPC Phase 4 (Emergency). Weather forecasts predicted an El Niño phenomenon affecting Southern Africa and projected to peak at 67 per cent during the period (December, January and February). The predicted situation resembles that of 2014/2015, when the possibility was borderline (64 per cent).

In summary, the economic challenges coupled with the humanitarian crisis pushed UNICEF to work doubly hard during 2018 to deliver the agreed results for women and children in Zimbabwe. UNICEF Zimbabwe is proud to have made significant progress in delivering the agreed results, despite these challenges.

Part 2: Major Results including in humanitarian action and gender, against the results in the Country Programme Documents

As per the country programme document, UNICEF Zimbabwe ensured that delivered results were aligned to all five of the global Strategic Plan Goal Areas, including a focus on humanitarian, cross sectoral, development effectiveness and management. The results are aligned to the Zimbabwe United Nations Development Framework (ZUNDAF) Social Services and Protection (SSP) component which has four sub-result groups (WASH, Education, Health and Social Protection). UNICEF co-chairs this SSP result group with the Ministry of Labour and Social Welfare, and also contributes towards other ZUNDAF result groups - Food and Nutrition Security, Gender Equality, HIV and AIDS, Poverty Reduction and Value Addition, Public Administration and Governance. The following is a detailed analysis of UNICEF's 2018 results:

Goal area 1: Every child survives and thrives

Babies born safely at health facilities through UNICEF-supported programmes

In 2018, UNICEF focused on quality improvement and reduction of inequity and the progress made for mothers, newborns and children was encouraging. The proportion of women who were pregnant attending at least four antenatal care (ANC) visits by a skilled or unskilled provider was 96 per cent; live births attended by a skilled health personnel (doctor, nurse, midwife, or auxiliary midwife) was 84 per cent and 81.1 per cent of newborns received postnatal care within two days of birth as at November 2018, according to the National Health Information System (DHIS2). UNICEF contributed towards these achievements through high-impact interventions such as results-based financing and community social mobilization working with village health workers (VHWs).

In 2018, village health workers referred 38,553 women who were pregnant for early ANC bookings at 14 weeks and below, and 32,963 for delivering at a facility. An emphasis was placed on the review and surveillance of perinatal deaths, to examine and improve quality of care around the time of birth and immediate post-partum to improve newborn survival. UNICEF

financially and technically supported the on-the-job training of health workers on eight ANC contact protocols which promote close monitoring of pregnant women towards the end of pregnancy. This is expected to substantially reduce perinatal deaths. Kangaroo mother care was strengthened, with all hospitals now having an equipped unit or room to help babies born small or premature to survive. A newborn care framework was developed with clear linkages between health facilities and the community. It guides service providers on what interventions to provide at the various levels of care and to strengthen accountability and referral of newborn health services.

Children with suspected pneumonia receiving appropriate antibiotics through UNICEF-supported programmes

There are just over two million children aged under five years (1,052,799 girls and 1,047,292 boys) in Zimbabwe. Of these, an estimated 273,012 (136,864 girls and 136,148 boys) are expected to have pneumonia, with only 14,445 girls and 16,424 boys having accessed appropriate care for severe pneumonia (*DHIS 2, 2018*). As part of the Health Development Fund, UNICEF supported the procurement and distribution of approximately US\$29.7 million in essential medicines, including antibiotics for the treatment of pneumonia. By the third-quarter of 2018, 94.3 per cent of the health facilities had at least 80 per cent availability of essential medicines and commodities (*VHMAS*). In 2018, an assessment was conducted to determine the level of skill application and training effectiveness of the integrated management of neonatal and childhood illness (IMNCI) approach, and the recommendations will guide future training of health staff in 2019. The assessment found that district health teams are not optimally involved in identifying training needs and that they should play a bigger role in training, selection of participants as well as monitoring of skills transfer. The training programme design likewise also requires adaptation to the different characteristics of each health facility offering these programmes, and quality improvement methods should promote shared learning among district teams to allow local solutions to emerge.

Children accessing appropriate care for diarrhoea without dehydration

In 2018, 520,472 girls and 563,845 boys under five were referred to health care facilities to access appropriate care for diarrhoea without dehydration. By December, 18,981 children were treated for diarrhoea with dehydration while 263,325 were treated for diarrhoea without dehydration; a total of 282,306 treated children (137,236 girls and 145,070 boys), according to the DHIS2. This was also achieved through UNICEF's demand generation approach and the support provided to the Government to strengthen the community health component. The first National Community Health Strategy is being developed with financial and technical support from UNICEF. Village health workers continued to be supported by UNICEF through payment of a token stipend (to 10,819 VHWs), capacity building of 11,336 and provision of utility kits to 10,000. In 2018, 2,000 village health workers in hard-to-reach areas received bicycles to enable them to access children in remote villages.

Children under the age of one receiving diphtheria, pertussis and tetanus (DPT)-containing vaccine and girls aged between 10-14 years receiving human papillomavirus (HPV) vaccine

The coverage of children under the age of one receiving DPT-containing vaccine at national level increased from 87 per cent in 2015 to 92 per cent. Fifty-seven of the 63 districts (90.4 per cent) had at least 80 per cent coverage of DTP-containing vaccine for children aged under one year by the end of September 2018. This was achieved through the strengthening of outreach activities and increased number of vehicles procured with GAVI funds. Vaccine store keepers were trained and mentored on effective vaccine management using a computerized stock

management tool (SMT) and no vaccine stockouts were reported throughout the year with UNICEF support. UNICEF supported the installation of 104 solar direct-drive (SDD) refrigerators bringing the total to 211, with another 521 SDD refrigerators planned for procurement in 2019-2020. Use of renewable energy contributed to health facilities nationwide achieving 100 per cent availability of vaccines. With support from UNICEF and other health partners the country successfully rolled out the HPV vaccine, reaching 785,055 girls aged between 10 to 14 years, 93.7 per cent of the total population in this age.

Prevention of stunting

The 2018 National Nutrition Survey (NNS) indicated a reduction in stunting among children under five years from 33 per cent reported in 2010 to 26.2 per cent in 2018. The country aims to reduce stunting prevalence to below 20 per cent by 2025. With technical and financial resources from UNICEF, accelerated measures towards stunting reduction have been defined. Multi-sector efforts towards stunting reduction was possible through the Multisectoral Community Based Model (MCBM), which offers sustainable partnerships, coordination and resource allocation approaches for the delivery of high-impact nutrition-sensitive and specific interventions. With financial resources from the Health Development Fund, the United Kingdom soccer match grant and the European Delegation, the technical leadership of UNICEF and coordination of the Food and Nutrition Council, the MCBM model has been rolled out to 31 districts in the country. Six line ministries - Health, Agriculture, Education, Social Services, Women Affairs and Local Government - are integrating nutrition-specific or sensitive deliverables as part of their sector workplans.

Girls and boys with severe acute malnutrition admitted for treatment

With financial resources from the Health Development Fund, UNICEF procured nutrition commodities and supplies to treat 17,602 children aged 0-59 months (9,800 girls, 7,802 boys), according to DHIS2 data in September. As a result, ready-to-use therapeutic foodpoint stockouts were only reported at 8 per cent of health facilities (*VHMAS Quarter 3*).

However, the main bottleneck remained the quality of the treatment of severe acute malnutrition which is still operating below the SPHERE Standards. There was a cure rate of 69 per cent against an expected 75 per cent, and a defaulter rate of 17 per cent against the expected rate of under 15 per cent. Global acute malnutrition prevalence was 2.5 per cent (*NNS 2018*) and severe acute malnutrition at 0.2 per cent, which are both within the World Health Assembly acceptable targets of less than 5 per cent and 2 per cent respectively. Nearly all (98 per cent) primary health care centres are managing children with severe acute malnutrition (*VHMAS, Quarter 3*). UNICEF provided technical and financial resources to all districts and health facilities in the country to improve the integrated management of acute malnutrition (IMAM). In 2018, 13 districts were trained on IMAM, to bring the number of trained districts to 59 out of 63. However, despite high training coverage, the country only met one of the three SHPERE Standards, mainly due to poor documentation of IMAM as well as misclassification of its outcomes. Going forward UNICEF will support on-the-job mentorship for clinic health workers to improve data collection, documentation and classification of IMAM outcomes.

Infant and young child feeding improving

Zimbabwe registered an exclusive breastfeeding (EBF) rate of 61 per cent (*NNS 2018*), an improvement from 41 per cent reported in 2014 (*MICS 2014*) and exceeding the World Health Assembly target of 50 per cent. Despite these high EBF rates, early initiation of breastfeeding has been a challenge with only 69 per cent of children put to the breast within the first hour

after birth. UNICEF provided technical and financial resources towards the revision of the Baby Friendly Hospital Initiative (BFHI), a strategy implemented through Ministry of Health and Child Care with the objective to support, promote and protect breastfeeding. By November, 49 hospitals of a target of 60 had been capacitated to implement BFHI, with 18 hospitals certified baby friendly.

The country also experienced a challenge with complementary feeding indicators, with the minimum acceptable diet among children aged 6-23 months as low as 4 per cent (*NNS 2018*). To address this challenge, acceleration of community infant and young child feeding (IYCF) promotion including micronutrient powder supplementation through the 17,000 community health and creation of care groups was initiated in all 31 districts. Further analysis and programmatic experiment will be carried out in 2019 to address the complementary feeding component.

Control of micronutrient deficiencies being strengthened

The Vitamin A supplementation programme remained a key lifesaving intervention for children aged 6-59 months. Working with the MOHCC through the expanded programme for immunization and with funding from Canada, UNICEF provided Vitamin A capsules to 75 per cent of children aged 6-59 months: 51.5 per cent girls and 48.5 per cent boys (*NNS 2018*).

In recognition of the poor dietary diversity and high iron deficiency in women and children, all 60 rural districts received capacitation to implement the micronutrient powder programme (MNP), a home fortification intervention targeting children aged 6-23 months. A total of 178,680 (89,785 girls and 88,895 boys) 6-23 months received at least one 30 days of MNP supplementation. Uptake is still low as the sachet is small and considered 'low value' by caregivers and social marketing through caregroups and cooking demonstrations is ongoing.

Women who are pregnant receiving counselling on maternal nutrition and child caring practices

Through the MCBM approach, coverage of community level activities improved significantly. UNICEF provided technical and financial resources to integrated capacity building of 4,733 village health workers on community infant and young child feeding, active screening and MNP distribution. Through a partnership with GOAL, Save the Children, ADRA Zimbabwe, Nutrition Action Zimbabwe, World Vision (WVI) and Plan International, and technical implementation leadership from the MoHCC, 8,274 mother support groups (out of a target of 6,750) were established to deliver IYCF counselling, care and support. They reached 206,264 caregivers and pregnant women in the 31 districts against a target of 300,060, a 69 per cent coverage.

To improve the quality of complementary feeding indicators, the programme focused on community level self-supplied cooking demonstrations that promote the consumption of locally available foods and use of fuel-efficient stoves together. A total of 8,274 of the target 8,000 cooking demonstrations were conducted. In two districts (Umzingwane, and Hwange) these were offered under the Positive Deviance Model in collaboration with WVI for treatment of 3,092 children with underweight and moderate acute malnutrition out of a targeted 2,232.

Women who are pregnant, children and adolescents living with HIV access treatment

By September, 76.5 per cent (48,508 of the total 63,408) pregnant women living with HIV received ART to reduce the risk of mother-to-child transmission of HIV, and 56 per cent (35,541 of 63,408) infants born to women living with HIV received a virological test for HIV within two months of birth. Retention showed satisfactory progress, with 90 per cent of adults and children with HIV on treatment at 12 months after initiation of ART. However, ART retention for women

who are pregnant was low at 64 per cent) compared to children (91 per cent), adolescents (89 per cent) and adults (91 per cent). UNICEF successfully contributed to increased access to HIV testing services and treatment of children, adolescents and pregnant women through mainstreaming targeted interventions in 10 low-performing districts in partnership with the MoHCC, National AIDS Committee (NAC) and the non-government organizations OPHID and Africaid.

There was improved capacity to provide HIV services to women, children and adolescents girls among health workers, primary counsellors and volunteer health workers in 10 selected low-performing districts. UNICEF contributed to improve retention for children and adolescent through the roll out of peer support networks for girls and boys (120 CATS - community adolescents' treatment supporters) in 16 districts and of 48 young mothers mentors in four districts to increase adherence to ART and access to integrated HIV and sexual and reproductive health (SRH) services. Some 2,911 caregivers were oriented by the NAC on parenting, disclosure, early referral to SRH/HIV/gender-based violence and other services. UNICEF used innovative participatory technology with a combination of radio programmes and U-Report to promote demand, access and utilization of integrated services for adolescents. The HIV-sensitive social protection programme which uses the harmonized social cash transfer platform as an entry point, was leveraged through enhanced linkages of children in need of HIV services to health facilities, as well as the referral by health workers to the community case care workers of vulnerable HIV-infected children in need of social support.

Infants born to women living with HIV tested for HIV within their first two months of life

By September, 56 per cent (35,541 of the total 63,408) HIV-exposed infants received a virological test for HIV within two months of birth. The gap in testing children highlights the need to incorporate other innovative methods, such as family centred approaches, use of screening tools, and differentiated HIV testing services to increase coverage in children.

UNICEF contributed towards this result through supporting formal training for 270 service providers on HIV services integrated with longitudinal tracking and tracing of mother-infant pairs, and regular mentoring and supportive supervisions in 10 districts. With MOHCC, NAC and Sunrise Sign Language Academy, UNICEF trained 69 primary counsellors (51 per cent female) from all provinces on sign language to ensure effectiveness in communicating with hearing impaired patients and to create demand on HIV testing services for children and adolescents. UNICEF played a key role in continued strengthening coordination and scale-up of the early infant diagnosis and viral load use in collaboration with the Clinton Health Access Initiative (CHAI) and the Elizabeth Glaser Paediatric Aids Foundation (EGPAF). Integration of HIV and tuberculosis in the nutrition programme was strengthened through OPHID in 11 districts as an entry point for identifying more children living with HIV, with a 90 per cent yield (*OPHID report*).

Goal area 2: Every child learns

Improvements in learning outcomes for girls and boys

The UNICEF-supported Zimbabwe Early Learning Assessment has shown an increase in Grade 2 learning outcomes since 2015 which were English at 53 per cent (boys - 47 per cent, girls - 57 per cent) and Mathematics also at 53 per cent (boys - 64 per cent, girls - 69 per cent). In 2018, the percentage of learners achieving at or above grade level in English was 76.4 per cent (boys - 73.9 per cent, girls - 78.4 per cent), and in Mathematics was 72.2 per cent, both surpassed the 2018 targets of 55 per cent in English and 69 per cent in Mathematics. In both

subjects, girls were performing better than boys.

UNICEF also supported the analysis of Grade 7 and 'O' level results to inform interventions that target the lowest performing schools. As a result, pass rates among the bottom 10 per cent of schools have been increasing since 2013 from 2.2 per cent (boys - 2.1 per cent; girls - 2.3 per cent) to 6.9 per cent (boys - 6.1 per cent, girls - 7.8 per cent). UNICEF's contribution to the improvement of learning outcomes was through technical and financial support to the Ministry of Primary and Education (MoPSE) in the form of:

- Advocacy for law and policy reform;
- Disbursement of school improvement grants;
- Procurement of learners and teachers' materials;
- Capacity building of teachers: where UNICEF supported new curriculum training for 8,134 Grade 5 teachers (3,639 females and 4,495 males), 9,735 Early Childhood Education (ECD) A to Grade 4 teachers and 6,130 primary mathematics teachers and 270 secondary technical and vocational training teachers.

Furthermore, 30,949 teachers (16,810 females and 15,045 males) were trained to deliver on learning areas such as life skills education, sexuality, HIV/AIDS and counselling through a Guidance and Counselling programme which is a priority in the new curriculum.

The Education Management Information System (EMIS) showed that the Gross Enrolment Ratios for ECD and lower secondary increased from 46.9 per cent to 55.9 per cent and 75.9 per cent to 76.6 per cent between 2015 and 2017 respectively. This indicates that the education system has attracted and retained more learners in schools.

Girls and boys provided with education learning materials

A total of 1,543,273 children (266,711 primary and 276,562 secondary learners) of whom 761,797 were girls and 781,476 boys benefitted from learning materials procured by UNICEF which included 2,340,000 learner's textbooks and 72,200 teachers guides. These were distributed to 4,383 disadvantaged primary and 1,211 secondary schools in all 72 districts across the country. Under Phase 2 procurement, 5,359,680 learners' textbooks were procured and will be distributed to the same disadvantaged primary and secondary schools. The procurement of 12,600 standard primary science kits to benefit 1,266,711 learners (625,804 girls and 640,907 boys) commenced and delivery is expected in the first quarter of 2019. The equity focus in the distribution of schools is complemented by interventions that specifically target children who are vulnerable. For example, text books are being printed in Braille for children with visual impairment.

school improvement grants (sig)

With support from partners including the United Kingdom's Department for International Development (DFID) and the Germany development bank KfW, UNICEF disbursed US\$11,883,000 to 4003 disadvantaged schools across all provinces and districts. This comprised schools with an annual income thresholds of less than US\$15,000 for P3 Registered schools, less than US\$20,000 for satellite primary and secondary schools and less than US\$100,000 for Special Schools. Between May and September 2018, the SIG funds benefitted 1,431,384 learners (707,864 girls and 723,520 boys) providing them with operational functionality and meeting the pressing needs such as procurement of teaching and learning materials and upgrading existing or establishing new school infrastructure.

Children with disabilities access to education

UNICEF facilitated participation of children with disabilities in primary and secondary education

through providing technical and financial support to the Ministry of Primary and Secondary Education. As a result, the target enrolment for learners with disabilities for 2018 was surpassed, with a total enrolment of 61,946 children (girls - 27,197, boys - 34,749) against a target of 50,000. In addition, UNICEF supported training of all primary school teachers: over 80,000 teachers of whom 54,947 were female. An inclusive education handbook was finalized and 137 school-going age children were fitted with UNICEF-procured digital hearing aids.

Goal area 3: Every child is protected from violence and exploitation

Justice services for children

UNICEF supported the justice sector and law enforcement services (government and CSO partners) to reach 9,085 children (4,008 male and 5,077 female) in conflict with the law and those requiring victim-friendly support. Out of the 9,085 children, 773 (82 per cent male and 17 per cent female) were diverted from the criminal justice system. UNICEF continued to support the pre-trial programme was rolled out to 12 additional judicial districts making a total of 17 districts being supported by UNICEF.

Through the programme to enhance access to justice for children, UNICEF continued to support the national Victim Friendly System by supporting Government to coordinate child-friendly service delivery for survivors of sexual offenses in all 22 Regional Courts. At the same time, UNICEF worked with 10 CSOs to enhance accessibility of child-friendly justice services in the 18 districts where the national case management system is implemented. Furthermore, 1,500 children (1,450 girls and 50 boys) benefited from coordinated justice services, court preparation, legal assistance and child friendly court procedures.

National and subnational capacity strengthened for provision and access to safe, quality coordinated and comprehensive child protection services, including violence against children (VAC) and child-friendly justice

UNICEF-supported interventions in 2018 led to improved Government and CSO capacity at national and subnational levels in the provision and access to safe, quality, coordinated and comprehensive child protection services. They reached 54,382 children (23,670 boys and 30,712 girls) through the national case management system. UNICEF working with and through community adolescent treatment supporters (CATS) enhancing the confidence skills and abilities of 7,372 adolescent children (3,616 boys and 3,756 girls) including psychosocial well-being to cope with HIV and AIDS.

During the year, 2,014 children living with disability (1,105 boys and 909 girls) were supported as part of efforts to leave no one behind with child protection services. A total of 1,702 children (90 per cent girls and 10 per cent boys) who are survivors of sexual abuse accessed child-friendly health services. Child protection services were successfully integrated into UNICEF health and WASH responses to the cholera outbreak, reaching 2,574 children (1,531 girls and 983 boys) with psychosocial support and specialized family tracing services.

Social norms that are harmful to children were addressed

UNICEF intensified efforts to address social norms condoning violence against children through supporting the Champions of Child Protection. A total of 14,813 parents or caregivers (5,149 males and 9,664 females) were reached with parenting skills and 17,056 children (4,429 boys and 12,627 girls) with information and skills to say 'no to violence' and seek help. This provided space for the adolescent girls to interact and share experiences and receive information on

child protection services.

UNICEF invested in strengthening the capacity of community social welfare workforce, with 2,857 (1,886 female and 971 male) community child care workers trained in social norms that contribute to violence against children. Preventing and responding to child marriage and early union is a key priority for UNICEF and will be supported under the Spotlight Initiative which is a UN Joint Programme.

National capacity and commitment to legislate, plan and budget for child protection services strengthened

UNICEF continued to strengthen national capacity and commitment to legislate, plan and budget for child protection services. UNICEF contributed to government efforts to have an integrated child focused policy and legislative framework that provides for better protection of children, accompanied by legal system institutional capacity strengthening of legal service providers. UNICEF made significant contributions to key pieces of legislation including the Children's Bill and principles of the Child Justice Act. The Children's Bill is in final draft stage, while the principles of the Child Justice Bill have been adopted by Parliament.

Further advocacy work continued for the Harmonized Marriages Bill aiming to increase the age of consent to marriage. The drafting of the Child Justice Bill provides opportunities to raise the age of criminal responsibility from seven years and domesticate international standards on the protection of children before, during and after the justice process. UNICEF successfully advocated with the Treasury to support implementation of Statutory Instrument 125 that enables the engagement of non-public service social workers. This will increase the number of professional social welfare workforce. Through UNICEF advocacy efforts, a fiscal allocation was made for the pre-trial diversion programme. The Government Treasury contributed to the first state allocation ever to the diversion programme, amounting to US\$250,000 in the 2019 Budget.

Goal area 4: Every child lives in a safe and clean environment

Additional people including people living with disabilities gaining access to safe drinking water sources

A total of 1,236,719 additional people (355,167 women, 285,946 men and 595,606 children) in 12 districts of Mashonaland East, Mashonaland Central and Manicaland were reached with safe drinking water through UNICEF direct support working with eight implementing NGO partners. Of these, 16,248 were women with disabilities, 16,891 men with disabilities and 48,167 were children with additional vulnerabilities.

Access to safe drinking water was also improved in 89 primary schools in some of the most marginalized and hard-to-reach communities of Binga, Mwenezi and Hurungwe districts. The schools gained access to safe water supplies through UNICEF support for drilling and repairing water points, including piping the water to two schools via solar power. The water points benefitted 61,883 learners (30,461 boys and 31,422 girls). Gender transformation results achieved through improving access to safe drinking water included reduction in distance and time to fetch water by women and girls. A detailed gender analysis of the WASH sector is planned for 2019 alongside a bottleneck analysis.

Fewer people practicing open defecation

Access to sanitation improves privacy and dignity for the population. An additional 290 villages

in the eight provinces of Mashonaland Central, Mashonaland East and Manicaland, Matabeleland North, Matabeleland South, Masvingo, Midlands and Mashonaland West were declared open defecation free with support from UNICEF. The results contributed to the Government target of reducing by 5 per cent the population practicing open defecation from the 34.5 per cent as reported in the DHIS 2015.

An additional 170,851 people (39,831 men, 46,166 women and 84,854 children) accessed an improved sanitation facility in 45 districts of Mashonaland Central, Mashonaland East, Manicaland, Matabeleland North, Matabeleland South, Masvingo, Midlands and Mashonaland West. To sustain these results and ensure nationwide replication, UNICEF supported the drafting of a National Sanitation and Hygiene Policy and a National Sanitation and Hygiene Strategy which ingrains the principles of demand-led approach. The National Sanitation and Hygiene Strategy was approved by the Ministry of Health and Child Care while the Policy awaits Cabinet approval.

Climate change

UNICEF provided technical and financial support to the Ministry of Environment, Water and Climate for the development of the Climate Change Policy that was successfully launched in June by the President of Zimbabwe, together with a child-friendly version. The policy provides strategic focus and priorities for national climate mitigation and adaptation strategies for the country. This was a key milestone in ensuring that communities and their children live in a safe and clean environment.

UNICEF Zimbabwe's greening work was given global recognition through the organisation's GreenNewsletter and on ICON and the office influenced the updated 2019 Climate Landscape Analysis for Children reporting framework of UNICEF headquarters.

Goal area 5: Every child has an equitable chance in life

Increased number of vulnerable children reached by social protection interventions

During the year under review, the Government of Zimbabwe, the United States Agency for International Development (USAID) and UNICEF supported the harmonized social cash transfer, with the number of children covered by social protection systems increasing from 575,900 in 2017 to 668,052 in 2018. Of these, 91,000 children (51 per cent girls and 49 per cent boys) were reached through UNICEF-supported HSCT whilst 500,000 (54 per cent girls and 46 per cent boys) were covered by the Basic Education Assistance Module (BEAM), and 77,052 with other social and child protection services. During the year, donor-funded programmes recorded better services in terms of payments while most government-funded districts have not received any payments since 2017, due to the failure by the Ministry to secure cash for payment.

UNICEF advocated for improved public spending on social sector

Support was provided for the generation of social and child-focused data to inform national policy formulation and office programming. Partly on account of UNICEF advocacy, the share of public spending on health, education and social protection benefiting children living in the poorest quintile was 2 per cent, which surpassed the 2018 target of 1.5 per cent. In addition, the percentage of government budget allocated to the social sectors increased from 31 per cent in 2017 to 34 per cent in 2018. This was a major milestone towards the sustained investments in ending child poverty and hunger, whilst strengthening good health, well-being and quality education for children in line with SDGs 1,2,3 and 4. By end of September 2018,

partly through UNICEF lobbying, there were improved disbursements from Treasury to the Ministry of Labour and Social Welfare to the HSCT, with 55 per cent (US\$6million), whilst US\$16 million (80 per cent) of the BEAM allocation for 2018 was disbursed. This was achieved through the provision of technical and financial support to the 2019 National Budget Infrastructure Prioritization Meeting, Budget Consultations and crafting key advocacy messages and innovative financing mechanisms for social sectors, working in partnership with the United Nations Development Programme (UNDP), line ministries, Parliament and the Ministry of Finance.

Disability policy and strategy drafted

A national draft disability policy was developed by the Ministry of Labour and Social Welfare with support from a consultant engaged by UNICEF. The draft Policy is under reviewed by stakeholders and will be subjected to nationwide consultations during the first quarter of 2019. Once finalized, the Policy will be submitted to Cabinet for approval and implementation.

In addition, UNICEF developed an internal Disability Strategy, which is shaping interventions across UNICEF programmes. The internal Strategy proffers a unique opportunity for UNICEF to strengthen disability mainstreaming in its programming as well as influencing Government policy and financing strategies.

Communication for development and external communication

UNICEF communication for development (C4D) technical support to the Ministry of Health and Child Care contributed to the implementation of the budgeted national HPV communication strategy with multi-media, multilingual materials distributed in 60 districts.

Five budgeted C4D strategies (HPV, MNPs, the baby-friendly community initiative, cholera, and reproductive, maternal, neonatal, child and adolescent health and nutrition) were produced for both sectoral and cross-sectoral implementation to achieve results social and behaviour change results and community engagement. A Government-led coordination social mobilization and health promotion thematic working group was established to coordinate C4D activities.

Strategic partnerships were forged with Apostolic Women Empowerment Trust (AWET). AWET social mobilizers and outreach frontline workers were trained in C4D and social and behaviour change, who then conducted awareness-raising, education, motivation and practical exercises with their members and other religious groups. Working through a partnership agreement with Vuka Africa Theatre, forum and development theatre techniques were used to engage children in schools, women and families for uptake of recommended practices and behaviours.

UNICEF Zimbabwe made impressive strides in amplifying advocacy initiatives with major mobile phone providers and over 147,000 U-Reporters. Some 1.85 million people were reached through social media channels for key global and national events and advocacy campaigns, particularly Early Moments Matter, cholera awareness and World Children's Day. The World Children's Day campaign gained the most traction with the public on Facebook, increasing the reach in November 2018 to 275,990 people, 10 times higher than the monthly average. On Twitter, the lead-up to World Children's Day and a tweet by local singer and influencer Tamy Moyo contributed to 517,000 impressions for the campaign.

In the first half of the year UNICEF was mentioned 70 times in top-tier media. This was a 44 per cent increase from 2017, indicating that UNICEF was a leading voice on child rights in the

country. The coverage was slightly less than 50 per cent due to elections and the political environment. A new communication and advocacy strategy was developed and a new website for UNICEF Zimbabwe launched.

Humanitarian

In 2018, women, men and children in Zimbabwe faced multiple shocks and hazards which called for an integrated, multi-sectoral humanitarian response to outbreaks of typhoid and cholera. In collaboration with the Government, CSOs and other United Nations agencies, UNICEF delivered critical life-saving services through provision of essential drugs and equipment, training of health workers on case management and implementation of an oral cholera vaccine (OCV) campaign in Harare reaching 1,297,890 people aged one year and above. UNICEF supported the procurement of typhoid vaccines sufficient for 359,435 women, men and children in hotspot areas in Harare.

UNICEF reached over 752,955 women, children with hygiene promotion interventions aimed at preventing outbreaks of cholera and typhoid in the community and schools and health facilities. In addition, 402,108 children, women and men were provided with safe water as part of the WASH response. Furthermore, UNICEF, working with the Ministry of Primary and Secondary Education implemented responses to cholera and typhoid in schools. This included coordination, data management and capacity building on key WASH in schools interventions reaching over 123,257 children. The multisectoral and multi-agency interventions led to a decrease in the morbidity and mortality caused by cholera.

UNICEF strengthened a community-based HIV sensitive cholera response programme and children, adolescents and pregnant and lactating mothers living with HIV were supported during the humanitarian crisis through the dissemination of communication materials covering HIV prevention, care and treatment. The interventions led to the reduced risk of cholera among at risk and vulnerable populations.

In child protection, UNICEF initiated the provision of psychosocial support through child-friendly spaces and home visits and social support for kinship/foster care placement and documentation, tracing and reunification of orphans, separated and unaccompanied children. As a result, 2,038 children (1,240 girls and 798 boys) and 321 caregivers affected by cholera were reached with psychosocial support and referral linkages to other services through child friendly spaces. In addition, 215 children (99 boys and 116 girls) and 370 parents were visited at home and 116 separated children (50 girls and 66 boys) received specialized family tracing services within and outside Harare.

Communication for development continued to be used as a cross-cutting strategy to achieve programme results in all sectors. UNICEF continued to strengthen the coordination of Government-led sectors in WASH, nutrition, education and child protection and enhanced the ongoing technical support in the health coordination mechanism led by the Ministry of Health and Child Care and WHO. The humanitarian interventions effectively built on existing development programmes across the sectors, thus enhancing sustainability and ensuring seamless progress to recovery and long-term development programming.

UNICEF Zimbabwe used the Emergency Preparedness Portal for enhancing preparedness throughout the year. In line with the UNICEF Eastern and Southern Africa regional benchmark, the preparedness score moved from 92 per cent to 100 per cent during the last quarter of the

year.

Evaluation

UNICEF internal evaluation processes and systems

In 2018, UNICEF Zimbabwe continued to strengthen its evaluation systems and processes, resulting in the completion of two evaluations, on Education and the HSCT. The UNICEF headquarters Evaluation Office independent quality assurance score rated them as highly satisfactory and satisfactory score respectively.

National evaluation capacity development (NECD)

UNICEF partnered with the Office of the President and Cabinet to initiate a NECD programme. It started with the national monitoring and evaluation policy, gender and equity evaluation awareness-raising of 39 social sector line ministries personnel (22 females and 17 males) and the National Evaluation Readiness Assessment which has been developed. The readiness assessment findings, EvalAgenda 2020 and UNICEF 2018 revised Evaluation Policy is guiding the development to the NECD plan. Furthermore, UNICEF focused on institutional strengthening of the Zimbabwe Evaluation Association through providing financial and technical support to the organization.

Resource mobilization

In 2018, UNICEF Zimbabwe continued to play an important role in shaping and delivering support to the social sectors. By year end, UNICEF had mobilized US\$535 million (inclusive of firm donor commitments) in programme resources, representing 96 per cent of resources required for the five-year Country Programme. Excluding firm donor commitments, UNICEF Zimbabwe has mobilized US\$491.9 million, representing 88 per cent of resources required for the Country Programme. About US\$5.2 million (including commitments) was utilized on the emergency response, largely in the cholera response. Going forward, there will be a continued special focus on resource mobilization for WASH, child protection and HIV/AIDS. Specific investment cases were prepared and shared with the donors both public and private sector partners. Sustained engagement with donors same remained imperative and was undertaken through donor engagements by the Executive Director, the Regional Director, the Representative, the agency's divisions of Public Partnership and Private Fundraising and Partnerships and the Resource Mobilization Work Group committee in UNICEF Zimbabwe.

Management

UNICEF Zimbabwe demonstrated effective and efficient stewardship of resources, resulting in 15 per cent cost savings being achieved, inventory under 24 months maintained at 0 per cent and oversight functions and control environment enhanced. The office made significant progress towards closing the gender parity gap which is 50.4 per cent males and 49.6 per cent females against the global target of 50 per cent males and 50 per cent females. In 2018, the UNICEF Zimbabwe Information and Communication Technology (ICT) unit supported seven technology for development projects in different programme areas. Out of these one is at scaling up stage, two were deployed, two under development and two being piloted. Three projects on improving operational efficiency and effectiveness were also supported during the period. Major challenges were frequent change of scope of technology for development projects and managing the expectations of different stakeholders.

Part 3: Lessons learned and constraints

Lessons learned

Winning support for the cause of children from decision-makers through national budget advocacy

In 2018, UNICEF's budget advocacy through joint efforts between UNICEF sections and partners and close engagement in the 2018 pre- and post-budget discussions with ministries was an opportunity for accelerating better results for children. Key lessons learned in the budget advocacy work included the need to be grounded in evidence and right targeting; engaging with the right audience and with the most effective messages. UNICEF's theory of change is to generate evidence to inform programming. Evidence from the annual budget analysis of primary and secondary education showed that the sector was significantly underfunded, with over 98 per cent of the expenditures going to salaries, with little on other key aspects of learning- teaching and infrastructure, thereby negatively affecting outcomes for children. In response, and informed by research into possible sustainable financing options for education, UNICEF recommended through the Parliamentary Portfolio Committee on Education, the Government levy 5 per cent tax on Third Party Motor Vehicle insurance to mobilize funding for investment in education. These proposals were presented to the Minister of Finance during the pre-budget consultations, who adopted the idea in the 2019 Budget, albeit for financing health through the Road Accident Fund. This proposal will significantly contribute towards increasing fiscal space for health, which has over the years relied on development partner support.

Going forward, UNICEF will work with Parliament and civil society to advocate for transparency and accountability in the use of funding generated from the proposal, to achieve accelerated results in health. In addition, UNICEF will continue to undertake research on options for expanding fiscal space for sustained investments in social sectors benefiting children. While the previous research had focused on health and education, other equally important areas such as WASH, child and social protection, and nutrition will be prioritized.

Cross sectoral collaboration to ensure every child lives in a safe and clean environment

Climate and environment programming in UNICEF Zimbabwe are mainstreamed and are cross-cutting themes that seek to contribute to Goal Area 4 of ensuring every child lives in a safe and clean environment. To achieve this, the theory of change entails working across sections using the integrated approach to achieve the overall goal of a clean environment under UNICEF Zimbabwe's theme - "For every child, sustainable energy". This thematic approach helps to streamline efforts and is a good entry point for all programmes to set targets and integrate climate, environment and energy (CEE) into their workplans.

In piloting the "For every child, sustainable energy" theme, cross-sectoral collaboration resulted in the mobilization of US\$3million for the project on Sustainable Energy for Health Facilities and Surrounding Communities (SE4HF) from Sweden. Resource mobilization is a critical first step towards rolling out of the project, which is a collaborative effort by Social Policy, WASH, Health and Nutrition Sections, that seeks to support the mainstreaming of CEE in UNICEF programmes whilst complementing and delivering on Health Development Fund targets for maternal and newborn health. The key lesson learned is that joint efforts and stronger collaboration across sections can help deliver better results, by leveraging on their respective expertise and experience, and that donors are more willing to support programmes which are

multi-faceted.

In 2019, the focus will be on programme implementation, drawing on the expertise of sections and partners in Government and civil society. Successful implementation of this phase of the project can be a stepping stone towards resource mobilization to scale up the project country-wide. The pursuit of mainstreaming CEE, greening the office, working for more child-inclusive climate change policies and implementation of the National Development Committee as well as delivering on targets in the sustainable energy project will remain important. Working together in a collaborative manner between sections, as well as between programme and operations will be crucial to reach success. In addition, the theory of change will need to be further strengthened to add more value to key programmatic work across sections.

Using community engagement and innovation to improve service delivery in the WASH sector

UNICEF Zimbabwe's WASH programme aims to support Government to improve and monitor equitable use of safe drinking water, sanitation and hygiene practices. The Government, with support from UNICEF, invested in the Rural WASH Information Management System (RWIMS). This is a near-real-time monitoring system that aims to improve data reliability, equity analysis and use of technological innovations in regular WASH programming and to support emergency preparedness and response.

With RWIMS, two important limitations were identified. The first was a lack of consistent communication between key informants (data sources) and enumerator (data conveyors to national Geodatabase); and the second was the absence of notifications and feedback to communities resulting in inaction by responsible authorities on issues raised. To address these shortcomings, UNICEF supported integration of RWIMS with RapidPro, known as SMS Notification and Response System (RWIMS SNR) and this was piloted in one district. Positive results were found, as RapidPro enabled communities (key informants) to communicate with government extension workers (enumerators) and was used to send alerts to duty bearers, such as village pump mechanics, to address issues reported by the communities. Due to the utilization of the RWIMS SNR, two-thirds of the SMS notifications sent from the community during the pilot resulted in a village pump mechanic visiting the site and this resulted in 56 per cent of the problematic water points becoming functional. The intervention's theory of change was carefully mapped prior to commencing the work and was based around capacity building, community engagement and innovation all combining to reduce pump repair time. The system was successfully established in all seven rural districts of Manicaland Province (around 400,000 households) with 15,000 informants registered and will be further scaled-up in 2019.

Lessons learned include that modern technology can be effective in enhancing community engagement and linkages with duty bearers to deliver better results for women and children. Furthermore, it was learned that all levels of Government need to be fully involved with the process roll-out and that mobile network operators need to be engaged very early on in the process to iron out access issues. The principles of start small, learn and then scale-up worked well, as did the office collaboration between WASH, Communication and ICT. Ongoing economic challenges in Zimbabwe constrained progress but it is aimed to reach at least two more provinces with RWIMSSNR in 2019.

Working together as the UN to deliver better results for women and children

Within the context of UN reform, UNICEF, the Food and Agriculture Organization (FAO) and the World Food Programme (WFP) commenced strategic and technical convergence in 2017

through a common results framework for stunting reduction. To ensure a more coordinated approach and mutual understanding of the strategic direction, in 2018 a UN inventory was carried out to comprehensively map the nutrition-related interventions in Zimbabwe of these three agencies, along with the World Health Organization. The inventory provided useful insight into the UN's engagement in nutrition. While there was good alignment of the UN agencies within the national food and nutrition security plan, there was an over-emphasis on supporting implementation of nutrition-sensitive and specific activities. There was not enough focus on building an enabling environment, such as supporting subnational level multi-sector action plans, advocacy, policy work and budgeting. In 2019 the four UN agencies will prioritize these areas, exploring the possibility of joint programmes.

Main challenge faced in 2018

Currency devaluation, cash shortages and lack of access to foreign currency impacted negatively on UNICEF programmes, as highlighted in Part 1 of this annual report. To minimize the impact of this situation, UNICEF supported implementing partners to open Nostro foreign currency accounts to be able to access US dollars. However, a challenge remained with the high charges for transactions in these accounts. In addition, while some service providers did not open the foreign currency accounts and continued to charge RTG prices. Furthermore, some service providers, particularly the retail sector, increased prices of goods and services but did not differentiate between US dollar payments and RTGs, which negatively impacted on purchases made in dollars.

The loss of value of the local currency resulted in demotivation, poor retention and turnover of government staff across all sectors, including education, health, and social services. The situation worsened in the health sector with junior doctors on strike. In education teachers have threatened to go on strike and in the social services many experienced social workers have continued being recruited in the international community. This has resulted in poor service delivery to women and children in Zimbabwe.

Furthermore, the country experienced a humanitarian crisis triggered by a serious cholera outbreak in September 2018, the biggest in a decade in Zimbabwe. As of 31 December,, MoHCC reported 10,630 cholera cases (10,338 suspected and 292 confirmed cases) and 65 deaths throughout the country. Similarly, typhoid cases continued to be reported throughout the year, and by on 18 December, a cumulative yearly total of 7,134 typhoid cases and 25 deaths had been reported nationally.

END/