Executive Summary

Multiple sources of data suggest that children in Zimbabwe in 2013 are better off than they were five years ago. During 2013, amidst pre-election uncertainties, the UNICEF Zimbabwe Country Office (ZCO) supported basic social services to women and children, primarily through multi-donor transition funds in health; education; child protection; and water, sanitation and hygiene (WASH), contributing to the following achievements:

· All primary health clinics offer free maternal/child health services and 87.2 per cent have at least 80 per cent of essential medicines (up from 83.7 per cent in 2012); immunisation coverage was maintained at 95 per cent; nearly 3 million children were reached with mass drug administration for schistosomiasis and intestinal worms; 70 per cent of health facilities offered integrated management of new-born/childhood illness and neonatal resuscitation; 81 per cent of HIV-positive pregnant women received prophylactic anti-retrovirals (ARVs); paediatric antiretroviral therapy coverage (ART) increased to 52 per cent from 42 per cent (2012) and over 4,000 young people participated in HIV-related activities.
· Access to education was maintained with 95.6 per cent primary net enrolment rate (95.2 per cent male, 96 per cent female) and 52 per cent secondary net enrolment rate (49.3 per cent male, 50 per cent female). The gender parity index is 1.01 and primary completion rate is 86.7 per cent. Education access and quality were enhanced by maintaining a 1:1 pupil-to-textbook ratio, training and effective supervision of teachers in 35 per cent (2,865) of primary and secondary schools, and improved WASH.
· 90,000 vulnerable children (58 per cent female, 42 per cent male) received child protection services, including services for children living with disabilities. Cash transfers benefited 33,200 poor households, encompassing 97,561 children, while 272 (out of 355) alleged child offenders received juvenile justice assistance.
· Approximately 1 million people in urban areas received improved water supply, 6,000 people benefited from rehabilitated sewage collection and 166,000 people in seven urban centres received hygiene messages. Improved urban council billing systems strengthened Government ability to sustain services. In rural areas, 78,278 persons (35,279 male, 43,449 female) benefited from 384 new bush pumps and 97 repaired boreholes. Access to safe drinking water increased from 95.1 per cent (MIMS 2009) to 97.8 per cent (PICES 2012). Cholera was reduced from 98,531 cases and 4,282 deaths in 2008 to 6 cases and 0 deaths (Ministry of Health 2013).
· The policy environment was strengthened through the launch of the National Life Skills, Sexuality and HIV Education Strategy, the National Youth Policy, the National Rural WASH Policy and the National Combination HIV Prevention Strategy.

Nonetheless, women and children continue to face barriers to utilisation of services due to user fees, distance, cost of transport and religious beliefs, while geographic and wealth disparities persist. Given that 72 per cent of households live in poverty (22.5 per cent in extreme poverty), UNICEF places priority on addressing these inequities and their social determinants.

The transition funds are aligned with the ZCO Country Programme (CP) cycle (2012-2015). National budget constraints raise concerns about the Government’s ability to sustain gains beyond 2015. In 2014 UNICEF will continue strengthening government systems to deliver quality services nationwide, advocate for budget allocations, and support the Government and civil society to build the resilience of families in a context of high poverty and food insecurity.

Country Situation as Affecting Children & Women

During 2013, in a peaceful process, Zimbabwe adopted a new Constitution that, due to sustained advocacy by UNICEF, includes a Bill of Rights for children. Also in 2013, elections were held and a new Government is in place, replacing the 2009 Inclusive Government. Women comprise 124 of the 360 Assembly and Senate seats, increasing to 34 per cent from 18 per cent in 2008 (Women in Politics Support Unit).

The post-election period was characterized by cautious attitudes among foreign investors and funding partners, caused by uncertainty about future policy direction. The Government’s new blueprint, the
'Zimbabwe Agenda for Sustainable Socio-Economic Transformation' (ZimAsset 2013-2018), is in place; however, implementation largely depends on availability of resources in the 2014 budget.

In 2013, annual inflation continued to decelerate, averaging 1.2 per cent during the third quarter of 2013. As a proportion of total budget, allocation for education (27 per cent) increased by 4.1 per cent and allocation for health (10 per cent) increased by 2 per cent from 2012 levels. However, the actual release of funds from Treasury for non-salary support remained a major challenge. The Mid-Term Fiscal Policy statement by the Ministry of Finance (January-June 2013) showed that only 38 per cent of allocated funds for non-wages were actually disbursed.

HIV remains the largest disease burden, with 1,082,146 adults (15-49 years) living with HIV (14.5 per cent prevalence) and 164,548 HIV positive children (0-14 years; 3.5 per cent prevalence (2013 National HIV Estimates). Sixty-nine per cent of eligible HIV positive adults are on treatment, compared to only 45 per cent of children. The HIV epidemic, now in its third decade, has also contributed to a high orphan rate (24.6 per cent) and age dependency ratio (74 dependents per 100 persons aged 15-64 years, 2012 Census).

Sixty-seven per cent of pregnant women received at least four antenatal care (ANC) visits and 68 per cent of pregnant mothers received skilled birth attendance (DHS 2010). Under-five mortality stabilized at 84 deaths per 1,000 births (DHS 2010; Population Census 2012), compared to 102 and 94 (DHS 1999 and MIMS 2009, respectively); infant mortality increased from 57/1,000 (DHS 2010) to 64 (Census 2012) and the maternal mortality ratio decreased from 1,002 per 100,000 live births (Census 2002) to 525 (Census 2012).

The 2012 Population Census showed that 12 per cent of the population (3-24 years) had never been to school; a large proportion of these persons were below six years of age, indicating a gap in early learning enrolment. Despite gains in net enrolment, learning outcomes and pass rates remain low (49.6 per cent primary school and 18.4 per cent secondary school). The education system has not fully recovered from the massive loss of qualified teachers experienced during the crisis period (2002-2008) and the teacher/pupil ratio remains high (1:42) in relation to the target of 1:28. However, the country has maintained a high literacy rate of 96 per cent, with no significant gender differences (2012 Census).

The National Baseline Survey on the Life Experiences of Adolescents (NBSLEA) showed that 33 per cent of girls report experiencing sexual violence before their 18th birthday but less than 3 per cent have accessed specialist survivor services. The survey sets the stage for further research in 2014 into the determinants of sexual violence and the launch of a multi-sector response plan. Participatory monitoring found that 76 per cent of 69,118 children who received child protection services reported well-being, while 72 per cent reported an improvement in the quality of referral of their cases. However, birth registration, at only 31 per cent remains a concern (DHS 2010), and efforts continue to integrate birth registration with other programmes, such as household cash transfers. In addition, 13 per cent of children are engaged in child labour.

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The Poverty, Income, Consumption and Expenditure Survey (PICES 2011/12) confirmed that sanitation is better in urban than rural areas. Flush toilets are almost exclusively found in urban areas (90.7 per cent), while 40.1 per cent of households in rural areas practice open defecation. The disparities are wide: 98.7 per cent of rich households use improved sanitation compared to 11.2 per cent of the poor. About 79.1 per cent of households in urban areas have access to piped water, compared to only 5.5 per cent of rural households where more than 35 per cent rely on water from unprotected wells, rivers and dams.

The country’s surveillance systems generate data of reasonable frequency and quality for risk-informed decision making. Vulnerability assessments supported by UNICEF in 2012 and 2013 reported a deteriorating trend, with a significant proportion of households facing transient food insecurity. Pre- and post-season national status surveys in worst-affected regions revealed a prevalence of acute malnutrition below the national threshold (7 per cent), with no significant difference before and after the lean period. Furthermore, the April 2013 Zimbabwe Vulnerability Assessment Committee (ZimVAC), supported by UNICEF, showed similar levels of acute malnutrition for all sampled rural districts with a national average (rural) of 3.4 per cent and the highest recorded in Mashonaland West province (global acute malnutrition of 5.6 per cent). While the acute malnutrition at this point of time is not alarming, it is noted that women and children have been exposed to repeated shocks and remain vulnerable, and the DHS reports that stunting among children
under-five has barely changed (32 per cent in 2010 compared to 35 per cent in 2005). Weekly epidemiological reports showed high rates of diarrhoea and outbreaks of diseases such as typhoid and cholera in urban and peri-urban areas where some women, men and children are still not receiving adequate WASH services.

### Country Programme Analytical Overview

The CP remains focused on building national, sector-wide systems to provide high-impact interventions targeting the most vulnerable children, in response to high prevalence of poverty (72 per cent) and low economic growth (3.4 per cent), while also addressing social norms, such as gender inequity and harmful religious practices (early marriage and refusal to use modern health and education services).

CP relevance and effectiveness continues to depend upon UNICEF’s role as a critical broker of the relationship between multiple donors and the Government. The transition funds developed and agreed to as a result of these strategic partnerships allow for innovative and flexible national scale-programming over the long-term which builds upon the capacity in the public and private sectors and civil society.

Specifically, UNICEF addressed: building an enabling environment; demand for and supply of health, education, WASH and child protection services; and the determinants of child deprivation.

Supportive policies and strategies provided an enabling environment and framework for programme delivery. UNICEF met with Apostolic communities to design ways in which members can access essential services without compromising religious beliefs. With UNICEF support, the education sector developed an evidence-based national strategy promoting comprehensive HIV and sexual reproductive health (SRH) education and referrals of young people to HIV-related services. UNICEF’s support to the National WASH Strategy resulted in prioritization of elimination of open defecation in the Government’s development plan. UNICEF also continued to advocate with Government and the World Bank for prioritization of social protection in any new agreements.

UNICEF supported demand for services through partnerships designed to reach the most marginalised populations. In education, 22,637 out-of-school children registered for second chance education. In health, UNICEF’s comprehensive support to health facilities resulted in all primary health clinics offering free maternal/child health services. Young people mobilised peers, including children living on the street, to access HIV testing and counselling, medical male circumcision and care and treatment. In child protection, community cadres supported access to social welfare services for vulnerable children, including children with disabilities. In WASH, community groups took responsibility for eliminating open defecation in their areas.

Supply of quality services continued as a UNICEF primary objective. UNICEF helped stabilize health services through: successful advocacy with the Government to unfreeze recruitment of nurses, resulting in 2,000 new positions; providing allowances, along with Global Fund, to 18,000 health personnel as part of the Human Resources for Health retention scheme; procuring and delivering essential medicines and vaccines to all health facilities; and providing cash grants to primary health clinics. In education, UNICEF piloted a School Improvement Grants programme that will be expanded nationally in 2014, with the aim of delivering quality education. In WASH, massive undertakings improved access to safe water and sanitation for millions of people throughout the country.

The ZCO revised the current CP results structure to align with UNICEF’s Strategic Plan (2014-2017) and ZimAsset; the revised structure will improve the results statements and revert to Outcomes and Outputs, replacing the current Programme Component Results and Intermediate Results language.

### Humanitarian Assistance

Due to the shift from the humanitarian situation of 2007-2010 to recovery and development, UNICEF ended its cluster coordination leadership role for WASH, Nutrition and Education. WASH and Education cluster coordination continues through Oxfam and Save the Children, with support from ECHO, to maintain a coordinated WASH response through the Environmental Health Alliance.
UNICEF and partners focused on delivering programmes while building disaster-reduction capacity at the local level. WASH partners, including UNICEF, responded to emergencies such as typhoid, diarrhoeal diseases, suspected cholera outbreaks and flooding, reaching more than 187,345 people (97,419 female, 89,926 male). UNICEF also contributed to a hailstorm response, reaching 20,120 individuals (12,672 women, 7,448 men). Management of acute malnutrition services were provided routinely through 75.3 per cent of health facilities (Vital Medicines and Health Services Survey/VMAHS, 2013); however, service quality needs to be strengthened and reporting integrated into the health information system. Humanitarian needs in child protection were addressed by activities within the UNICEF Child Protection Fund, linking emergency with recovery. Qualitative assessments indicated improved health, food, poverty and protection status of children living in households receiving cash transfers, as well as reduced child labour and irregular migration. Support to UNICEF’s residual humanitarian work in Zimbabwe was 14 per cent funded in 2013.

**Effective Advocacy**

*Fully met benchmarks*

With Zimbabwe holding elections in mid-2013, in close consultation with the Office of the Executive Director, UNICEF Zimbabwe used the visit of the Executive Director in March 2013 to call for children to be kept out of harm’s way and to have uninterrupted access to basic social services. This message was repeated at numerous advocacy occasions, most notably when the President launched the National Youth Policy in June.

Lifelong antiretroviral therapy (ART) for all HIV-infected pregnant women (Option B+) was launched, with UNICEF support, by the Vice President. UNICEF played a key role in the development and launch of the Life Skills, Sexuality and HIV & AIDS Education Strategic Plan, which has created a robust policy framework for interventions that will expand young people’s knowledge on HIV/AIDS.

The National Baseline Survey on life experiences of Adolescents, the first national study on violence among children, was launched with a campaign against sexual violence and rape of children. UNICEF is assisting the Government to redesign the campaign, with particular emphasis on addressing the underlying negative social norms and cultural practices, ending silence, and creating demand for protection and supportive services. The National Legal Assistance Strategy for Children was adopted, making ‘lawyers for children’ a national priority. Sustained advocacy resulted in the Government ratifying the Optional Protocol to the Convention on the Rights of Children on Sale of Children, Child Prostitution and Child Pornography and the UN Convention on the Rights of People with Disabilities. UNICEF is using the results of the NBSLEA survey to advocate for a broader debate on corporal punishment in schools. Revisions to education regulations were completed and submitted to the Cabinet Committee on Legislation. The Education Act is undergoing revision to align it with the new national Constitution.

UNICEF supported advocacy efforts that resulted in the launch by the President of the National Youth Policy and the Food and Nutrition Security Policy instruments, which had been outstanding for a long time. Other policies that came into operation included: the National WASH Policy, the National Sanitation and Hygiene Strategy, the User Fees Policy (exempting pregnant women and children under-five from paying fees), the National Combination HIV Prevention Strategy and the National Climate Change Response Strategy. All these policies strengthened the enabling environment for programme implementation.

More than 50,000 children participated in the Child-Friendly National Budgeting Initiative, a partnership between UNICEF and Barclays Bank, resulting in the children presenting eight priority issues to Government ministers, including the Minister of Finance, for consideration in the national budget. While many of the recommendations are included in 2014 National Budget allocations (such as assistance in school fees for vulnerable children), actual disbursements may be limited by budget constraints. The children will be supported to monitor the implementation in 2014.
Capacity Development

**Fully met benchmarks**

Building national systems in service delivery, coordination, financial management, monitoring and evaluation took centre stage to ensure sustainability of services. Selected capacity building included:

- UNICEF supported 21 midwifery schools with kits and training materials to strengthen graduating midwives’ competencies to better manage emergency obstetric and new-born care. UNICEF further supported the human resources for health retention scheme that benefited more than 18,000 critical health personnel, further contributing to reducing the economic brain-drain. The VMAHS survey reported that all 62 district hospitals have at least two doctors in post as a result of the staff retention scheme. In addition, 34 health facilities were supported with mobile phones and 50 health facilities received GPRS printers to facilitate quick transmission of results from the laboratory to the health facility and to the client, thereby significantly improving turnaround time for ART initiation. In nutrition, UNICEF provided technical and financial support to strengthen the capacity of 40 per cent of District and Provincial Food and Nutrition Security Teams improving coordination and monitoring.

- In WASH, UNICEF strengthened the capacity of district councils to manage their billing systems, including installing and training local authority staff on Promun, a municipal financial management system.

- As a direct result of the success of UNICEF’s support in developing a child protection systems approach, with a pivotal national case management system regulated by Government and delivered by a range of partners, a new Department for Child Welfare was established by the Ministry of Public Service, Labour and Social Welfare with over 100 staff and a budget for sub-national service delivery.

- UNICEF supported the Ministry of Education’s Curriculum Development Unit with vehicles, ICT equipment and software and training to facilitate the curriculum review process that will commence in 2014. In order to scale up Early Childhood Development (ECD), UNICEF supported enrolment of 2,465 ECD paraprofessionals who graduated in 2013. The second cohort of 2,500 paraprofessionals was enrolled in December and will graduate in 2014. All 7,000 School Development Committees were trained in developing school development plans, and 600 finance and administrative personnel were trained in financial management in preparation for the roll-out of the School Improvement Grants (SIG) initiative.

- In partnership with private audit firms, UNICEF identified financial management weaknesses among Government and NGO partners, culminating in 54 financial management training workshops.

- In order to promote evidence-based decision making and programming, UNICEF continued to support sector management information systems (MIS). For example, the health MIS was strengthened through the procurement of 130 laptops and 10 multi-purpose printers, contributing to the timeliness and completeness (>90 per cent) of reporting as a result of increased reproduction of data collection tools at provincial level and capture of information by district health information officers using mobile laptops.

UNICEF and the Zimbabwe National Statistics Agency (ZIMSTAT) will conduct the 2014 Multi-Indicator Cluster Survey (MICS). In preparation, UNICEF supported training of four key ZIMSTAT personnel in survey design and data processing. ZIMSTAT successfully pre-tested the survey tools in preparation for data collection in early 2014.

Communication for Development

**Mostly met benchmarks**

To raise awareness and promote safe hygiene practices, a combined National Sanitation Week and Global Hand-Washing Day commemoration was successfully held in one district. A total of 3,000 people (seven communities) attended the event. Hygiene messages reached about 7 million people through the SMS platform of a popular mobile network service provider and information, education and communication (IEC) materials. Training of trainers on sanitation-focused participatory health and hygiene education (SaPHHE) are underway. SaPHHE aims to promote demand-led sanitation for the elimination of open defecation using participatory methods. Once rolled out in 31 additional districts, SaPHHE will ensure that 1,140,000 people are using adequate sanitation facilities. Over 160,000 people in seven urban centres (Bindura, Chipinge, Chiredzi, Karoi, Plumtree, Rusape and Shurugwi) were reached with messages on safe hygiene through various activities, such as establishing and strengthening health and school clubs, hygiene promotion
sessions, road-shows and clean-up campaigns, including special sessions for people living with disabilities. National Urban Hygiene Promotion guidelines on open defecation in urban areas were developed and adopted by the Urban WASH sub-committee of the National Action Committee (NAC).

UNICEF provided support to the national HIV Testing and Counselling (HTC) campaign in two provinces. Two NGO partners conducted social mobilisation campaigns among young people, including road shows, to promote HTC and Voluntary Medical Male Circumcision (VMMC). Young People We Care (a UNICEF best practice) members conducted outreach into communities, resulting in increased uptake of HTC and VMMC; a HTC/VMMC campaign in Chivi district resulted in 398 young men/487 young women receiving HTC services and 61 men attending VMMC.

To improve capacity for strategic C4D planning, UNICEF conducted a workshop for its programme staff and partners during which participants identified C4D priorities for the Country Office.

**Service Delivery**

*Fully met benchmarks*

UNICEF Zimbabwe’s CP (2012-2015) reflects the principles of aid effectiveness, emphasizing: building mutual trust, transparency, risk-sharing, use of country systems, strengthening national capacity and timely and predictable aid.

In 2013, UNICEF led social sector support, primarily through multi-donor transition funds, which contributed to stabilization and quality improvement of national health, education, child protection and WASH services. Surveys, specialized studies, programme reviews and routine monitoring informed programme design and implementation. The major contribution of ZCO’s work was at national level, focusing on revitalizing sector-wide services, with the aim of Government assuming responsibility for provision of services and allowing UNICEF to focus on quality and reaching most-at-risk women and children. In addition, 2013 activities focused on identifying and addressing bottlenecks to service delivery, and promoting decentralized service provision using district level structures to bring services closer to children and women.

In the health sector, ZCO’s support ensured that health facilities: i) had sufficient funds to cover their running costs, eliminating the need for maternal/child user fees – a major bottleneck to access, ii) through support to the health workers retention scheme and capacity building, were equipped with trained health personnel; iii) through procurement of essential medicine kits and equipment and other supplies, maintained adequate stocks of essential medicines, equipment and supplies; and iv) provided routine and emergency maternal and child health and nutrition services. ZCO’s long-term objective is to support Government to resume responsibility for managing health facility funding and the workforce, allowing UNICEF to focus on equity, demand for and quality of services.

These efforts were mirrored in the education sector: i) pilot schools received monthly grants to cover school improvement needs and waive fees for vulnerable children; ii) teacher training was designed and delivered to provide quality education, and ii) schools received ECD supplies and UNICEF procured 2,449 secondary school science kits that will be distributed in 2014.

Similarly, in child protection, the ZCO: i) assisted the Judicial Services Commission and Department of Social Welfare in increasing service coverage, for example, by introducing community cadres trained in child protection; ii) alleviated unsafe coping mechanisms, through monthly cash transfers, to more than 32,000 poor households; and iii) partnered with NGOs to provide specialized services in child abuse, legal assistance and HIV prevention and treatment.

Zimbabwe’s Country Status Overview (CSO) reflects the extreme challenges faced by the urban and rural water and sanitation sector, especially in planning, rates collection, budgeting, equity, output and maintenance (water supply) and markets (sanitation). In response, UNICEF’s WASH programme has been systematically filling critical supply and demand (for example, eradication of open defecation) needs in urban and rural areas, while also strengthening local governance (such as water-point committees), national
sustainability (improved billing systems) and supplies (building capacity of local manufacturers).

In 2013 the ZCO, jointly with Government and NGO partners and donors, regularly conducted field monitoring visits to assess implementation progress and identify bottlenecks. In 2014, the ZCO will emphasize end-user monitoring, including strengthening community and beneficiary feedback mechanisms.

**Strategic Partnerships**

*Fully met benchmarks*

UNICEF continued to play a strategic role in promoting dialogue and collaboration among Government, donors, civil society and the private sector to optimize resources addressing the needs of children and women. UNICEF recognizes the Government’s role in providing basic social services. Therefore, UNICEF’s NGO partnerships were carefully determined based on comparative advantage, ability to deliver results and value for money. For example, in 2013, UNICEF partnered with 37 NGOs (utilising US$30 million, or a third of ZCO 2013 budget) to complement Government services by delivering specialised services and contributing to equity by focusing on hard-to-reach population groups.

In health, UNICEF partnered with UNFPA and WHO to implement the H4+initiative for maternal, new-born and child health, providing HIV and maternal/child health services, and with funding from ECHO partnered with WFP, FAO and WHO to strengthen multi-sector coordination of the Food and Nutrition Council at national, provincial and district levels for better management of moderate and acute malnutrition.

In education, UNICEF worked with the World Bank to assist the Ministry of Education (MoE) to develop a successful application for the Global Partnership for Education (GPE), mobilising US$23.6 million for the sector. The partnership with UNESCO and UNFPA in support of the Ministry of Education culminated in the finalisation and launch of the Life Skills, Sexuality, HIV and AIDS Education Strategy.

In child protection, advocacy, training and partnership with faith-based organisations, civil society and other actors were critical to ensuring functional mechanisms to prevent and respond to the exploitation and abuse of children and women. Noteworthy, was UNICEF’s partnership with the umbrella body of the Apostolic Churches to identify strategies for realising women and children’s rights (Apostolic members constitute 38 per cent of the population, and many do not utilise modern services such as education and health).

UNICEF’s partnership with Government, civil society and the IOM addressed the immediate protection needs of children on the move between Zimbabwe, Botswana and South Africa, including family tracing and reunification, as well as prevention efforts for the increasing numbers of separated and unaccompanied children from 10 high migrant-sending districts within Zimbabwe.

ZCO also established partnerships with the private sector to support child rights. Barclays Bank Zimbabwe availed US$155,000 for child-friendly budgeting activities. ECONET Zimbabwe donated 320 cell-phones to Junior Parliamentarians to enhance communication with constituents and 5,000 cell-phones for electronic transfer of funds to households benefiting from cash-transfers. Also, ECONET partnered with UNICEF in disseminating messages during Sanitation Week and Global Hand-Washing Day. UNICEF Zimbabwe exhibited at the Zimbabwe International Trade Fair (ZITF), as a signal of willingness to collaborate with the private sector to advocate for children’s rights. The exhibition of materials, supplies and videos was a success and in 2014, UNICEF and other UN Agencies will exhibit jointly. Potential partnerships were also initiated during 2013; for example, UNICEF engaged Tanganda Tea Company for joint advocacy against child labour in Zimbabwe. Large, influential private sector companies, such as mining and agricultural companies in small towns, were also engaged to partner with town councils for operations and maintenance of water and sanitation facilities.
Knowledge Management

Mostly met benchmarks

In knowledge management (KM), UNICEF aims to position itself as a knowledge leader on children in Zimbabwe. A draft ZCO KM strategy was developed to improve the creation, organisation, sharing and use of knowledge for better performance management and development results.

The ZCO established the KM function under the oversight of the Research and Evaluation Committee (REC). The REC sets the monitoring, evaluation and research agenda for the ZCO by identifying and prioritising data needs, capacity gaps and research questions. At the beginning of 2013, the REC endorsed an Integrated Monitoring and Evaluation Plan (IMEP) prioritising five evaluations, five surveys and five studies. To ensure quality assurance at every stage, the ZCO established an internal Research and Evaluation Reference Group (REG) composed of technical experts and advisors in various fields. In 2013 all key evaluations, studies and assessments underwent a rigorous review process by the REG, from development of terms of reference, through design and methodology to final report writing and dissemination.

In 2013, the ZCO supported the following evidence-generation activities:

a) Equity studies on disability (at analysis stage), urban poverty (being finalised), and Child Poverty and Disparities (at finalisation stage).

b) Secondary analysis of DHS 2011/2012 data, producing 10 thematic reports that are currently under peer review for publication.

c) Three rounds of the quarterly VMAHS to assess bottlenecks in availability of essential medicines, equipment and supplies and the status of health services and human resources in 1,600 health facilities the country. In 2014 the VMAHS will collect real-time information using “SMS” messages to ensure timely reporting for decision making.

d) Assessments of child protection services, the Health Transition Fund, the School Improvement Grants pilot and the household cash transfer programme.

e) The ZCO continued to strengthen health, education and child protection sector management information systems as a more sustainable way of generating data critical for policy advocacy and decision-making.

UNICEF’s Centre for Collaborative Operational Research and Evaluation (CCORE) is establishing a website platform (www.ccore.org.zw) to increase access to studies, evaluations and surveys. UNICEF continued to support the Zimbabwe Statistical Database (ZIMDAT), another information-sharing platform that operates on DevInfo technology.

The ZCO produced and updated factsheets and posters on key social and development statistics for internal and external use. Starting with the DHS 2010/11 secondary data analysis, the ZCO supported peer review to promote publication in international journals to increase access.

CCORE hosted widely attended monthly sessions to disseminate study findings, with efforts underway to decentralise to provincial level, to facilitate wider dissemination of evidence. In addition, CCORE inaugurated an Operations Research grants programme for Zimbabwean researchers to conduct research in health, education and WASH, building the capacity of research institutions to conduct quality studies that meet international publication standards. In 2014 the CO will focus on management of information within the organisation, making it more accessible and utilising technology and innovation to make it more user-friendly.

Human Rights Based Approach to Cooperation

Fully met benchmarks

In line with its commitment to reach populations least reached by services, UNICEF engaged the Apostolic community, including religious leaders, women and children, to identify key areas of support. UNICEF then supported the development of a three-year strategic plan that will guide Apostolic churches to: a) revisit the church doctrine that prohibits church members from using modern health services, thereby facilitating
greater access to maternal/child health services; b) allow HIV testing, counselling and treatment; c) publicly speak against child marriage and child sexual abuse and take action to end impunity for offenders; d) cooperate with national and local authorities to ensure that children born outside health centres get birth certificates; e) collaborate with education authorities to ensure that Apostolic schools are regularised and receive support from the Ministry of Education; and f) collaborate with local and health authorities to ensure Apostolic places of worship meet basic sanitation and hygiene standards to reduce risk of water-borne disease outbreaks.

Anecdotal evidence shows that children in Zimbabwe continue to experience violation of their rights through child sex tourism, drug and substance abuse, mental health and trafficking (including trafficking of women.) UNICEF, in collaboration with IOM, trained officials from the health, immigration and tourism sectors, as well as university public health students, on the laws and services related to these violations. Subsequently, the sectors developed action plans, which they are currently implementing, to better protect, promote and fulfil children’s rights. In addition, UNICEF addressed children’s right to be safe by supporting a multi-sector response plan that will guide actions to reduce the prevalence of sexual abuse of girls.

To fulfil the right of all children to education, UNICEF partnered with the Zimbabwe Farmers’ Union to implement the “Second Chance Education” programme to address the problem of school leavers. To date, 15,661 children have begun accelerated learning classes, while 243 began skills-based training.

UNICEF contributed towards strengthened State accountability in fulfilling its obligations related to women’s and children’s rights under international human rights instruments:
- UNICEF supported the drafting, implementation and review of the action plan for the Universal Periodic Review (UPR) on child rights recommendations.
- UNICEF supported the development and implementation of the action plan for the Committee on the Elimination of Discrimination against Women (CEDAW) Concluding Observations and Recommendations, with specific attention to child-related recommendations.
- UNICEF provided technical and financial support for the consultations, drafting and validation of the Zimbabwe report to the African Union on the Rights and Welfare of the Child
- The Government is reviewing all laws on women and children to bring them in line with Convention on the Rights of the Child (CRC), CEDAW and the new Constitution.

A significant challenge is insufficient data to monitor and report on progress in key sectors such as labour, local government, public service and justice. UNICEF collaborated with ZimStat and the UN Data for Development to ensure critical gaps are addressed.

**Gender Equality**

*Mostly met benchmarks*

In 2013, the Government produced a report on “Women and Men in Zimbabwe,” the first report since 2002 to analyse gender issues in areas such as education, participation in decision making, the economy, and violence. The data, along with data from other national surveys, provide evidence for better identification of gender equality priorities by UNICEF’s programmes. For example, the report established that in 2010 women’s enrolment at tertiary colleges was limited to arts, humanities and hospitality; women constituted only 7 per cent of total enrolment in engineering and 9 per cent in mechanical and electrical engineering. This has implications on the efforts by UNICEF, the Ministry of Women Affairs Gender and Community Development (MoWAGCD) and the Ministry of Primary and Secondary Education to promote girls’ participation and performance in science subjects in primary and secondary school.

During 2013 UNICEF strengthened the gender analysis, planning, monitoring and evaluation of most programmes, particularly to minimise discrimination in service provision. This was achieved through careful analysis of available data and progress reports; systematic identification of areas where there were clear gaps between women and men, boys and girls; and development of strategies for reducing gender differences and gaps. The Monitoring Results for Equity System (MoRES) helped in this analysis, as programmes revisited their strategies to ensure greater responsiveness to gender differences. For example, the WASH programme
improved gender responsiveness by conducting baseline surveys with clear gender indicators. Subsequent gender training of urban local authority staff and members of urban residents’ associations enhanced their capacity to identify gender gaps in WASH service provision. Implementation of key actions to address these gaps is currently underway. In addition, WASH management committees purposely ensured gender parity in committee composition.

In nutrition, UNICEF strategically partnered with the MoWAGCD to strengthen integration of gender in nutrition programmes and expand nutrition education beyond health facilities to the community level. The MoWAGCD has community development officers who are conversant with gender issues at household and community levels that are likely to influence food security and nutrition (for example, lack of decision-making power by women, access to and control of resources and nutrition awareness). In partnership with UNICEF, these community development officers rolled out nutrition education. This partnership resulted in greater involvement of men and hard to reach populations, such as Apostolic members, in community-based nutrition initiatives. In addition, UNICEF sensitised national nutrition officers on the implication of gender in achieving, influencing the design of the nutrition strategy.

In child protection, UNICEF supported consultations about and drafting of the position paper on reforming the marriage laws, with particular emphasis on the minimum age of marriage. The position paper will guide the review of marriage laws, to bring them in line with the new Constitution and CEDAW and CRC provisions. In addition, UNICEF used the commemoration of the International Day of the Girl Child to heighten advocacy for girls’ education and ending early marriage and child sexual abuse. In line with this advocacy, UNICEF is supporting the national campaign against child sexual abuse and violence, which is being led by the MoWAGCD.

Environmental Sustainability

 Mostly met benchmarks

UNICEF supported the Government to develop the Zimbabwe National Climate Change Response strategy, which provides a framework for adapting to and mitigating the impact of climate change. UNICEF input into the national consultation exercise for the post-2015 framework for action on disaster risk reduction (DRR) included integrating DRR, climate change adaptation and development into a single framework in order to address current and future risk scenarios for women and children.

In 2013, the ZCO, in various planning exercises, identified residual humanitarian risks related to environment and climate, such as hail storms, drought with subsequent food insecurity and some water stress, as well as flooding. UNICEF support to social sector information systems integrated DRR, particularly in the documentation of risks and the effects of hazards on women and children. An example is UNICEF’s contribution to the national food security appraisal through the Zimbabwe Vulnerability Assessment Committee and input into the national consultative exercise for the post-2015 Hyogo Framework for action. UNICEF also supported Government to develop adequate preparedness and response plans to mitigate the more immediate effects of flooding, hailstorm damage and drought-induced water stress on women and children.

UNICEF and the Institute of Environmental Studies (IES) conducted participatory consultations with school children to identify gaps in the current syllabus on the subject of climate change. Through activities such as hazard-mapping, questionnaires and key informant interviews, inputs were documented for the development of the national strategy for climate change and will be utilised in the 2014 review of the national curriculum. Due to historic vulnerability of schools to climate-related damage, UNICEF will engage the Ministry of Education in a DRR and climate change sensitive review of the development of school structures. UNICEF supported effective and coordinated national and sub-national capacities to prevent, mitigate, prepare, respond and recover from disasters, in partnership with the WASH cluster, education and nutrition working group, and food and nutrition security committees. A rapid assessment of knowledge on disaster risk management and climate change for provincial and district food and nutrition security committees will inform a training program that will build these institutions’ capacity for climate-resilient programming.
In 2013 UNICEF developed strategic partnerships with institutions such as IES, the Meteorological Services department, a new national climate change working group and youth organisations engaged in interventions on climate change activities and awareness. These strategic alliances will continue to inform UNICEF of opportunities for dialogue and interventions to address related needs of women and children, including those with a disability.

**South-South and Triangular Cooperation**

UNICEF engaged in several South-South learning activities during 2013. CCORE hosted a team from UNICEF Rwanda to learn about the role of CCORE in shaping policy and practice of operational research at ZCO and the technical support provided by the Research and Evaluation Reference Group (REG). Subsequently, the Rwanda Country Office developed an Operational Research strategy and established a Reference Group Committee with a similar mandate to the REG. In early 2014 the Rwanda Country Office will send a team to study ZCO’s programme on building links to universities and the development of modules within existing university programmes on child rights and poverty.

As in Zimbabwe, Namibia has a large number of adolescents living with HIV (ALHIV), most of whom were infected through mother-to-child transmission. Members of the Namibian Ministry of Health, Ministry of Education, a social worker and a young person living with HIV visited Zimbabwe to learn about Zimbabwe’s approach to prevention, care, support and treatment for ALHIV. The team visited rural and urban health facilities; NGOs and were particularly interested in Zimbabwe’s success in community involvement in ALHIV activities, strong linkages with NGOs in service delivery for ALHIV, structured and appropriate psychosocial support systems available for ALHIV, and the important role of ALHIV as expert-patients in health worker training and as peer supporters, particularly around issues related to disclosure and treatment adherence.

In 2012, UNICEF supported the National Pre-Trial Diversion Steering Committee to undertake a South-South learning tour to South Africa, which has one of the region’s most well-established pre-trial diversion programmes for young people. Hosted by the National Institute for Crime Prevention and Reintegration of Offenders (NICRO), a national NGO that implements diversion programmes, the team used lessons learned from the visit to finalise the Zimbabwe national pre-trial diversion guidelines, including a greater emphasis on inter-sectoral collaboration, greater efforts to reduce pre-trial detention and a clearer role for civil society partners. The country’s pre-trial diversion programme was launched in April 2013, and after some six months of implementation, the Steering Committee invited NICRO to undertake a preliminary peer evaluation of early progress. A number of key recommendations were provided and a full report will be considered by the Steering Committee in January 2014. It is expected that this will evolve into a long-term strategic partnership, the lessons of which will continue to inform strategic policy and programme decisions in both Zimbabwe and South Africa.
### Narrative Analysis by Programme Component Results and Intermediate Results

#### Zimbabwe - 6260

<table>
<thead>
<tr>
<th>PC 1 - Young child survival and development</th>
</tr>
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<tbody>
<tr>
<td>On-track</td>
</tr>
<tr>
<td><strong>PCR 6260/A0/05/101 Outcome 1:</strong> Pregnant women and children of less than five years of age have access to quality maternal new-born and child health services nationally, by 2015.</td>
</tr>
<tr>
<td><strong>Progress:</strong></td>
</tr>
<tr>
<td>In 2010 the Ministry of Health and Child Care (MoHCC), UNICEF and partners conducted a health system bottleneck analysis, which revealed a nearly collapsed health system, with the major bottlenecks identified as acute shortages of human resources, essential medicines, equipment and quality coverage. On the demand side, “user fees” were the major barrier to health service utilisation. In response, in 2011, UNICEF, the MoHCC and development partners established a pooled funding mechanism, the “Health Transition Fund” (HTF), with the goal of scaling-up high-impact and cost-effective maternal, new-born, child health (MNCH) interventions through health system strengthening. Critical health systems have been revitalized with HTF support and, in 2013 high-level coverage in key MNCH indicators was achieved:</td>
</tr>
<tr>
<td>- <strong>Human Resources for Health:</strong> HTF supported the health workers retention scheme, providing allowances to doctors, midwives and senior managers. As a result, the number of doctors at the district level increased to 126 from 70 (2011) and the number of practicing midwives increased to 1,500 from 500 (2011). HTF also supported monthly allowances to 3,160 Village Health Workers (VHWs).</td>
</tr>
<tr>
<td>- <strong>Essential Medicines and equipment:</strong> HTF supported procurement and distribution of essential medicines and basic equipment for MNCH. According to the 2013 Vital Medicines and Health Survey, 87.2 per cent of all health facilities had 80 per cent of selected essential medicines to manage maternal complications and common childhood illnesses, an improvement from 83.7 per cent (2012). In 2013, 7,500 VHWs received utility kits, including bicycles.</td>
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<tr>
<td>- <strong>Health Service Fund (health financing):</strong> HTF is providing US$750 per month to 1,380 primary health clinics (PHCs), US$1,500 per month to 62 district hospitals and US$2,000 per month to eight provincial hospitals. This support is primarily designed to cover routine running costs of health facilities. As a result, all PHCs are providing health services free of charge to pregnant and lactating women and children under five years of age.</td>
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<tr>
<td>- <strong>Monitoring and Evaluation:</strong> HTF support resulted in two national and provincial level planning and review meetings, stronger provincial and district health management systems and monthly reports from all provinces and districts.</td>
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<tr>
<td>- <strong>Infrastructure:</strong> UNICEF refurbished and revitalised 19 midwifery schools, with capacity to train 1,000 midwives annually (revitalisation of two schools to be completed in 2014).</td>
</tr>
<tr>
<td>Achievements are noted under Intermediate Results, but of specific importance, skilled birth attendance coverage increased from 67 per cent (2012) to 69 per cent (2013), while coverage of pregnant women attending four or more antenatal care (ANC) visits remained at 67 per cent.</td>
</tr>
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| On-track                                   |
| **IR 6260/A0/05/101/001 Output 1.1:** All health facilities are able to provide routine immunisation including outreach services. |
| **Progress:**                              |
| UNICEF provided the MoHCC Expanded Programme of Immunisation (EPI) with adequate vaccines, vaccine materials, installation of cold rooms in all provinces and at the central vaccine stores, and cold chain equipment (such as auto disabled syringes and safety boxes, refrigerators, cold boxes). In addition, UNICEF provided vehicle servicing and fuel and allowances for outreach activities, liquefied petroleum gas for EPI vaccine refrigerators to ensure that all clinics have potent vaccines regardless of location so that all children can benefit, and replacement of gas refrigerators with solar ones to ensure consistency in the cold chain system. As a result, om 2-13 all health facilities were providing routine immunisation services in both static and outreach programmes and promoting immunisation to surrounding communities through interpersonal communication and door-to-door education by VHWs. EPI coverage as of September 2013 was: |
| - 101.5 per cent children reached with BCG vaccine |
| - 94.8 per cent children reached with measles vaccine |
| - 95 per cent children reached with Pentavalent 3 |
| - 96 per cent children reached with OPV3 |
| Note: The coverage rates seem high due to problems with the denominator used in the calculations; MoHCC is working towards resolving this issue. |
| Diarrhoeal disease in young children contributes to around 9 per cent of child deaths and most cases are considered to be due to Rotavirus. To address this major killer, UNICEF supported the MoHCC’s roll-out of the Rota virus vaccine through a Trainer of Trainers workshop for 218 health workers at national and provincial levels. |
In addition, UNICEF supported improved communication between MoHCC, the EPI Central Vaccine Stores and facilities through upgraded Internet connections.

**On-track**

**IR 6260/A0/05/101/002 Output 1.2: All Health Facilities are able to manage common childhood illnesses using the IMNCI approach.**

**Progress:**

After six years of no training in the Integrated Management of Neonatal and Childhood Illnesses (IMNCI), UNICEF reintroduced a national capacity development programme to 80 per cent of PHCs. Future community surveys will assess the number of sick children treated using the IMNCI approach.

The first step was to revise the Integrated Management of Childhood Illnesses (IMCI) guideline to include immediate new-born problems (thus changing the name to IMNCI) and to incorporate paediatric anti-retroviral therapy (ART) and management of severe acute malnutrition (SAM).

Through UNICEF’s financial and technical support, 1,215 health workers, including clinical nursing officers and nurse tutors, were trained in IMNCI. Ninety per cent of health workers trained in IMNCI also received updating and follow-up training, resulting in 80 per cent of PHCs having at least one staff member able to manage common childhood illnesses using the IMNCI approach.

All drugs that are vital to manage common childhood illnesses are included in the essential primary health care package and, according to the VMAHS, 87 per cent of PHCs have received these medicines, including ready-to-use therapeutic food (RUTF).

**On-track**

**IR 6260/A0/05/101/003 Output 1.3: All Health Facilities are able to provide Basic Emergency Obstetric and Neonatal Care to pregnant women and new-borns**

**Progress:**

Progress was made in enhancing obstetric and new-born care capacity at all levels of health care. To provide an environment conducive to teaching and learning, 19 midwifery schools were refurbished and two are in progress. Information technology and teaching materials such as midwifery textbooks were procured and distributed to all the new schools. The availability of teaching and learning materials and expansion of teaching and accommodation space for students resulted in increased enrolment of students. In 2013, some 904 students were enrolled in the 21 midwifery schools, an increase from 814 in 2012.

UNICEF also improved skilled care at delivery level through in-service training, which included introduction of new concepts and skills in emergency obstetric and new-born care (EmONC). In-service EmONC training materials and protocols were printed and distributed.

Ninety MNCH managers were oriented on the new protocols in order for them to provide effective technical support and supervision. Training models were procured and distributed to all provinces to support competency-based training at provincial and district levels.

UNICEF also cascaded EmONC training to provincial and district levels in order to increase coverage and allow for effective post-training follow up. To date, 581 health workers in six provinces have completed in-service training in EmONC, focusing on the six signal functions for basic emergency obstetric and new-born care (BEmONC). Participants included midwives, nurses and primary care nurses (PCNs) from provincial, district and rural health facilities.

Training support for EmONC was also complemented with funding from the World Bank, through Cordaid, the European Union (EU) and the H4+ programme. Cumulatively, 960 health workers have been trained on EmONC. However, a major challenge to improving the quality of EmONC is lack of skills among primary care nurses to manually remove the placenta and placental tissue. This gap will continue to be addressed through appropriate training.

**On-track**

**IR 6260/A0/05/101/004 IR 1.1.4: Fully functional mothers waiting homes are available in 100 per cent of district hospitals by 2015.**

**Progress:**

Zimbabwe has put in place mothers’ waiting homes to address both primary and secondary delays in obstetric care. UNFPA is currently supporting the mothers’ waiting homes through the Integrated Support Programme, with technical support from UNICEF, such as participating in developing the baseline survey tools for the mothers’ waiting homes and conducting joint supportive supervision visits.

**On-track**

**IR 6260/A0/05/101/005 Output 1.4: All Health Facilities are able to provide Comprehensive Emergency Obstetric and Neonatal care to pregnant women and new-borns**

**Progress:**

In 2011, more than 50 per cent of district hospitals did not have a doctor able to provide Comprehensive-EmONC (C-EmONC), including caesarean sections (C/S). According to the 2013 MoHCC monthly reports, currently all district hospitals have at least one doctor who can perform all nine signal functions, including C/S, for C-EmONC. However some district hospitals are not performing C/S due to unavailability of functional theatres and a shortage of anaesthetists.

Of 3,000 annual maternal deaths, 700 are due to haemorrhage. Approximately 2,100 units of blood are required annually to avert these deaths. UNICEF supported the procurement of 2,000 units of blood, which were distributed to central, provincial and district hospitals to
avert maternal deaths due to haemorrhage. Cognizant of the barriers that user fees pose on women, the blood is provided free of charge to pregnant and post-partum women. Further scale-up in the coverage of C-EmONC requires improved quality of health services, such as health workers with the right competency, including knowledge, skills and attitude, for the tasks. Therefore, in 2014 UNICEF will support the MoHCC to introduce a mentorship programme to develop district health officers’ ability to provide quality C-EmONC at all district hospitals.

**Progress:**

Malaria was not included in the HTF support scheme, as it is fully funded through the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM) and the United States President Malaria Initiative (PMI). Therefore, UNICEF support was limited to technical support in the malaria review and planning meetings and malaria prevention and treatment through the Malaria Case Management Technical Working Group.

**IR 6260/A0/05/101/007 Output 1.6: National Health Systems strengthened.**

**Progress:**

UNICEF procured 19,556 primary health care packages (PHCP) and bulk medicines (valued at US$4,925,555) for distribution to health facilities. In collaboration with the John Snow International/Deliver Project and with financial support from UNICEF, the National Pharmaceutical Company (NatPharm) delivered 11,340 PHCPs to approximately 1,420 (99.7 per cent) primary health care facilities. As previously mentioned, according to the most recent quarterly survey, 87.2 per cent of primary health facilities had at least 80 per cent of the selected essential medicines and none reported any stock-outs. The stock-out rate for the essential medicines surveyed has been consistently below 0.5 per cent since 2010.

In partnership with the World Food Programme, RUTF distribution was successfully integrated into the harmonised distribution system. As a result, in 2013, NatPharm delivered 9,306 boxes of RUTF to 1,043 community management of acute malnutrition (CMAM) sites (73 per cent of health facilities).

Support provided to NatPharm to enhance its capacity also included handover of forklifts, pallet stackers, and eight trucks for warehousing and distributing medicines. UNICEF also supported the overall management of pharmaceutical services within the MoHCC through printing various policy documents, for example, the Essential Medicines List of Zimbabwe and the National Medicine Policy, as well as directly supporting technical staff within the Directorate of Pharmacy Services.

**IR 6260/A0/05/101/008 Output 1.5: Families and communities are empowered to effectively utilize health services**

**On-track**

**IR 6260/A0/05/101/010 Output 1.10: Project support - salaries**

**Progress:**

All critical vacant staff posts were filled in 2013 to ensure full implementation and monitoring of maternal, new-born and child health interventions.

**PCR 6260/A0/05/102 Outcome 02: Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents (boys & girls), by 2015.**

**Progress:**

Zimbabwe’s HIV prevalence is 14.5 per cent among adults (15-49 years) and 3.5 per cent among children (0-14 years). UNICEF contributed to Zimbabwe’s achievements in increasing children’s, adolescents’ and women’s access to HIV prevention, care and treatment services through a range of activities.

- With support from GFATM, the U.S. Government, and UNICEF, 68 per cent of pregnant women attending ANC were tested for HIV and 81 per cent (42,616) of HIV-positive pregnant women received ARVs for prophylaxis and for their health.
- 74 per cent of HIV-exposed infants received prophylaxis and 53 per cent (27,705) were tested through early infant diagnosis (EID) within the first two months of life.
- Guidelines on Lifelong Antiretroviral Therapy for all HIV-positive pregnant women (also known as Option B+) were adopted and launched by the Vice President. Roll-out of the guidelines commenced in six districts.
- 18,569 (53 per cent) HIV-positive women received ART for their own health (comprising 12,288 HIV-positive women already on ART and 6.281 women initiated on ART).
- Although national ART coverage for adults is more than 85 per cent, coverage for children stands at only 45 per cent (47,485 children 0–14 years). Reasons for low coverage include: reliance on paediatricians to initiate paediatric ART, loss to follow-up due to inadequate referral processes and parental/guardian concerns regarding lifelong treatment.
- 1,726,096 out of a target of 1,844,173 (94 per cent) people received HIV Testing and Counselling in 2013. No national data on adolescents was available.
- At the policy level, programme reviews and strategic plans were finalised for: HTC, Care and Treatment, the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP II) and Elimination of Mother-to-Child Transmission of HIV (eMTCT). In addition, the National Combination HIV Prevention Approach was launched and shared with Provincial and District AIDS Action Communities and incorporated into the New Funding Model (NMF) for the Global Fund. The National Life Skills, Sexuality and HIV and AIDS Education Strategic Plan was also launched, providing an evidence-based framework for improving young people’s knowledge, skills and use of HIV services. Also, the HTC in Children Guidelines were revised and will be finalised in 2014.
- UNICEF provided critical writing support for the NF M Concept Note, which was approved by Global Fund (US$278,878,962 for 2014-2016).

**Progress:**

PMTCT services were scaled up to 95 per cent (1,560) of health facilities providing MNCH services. UNICEF, through the Inter-Agency Task Team (IATT) on PMTCT, supported the MoHCC to conduct a mid-term review (MTR) of the eMTCT strategy, providing guidance on revising eMTCT targets and developing the operational plan for lifelong ART for pregnant women. The MTR findings revealed that the PMTCT and Paediatric HIV Care and Treatment Programme are on track to achieve the set targets for eMTCT of HIV in the country by 2015. However, the report also noted that the rapid scale-up and high coverage rates may have been achieved at the expense of quality. In addition, some key bottlenecks in achieving the targets were identified, including weak linkages of HIV-exposed infants to EID and HIV-infected infants to ART, stock-outs of essential commodities and medicines for PMTCT and long turn-around times for DNA-PCR results from the national laboratory to health facilities and caregivers. The review recommended that the main emphasis during 2014-2015 should be on continuous quality improvement and stronger programme management, integration, coordination and linkages at all levels.

UNICEF supported training for 154 health workers from 100 health facilities in six hard-to-reach districts on Point-of-Care for CD4. Health workers acquired knowledge and skills to conduct quality CD4 tests and to properly operate and maintain the CD4 machines. Also in the six districts, 180 health workers were trained on lifelong ART for pregnant women, and 18 mentors were supported to provide mentorship, resulting in initiating 71 per cent of HIV-positive pregnant women in those districts on ART. In addition, 180 VHWs were oriented on eMTCT to mobilize demand for services and improve follow-up of HIV-positive women and their infants.

**Progress:**

Acknowledging the low level of paediatric ART coverage (45 per cent), UNICEF contributed to building the capacity of health facilities to offer EID and ART to children. The number of sites collecting dried blood spots increased from 964 in 2012 to 1,440 (92 per cent of PMTCT sites), and 668 (62 per cent) of 1,085 treatment sites are initiating children on ART.

Studies have demonstrated that shorter turn-around times result in higher numbers of HIV-positive children receiving care and treatment. To improve the turn-around time of HIV test results, UNICEF supported 34 health facilities with mobile phones and 50 facilities with General Packet Radio Service (GPRS) to expedite sending EID results from laboratory to health facility and to client.

UNICEF and WHO supported MoHCC to conduct an assessment on integrating EID and EPI, which explored various models of integration and the effect of integration on EPI uptake. The assessment was conducted against a background of inconsistent evidence on the impact of integration on immunisation services. The results showed an increase in the uptake of immunisations after EID integration at both integrated and comparison facilities. In addition, the proportion of infant PCR done within two months of age also increased over time. The findings therefore suggest that effective integration of EID into the EPI platform will increase both uptake of EID and EPI. The information collected will inform the development of a priority paediatric HIV action framework, and promote promising service delivery models that enhance timely diagnosis and treatment of children with HIV.

**Progress:**

Adolescents living with HIV (ALHIV) face numerous challenges in accessing care and treatment services due to stigma, an unsupportive family environment, limited income for transportation to go to ART clinics and lack of services that are responsive to their needs and challenges. To facilitate access to support, care and treatment for HIV infected adolescents, UNICEF supports the Zvandiri (“As I Am”) programme that builds the capacity of health service providers to provide adolescent-friendly health services and peer support to ALHIV. In five provinces, UNICEF supported the training of 80 (34 male, 46 female) HIV-positive adolescents (known as Community Adolescent
Informed by the conceptual framework for addressing under-nutrition, UNICEF addressed the immediate causes of under-nutrition and underlying causes. Pregnant and lactating mothers, new-borns and children by 2015.

Progress:

- Launch of the National Food and Nutrition Security Policy
- Completion of National Nutrition and Fortification Strategy draft documents
- Increased exclusive breastfeeding (EBF) and minimum acceptable diet rates of around 40 per cent and 30 per cent, respectively. According to a Lot Quality Assessment (LQA) conducted in 10 target districts and eight HIV and Nutrition Integration Districts, EBF rates were 70 per cent for HIV exposed and 58 per cent for unexposed infants.
- 77.7 per cent of health facilities provided routine management of acute malnutrition.
- 40 Trainers of the Community Management of Acute Malnutrition programme were successfully trained in all provinces.
- Maternal micronutrient coverage was strengthened. Data from 10 districts showed 78 per cent of pregnant women accessed maternal iron and folate for at least 90 days with an estimated compliance of 90 per cent. (Note: this data was not available in 2012)
- UNICEF and Government conducted mass drug administration to address neglected tropical diseases, reaching 2,120,826 children (1-15 years) with albendazole and 1,722,556 children (5-15 years) with praziquantel in 57 districts.
- 40 per cent of districts and 80 per cent of provinces established multi-sector Food and Nutrition Security Committees.
- UNICEF is facilitating national dialogue on the integration of CMAM with EPI, Paediatric ART and PMTCT.

IR 6260/A0/05/103 Outcome 04: Improved and equitable use of nutritional support and improved nutrition and care practices for pregnant and lactating mothers, new-borns and children by 2015.

Progress:

Stunting levels in Zimbabwe have largely remained stagnant throughout the past decade, decreasing to 32 per cent (DHS 2010) from 34 per cent (DHS 1999). Prevalence of stunting is higher among the lowest wealth quintile (40 per cent) compared to 24 per cent in the highest wealth quintile. The causal pathways for stunting in Zimbabwe are multi-factorial and require a multi-sector approach that addresses immediate and underlying causes.

Informed by the conceptual framework for addressing under-nutrition, UNICEF addressed the immediate causes of under-nutrition through support to high impact nutrition interventions. UNICEF also supported actions aimed at creating an enabling environment for reducing stunting, including:

- Launch of the National Food and Nutrition Security Policy
- Completion of National Nutrition and Fortification Strategy draft documents
- Increased exclusive breastfeeding (EBF) and minimum acceptable diet rates of around 40 per cent and 30 per cent, respectively. According to a Lot Quality Assessment (LQA) conducted in 10 target districts and eight HIV and Nutrition Integration Districts, EBF rates were 70 per cent for HIV exposed and 58 per cent for unexposed infants.
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- 40 per cent of districts and 80 per cent of provinces established multi-sector Food and Nutrition Security Committees.
- UNICEF is facilitating national dialogue on the integration of CMAM with EPI, Paediatric ART and PMTCT.

IR 6260/A0/05/103/001 Output 4.2: Management of children with SAM: able to manage children with Severe Acute Malnutrition as per global standard.

Progress:

UNICEF supported scale-up of a standard package of nutrition services in health facilities, which included maternal iron and folate supplementation, prompting early initiation of breastfeeding, EBF for the first six months, and continued breastfeeding with introduction of safe, adequate complementary feeding from six months to two years and beyond. Furthermore UNICEF supported treatment of SAM, biannual vitamin A supplementation for children under five years, deworming, and community support to infant and young child feeding (IYCF).

With UNICEF support, 77.7 per cent of health facilities provided routine management of acute malnutrition, 94.4 per cent of facilities have functional height boards, 97.8 per cent have mid- and upper-arm circumference tapes, 95.8 per cent have salter hanging scales, 92 per cent have adult scales and 93.8 per cent have the new child health card for monitoring growth and stunting in children.

In communities: Active screening and referrals by VHWs is low due to inadequate knowledge, equipment and motivation, as well as competing priorities. There is no standard tracking system for community screening and referral of children to health facilities.

At health facilities: The majority of clinic personnel do not know how to use the new Child Health Card and recording form. IMNCI training will address some gaps, but is not exhaustive. Height assessment is not done consistently in the majority of health facilities as it is time-consuming. Management of acute malnutrition guidelines are not adhered to, even by trained staff. Supportive supervision is expected to correct these anomalies, however, district personnel do not regularly check on nutrition during supervisory visits and clinic personnel therefore prioritise other programmes.

In districts: Data from clinics to districts is rarely validated and poor quality data continues to be transmitted to national level.
On-track

**IR 6260/A0/05/103/002 Output 4.1.** Families and Communities are capacitated to practise optimal Infant and Young Child Feeding in 8 selected districts.

**Progress:**

Optimal IYCF remains a challenge with 31.4 per cent of children under six months exclusively breastfed, while only 13 per cent of children 6-to-23 months receive a minimum acceptable diet (DHS 2010). The majority of health facilities do not systematically provide mothers with support for IYCF; health workers either lack the skills, time or motivation. On the demand side, mothers do not come to health facilities solely for IYCF counselling. To address these bottlenecks, UNICEF supported scaling-up of community based IYCF support. As a result, 44 per cent of health facilities provided comprehensive IYCF services, with links for further IYCF support in the community provided by VHWs.

UNICEF supported staff training in 21 per cent of the 62 district hospitals on the baby-friendly hospital initiative (BFHI) and, post-training, one district hospital was certified baby friendly. The remainder of the trained hospitals did not meet the BFHI criteria, largely due to the absence of a comprehensive hospital breastfeeding policy. In 2014, UNICEF will assist MoHCC in developing a standard breastfeeding policy for adoption by health facilities.

According to the LQAS conducted in 10 districts, there is evidence of improved IYCF with exclusive breastfeeding at 40 per cent and the minimum acceptable diet rate at 30 per cent. The HIV and Nutrition Integration project also indicated exclusive breastfeeding rates of 70 per cent among HIV-exposed infants. The results of the LQAS revealed disparities in EBF rates within and between districts; these results informed district-level plans and will contribute to IYCF programme priorities in 2014, including developing an IYCF communication strategy. UNICEF also supported training 300 health facility workers and 600 VHWs in IYCF. UNICEF further supported training 30 environmental health technicians and all health inspectors manning Zimbabwe border posts on implementing the International Code of Marketing of Breast Milk Substitutes and the national law on marketing of breast milk substitutes.

On-track

**IR 6260/A0/05/103/003 Output 4.3.** All HFs are able to provide appropriate micronutrient supplements for pregnant & lactating mothers and young children.

**Progress:**

There is no recent national data on micronutrient status in Zimbabwe. The 1999 National Micronutrient Survey established a high prevalence of Vitamin A deficiency (38.8 per cent) among young children 12-71 months and 75 per cent in women of childbearing age. The 1999 levels of Vitamin A deficiency were considered a problem of public health significance and in 2005 Vitamin A supplementation was launched as a public health strategy under primary health care. The DHS (2010) reported that 56 per cent of children 6-59 months were meeting the minimum acceptable diet level and 40 per cent of children 6-59 months were meeting the exclusive breastfeeding level, with an improvement in both indices by 2011. According to the LQAS conducted in 10 districts, there is evidence of improved IYCF with exclusive breastfeeding at 40 per cent and the minimum acceptable diet rate at 30 per cent. The HIV and Nutrition Integration project also indicated exclusive breastfeeding rates of 70 per cent among HIV-exposed infants. The results of the LQAS revealed disparities in EBF rates within and between districts; these results informed district-level plans and will contribute to IYCF programme priorities in 2014, including developing an IYCF communication strategy. UNICEF also supported training 300 health facility workers and 600 VHWs in IYCF. UNICEF further supported training 30 environmental health technicians and all health inspectors manning Zimbabwe border posts on implementing the International Code of Marketing of Breast Milk Substitutes and the national law on marketing of breast milk substitutes.

On-track

**IR 6260/A0/05/103/004 Output 4.4.** Enabling Policy and institutional environment is strengthened for the provision of quality Maternal and Child Nutrition Services by 2015.

**Progress:**

UNICEF provided technical support to the Food and Nutrition Council to integrate nutrition into the National Food Security response strategy and, through the Food and Nutrition cluster, drafting the nutrition component of the Government’s economic blueprint, ZIM-ASSET. ZIM-ASSET clearly identifies stunting reduction as an outcome of the Food Security and Nutrition cluster. Together with the launch of the Food and Nutrition Security Policy, ZIM-ASSET indicates strong political will and commitment towards addressing stunting in Zimbabwe over the next five years. UNICEF also served as technical lead in developing a multi-sectoral National Nutrition Strategy, with a key result area focused on integration of nutrition into WASH, Agriculture, Social Protection, and Education.

Evidence shows that delivery of several key interventions, such as nutrition counselling and support, can be safely and effectively transferred from clinical services provided by qualified health professionals to community health workers. To promote delivery of nutrition services at community level, 130 community-based cadres of the Ministry of Women Affairs, Gender and Community Development were trained to mainstream key nutrition messages in their women’s empowerment programmes in 10 districts, including providing IYCF counselling and support to pregnant and lactating women. This cadre will complement the nutrition counselling being provided by VHWs.

In addition, for the second year, the treatment and prevention of soil-transmitted helminths and schistosomiasis were mainstreamed in the education and WASH sectors, with a school-based de-worming and schistosomiasis treatment campaign reaching over 2,120,826 children in 57 districts countrywide.
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**Progress:**

UNICEF supported the launch of the Food and Nutrition Security Policy and finalisation of the policy's implementation matrix, that serves as a common results framework to address stunting, by stakeholders in Agriculture, Social Services, Education, and Health. Through UNICEF support, the policy and implementation matrix were disseminated to all provinces and districts. To ensure implementation of the policy at sub-national levels, UNICEF supported establishing Food and Nutrition Security Teams (FNSMTs) in four Provinces and 10 Districts that are chronically food-insecure and have a medium stunting prevalence. In 2013 UNICEF provided capacity building support to 80 per cent of the provincial and 40 per cent of the district teams. Capacity strengthening included sensitisation on the Food and Nutrition Security Policy and the implementation matrix, basic training on concepts of food and nutrition security, and monitoring and evaluation for 10 FNSMTs, consisting of staff from ministries of health, agriculture, labour and social services, education, women's affairs and local governments.

Data collection, analysis and reporting are a core mandate for the FNSMTs. To determine capacity gaps in data management, UNICEF assessed needs in 25 per cent of district and 80 per cent of provincial FNSMTs. Findings indicated general proficiency in research design, data collection, and defining monitoring and evaluation terms. However, gaps were indicated in data management, use and analysis, at individual and organisational levels, as well as in real-time data collection and use of software. The gaps cut across operations and programme officers. UNICEF will use the assessment results to develop its 2014 capacity development support, ensuring that Government structures across line ministries have data management skills, which will contribute to a national-level food and nutrition security analysis unit.

**IR 6260/A0/05/103/005**

**IR 1.3.5 National, provincial and district food and nutrition security teams financially and technically supported for the implementation of the gender-sensitive food and nutrition policy.**

**Progress:**

MoHCC policy mandates that all PHCs have a health centre committee in order to ensure community ownership for health and improve PHC accountability. Although this support was initially part of the HTF, it was subsequently moved to a programme with Save the Children and local NGOs, supported by the U.K. Department of International Development (DFID). Nonetheless, UNICEF is supporting community-level health care and disaster risk reduction through support to community cadres, particularly VHWs. Through VHWs, UNICEF aims to ensure the continuum of care from the household level to the health facility, encourage families to take care of their own health and strengthen the health care seeking behaviour of community members.

**IR 6260/A0/05/103/010 Output 4.10: Project support - salaries**

**Progress:** All critical staff posts except the Nutrition Manager Post were filled in 2013 ensuring full implementation and monitoring of nutrition interventions.

**PCR 6260/A0/05/104**

**PCR 1.4. 50 per cent of Households having received Community level care & support by a community resource person, and reduced risk of disaster with a special focus on the most disadvantaged districts and communities.**

**Progress:**

MoHCC policy mandates that all PHCs have a health centre committee in order to ensure community ownership for health and improve PHC accountability. Although this support was initially part of the HTF, it was subsequently moved to a programme with Save the Children and local NGOs, supported by the U.K. Department of International Development (DFID). Nonetheless, UNICEF is supporting community-level health care and disaster risk reduction through support to community cadres, particularly VHWs. Through VHWs, UNICEF aims to ensure the continuum of care from the household level to the health facility, encourage families to take care of their own health and strengthen the health care seeking behaviour of community members.

**IR 6260/A0/05/104/001 IR 1.4.1: 50 per cent of districts have VHWs with skills to provide MNCH, HIV and AIDS and Nutrition services at community level**

**Progress:**

To improve health care seeking behaviour and strengthen community-based and targeted case management services (such as for malaria and diarrhoea), UNICEF focussed primarily on developing VHWs capacity. In order to strengthen the provision of community-based MNCH services, the comprehensive VHW handbook was finalised by involving all relevant stakeholders and is being printed. In addition, UNICEF supported training of 197 VHW trainers who will roll out national training in 2014. UNICEF also procured and distributed to VHWs supplies and kits, including uniforms, and 7,600 bicycles (5,000 procured through HTF and 2,600 procured from the Canadian and Australian UNICEF national committees). Allowances for 3,160 VHW were disbursed to the MoHCC on a quarterly basis. National scale-up was delayed due to coordination challenges at the national level. UNICEF will work with the MoHCC to address this issue so that training can be cascaded to the provincial and district levels in 2014.

**IR 6260/A0/05/104/002 IR 1.4.2: All primary health facilities have functional gender-sensitive health committees which address community health and nutrition problems (including groups disengaged from health services)**

**Progress:**

UNICEF provided technical support in the programme planning process for Health Centre committees. Printing of the Health Centre
On-track

**IR 6260/A0/05/104/003 IR 1.4.3: 60 per cent of wards have gender-sensitive community peer-support group for Infant and young child feeding.**

**Progress:**

To date, UNICEF has trained 4,000 VHWs in 26 districts in IYCF support to mothers. However IYCF programme monitoring, using LQAS, revealed that less than 20 per cent of the mothers received IYCF support from VHWs, while less than 10 per cent participated in IYCF peer support groups. The challenges faced by VHWs to expand/provide IYCF support in the community included competing priorities with other health programmes, large distances to cover and low motivation due to poor remuneration. Due to these challenges, another community-based cadre, Ward Development Coordinator (WDC) of the Ministry of Women Affairs was identified to complement efforts of the VHWs. UNICEF supported training 130 WDCs from 10 districts in community IYCF with a special follow up action of facilitating creation and coordination of IYCF support groups. Tools for monitoring WDC's IYCF support-group activities were developed and are being pilot tested in 10 districts.

On-track

**IR 6260/A0/05/104/004 IR 1.4.4: 60 per cent communities (ward) produce and implement gender-sensitive community action plans on Health, Nutrition and HIV and AIDS by 2015**

**Progress:**

Although this was included as a separate intermediate result area, community action plans were included in the Comprehensive VHW training manual and are being implemented under the VHW service package.

On-track

**IR 6260/A0/05/104/010 IR 1.4.10: Project support**

**Progress:** All critical staff posts were filled in 2013.

On-track

**PCR 6260/A0/05/105 PCR 1.5: All key Maternal, Child and Adolescent health and Nutrition policy and strategy documents developed and adopted for creating an enabling policy, legislative and budgetary environment for maternal, adolescent & child survival with special emphasis on hard to reach communities by 2015.**

**Progress:**

UNICEF contributed to an enabling environment for health and nutrition by assisting Government to develop critical policies and strategies:

- The EPI schedule changed from three months to six weeks per global recommendations, a change with particular importance as it facilitates alignment between EPI and EID
- The schedule for post-natal care improved (Days 1,3, and 7 vs Day 10), providing increased opportunities for addressing post-natal concerns
- The Food and Nutrition Security Policy was approved by Cabinet
- The Combination HIV Prevention Strategy was launched and all Provincial and District AIDS Action Committees trained in its implementation
- The decentralised Community and Home Based Care Strategy was disseminated
- The revised Child Health Card was launched with IMNCH and HIV data
- Revision began on the National Guidelines for HIV Testing and Counselling in Children to increase child and adolescent access to HTC
- The IYCF Policy was finalised
- The National Nutrition Strategy and Food Fortification Strategy were drafted.

On-track

**IR 6260/A0/05/105/001 IR 1.5.1: HIV and AIDS and nutrition services effectively integrated into MNCH services at all levels.**

**Progress:**

In order for health facilities to receive funds through the Health Service Fund (HSF), they are required to work with health centre committees to produce action plans that will be implemented partly using the monies from the HSF. Crown Agents, which is administering the HSF, will ensure that all facilities receiving funds through the HSF produce and implement these plans.
disbursement of the HSF tied to this condition was made in the last quarter of 2013; the disbursement report is still pending, including the number of facilities that received funds and developed action plans. Implementation of nutrition and HIV integration activities are ongoing in eight districts. Plans are underway to compute the number of lives of HIV-exposed babies saved in these districts. VHWs in 27 districts were trained on community IYCF, including recommended feeding practices in the context of HIV. The VHWs are now able to screen and refer cases of malnutrition for HIV testing in the six districts being supported through the H4+ project.

***On-track***

**IR 6260/A0/05/105/002 IR 1.5.2: All health facilities are providing free services to girls and boys under five and pregnant and lactating mothers by 2015**

**Progress:** One of the major factors preventing pregnant and lactating mothers from accessing health services is user fees. A primary objective of the HTF is to abolish user fees for MNCH services by providing health facilities with material, human and financial resources: medicines and equipment, payment of allowances to health workers, financing of the HSF for health facility operational costs. According to reports from the latest VMAHS, there was a decline in the number of facilities charging user fees for antenatal services, from 19.1 per cent in Round 14 to 4 per cent in Round 17, and almost all health facilities are providing free services to children under five years of age. All PHCs are providing free health services to pregnant and lactating mothers and children under five – an important equity marker as most women and children receive services at this level of care.

***On-track***

**IR 6260/A0/05/105/003 IR 1.5.3: The Human Resources for Health strategy is operationalized by 2015.**

**Progress:** In 2009 the U.K. Government (through DFID), the EU and other development partners, including UNICEF, supported MoHCC to develop a human resources scheme with the aim of retaining critical health care cadres. Health workers began receiving monthly retention allowances to top-up their civil service pay. In 2011 the GFATM grant to Zimbabwe, under Health Systems Strengthening, provided funding for the scheme, with the caveat of reducing its contribution by 25 per cent annually. The 25 per cent was supposed to be covered by increases from Government to staff benefit and salary packages. However, it became clear that the Government was unable to fill the yearly 25 per cent deduction gap. Therefore, the HTF design included support for the health retention scheme, as acceptable retention packages are critical to providing secure and stable human resources.

With HTF funds, UNICEF is supporting human resource planning and implementation of the retention scheme. A private contractor, Crown Agents, is responsible for monthly payments to health workers, including nurses, three doctors per district and nurse-midwives in labour rooms and maternity wards.

At the end of 2013, some 18,866 health workers nationwide were receiving a retention scheme allowance, including 346 members of all provincial and district health executive teams, 37 critical staff at national level, 2,539 midwives and 130 doctors at district hospitals (as a result, all district hospitals have at least one doctor). The lifting of the freeze on recruitment of nurses has increased the number of midwives in the public health system, and it is hoped that Government will pay their allowances. However, nurse anaesthetists remain in acute shortage, impeding health facilities ability to perform Caesarean sections.

***On-track***

**IR 6260/A0/05/105/004 IR 1.5.4 Health management information system and sector-wide planning, coordination, operational research, monitoring and evaluation and management strengthened**

**Progress:**

In partnership with John Snow International Inc., UNICEF continued to support the VMAHS, conducted every quarter in over 1,300 facilities countrywide to assess the availability of medicines, commodities and health services, staffing issues, whether user fees are being charged, and existing facility infrastructure. The VMAHS provided critical data that was used from community to national level to improve services.

UNICEF supported the inclusion of key nutrition indicators into the HMIS and the VMAHS, which include stunting, underweight, Kwashiorkor & Marasmus cases, and CMAM data for severe acute malnutrition cases. However, the quality and timeliness of reports remains a challenge due to lack of equipment. To address this challenge, UNICEF supported the HMIS department with 130 computers and 10 printers/scanners/photocopiers. UNICEF also supported revised and printing HIV reporting tools and indicators to align with the new HIV care and treatment guidelines. All provinces were supported with funds to conduct supportive supervision visits and all provinces held their six-monthly planning and review meetings, reviewed monthly district reports and provided supportive supervision to districts. Technical support provided by UNICEF to the Directorate of Planning contributed to regular submission of more comprehensive monthly reports from the Provincial Medical Directors.

***On-track***

**IR 6260/A0/05/105/010 IR 1.5.10: Project support**

**Progress:** All critical staff positions in 2013 were filled.

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**PC 2 - Basic education and gender equality**
On-track

**PCR 6260/A0/05/201 Outcome 5:** Improved and more equitable access to and completion of quality, inclusive education with improved learning outcomes.

**Progress:**

UNICEF aims to improve the quality of basic education through a series of interventions that directly influence quality, such as the national curriculum review, professional development of teachers, provision of educational supplies and national assessment system strengthening. To measure student progress, examination results are released only once per year (in December for Grade 7 and in March for ‘O’ level); thus this report reflects the status as of December 2012. Overall, an upward trend in learning outcomes at the primary school level reflects steady improvement in the quality of education. The Grade 7 (end of primary school) pass rate for 2012 shows a 3.9 per cent improvement over that for 2011 (45.68 per cent), with girls outperforming boys. Improvement in primary pass rates can partly be attributed to the aggregate result of the stabilisation experienced by the system, as well as the impact of support provided through the Education Development Fund (EDF) managed by UNICEF. The 1.6 points drop in ‘O’ level pass rates between 2011 and 2012 is attributable to the residual impact of the socio-economic crisis, and improvement at primary level should see an upturn in ‘O’ level results over time.

The teaching force is now stable, but low morale remains a bottleneck. UNICEF, through EDF funding, continues to support teachers in the strategic area of professional development. Secondary school completion rates rose substantially by 13 percentage points (from 40 per cent in 2009 to 53.2 per cent in 2012), a reflection of improving levels of access and participation.

The qualified teacher/pupils ratio (TPR) remains high in relation to the target of 1:28, and is above the official PTR of 1:40. This could reflect the loss of qualified teachers that took place during the 2000s, as well as an increase in primary school enrolment.

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On-track

**IR 6260/A0/05/201/001 IR2.1.1:** Curricula at all levels (ECD, primary, lower secondary) are more relevant to the needs of girls and boys and society, including HIV and AIDS, with guidelines and agreed upon functional standards.

**Progress:**

There has not been a comprehensive national curricula review for the last decade, leaving many curriculum contents obsolete and not relevant to the needs of students and society today. All levels of the education system have expressed the need to review and revise the national curricula which was initiated in late 2012 and should contribute to enhancing the quality and relevance of primary education.

In collaboration with UNESCO, UNICEF financially and technically supported the Ministry of Primary and Secondary Education (MoPSE) to produce five base papers for the curricula review process. A draft Roadmap for the curricula review was produced and will be finalised by 31 December 2013.

Through a multi-stakeholder participatory process, UNICEF provided technical and financial support for the revision of primary core subject syllabuses for Mathematics, English and two national languages (Shona and Ndebele). Environmental Science, Agriculture and Early Childhood Development (ECD) syllabi were also revised. Some 13,000 copies each of ECD and Agriculture syllabuses were printed and distributed, with UNICEF support.

UNICEF also supported the Curriculum Development Unit (CDU) with vehicles, computer equipment and software and capacity building of key staff to facilitate the syllabi review process and to ensure that MoPSE has the capacity to provide technical leadership to the curriculum review process. According to MoPSE’s plan, revision of textbooks will start in 2015, after the conclusion of the curricula review process.

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On-track

**IR 6260/A0/05/201/002 IR2.1.2:** 100,000 female and male teachers are trained in modern pedagogical and subject based skills, including HIV and AIDS, with a focus on upgrading the qualifications of at least 10,000 unqualified teachers.

**Progress:**

The Teacher Minimum Standards (TMS) is a set of standards regarding teacher qualifications, knowledge, skills, attitudes and the professional performance expected to be demonstrated by teachers in the classroom. UNICEF provided financial and technical support to developing the TMS using a consultative process. The TMS were finalised and await Cabinet approval. Once the TMS have been endorsed by Cabinet, UNICEF will support MoPSE to assess the percentage of teachers meeting professional standards. For teacher in-service training, plans are underway to upgrade teachers who do not have ‘O’ level Mathematics, English and Science during the December 2013/January 2014 holidays. In ECD, UNICEF supported MoPSE to train ECD paraprofessionals; 2,465 paraprofessionals graduated in April/May 2013. The training of the second cohort of 2,500 paraprofessionals in December 2013 incorporated lessons learnt from the first training.

In addition, 1,760 secondary school Science teachers and 100 Provincial Education Officials (supervisors) were trained in the use of the new science kit. The target is to cover 5,000 teachers – or two science teachers from every secondary school (around 2,500 public secondary schools in the country) – and provincial education officials by February 2014. UNICEF provided the technical experts who supported the training of trainers (TOT) and oversight of the training conducted by MoPSE staff.
IR 6260/A0/05/201/003 IR 2.1.3: All ECD, primary and secondary school girls and boys have equitable access to relevant basic teaching and learning materials

Progress:

In 2010 a study conducted by the National Educational Advisory Board observed that the acute shortage of textbooks and other teaching/learning materials at all levels of education, as well as the dearth of basic pedagogical skills among ECD paraprofessionals, presented a serious bottleneck to effective learning. UNICEF’s efforts to strengthen teachers’ professional skills and procure and distribute learning materials, including secondary textbooks, ECD kits and science kits, have laid a strong foundation for more effective learning.

A textbook survey conducted by MoPSE with UNICEF support during the first half of 2013 revealed that the student-to-textbook ratio is still around 1:1. UNICEF distributed ECD kits, which are being used in 5,675 primary schools (all government primary schools hosting ECD). For secondary schools, through UNICEF funding, 2,449 science kits, each comprising 126 pieces of equipment and 46 chemicals, were ordered and the first batch (288 kits) arrived at the end of December. Distribution to all secondary schools will begin in January 2014 and should be completed by July 2014. Training of science teachers in the use of the science kits is on-going.

IR 6260/A0/05/201/004 IR 2.1.4: The education system (ECD, primary and secondary) is using an enhanced gender and HIV and AIDS-sensitive national learning assessment system.

Progress:

Data for the second phase of the Zimbabwe Early Learning Assessment (ZELA 2013) was collected in March 2013. Data cleaning and analysis was completed in October 2013 and the final report was being prepared at year’s end. This second phase also had a capacity building component (training and provision of vehicles, ICT hardware and software) for the national examinations body, Zimbabwe School Examinations Council (ZimSEC). As a result, during the second phase ZimSEC took on more responsibility for planning, data collection, cleaning, analysis and report writing. UNICEF provided the financial support for all ZELA activities, including capacity building for ZimSEC.

IR 6260/A0/05/201/005 IR 2.1.5: A national school grants initiative, delivering critical investment at school level (including WASH) to allow schools to meet the minimum Child Friendly School standards is developed and implemented

Progress:

The School Improvement Grants (SIG) programme aims to provide adequate and well-targeted levels of funding to financially constrained schools to cover non-personnel and non-capital resource demands, which will enable school to meet a minimum set of school functionality criteria. During 2013, the programme was piloted in 100 rural primary and secondary schools in Goromonzi District and 32 special schools, prior to the national roll-out in 2014. The collection of baseline data from all schools for the pilot phase of the SIG was successfully completed. The collection of baseline data for the main phase (covering all schools in the country) will be undertaken in 2014. The data will provide information on the percentage of schools meeting Child-Friendly Schools (CFS) standards (Minimum School Functionality criteria) that include, among other provisions, adequate WASH facilities.

SIG disbursements made to 132 schools in 2013 will support improvement of school environments, including WASH facilities, while the areas for improvement are decided by schools and communities in a participatory manner, through School Development Plans.

Based on the initial returns, the SIG has enabled schools to secure key inputs for the creation of better learning environments, such as procuring teaching and learning materials (82 per cent), furniture (desks and chairs 68 per cent) and making minor repairs for safety (55 per cent). SIG was also used to alleviate levies for OVCs.

Statistics available from different surveys show that the provision of both sufficient water and adequate toilet seats in primary and secondary schools is generally low and favours boys. Boys have 5.43 per cent more toilet facilities than girls in primary schools and 3.54 per cent more in secondary schools. Under CFS programme, UNICEF provided funding for the provision of boreholes (within the school) as well as sex- and age-segregated latrines at 40 registered schools and eight satellite schools nationwide. The level of boys’ and girls’ hygiene knowledge and practices has not been assessed yet.

IR 6260/A0/05/201/006 Output 5.10: Project support - salaries

Progress: All posts successfully filled.

IR 6260/A0/05/201/007 Output 5.1: Enhanced communities and stakeholders’ capacities at all levels (MoPSE and education partners) for increased learning opportunities and equitable access and retention of disadvantaged, excluded and out-of-school children (boys and girls).
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**IR 6260/A0/05/201/008 Output 5.2:** Increased national capacity to provide access to quality early learning opportunities, primary and secondary education.

**IR 6260/A0/05/201/009 Output 5.3:** Strengthened political commitment, accountability and national capacity for evidence-based legislation, planning and budgeting for scaling-up quality and inclusive education.

**On-track**

**PCR 6260/A0/05/202 PCR 2.2:** 95 per cent of school age children access primary education and secondary school net attendance ratio increased from 45 per cent to 60 per cent, and disaster risk reduction is enhanced, by 2015.

**Progress:**

The most recent available data on primary and secondary net attendance rate (NAR) is from 2001/2011, when the last DHS was conducted. Primary school NARs are high, with rates close to gender parity. Disparities exist between the highest and lowest wealth quintile, but are not very wide. More up-to-date data will be available in 2014 through the MICS. At secondary level, NARs are lower, with gender parity, but a significant gap between the lowest and highest wealth quintiles. Numerous challenges exist in accessing secondary school education, including economic pressure.

EMIS data shows that in 2013 a total of 435,942 primary and secondary school children received assistance for school fees through the Basic Education Assistance Module (BEAM). Generally, there was gender balance in the number of children supported. However, funding for BEAM is not sufficient and reaches only half of children in need. Therefore, UNICEF supported access by orphans and vulnerable children (OVCs) through SIG (where the percentage of OVCs in the school was used to determine levels of disbursements to schools to cover the OVCs’ fees).

Gender parity indices (GPI) for enrolments at ECD, primary and secondary levels are very close to 1.00, and so reflect near-parity in enrolments. GPI for ECD is slightly higher (1.02) than that for primary and secondary levels.

**On-track**

**IR 6260/A0/05/202/001 IR2.2.1.** 25 per cent of orphaned and vulnerable girls and boys (OVC) including those with special needs access basic education

**Progress:**

EMIS data shows that in 2013 a total of 435,942 primary and secondary school children received assistance for school fees through the Basic Education Assistance Module (BEAM). Generally, there was gender balance in the number of children supported. UNICEF no longer manages BEAM, but monitors support to schools through EMIS. UNICEF, however, supports OVCs through SIG (where the percentage of OVCs in the school was used to determine levels of disbursements to schools to cover the OVCs’ fees). Verification reports on the SIG pilot shows that 37 per cent of the schools used SIG to offset OVCs’ fees. The successful completion of the SIG pilot paved the way for national roll-out that will see more primary school children, especially OVCs, gaining access to education.

**On-track**

**IR 6260/A0/05/202/002 IR2.2.2.** At least 200,000 young women and men are provided with alternative learning opportunities, including HIV and AIDS life skills training, with the aim of returning at least 100,000 school aged boys and girls to mainstream education through a "second chance" education programme.

**Progress:**

Under the UNICEF-supported ‘Second Chance Education’ pillar of the EDF, UNICEF provided financial and technical support for the Accelerated Learning Programme (ALP) and skills-based education for out-of-school children. So far, 22,637 children (12,488 males, 10,149 females) have been registered at 480 ALP sites. (Age data will be available in 2014.) Of these, 15,661 have begun taking ALP classes. 2,156 children were registered for skills-based programmes at 43 sites, of whom 243 have begun classes. UNICEF led the establishment of an Out-of-School Thematic Working Group (TWG) to initiate national discussion on issues concerning out-of-school children and potential strategies. Discussions are underway to conduct a national study on out-of-school children to capture the real picture of the issue, using recent census data. The TWG is also coordinating the development of a compressed primary school syllabus for accelerated learning. The second chance education initiatives have already facilitated access by large numbers of out-of-school children to good quality education. The planned programme expansion will see larger numbers benefit in 2014 and beyond (aiming to reach at least 71,000 out-of-school children).

**Constrained**

**IR 6260/A0/05/202/003 IR2.2.3:** All schools adopt and implement a nationally recognised gender-sensitive system to monitor and effectively report on school-based violence.

**Progress:**

A framework for use by schools to implement a system of monitoring violence is not yet in place. Due to delays in the implementation of MoPSE’s research agenda and the sensitivity of the topic, the study on violence in schools that MoPSE intended to conduct in 2013 was postponed until 2014. UNICEF is using the results of studies on violence that it has supported so far (e.g. National Baseline Study on the Life Experiences of Adolescents and Study on Social and Institutional Norms and Practices) to advocate for broader discussion on this issue. This will feed into the process of revising existing education regulations. Schools are required to keep records of cases of corporal punishment and child abuse, but these have not been compiled at the national level.
Some communities and schools condone some forms of child abuse (e.g. corporal punishment), while other forms are associated with taboos or religious beliefs (e.g. early marriage). By working with Government and church organisations, UNICEF is advocating for a change in these social norms and practices, particularly working with certain Apostolic groups where various forms of child abuse are more common.

**Constrained**

**IR 6260/A0/05/202/004 IR2.2.4: All schools are able to more effectively prepare for and respond to emergencies**

**Progress:**

UNICEF has been supporting a national comprehensive curriculum review that is gender-sensitive, child-friendly and learner-centred (including a protective environment, emergency preparedness and response). The Curricula Review included review of the Environmental Science syllabus, the carrier subject for disaster mitigation that schools teach as part of the wider school curriculum, which will ensure a more structured and institutionalised approach to enhancing schools', communities' and children's capacity to respond to various risks in a sustainable manner. As the printed syllabus was distributed to schools in late-2013, it was not yet possible to assess children's knowledge levels on issues related to disaster mitigation.

Two male staff members (one from MoPSE Head Office and the Coordinator of the Education Sector Working Group) received training in disaster and risk reduction (DRR) related issues at a regional workshop in Nairobi. At the provincial and district office levels, 68 MoPSE staff were trained in DRR. DRR training for 555 schools also got underway in 2013 through UNICEF's partnership agreement with Education Network Partners (2013-2014), which includes Plan International, World Vision and Save the Children.

Network partners have so far responded to calls for emergency assistance from 170 schools. Twenty of these received support for rehabilitation while 150 received emergency kits. Network partners were instrumental in collecting accurate and timely information on the impact of disaster on affected schools and children. Treasury also availed to MoPSE US$7.5 million to support rehabilitation works at schools, initially targeting those that were storm-damaged.

Data on schools that meet DRR preparedness is not available due to the absence of systematic data collection system at MoPSE; plans are in place to incorporate this as part of regular data collection.

**On-track**

**IR 6260/A0/05/202/005 IR 2.2.10: Project support**

**Progress:**

All posts successfully filled to facilitate full implementation and monitoring of programme activities.

**On-track**

**PCR 6260/A0/05/203 PCR 2.3. Comprehensive knowledge on HIV and AIDS for in- and out-of-school youth (15-24 years) increased from 53 per cent to 70 per cent, by2015**

**Progress:**

HIV prevalence among young people remains a concern: 3.4 per cent for males and 4.2 per cent for females aged 15-19 years. Most importantly, HIV prevalence jumps significantly to 10.6 per cent among women 20-24 years, while increasing only slightly (3.8 per cent) among young men. Overall, sexual transmission accounts for 82 per cent of all new infections. Young women are particularly at risk, as 15 per cent of 15-19-year-old women have sexual relationships with men 10 or more years older. In 2011 (the latest data available), knowledge levels on HIV and AIDS were low for both males and females: comprehensive knowledge of HIV was 46 per cent for females and 42 per cent for males aged 15-19 years. HIV Testing and Counselling (HTC) is an important entry point to HIV prevention, care and treatment, yet only 40 per cent of women and 13 per cent of men (15-19 years) have ever been tested and know their results (DHS 2010/1). Providing comprehensive sexual and reproductive health education and skills and referrals to HIV services is therefore critical to enable young people to reduce their risk of HIV. In addition, adolescents living with HIV need knowledge that supports their care and treatment and assists them in not transmitting HIV to others.

In 2013 UNICEF engaged in a multi-pronged approach to reduce HIV-related risk among young people, including establishing youth-friendly services (reported under Health), building an enabling policy environment, and strengthening community support and outreach. Through joint support from UNICEF, UNFPA and UNESCO, the MoPSE developed, endorsed and launched the National Life Skills, Sexuality and HIV & AIDS Education Strategic Plan. The plan provides an evidence-based, robust policy framework for interventions that will expand young people's knowledge on HIV and AIDS.

UNICEF partnered with NGOs in all provinces to implement Young People We Care (YPWC). In 2013, 4,358 YPWC volunteers (approximately 52 per cent males, 48 per cent females) reached over 21,600 people with HIV prevention, care and support. Over 2,000 ALWHIV received peer support, sexual and reproductive health (SRH) education and clinical follow up. Competitions aimed at increasing high school children's knowledge of HIV were held at school, district, provincial and national levels.

Financial resources for reducing the impact of HIV on adolescents remain constrained. In 2014, UNICEF will continue to collaborate with other UN agencies to advocate for increased emphasis on accelerating adolescents' access to information and services, including strengthening linkages between schools, communities and health services.
On-track

**IR 6260/A0/05/203/001 IR 2.3.1: National education policy includes gender and age appropriate, scientifically accurate and culturally acceptable treatment, knowledge and education on HIV and AIDS.**

**Progress:**

Teaching about HIV is mandatory in primary and secondary schools through the Guidance and Counselling Units. However, studies indicate that this does not always take place, particularly as it is not an examinable subject. Instead, children and young people have had to rely on other sources of information, such as the media, friends, and community outreach. Also, the materials in use are out of date. The new Life Skills, Sexuality, and HIV and AIDS Education Strategy provides a clear opportunity to address these gaps with a revised curriculum, up-to-date information, and both school and community-based activities. Through YPWC, a UNICEF global best practice, 4,358 young people conducted HIV-related outreach to schools and communities, reaching over 21,600 people. Some of the organisations implementing YPWC conducted campaigns to mobilise young people to receive HTC, while also providing family planning and referrals for voluntary medical male circumcision, CD4 testing and care and treatment. Cumulative figures are still pending; however, one organisation reported that its campaigns resulted in 686 people receiving HTC, of whom 101 were young people (15-24 years).

On-track

**IR 6260/A0/05/203/002 IR 2.3.2: Conducive and safe environment in all schools for girls and boys infected and affected by HIV and AIDS.**

**Progress:**

The Minister of Education and Minister of Health demonstrated strong political leadership when they confirmed their commitment to comprehensive HIV and sexual and reproductive health education at the 2013 International Conference on AIDS and STIs in Africa. In addition, UNICEF supported MoPSE in printing and disseminating 15,000 copies of the Life Skills, Sexuality, HIV and AIDS Strategy (five per school) and 50,000 brochures that summarise the Strategy for a wider audience. MoPSE began distribution to all provincial and district education officers and primary and secondary schools. Furthermore, the school-based competitions provided an environment in which open discussions about HIV were held.

In 2014 efforts will focus on translating a summary of the Strategy into local languages; reviewing the life skills, SRH, and HIV curriculum; developing information, education and communication materials; and facilitating peer support. Young people in schools will be given the opportunity to learn about practical, evidence-based ways to reduce risk of HIV transmission, including use of condoms and medical male circumcision. In addition, UNICEF will support the integration of HIV information in the revised school health policy and materials.

At the community level, all YPWC groups received support for their work in HIV from community leaders, such as school heads, councillors, chiefs and village heads. Support from community leadership was manifested in various ways, ranging from granting groups the authority to assist in communities to providing safe spaces to meet. YPWC members reported that YPWC provides them with a strong sense of purpose and connection to the community. Operational research in how social ties and networks help young people increase their resiliency to stress and reduce risk behaviour will be conducted in 2014.

On-track

**IR 6260/A0/05/203/003 IR 2.3.10: Project support**

**Progress:**

All posts successfully filled.

On-track

**PCR 6260/A0/05/204 PCR 2.4: All key education policy and strategic documents for the creation of an enabling policy, legislative and budgetary environment developed to ensure quality education**

**Progress:**

The 2011-2015 Education Medium Term Plan (EMTP) endorsed by Cabinet in 2012 was further strengthened and refined into an EMTP Operational Plan (OP) that was accepted by the Global Partnership for Education in March 2013. UNICEF worked alongside The World Bank in supporting MoPSE to develop the OP. These efforts were supported by the availability of more data for evidence-based policy development.

Revisions to Education Regulations – which envisioned changes concerning the legalisation of minimal hours of teaching for all school children, protection of schools and children from political activities and any form of abuse, improved school governance including financial management and role of School Development Committees etc. – were completed and submitted to the Cabinet Committee on Legislation. The Education Act is undergoing revision to align it with the new national Constitution. There was also a 4.1 per cent increase in the percentage of the national budget allocated to Education. with increases in the core caolta grant, buildina grant and Public...
Sector Investment Plan (PSIP) disbursements. By November 2013, US$7.5 million had been disbursed for PSIP (against the budget of US$7 million).

On-track

**IR 6260/A0/05/204/001 IR2.4.1: MOESAC adopts a gender-sensitive sector wide approach to education planning, coordination and programme implementation.**

**Progress:**

The EMTP Operational Plan provides the first comprehensive document on support (Government and external) to all programmes in the primary and secondary education sub-sector. The OP also reflects more detailed information on the allocation of resources across programmes, revealing a clearer picture of the equity issues around sub-sector level investment. UNICEF supported the development of a gender-sensitive programme document for GPE funding, mainly in the area of comprehensive teacher development; the grant application for US$23.6 million was approved in May 2013.

Some provinces developed their own sector plans but did not use a common framework; the quality of these plans is not yet known. Development of good quality, provincial and district sector plans aligned with the EMTP-OP will be undertaken in 2014 as an extension of the GPE implementation plan.

On-track

**IR 6260/A0/05/204/002 IR2.4.2: Strengthened EMIS system with sufficient capacity to generate, process, manage and utilize age-, sex-, wealth- and location- disaggregated education and training data at all levels of the education system.**

**Progress:**

UNICEF provided funding and technical assistance to strengthen both the Education Management Information System and Teacher Training and Development Information System (TDIS). The 2012 EMIS report was finalised and is ready for publication, which effectively informed the development of the EMTP-OP and refinement of SIG design and methodologies. EMIS data for 2013 was collected, captured and cleaned. Data analysis was completed by the end of November, and report writing began immediately thereafter. TDIS data tools were sent out to schools. All teachers filled in the forms by November 2013, and the completed forms were lodged with the District Offices. Data will be verified beginning January 2014. EMIS and TDIS data collection activities were accompanied by training of MoPSE staff to strengthen capacity for future data collection, cleaning and analysis.

Of the 17 indicators in UNICEF’s Education Results Framework, only one does not have a baseline indicator, reflecting the increasing availability of data generated through EMIS and other data collection activities.

On-track

**IR 6260/A0/05/204/003 IR2.4.3. School level governance, management and gender analysis is enhanced at all primary and secondary schools.**

**Progress:**

A total of 2,865 school visits were conducted by MoPSE through support from UNICEF’s Education Network Partners (Plan International, World Vision and Save the Children). When extrapolated, this represents slightly over 35 per cent of all schools (assuming that none were visited twice). District officers and supervisors had increased opportunities to visit the schools of their respective areas to provide guidance and collect relevant information for their school monitoring and supervision.

As part of the SIG programme supported by UNICEF, an operational manual to guide schools in the management of SIG funds was developed, pilot-tested and finalised. All schools’ School Development Committees were trained to develop feasible School Development Plans (SDPs). The Committees applied the knowledge gained to produce SDPs, which were sent to District Education Offices for review before being forwarded to Head Office through Provincial Education Offices.

On-track

**IR 6260/A0/05/204/004 IR2.4.4: Provincial and district education supervisory structures and systems are strengthened.**

**Progress:** School supervision is integrated into school management and governance; therefore results are covered under Intermediate Result 2.4.3: School Governance and Management.

On-track

**IR 6260/A0/05/204/005 IR 2.4.5: Enhanced knowledge on education issues and evidence-based sector- wide policy advocacy, strategic planning and management**

**Progress:**

Studies undertaken by MoPSE, supported by UNICEF, included the following: (a) ICT Audit, (b) Satellite Schools Study, (c) Study on
school dropout and repeaters, (d) Study of the public examination system, and (e) secondary textbooks survey. Two additional studies, the SIG pilot baseline survey and the ECD evaluation, were initiated and were underway at year’s end. UNICEF’s Education section worked closely with the Centre for Collaborative Operational Research and Evaluation and UNICEF’s internal Research and Evaluation Reference Group to ensure that the quality of the studies met the highest possible standards. Results from the studies have informed programming decisions, such as the design of the second-chance learning programme; the SIG pilot baseline and ECD evaluation will be available in 2014.

**On-track**

**IR 6260/A0/05/204/006 IR 2.4.10: Project support**

**Progress:**

All posts successfully filled.

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**PCR 6260/A0/05/301 Outcome 6: Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.**

**Progress:**

Child survivors of violence, exploitation and abuse in Zimbabwe in 2013 benefitted from more and better quality specialist legal, health and psychosocial services. The Child Protection Fund (CPF), the multi-donor aligned financing mechanism in support of the National Action Plan for Orphans and Vulnerable Children (NAP II), which is managed by UNICEF, entered its second year of operation. Almost 90,000 children (58 per cent female, 42 per cent male) at risk of and exposed to violence, abuse, exploitation and neglect received free quality support and care services, either directly or through their caregiver. This exceptional output against a planned target of 25,000 children is due to dedicated investment in capacity building in child protection service delivery and social welfare workforce strengthening by the Ministry of Public Service, Labour and Social Welfare (MoPSLSW), UNICEF and donors since the start of the Country Programme (CP) in 2011. The CPF contributed to a measurable improvement in children’s self-reported well-being, which increased from 44 per cent (My Life Now, 2011) to 76 per cent (Promising Quality Assessment 2013) at intervention sites. An additional 2,000 survivors of sexual violence had their cases heard in Victim-Friendly Courts (VFCs), compared to 1,018 in 2012, but more work is needed to reach the CP target of 12,000 by the end of 2015.

In 2013, the monitoring and evaluation (M&E) framework for service delivery was re-designed so that specialist services routinely considered not only the reach but also the quality of services, including from the child’s perspective. This sector-wide paradigm shift in M&E was achieved through the Promising Quality (PQ) Framework implemented by 93 per cent of CPF partners and embedded within the Government’s wider M&E system.

Investment in a national case management system linking services ensured wraparound care and support for children. For the poorest and most vulnerable families, social cash transfers provided a small monthly income which enhanced access to critical services for more than 90,000 children; for example, to pay bus fare to the local clinic for HIV testing. With UNICEF support, the national Management Information System (MIS) housed by MoPSLSW is being updated to include case management and ensure maximum coverage through coordination with related programmes, such as education and medical assistance schemes.

**On-track**

**IR 6260/A0/05/301/001 I.R 3.1.1 National standards for equitable child welfare and justice case management are implemented by Government and civil society partners by 2015.**

**Progress:**

The National Case Management System introduced by UNICEF and partners in 2012 adopts a multi-sector approach to increase access to social welfare and justice services for vulnerable children. It also extends the reach of the Department of Social Welfare (DSW) to the community level through a new cadre of community para-professionals who identify, manage and refer child protection cases. This extension of the national child protection system is operational in 21 districts of Zimbabwe (32 per cent national coverage) benefiting more than 32,000 children, with firm plans for full scale-up in 2014. The upcoming Government National Case Management Standards, supported by UNICEF, are informed by the global Case Management Minimum Standards for Child Protection in Humanitarian Action and will guide scale-up. Successful advocacy by UNICEF and partners, such as USAID, resulted in the Ministry adopting case management as the long-term mandate of the newly announced Directorate for Child Welfare.

The supporting architecture for children’s protection includes the recently gazetted Statutory Instrument, allowing non-civil service social workers to undertake statutory functions related to child protection for the first time in Zimbabwe’s history. UNICEF’s advocacy work and partnerships with the Council of Social Work and the DSW resulted in an 50 per cent increase in the country’s social welfare workforce - a critical measure to keeping children safe. More work is now required to ensure operationalization of the Instrument, as well as expanded social welfare training programmes with affiliated local and international universities and institutions.
On-track

IR 6260/A0/05/301/002 IR 3.1.2. Girls and boys benefit from more equitable and rights based justice service delivery

Progress:

As part of a national effort to create specialised judicial services for children, UNICEF supported the Judicial Services Commission (JSC) to achieve 100 per cent national coverage of VFCs, including specialised supplies, such as cameras and recording equipment, and trained personnel, including for children with disabilities. UNICEF and other partner support to the Victim Friendly System (VFS) streamlined services and maximised benefits for children: for example, cost per child decreased more than 30 per cent and the backlog of cases reduced to less than 50 per cent of the 2012 caseload.

The 2012 Revised Protocol for Multi-sectoral Management of Sexual Abuse launched by the JSC increased inter-sector collaboration on child protection cases and reporting, with UNICEF support to training justice sector partners. Magistrates, clerks and representatives from all 619 VFS sub-committees were equipped with knowledge and skills to implement their responsibilities under the revised Protocol. In addition, a disaggregated victim-friendly court data collection system and costed strategic plan were established that will allow development partners to standardise their support to the JSC.

The country’s pre-trial diversion programme for children in conflict with the law was launched; 77 per cent of referred children had their cases diverted through this process. Building on the South-South partnership established with the Government of South Africa in 2012, a preliminary peer review of the programme’s implementation was conducted; the National Steering Committee will review results in early 2014. UNICEF also supported the diversion committees to develop a comprehensive data collection system to provide disaggregated data.

UNICEF’s sustained advocacy led to the adoption of ‘lawyers for children’ as a national priority, reflected in the National Legal Assistance Strategy for Children and strategic Government-civil society partnerships. The Legal Aid Directorate is in the final stages of an institutional capacity assessment that will help it to make strategic planning, resource allocation and advocacy decisions.

On-track

IR 6260/A0/05/301/003 IR 4.1.3. At least 50 per cent of girls and boys aged 0-5 years in identified priority districts have birth certificates (2015)

Progress:

Birth registration remains low in Zimbabwe at only 31 per cent (Demographic and Health Survey, DHS, 2010/11). Birth registration activities have been limited due to the particular sensitivity of this issue in Zimbabwe, especially prior to this year’s elections. UNICEF continued to support the MoPSLSW to collaborate directly with the Registrar General to ensure mobile birth registration services for all cash transfer beneficiary households. In addition, legal aid partnerships continued to prioritise access to birth registration as part of the case management approach.

More recent data on birth registration will be available in 2014, upon completion of the UNICEF-supported MICS.

Met

IR 6260/A0/05/301/004 Output 6.10: Project support - salaries

Progress:

All critical staff posts were filled during 2013

IR 6260/A0/05/301/006 Output 6.2. Increased capacities of children and their families to protect themselves and to eliminate practices and behaviours harmful to children.

IR 6260/A0/05/301/007 Output 6.3. Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up interventions that prevent and respond to violence, exploitation and neglect.

On-track

PCR 6260/A0/05/302 PCR 3.2: 55,000 households access to social protection services, including social cash transfers, for the poorest and most at risk children and their families nationally and with special focus on most disadvantaged districts and communities, by 2015

Progress:

Joint advocacy by UNICEF, the World Bank and other partners resulted in access to social protection as a fundamental right for all children in Zimbabwe, as reflected in the new Constitution finalised in 2013. Realisation of this right will be partly achieved in the planned Government scale-up of the Harmonised Social Cash Transfer (HSCT) programme, supported technically and financially by UNICEF, to 20 districts by the end of 2013 – a 75 per cent increase from 2012. The HSCT aims to provide a critical social protection service to children living in the poorest and most vulnerable families, thereby preventing child exploitation such as child marriage and labour, and is a key output of the Government’s economic development plan, ZIM-ASSET. The HSCT therefore is linked to the case management system and accompanying delivery of specialist child protection services under the CPF, such as access to post-rape care, family support and legal assistance. In addition, the HSCT provides significant gender benefits, as 64 per cent of beneficiary households are headed by women, predominantly elderly women; 36 per cent of child beneficiaries are orphans, which is almost double the national prevalence rate for orphanhood. The Management Information System (MIS) of the HSCT is poised to link the beneficiaries to other social protection services, including the Basic Education Assistance Module and Assisted Medical Treatment Orders.

In 2013, UNICEF and the Government jointly commissioned an independent baseline survey in control and intervention districts that will measure the impact of the HSCT on both child and family well-being, including nutrition, violence and education.
UNICEF continued its advocacy for the establishment of a high-level social protection working group led by MoPSSLW, which has been delayed due to the complex operating environment, as has the allocation to social protection in the national budget. Developing a comprehensive social protection policy is a priority in 2014.

**On-track**

**IR 6260/A0/05/302/001** IR 3.2.1. 55,000 food poor, labour constrained child, female and male-headed households are guaranteed long-term cash transfers from a government-led national system by 2015

**Progress:**

The HSCT programme, initiated during 2011, has to date benefitted more than 32,591 of the poorest households in 13 districts of Zimbabwe. Beneficiaries include 97,561 children. In 2013, approximately US$7,589,780 was disbursed to households that met the eligibility criteria (labour constrained and food poor). This exceeds by 23 per cent the September 2013 milestone target of 25,000 households. One hundred per cent of payments to households were delivered reliably and with an accompanying independent complaints mechanism in place. An independent review of the programme commissioned by multiple donors to the CPF scored the programme as effective and efficient, particularly in the context of the difficult and uncertain implementing context. A qualitative evaluation of the HST supported by FAO highlighted early results in stimulating local economies and increased social inclusiveness for these usually excluded and most marginalised households. The cost-efficiency analysis concluded that HSCT total operational costs were reduced from 12.5 per cent in phase I to 7.7 per cent in phase II. This means that in phase II, the cost of transferring US$1 to beneficiaries was 8 cents. Compared to international standards and other comparable programmes in Africa, HSCT administrative costs are low, indicating high cost-efficiency.

The baseline survey for a longitudinal impact evaluation was conducted during May 2013 and final data analysis is on-going, with dissemination of results planned for January 2014. In spite of coordinated advocacy by MoPSSLW and UNICEF, the funding committed to HSCT by the Government of Zimbabwe did not result in a disbursement to the programme. This reflects the scarcity of resources available to a Government operating within a cash-constrained budget, rather than lack of commitment.

**On-track**

**IR 6260/A0/05/302/002** IR 3.2.2: Gender sensitive emergency preparedness and responses for child protection enhanced at all levels.

**Progress:**

UNICEF continued to play an important leveraging role for civil society partners in the child protection sector to ensure that their voices are heard in larger national forums. During 2013 UNICEF negotiated with the Government to transfer the Chairmanship of the Child Protection Network (CPN) from UNICEF to Save the Children, in line with the guiding principle of strengthening national capacity and ownership. Child Protection surveillance through the CPN was increased during the election period; however no major incidents were reported.

Three quarterly CPN Meetings were conducted in 2013, with an emphasis on training in advocacy and accountability. The CPN continues to strengthen its linkages with the Government so that reliable evidence on the situation of children is generated and acted upon in line with national referral and reporting standards. CPN leadership was in constant communication with the Government, and plans are underway to organise training in Global Child Protection Minimum Standards, together with Government, in 2014.

UNICEF Zimbabwe supported the MoPSSLW to finalise Standard Operating Procedures for children-on-the-move between Zimbabwe and South Africa. The UNICEF South Africa Country Office, in collaboration with UNICEF Zimbabwe, is pursuing finalisation of the SOPs by the Government of South Africa. No significant reports were received in relation to children on the move.

**Met**

**IR 6260/A0/05/302/003** IR 3.2.10: Project support

**Progress:** All critical staff posts were filled during 2013

**On-track**

**PCR 6260/A0/05/303** PCR 3.3: An enabling policy, legislative and budgetary environment is in place including ratified Optional Protocols to the Convention on the Rights of the Child and a standardised case management system for child victims of violence, abuse and exploitation.

**Progress:**

During 2013 the Constitution of Zimbabwe was finalised following a national referendum. It now includes a specific bill of rights for children that references the child’s right to protection from economic and sexual exploitation, child labour, and from maltreatment, neglect or any form of abuse. Further, the Constitution requires the State to take all practical measures to provide social security and social care to those who are in need. This provides a platform for further advocacy and lobbying based on the highest legislative authority.

Also in 2013 the Ministry of Women’s Affairs, Gender and Community Development (MoWAGCD) launched the National Baseline Survey on the Life Experiences of Adolescents (NBSLEA), a national prevalence survey on violence against children. This survey provides national prevalence data on sexual violence; 33 per cent of girls report experiencing sexual violence before their 18th birthday, however less than 3 per cent accessed specialist survivor services. This official acknowledgement by the Government of Zimbabwe of the survey data provides an evidence-based platform for programming and for further research in 2014 into the determinants of sexual violence, which in turn will contribute to the design of a broader prevention strategy. The survey was launched alongside a national campaign.
tackling child abuse to be led by children and young people in 2014. The monitoring and evaluation of child protection services in Zimbabwe is experiencing a fundamental shift in how everyday accountability to children is understood and practiced. An independent assessment in 2013 noted that the Promising Quality M&E Framework, which was developed jointly with Government of Zimbabwe and fully endorsed by MoPSLSW, is at the forefront of global trends in 'downward accountability,' client-focused service provision and human rights-based programming, and is providing a platform for real-time, child/beneficiary-informed, evidentia-based planning.

**On-track**

_**IR 6260/A0/05/303/001 IR 3.3.1**_ International child and women rights treaties ratified and domesticated and a child-rights based Constitution is adopted; Inter-Ministerial Committee and other relevant bodies follow up on recommendations of the CRC and CEDAW Committees

**Progress:**

UNICEF’s partnership with the Council of Social Workers ensured that mechanisms for consistent registration and regulation of social workers were developed, to allow the Social Work Act to be fully implemented. Following 10 years of advocacy, the Council worked with MoPSLSW to gazette the Statutory Instrument (SI) to allow non-civil servant social workers, employed by NGOs and approved by Government, to act as probation officers. This will significantly contribute to the provision of services to children, including emergency place of safety.

In addition, the Government, with support from UNICEF and other development partners, ratified during 2013 both The Optional Protocol to the CRC on Sale of Children, Child Prostitution and Child Pornography and the UN Convention on the Rights of People with Disabilities.

**On-track**

_**IR 6260/A0/05/303/002 IR 3.3.2**_ CP and SP data collection systems strengthened to generate age-, sex-, wealth- and location-disaggregated data for evidence-based planning, implementation, coordination, monitoring and evaluation.

**Progress:**

1) Promising Quality, An Independent Assessment of 15 Specialised Child Protection Services in Zimbabwe: programmatic transformation has already begun as reported in the increase of quality, accountable child protection services available in the country.
2) An Independent Evaluation of the HSCT phase II Household Targeting Survey Implementation noted: that UNICEF’s and Government's approach to targeting and verification was successful and should be concluded. The approach included staggered implementation, census implemented by ZIMSTAT and resulting national household register, verification by randomised sample surveys implemented by MoPSLSW district officers and reports generated by the MIS. The report concludes by giving recommendations for retargeting Phase 1 districts in 2014, making use of the national household register and ensuring financial sustainability of HSCT.
3) A Qualitative Evaluation of the HSCT: confirmed that it enables beneficiary households to reduce distress, sale of assets and reduce indebtedness. It helps beneficiaries be more self-reliant and to better meet and diversify food requirements. The HSCT also enables households to negotiate payment plans with schools and pay their children's school fees.
4) Baseline Household Survey HSCT Impact Evaluation: The Impact Evaluation of the HSCT will involve a two-year mixed methods quasi-experimental design that includes four components: an impact evaluation, an income multiplier study, targeting study and process evaluation. Baseline data has been collected and while analysis is on-going, early results indicate that HSCT beneficiary groups have twice as many maternal orphans compared with the poorest rural households. The percentage of beneficiaries living below the food poverty line is 81 per cent (compared to 30 per cent of the average rural population). The poverty gap is also much higher in HSCT households than in rural Zimbabwe. The full baseline and targeting report will be disseminated in January 2014. Follow-up surveys will be conducted in 2014 and 2015.

**On-track**

_**IR 6260/A0/05/303/003 IR 3.3.10**_ Project support

**Progress:** All critical staff posts were filed in 2013.

**PC 4 - Water, sanitation and hygiene**

**On-track**

_**PCR 6260/A0/05/401 Outcome 3**_ Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices

**Progress:**

The Government’s new economic and development blueprint, ZIM-ASSET, prioritizes improved access to WASH. There has been progressive improvement in access to drinking water, mostly in urban areas, from 95.1 per cent in 2009 (MIMS 2009) to 97.8 per cent in 2012 (Poverty, Income, Consumption and Expenditure Survey, PICES 2012). Massive investments have been made in Urban WASH by UNICEF and other donors in response to high-risk emergency WASH-related diseases. This involved rehabilitation of the water supply system in three towns, rehabilitation of sewerage systems in two towns and drilling 213 boreholes in urban communities and growth point centres. These interventions contributed to the reduction of cholera from 98,531 cases and 4,282 deaths (mainly in urban areas) during the political and economic collapse in 2008 to six cholera cases and 0 deaths as of week 45 of 2013.

UNICEF received a US$30 million grant from AusAid to support access to quality WASH services in 14 towns, benefitting about 350,000
people. The project is in its initial year and start-up activities are underway. UNICEF is also in the second year of implementing a large project funded by the Department for International Development (DFID) and the Swiss Agency for Development and Cooperation (SDC), which aims to increase access to safe water supplies and sanitation facilities for 2,375,000 people in 33 rural districts. Thus far, 30 per cent of WASH project activities were implemented and 37 per cent of the total budget utilised (US$21,272,118). In addition UNICEF is supporting WASH in schools through the provision of water and sanitation infrastructure in eight rural schools through the Child-Friendly Schools project. Project activities, such as the construction of school latrines, are ongoing in all target schools. Gaps still exist in WASH in health institutions; however donors such as SDC have commenced funding to improve this situation.

**Progress:**

In 2013, about 372 communities in 15 rural districts were reached with safe water supplies, 275 boreholes drilled (195 DFID, 80 SDC) and 97 borehole rehabilitations were completed. To date, a total of 378 new boreholes were drilled and fitted with Type 'B' Bush Pump, providing safe water to a total estimated population of 136,000 people (23,627 men, 30,449 women and 81,995 children) under the RWP. In addition a total of 97 boreholes, out of a target of 1,500, were rehabilitated in nine districts benefiting 24,276 people (11,652 men and 12,624 women).

Community-based mechanisms were established to ensure sustainable pump quality and maintenance. District water technicians were trained on quality inspection of bush pumps, while 151 water committees were established for new and rehabilitated water points and 438 village pump-minders trained and equipped to maintain the water points. However, this activity suffered a slow start due to the challenge of finding reputable suppliers for Type "B" Bush pump spare parts. The initial parts delivered to UNICEF were found to be substandard and had to be returned to the manufacturer.

An inventory of the piped water schemes in 33 target districts was established, and 11 piped water schemes were assessed and identified for rehabilitation/repair. Six additional schools were provided with new boreholes under the Child-Friendly Schools Project, resulting in a total of 32 schools with access to safe water supply.

In 2014 a cost-effectiveness analysis will be conducted on the number of users per water point and value for money.

**On-track**

**IR 6260/A0/05/401/002 IR 4.1.2**: 10 urban centres (UC) and 20 growth points (GP) are using safe water supply that meets national standards for quality, quantity and distance by December 2015.

**Progress:**

Over 1 million people now have access to improved water supply following completion of the rehabilitation of water treatment plants in three urban centres (Harare, Masvingo and Zvishavane).

Rehabilitation of the water supply system in Plumtree is ongoing, and once completed will ensure water to 11,626 people. UNICEF completed the contracting process for rehabilitation of water supply infrastructure in six additional urban centres (Bindura, Chipinge, Chiredzi, Karoi, Rusape, Shurugwi), which will cover a total population of 172,233; rehabilitation is expected to be complete by March 2014.

Although strides were made to ensure that water and sanitation services return to normalcy in urban centres, significant gaps remain. Reports from urban settlements, including growth centres, give a consistent picture of distribution systems in need of repair. According to the 2011 Country Status Overview, an additional investment of US$234 million is required for urban water supply and US$325 million for urban sanitation for the country to achieve MDG 7.

**On-track**

**IR 6260/A0/05/401/003 IR4.1.3**: 10,000 rural communities and 1,500 primary schools in 30 cholera prone districts are using improved sanitation facilities by December 2015.

**Progress:**

According to PICES 2011/12, only 58.6 per cent of the rural population has access to a sanitation facility and 41.4 per cent practise open defecation. The National Hygiene and Sanitation Strategy launched in 2012 targets (among other issues) the elimination of open defecation. The pilot of the Community Approaches to Total Sanitation in Hwange and Binga was completed, and CATS was scaled up to 31 additional districts.

Sanitation-focused Participatory Health and Hygiene Education aims to promote demand-led sanitation for the elimination of open defecation. UNICEF supported training-of-trainers for 280 facilitators from the provincial and district levels who will train and coach district extension workers, who will be responsible for rolling out SaPHHE to communities.

Five schools completed the construction of school latrine blocks, each with 10 squat holes in Chiredzi, Chipinge and Mhondoro districts. In addition, WASH facilities in 520 schools in five districts were at various stages of construction by end-2013. A total of 300 schools are targeted for completion in 2014.
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On-track

IR 6260/A0/05/401/004 IR 4.1.4: 10 urban centres and 20 growth points are using improved sanitation facilities by December 2015.

Progress:

Although access to urban sanitation is reported to be at 98 per cent (PICES 2011/12), the World Bank Service Level Benchmarking 2013 revealed that the coverage of sewerage network services is on average 67 per cent and the efficiency in collection of sewage is only 37 per cent, posing a serious health hazard as sewerage flows in open drains and storm drains. This is mainly due to a combination of an aging sewerage system, sewer system blockages as a result of limited water flowing through the pipes (resulting in hardening of waste), and the mushrooming of illegal onsite sanitation facilities such as septic tanks in unapproved residences. Rehabilitation of the urban sewer system contributes to a reduction in the risk of water- and sanitation-related diseases. UNICEF provided over 6,000 people with increased access to basic sanitation through rehabilitation of sewage collection system in two urban centres (Masvingo and Zvishavane). The contracting process for rehabilitation of sanitation infrastructure in six additional urban centres (Bindura, Chipinge, Chiredzi, Karoi, Rusape and Shurugwi) was completed and rehabilitation work has commenced. The rehabilitation is expected to benefit 172,233 people.

IR 6260/A0/05/401/005 Output 3.1. 3000 rural communities, 14 urban centres, and 1,300 schools in 33 districts and population (men, women and children) affected by emergencies have access to improved and sustainable drinking water services by December 2015.

IR 6260/A0/05/401/006 Output 3.2. 3000 rural communities, 14 urban centres, and 1,300 schools in 33 districts, and population (men, women and children) affected by emergencies have access to improved sanitation services by December 2015.

IR 6260/A0/05/401/007 Output 3.3. 3000 rural communities, 14 urban centres, and 1,300 schools and have adequate knowledge and skills on critical hygiene practices by December 2015.

IR 6260/A0/05/401/008 Output 3.6: Enabling policy, financial, and institutional environment is strengthened for provision of equitable access to improved WASH services (WASH General).

On-track

IR 6260/A0/05/401/010 Output 3.10: Project support -salaries

Progress:

All critical staff posts were filled to facilitate full implementation of programme activities.

On-track

PCR 6260/A0/05/402 PCR 4.2: 70 per cent of HH practice safe hygiene and sanitation as well as sanitation security, and contribute to disaster risk reduction, by 2015.

Progress:

The percentage of the population practicing open defecation decreased from 2009 (33 per cent) to 2012 (27.4 per cent) as a result of continuous C4D hygiene promotion activities, the new Government sanitation and hygiene strategy that emphasizes demand-led sanitation, and low cost sanitation solutions for the poor (the upgradable Blair Ventilated and Improved Pit latrine or uBVIP). The CATs and uBVIP technology were evaluated and recommended for scale-up to eliminate open defecation. UNICEF is supporting ToTs on CATS, now dubbed Sanitation-focused Participatory Health and Hygiene Education. The roll-out of SaPHEE in 31 additional districts is set to ensure that 1,140,000 people are using adequate sanitation facilities.

National Urban Hygiene Promotion guidelines aimed at tackling open defecation in urban centres (among other hygiene issues) were developed and adopted by the Urban WASH sub-committee of the National Action Committee. Over 27,000 people affected by emergencies were reached with WASH services. UNICEF continued its partnerships with four NGOs (Action Contre la Faim, German Agro Action, Mercy Corps, and Oxfam GB), which are members of the Environmental Health Alliance (EHA), a consortium of NGOs focusing on emergency response and early recovery.

On-track

IR 6260/A0/05/402/001 IR 4.2.1: All women, girls, boys and men in 10,000 rural communities are reached with appropriate hygiene messages on safe water collection, storage and point of source treatment; proper maintenance and use of latrines; and hand washing with soap.

Progress:

In order to raise awareness and promote safe hygiene practices, a combined National Sanitation Week and Global Hand- Washing Day commemoration was successfully held in one province (Mashonaland East). A total of 3,000 people (seven communities) attended the event. Hygiene messages reached about 7 million people through the SMS platform of a popular mobile network service provider and IEC material. Non-food items such as soap were distributed to 102 schools to benefit over 50,000 school children.
IR 6260/A0/05/402/002 IR 4.2.2: All women, girls, boys and men in 10 urban centres and 20 growth points are reached with appropriate hygiene messages on safe water collection, storage and point of source treatment; proper maintenance and use of latrines; and hand washing with soap.

Progress:

Over 160,000 people in seven urban centres (Bindura, Chipinge, Chiredzi, Karoi, Plumtree, Rusape and Shurugwi) were reached with messages on safe hygiene practices through various activities, such as establishing and strengthening health and school clubs, hygiene promotion sessions, road-shows, and clean-up campaigns, including special sessions for people living with disabilities. The impact of the messages will be evaluated by project surveys and an end-of-project evaluation.

On-track

IR 6260/A0/05/402/003 IR 4.2.3: Affected populations are provided with emergency safe water and sanitation services as per CCC.

Progress:

UNICEF continued its partnerships with four NGOs (Action Contre la Faim, German Agro Action, Mercy Corps, and Oxfam GB), which are members of the Environmental Health Alliance (EHA), a consortium of NGOs focusing on emergency response and early recovery.

Under the EHA framework, UNICEF supported distribution of non-food items, including water treatment tablets, soap, oral rehydration solution (ORS) and IEC material, benefitting approximately 27,000 people, as well hygiene promotion among people affected by or at risk of diarrhoeal diseases and cholera in 12 districts.

In addition, UNICEF continued to rely on the good multi-sector collaboration of the Ministry of Environment, Water and Climate Change and the Ministry of Health and Child Care through the National Action Committee to jointly address humanitarian issues related to WASH-related diseases.

On-track

IR 6260/A0/05/402/010 IR 4.2.10: Project support.

Progress:

All critical staff posts were filled to facilitate full implementation of programme activities.

On-track

PCR 6260/A0/05/403 PCR 4.3: An enabling policy, legislative and budgetary environment created to ensure the provision of equitable water and sanitation services, with focus on the most disadvantaged populations by 2015.

Progress:

The National Water Policy and National Sanitation and Hygiene Strategy, supported by UNICEF and approved by the Cabinet, were launched and are being operationalised, contributing to strengthening WASH sector coordination and partnerships. Budget allocation to the WASH Sector is still very low. According to the EThekwini Declaration, the Government is to set aside 1.5 per cent of GDP to the sector. However, in 2013, Zimbabwe allocated only 2 per cent of the national budget to WASH, amounting to just 0.4 per cent of GDP.

Met

IR 6260/A0/05/403/001 IR 4.3.1: Comprehensive gender-sensitive WASH policy reviewed and strategy developed and implemented in line with the revised policy.

Progress:

As noted, the National Water Policy was launched, providing an important legislative framework for WASH activities. In addition, UNICEF supported implementation of the Sanitation and Hygiene Strategy through piloting the demand-led approach to sanitation “community approaches to total sanitation”, and the upgradable Blair Ventilated and Improved Pit (uVIP) latrine. The CATS approach and uVIP technology were subsequently evaluated and found to be appropriate in Zimbabwe, as they have the ability to increase sanitation coverage and reduce the percentage of people practicing open defecation. The evaluation recommended the use and scale-up of CATS and uVIP technology.

National Urban Hygiene Promotion guidelines, supported by UNICEF, were adopted by the Urban WASH sub-committee of the NAC. The guidelines await approval from Government.

On-track

IR 6260/A0/05/403/002 IR 4.3.2: Sector-wide coordination and management strengthened to effectively plan, implement, manage, coordinate, monitor and evaluate WASH programmes, including disaster risk management.

Progress:
An annual joint sector review for the Rural WASH sub-sector was conducted in December 2013 to review progress made to date and to develop recommendations for the next annual work plan, including the scale-up of the WASH Village-based Consultative Inventory (VBCI). Findings will be shared in early 2014.

UNICEF supported revitalisation of 33 District Water and Sanitation Sub-Committees, which are actively participating in the rural WASH project. Composition of Water-point Committees (WPC) was guided by the community-based management (CBM) manual to ensure gender balance. The composition in 2013 was 50 per cent male and 50 per cent female. Altogether, 151 WPCs were trained in CBM of water points. Plans are already underway to train WPCs for the remaining newly drilled boreholes and resuscitating structures on existing boreholes that are being repaired.

Progress:

Six private suppliers remain active in Binga and Hwange districts, supplying latrine construction materials. The roll-out of public-private partnerships in another 31 rural districts is expected to occur in 2014. In addition UNICEF strongly advocated with Bindura Municipality for a dedicated power line from Freda Rebecca Gold Mine Limited, a gold mine located just outside Bindura, which would ensure that the Bindura water pumping station will not be affected by power cuts. Rusape Town is also working closely with Delta Corporation and has been able to obtain its assistance in improving their refuse collection system. For other towns, potential private sector partners have been identified and discussions were being held on building partnerships to support operation and maintenance of water and sanitation services.

UNICEF also mobilised an additional US$6 million for rural WASH from the SDC and US$30 million for the rehabilitation of urban WASH systems from AusAid.

Progress:

UNICEF contracted Development Data and Pegasys to conduct a baseline survey for the rural WASH project. Data collection was completed; data cleaning and analysis are in progress, and the final report is expected in February 2014. The results will inform future planning, monitoring and evaluation of WASH activities.

The Multiple Indicator Cluster Survey (MICS) is also in progress and will provide critical data on WASH coverage.

Progress:

All critical staff posts were filled to facilitate full implementation of programme activities.

PC 5 - Policy advocacy, planning, monitoring and evaluation

Progress:

- UNICEF continued to be a leader in child-related policy research in Zimbabwe, focusing on generating, analysing and sharing evidence to assist policy-makers, donors and practitioners to develop and implement policies and programmes that position children at the centre of development. These efforts were reflected in budget allocations, thus supporting the best interests of Zimbabwean children.
- The Poverty Income Consumption and Expenditure Survey (PICES), 2012 census, as well as the 2012/13 Census Post Enumerations Survey, were completed with UNICEF financial and technical support. The highlights of these surveys included an annual population growth rate of 1.1 per cent, extreme poverty prevalence at just under 70 per cent, rapid urbanisation and constrained rural and urban livelihoods. These surveys will enable disaggregated secondary analysis to take place during 2014.
- UNICEF continued support for national development planning processes through: strengthening the monitoring and evaluation aspects of the previous plan; working in conjunction with the new Government to develop its development plan, the Zimbabwe Agenda for Sustainable Social & Economic Transformation; and ensuring that children and young people feature at the centre of development.
UNICEF continued effective advocacy through joint research with the Ministry of Finance and Economic Development and pre-budget consultation submissions for protection of and expansion in social sector service funding through earmarked and ring-fenced taxes and overall assessment of fiscal space to reduce donor-dependency vis-à-vis social sector spending.

- With UN partners, the 2012 MDG report was disseminated in 2013. The report revealed that Zimbabwe was not on track to achieve five of the eight MDGs, and further accelerated efforts were required to achieve (or at least get close to achieving) the MDGs, with the resultant benefits for women and children. Preparations for the 2014 MDG report are underway as the Multiple Indicator Cluster Survey will also be carried out with UNICEF financial and technical support, and will provide 21 indicators for MDG reporting.

**On-track**

**IR 6260/A0/05/501/001 Output 7.2:** Strengthened national capacity for child sensitive budgeting, costing and financing of services for children.

**Progress:**

Following the election of a new Government in 2013, a new economic blue print, ZIM-ASSET 2013-2018, replaced the previous Government’s Medium-Term Plan (MTP) 2010-2015. UNICEF, through its analyses and advocacy efforts, supported MTP monitoring and reporting, and subsequently supported the development of ZIM-ASSET, while also promoting the best interests of children through evidence dissemination and advocacy. UNICEF financially and technically supported the process of costing the Essential Health Benefit package, the National Food and Security policy, and the Social Protection Floor. These costing activities will be completed in 2014 and will constitute critical evidence for identification of fiscal space and further costing/benefit analyses.

UNICEF conducted a 2013 Budget outturn analysis to ascertain actual Government expenditure versus planned, in addition to quarterly budget tracking reports. These reports demonstrated huge discrepancies between planned and actual expenditure in all the social sectors, and the potential harm this may cause to the attainment of results for children.

Through UNICEF coordination and resource mobilisation, more than 50,000 children participated in the Child-Friendly National Budgeting Initiative, a partnership between UNICEF, the National Association of NGOs (NANGO), Zimbabwe Youth Council (ZYC), Save the Children and Barclays Bank, resulting in children presenting key priority issues, such as the need for more education assistance to OVCs and more attention to children living with disabilities, to Government ministers, including the Minister of Finance, for consideration in the national budget.

The subsequent national budget generally reflected these priorities, but as mentioned elsewhere, the challenge is never the budget allocations, but rather the actual release of the funds from Treasury to the line ministries.

**On-track**

**IR 6260/A0/05/501/002 IR 5.1.2:** The capacity of ZIMSTAT to produce, analyse and disseminate age, sex, wealth and location disaggregated data is strengthened.

**Progress:**

UNICEF provided technical support towards the 2013 update of the Zimbabwe Statistical Database (ZIMDAT), a comprehensive database of information to enable better planning and encourage the use of evidence to inform policies. One workshop for the latest DevInfo version was successfully conducted, involving training 15 users within Government and development partners; these will be followed up by further trainings in 2014. The 2013 ZIMDAT update is currently being finalised and will be disseminated at the Africa Statistics Days Celebrations in 2014.

UNICEF produced and regularly updated a factsheet of statistics on children and women with new data from the Labour Force and Child Labour Survey, the PICES and the Census. The factsheet served as a useful tool for UNICEF policy advocacy and programme planning, and provided the basis for further secondary analysis to be carried out in 2014.

**On-track**

**IR 6260/A0/05/501/003 IR 5.1.3:** The capacity to generate knowledge and evidence on the situation of children and women is strengthened among local research, evaluation and training institutions.

**Progress:**

The Research and Evaluation Committee identified and prioritised capacity needs, data gaps and 15 operational research (OR) and evaluation studies for the Integrated Monitoring and Evaluation Plan (IMEP) 2013-14. The Reference Group, a peer review forum, provided quality assurance and technical guidance to the Country Office Mid-Year Review, four evaluations, and eight research studies. The evaluation of Point of Care machines for HIV testing was recognised by Headquarters as one the best 48 evaluations globally. Twelve of the 15 studies were completed: The National Baseline Survey on the Life Experiences of Adolescents, Rural WASH Baseline Survey, Apostolic Birth Camps Study, Vital Medicines and Health Services Survey, H4+ Initiative for Maternal, New-born and Child Health Baseline, Micronutrient Survey, Zimbabwe Early Learning Assessment, Cash Transfer Quantitative Baseline Survey, Assessment Quality of Child Protection Services, School Grants Pilot Baseline Evaluation, Equity Studies on Child Poverty and Children living with Disabilities and a secondary analysis of DHS 2010-2011.

Brown Bag seminars were an important opportunity to disseminate findings and promote policy dialogue. Topics included WASH, poverty and equity, applications of GIS in health and vulnerability assessments, climate change, peace-building approach to domestic violence reduction, and sex workers and HIV. Participants included Government, academia, NGOs, donors and other partners, with attendance increasing from an average of 60 last year to 100 participants in 2013. The seminars also provided a peer-review mechanism for local researchers and, in response to demand, efforts are underway to decentralise to five provinces.
CCORE initiated support to resuscitate the Zimbabwe Evaluation Association (ZEA) as a knowledge-sharing forum. As interim secretariat for ZEA, CCORE will support building the capacity of Zimbabwean researchers by strengthening coordination and networking between professionals and research institutions and establishing peer-review mechanisms to improve the quality of research and evaluations.

On-track
IR 6260/A0/05/501/004 Output 7.5. Systems are strengthened to promote the participation of children and adolescents, especially the marginalized and excluded, in decision-making at national and local levels.

Progress:

In 2013 the President launched the National Youth Policy, to which UNICEF provided technical and financial support. The Policy provides the framework for coordinating youth programmes and young people’s participation in national social, economic and political development. Working with ZYC, 325 junior parliamentarians were inducted and Junior Parliament was officially opened by the President. UNICEF used the occasion to call for children to be kept from harm’s way and to have unhindered access to services during the run-up to the elections.

In partnership with Barclays Bank and ZYC, over 50,000 children participated in the Child-Friendly Budgeting Initiative, culminating in the presentation of recommendations to Cabinet Ministers for consideration in the national budget, such as introduction of a 3 per cent alcohol and tobacco levy to fund youth programmes.

In partnership with the Zimbabwe Union of Journalists (ZUJ), 35 editors and producers from print and electronic media committed themselves to publishing content produced by young people. The Sunday Mail and Zimbabwe Broadcasting Corporation are among media outlets that carried stories written and produced by young people. With UNICEF support, ZUJ facilitated a training of six prominent Zimbabwean filmmakers and 20 young people in producing short format videos, which will be channelled through mass reach platforms such as the Harare International Festival of the Arts and the Zimbabwe Broadcasting Corporation.

UNICEF initiated the Y-Zone radio programme for young people to dialogue on topics ranging from HIV to child abuse. Young people presented a petition to Government for stronger penalties against perpetrators of violence at the launch of the national campaign to end sexual violence against children. Other advocacy events in which young people participated included the International Day of the Girl Child, the Day of the African Child, Universal Children’s Day, the launch of the Life Skills, Sexuality and HIV & AIDS Education Strategy, and the media roundtable on disabilities.

On-track
IR 6260/A0/05/501/005 IR 5.1.5: Strengthened capacity of local media institutions and enhanced advocacy and engagement of public and private media organisations to increase quality coverage of children and women’s rights and gender equality issues.

Progress:

In an election year, UNICEF’s advocacy message was to keep children out of harm’s way and ensure their access to basic services, conveyed by the Executive Director during his visit in March and reinforced in speeches by the Representative.

Media coverage was achieved through advocacy events: handover of HTF supplies to Government, signing of a memorandum of understanding with Women’s University on social policy training, press conferences announcing the EU’s contributions to the HTF and the EDF, commemorations of Global Hand-Washing Day, International Day of the Girl Child, Universal Children’s Day, and launches of the National Baseline on Life Experiences of Adolescents, new treatment guidelines for pregnant women, the national nutrition policy, the Life Skills, Sexuality and HIV & AIDS Education Strategy, the national youth policy, and the Small Towns Water and Sanitation Programme. The media also reported on UNICEF’s partnerships with the private sector: Barclays Bank’s handover of funds for the Child-Friendly National Budgeting Initiative and Econet’s donation of handsets to junior parliamentarians.

Media capacity building included training 30 journalists in maternal/child health reporting, resulting in numerous print and electronic media stories and formation of an association for health journalists. Two field visits were organised on open defecation and children with disabilities, which resulted in media stories to coincide with the ODF certification of Tyaba village in Binga and launch of the State of the World’s Children Report on disability.

UNICEF sponsored two weekly radio programmes on youth issues and maternal/child health and a weekly television programme on maternal/child health. An advocacy package was produced on the HTF and published on the global EU and UNICEF websites. UNICEF’s website averaged 24,000 hits per month. The Facebook page reached 4,877 people in Zimbabwe, followed by 500 in South Africa and 268 in the UK.

On-track
IR 6260/A0/05/501/006 IR 5.1.6: Information Systems of social-sector line ministries (Health, Education, Labour & Social Services, Water Resources, Development and Management) are strengthened to generate quality and timely disaggregated routine data for results-based programme planning, monitoring, evaluation and reporting.

Progress:

UNICEF’s internal management information systems (MIS) were strengthened through the implementation of the Monitoring Results for Equity System. A formative evaluation of MORES was completed. Findings indicated that UNICEF Zimbabwe achieved systematic MoRES mainstreaming into sector planning and monitoring of large-scale programmes. Also, an external assessment of the evaluability of the Country Programme (CP) was completed and Government and UNICEF endorsed the revised CP Results Framework, which is aligned to UNICEF’s global Strategic Plan 2014-2017 and the government’s development agenda, ZIM-ASSET.

Further, UNICEF supported strengthening sector-wide MIS.

- In health, Provincial Medical Directorates were supported to produce monthly health statistical reports that were used to ensure better management of health system bottlenecks at provincial and district level, while also contributing to national-level
strategic discussion of progress and shortfalls.

- The WASH MIS is currently under construction and once completed will provide critical information for monitoring reduction of bottlenecks associated with open defecation at district level.
- The Promising Quality M&E Framework is proving to be an excellent platform for monitoring the quality of child protection services.
- UNICEF support to 2013 Education Census data collection, processing and analysis was critical to ensure the availability of education statistics that enabled better planning, sector strategies and leveraging global partnerships, such as the approved Global Partnership on Education.

UNICEF also made significant progress in implementing Harmonized Assurance of Cash Transfers (HACT). Four public accounting firms were engaged to conduct micro-assessments and assurance activities. To date, 210 of 224 partners have been micro-assessed. To strengthen the financial capabilities and build the capacity of Government and NGO partners, UNICEF conducted 58 workshops with 2,363 participants. UNICEF also held meetings with 71 partners from the Ministry of Health and three NGOs to discuss the findings of the micro-assessment exercises, risks identified and cash transfer modalities.

Note: On-track

**IR 6260/A0/05/501/010 Output 7.10: Project support - salaries**

**Progress:**

All critical staff posts were filled.

Note: On-track

**IR 6260/A0/05/501/517 IR 5.1.7: Leveraging on Public-Private Partnerships established and utilised to advance advocacy and programmatic support in all country programmes**

**Progress:**

A number of private organisations were engaged in 2013 to advocate for child rights. Partnership with Barclays Bank Zimbabwe availed US$155,000 for child-friendly budgeting activities, allowing the orientation of more than 50,000 children on child rights and the role of national budget in fulfilment of children’s rights.

ECONET Wireless Zimbabwe partnered with UNICEF in support of the Junior Parliamentarians in Zimbabwe through a donation of 320 cell phones. This enhanced communication between the Junior Parliamentarians and coordinators in their constituencies during consultations. In addition, ECONET Wireless Zimbabwe made available 5,000 cell phones to be used during the test project for electronic transfer of funds to beneficiary households under the HSCT Programme. Also, ECONET Wireless Zimbabwe partnered with UNICEF through the MOHCC in disseminating C4D messages during Sanitation Week and Global Hand-Washing Day to promote hygiene in the country.

For the first time, UNICEF Zimbabwe exhibited at the Zimbabwe International Trade Fair (ZITF) held in Bulawayo in 2013, as a signal of willingness to collaborate with the private sector to advocate for children’s rights. The exhibition was a success and in 2014, UNICEF and other UN Agencies in Zimbabwe will exhibit together.

Another key strategic partnership was established with the umbrella body of the Apostolic Churches to find better strategies of promoting utilisation of modern health and education services by their members. As a first step towards building the partnership, a strategic plan was agreed upon that defines the roles of the Apostolic Churches on one side and UNICEF and other UN organisations on the other hand in reducing religion-related barriers to service delivery.

Note: On-track

**IR 6260/A0/05/501/518 Output 7.3. Strengthened integrated Social Protection Systems to respond to child poverty and vulnerability through multi-dimensional poverty analysis and policy advocacy**

**IR 6260/A0/05/501/519 Output 7.1: Strengthened data generation and analyses, and evidence-based legislation and policies that promote social inclusion.**

**PC 800 - Cross-sectoral costs**

Note: On-track

**PCR 6260/A0/05/601 Outcome 8: Enhanced Strategic Country Programme Coordination & Management for development efficiency and effectiveness.**

**Progress:**

The ZCO has in place governance and oversight structures to build better understanding of its objectives and priorities. This will facilitate efficient and effective utilisation of resources to positively impact on the lives of women and children. The governance and oversight structures have accountability frameworks that are based on clear communication and understanding of roles and responsibilities across the Office.
Management performance was monitored and compared against established key indicators in the monthly Country Management Team (CMT) meetings, and timely interventions were instituted in areas where underperformance was evident. The CMT has oversight over other sub-committees and tracks achievement of the Office’s planned results and accountabilities against set standards. In addition, CMT monitored sustainability of audit recommendations; HACT compliance, including partner assessments; timely liquidation of cash advances; and other controls on significant areas of risk.

An external audit was conducted during the last quarter of 2012, with 12 recommendations covering Finance and Administration, HACT and Supply. To date, 11 have been closed, with the only one remaining scheduled to be closed by March 2014.

The Risk Profile Audit Committee, responsible for Enterprise Risk Management, proactively integrated identifying, estimating, assessing, handling and controlling risks.

By November 2013, the Country Office had received US$271,211,843, which represents 79 per cent of Other Resources funding requirements for the entire CP (2012-2015). Grants utilisation was monitored to avoid extension of grant durations. Of the US$271 million resources mobilised for 2013, an 89 per cent expenditure level had been achieved by the end of November 2013. During 2013, outstanding DCTs remained below 1 per cent of total disbursements, due to active monitoring of implementing partners.

In 2013, UNICEF recruited 28 staff members on fixed term contracts and four staff members on Temporary Assistance Contracts. At the close of the year, there were 148 FTs, seven TAs, and 37 individual consultants, leaving a vacancy rate of 10.2 per cent, of which eight are on hold due to funding constraints. The CO experienced a high turnover of senior level international professional positions. A total of 13 of the 32 recruitment were completed within the required three-month period.

Key achievements in ICT in 2013 include a 35 per cent reduction on bandwidth cost realised following signing of an MoU with UNDP on the joint use of an internet service provider. As part of emergency preparedness, all staff members were provided with VHF radios and all vehicles were equipped with HF radios. The introduction of a monthly radio check coordinated with UNDSS was also put in place during the pre- and post-election periods. An SMS broadcast system was also established to further enhance communication with staff members in event of a crisis. A 46 per cent reduction in the cost of a local telephone call was attained with the installation of a VoIP gateway on the office PBX. With 30 channels assigned to the VoIP line, the busy signal for incoming calls was reduced and availability of lines for outgoing calls increased.

**On-track**

**IR 6260/A0/05/601/001 IR 6.1.1: Effective and efficient governance systems are sustained, with an emphasis on performance monitoring and risk management**

**Progress:**

The ZCO regularly monitored implementation of the Office Management Plan through monthly Country Management Team (CMT) meetings to ensure efficiency and effectiveness in all operations. As a result, 11 out of 12 recommendations from the 2012 audit were successfully closed; the only one outstanding will be closed by March 2014. The Office also made significant progress in the implementation of HACT. Ninety-three per cent (210 of 224) IPs were micro-assessed and a roadmap to manage cash disbursements to high-risk partners was put in place, including an assurance plan involving spot-checks, audits and programmatic visits. Plans are underway to strengthen financial management capacity of implementing partners based on identified weaknesses as well as agreeing on appropriate cash transfer modalities.

In order to enhance VISION application efficiency and effectiveness, the CO formed a working group at the end of 2013 to develop a road map for the establishment of a Business Processing Centre (VISION Hub). This will allow centralisation of common functions, thereby releasing more time to staff to concentrate on core activities, consistent with the UNICEF mandate.

The ZCO Risk Control Self-Assessment identified 10 risks for 2013, five of which were categorised as high due to the anticipated volatility associated with General Elections in the country. However, by the end of 2013 there were no high risks due to UNICEF’s mitigation measures and changes in the political environment. There was no significant negative impact on programming.

One of the CP’s key risks relates to cash transfers through third parties (health worker allowances, health facility funds, household cash transfers, and school improvement grants). To ensure that assistance reach intended beneficiaries, UNICEF engaged audit firms to spot-check third party contractors’ financial records, including random checks on beneficiaries to verify that payments were received.

The ZCO conducted a simulation exercise involving the Business Continuity Plan during 2013 which tested the functionality of the alternate site, and measured response time of members. Areas of improvements were observed, corrective actions taken accordingly, and the BCP was updated.

**On-track**

**IR 6260/A0/05/601/002 IR 6.1.2: Effective and efficient management and stewardship of financial resources, with attention on supply management ensured.**

**Progress:**

By November 2013, the Country Office had received US$271,211,843, which represents 79 per cent of Other Resources funding requirements for the entire CP (2012-2015). These resources required close monitoring of budget allocations and funds utilisation against grants and aging of DCTs. This was done through monthly CMT and weekly section chief meetings. During 2013, outstanding...
DCTs over nine months were maintained at least less than 1 per cent and by end of November, 89 per cent expenditure level was reached.

All 55 donor reports due in 2013 were timely submitted after undergoing an extensive quality assurance, using the Donor Clearance Checklist from UNICEF’s Public Sector Alliances Resource Mobilisation Office (PARMO). Donor reporting is a standing agenda item of monthly CMT and weekly section chief meetings.

In supply, the local market demonstrated a persistent drive to improve and expand, with a broadening range of goods and services coming from local sources and cross-border procurement. However, the economic situation and limited credit facilities in the country impacted timely delivery of supplies and services. Most suppliers/contractors struggled to secure adequate financing/cash flow to support implementation.

Logistics made gains in streamlining its warehouse operations, distributing most of the older stocks and improving reporting processes that include ‘aging’ on all stocks. The delays arising from the installation of a new computerised system for Beira Port climaxed in June 2013, with an extraordinary high number of shipments delayed for over eight months.

Systematic end-user monitoring of large supplies in all areas was weak in 2013. In 2014, the Supply Division, with programme sections and the monitoring unit, will develop a plan for quarterly end-user monitoring to ensure efficient distribution, good quality and effective use of supplies by women and children.

Large-scale procurement was undertaken for essential medicines, borehole spare parts and science kits for schools. Rigorous competitive tendering processes capitalised on economies of scale and reduced costs, allowed more funding to be available for children.

In the implementation of the HSCT programme, a cost-efficiency analysis concluded that HSCT total operational costs were reduced from 12.5 per cent in phase I to 7.7 per cent in phase II.

**On-track**

**IR 6260/A0/05/601/003 IR 6.1.3: Human capacities are managed effectively and efficiently**

**Progress:**

A total of 28 staff members on fixed-term contracts and four staff members on Temporary Assistance Contracts were recruited in 2013 giving a total of 148 FTs, seven TAs, 37 individual consultants and a vacancy rate of 10.2 per cent, of which eight are on hold due to funding constraints. Despite operating at 60 per cent capacity, HR managed to fill all senior-level international professional positions following a high turnover experienced in 2013. However, only 13 of the 32 recruitments were completed within the required three-month period due to HR staff shortage.

The PER completion rate for 2012 stands at 100 per cent, while the mid-year review for 2013 shows only 54 per cent completion. This prompted the CO to intensify training on Managing Performance for Results (MP4R) that was attended by both managers and non-supervisory staff.

Through introduction of the Strategic HR Business Partner model, which focuses on monthly reporting of eight HR indicators specific to a section, the HR section managed to fulfil recruitment needs and provide critical HR advice to section chiefs to better plan for HR needs.

In addition to the monthly orientation for new staff, pre-arrival orientation was also introduced in 2013 to provide country-specific information for new international staff members and their family members.

In 2013, the ZCO had a strong participation rate (92 per cent) for the UNICEF Integrity Awareness Course. The Caring for Us Committee organised an Employee Wellness Day to promote staff health and wellbeing. Approximately 130 staff (over 90 per cent of all staff) and 174 family members and guests attended activities such as interactive sessions on mindfulness, maternity health, mental health awareness, reducing work stress and workshops specifically geared for children and adolescents on school bullying, sexual abuse and nutrition. In addition, 65 people (36 females, 29 males) attended HIV testing and counselling.

**IR 6260/A0/05/601/004 Output 8.0: National and sub-national capacities for strategic planning, coordination and monitoring and risk management areas strengthened for better targeting and accountability for equitable results for children and women.**

**IR 6260/A0/05/601/005 Output 8.2: The capacity to generate knowledge and evidence on the situation of children and women and ensure equity focus performance monitoring is strengthened at all levels.**

**IR 6260/A0/05/601/006 Output 8.3: Evidence-based and rights-based strategic communication to facilitate positive and measurable social and behaviour change, social mobilization of civil society organizations and increased community participation in development programs (C4D).**

**IR 6260/A0/05/601/007 Output 8.4:1: Capacity to undertake research and evaluation, disseminate and use evidence is strengthened among local institutions.**

**IR 6260/A0/05/601/010 Output 8.10: Project Support - salaries**

**IR 6260/A0/05/601/011 Output 8.7: Young people equipped with the requisite business and technical skills for enterprise development.**

**IR 6260/A0/05/601/012 Output 8.8 (10.3): Enhanced visibility of key results for children through strategic and innovative communication and public advocacy.**
**Activity 10.3: Enhanced visibility of key results for children through strategic and innovative communication and public advocacy.**

**Output 8.1: National and sub-national capacities for strategic planning, coordination and monitoring and risk management are strengthened for better targeting and accountability for equitable results for children and women.**

**Effective and efficient programme management and operations support to programme delivery.**

**Effective and efficient governance and systems.**

**Effective and efficient management and stewardship of Financial Resources.**

**Effective and efficient management of Human Capacity.**

**Financial, information and communication technology and administrative management.**

**Human Resources Management.**

**Oversight and assurance.**

**Staff and Premises Security.**
Effective Governance Structure

The ZCO prepared and shared with staff its management plan, governance and oversight structures to build better understanding of ZCO objectives and priorities and facilitate efficient and effective utilisation of resources. The governance and oversight structures have accountability frameworks that are based on clear communication and understanding of roles and responsibilities across the Office.

Performance of programmes and operations management was monitored and compared against established management indicators in the monthly Country Management Team meetings and, in cases of under-performance, corrective actions were taken. The CMT has oversight over other sub-committees and tracks the status of achieving the Office’s planned results and accountabilities. In addition, CMT regularly monitored sustainability of audit recommendations; HACT compliance, including partner assessments; timely liquidation of cash advances; and other controls on major areas of risk.

Monthly programme management team meetings reviewed programme performance against objectives. The Contracts Review Committee reviewed processes leading to the award of contracts valued in excess of US$48 million in 2013. The high value of goods and services acquired over the year exhibits the complexity and scale of the Country Programme.

The ZCO made use of the Office Management Plan to ensure that the CP continued to be realigned through regular reviews by:

- strengthening internal capacity of staff through the use of efficient and effective operational systems, such as training in VISION (Virtual Integrated System of Information) and staff development
- developing and implementing strong monitoring and evaluation (M&E) systems for better accountability and improved programming.

An external audit was conducted during the last quarter of 2012, with 12 recommendations broadly covering areas in Finance and Administration, HACT and Supply. To date, 11 were closed; the only one remaining is scheduled to be closed by March 2014. The Office made significant progress in the implementation of HACT. Ninety-three per cent (210 of 221) implementing partners were micro-assessed and a roadmap to manage cash disbursements to high-risk partners was put in place, including an assurance plan involving spot-checks, audits and programmatic visits. Further, UNICEF conducted 58 workshops with 2,363 participants to strengthen their financial management capacity, and held meetings with 71 Ministry of Health partners and three NGOs to discuss findings of the micro-assessments, the identified risks, and cash transfer modalities.

VISION serves as a single application system for UNICEF staff world-wide and provides a platform for performance management and improved business processes. Since its roll out in 2012, VISION was decentralised within the ZCO. However, at the end of 2013, the ZCO formed a working group to develop the steps required to establish a VISION hub to improve efficiency and effectiveness. Within the hub, certain functions will be centralised, allowing programme staff more time to focus on programme implementation and monitoring.

Strategic Risk Management

The Risk Profile Audit Committee, responsible for Enterprise Risk Management, proactively integrated identifying, estimating, assessing, handling and controlling risks faced by the Country Office. The ZCO Risk Control Self-Assessment identified 10 risks for 2013, five of which were categorised as high. However, by the end of 2013 there were no high risks due to UNICEF’s mitigation measures and changes in the political environment.

The ZCO Business Continuity Plan (BCP) provides policy and guidance to ensure that the Office has the capability to continue critical processes and operational services when exposed to a broad range of risks, including acts of nature, critical infrastructure failure, loss of key suppliers and catastrophic loss. A simulation exercise involving the BCP was successfully conducted during 2013 to test the functionality of the alternate site, and measure response time of members. Areas of improvements were observed, corrective actions
taken accordingly, and the BCP updated. A simulation exercise involving all staff is scheduled for early 2014.

In 2013 a number of residual humanitarian risks and needs remained, including food insecurity, sporadic outbreaks of waterborne disease, and the risk of instability related to the constitutional referendum and general elections. Preparedness was factored into the Country Office regular programme. Completed key actions on the ZCO early warning, early action platform records the high level of preparedness the programme and operations sections maintained throughout 2013. Implementation of recommendations made by UNICEF’s Eastern and Southern Africa Regional Office support mission improved the level of preparedness. Through the Early Warning Early Action Plan an alternative service delivery system was developed in case traditional partners cannot deliver due to constraints that negatively impact their operations. An emergency clause and standby agreements were annexed to selected agreements with faith-based organisations and partners with a track record in emergency response.

One of the CP’s key risks relates to cash transfers through third parties. UNICEF manages cash assistance to Government programmes through third-party contractors who make payments to a large number of beneficiaries nationwide (health worker allowances, health facility funds, household cash transfers, and school improvement grants.) To ensure that payments have reached the right beneficiaries, UNICEF engaged audit firms to spot-check third-party contractors’ financial records, including random checks on beneficiaries to verify that payments were received. Results to date verified that intended beneficiaries are being reached.

To effectively mitigate the risks associated with inappropriate processing of transactions, the ZCO regularly reviewed the Table of Authority to ensure that segregation of duties is applied at all times or, in cases where this might not be possible, mitigation action is taken. Measures were also taken to ensure that financial limits built into VISION are in line with the ZCO’s high level of funding and disbursements. A review of existing work processes is planned during early 2014 to align them with VISION.

**Evaluation**

The ZCO’s development, implementation and monitoring of the Integrated Monitoring and Evaluation Plan were recognised as a benchmark of good practice in the region. For example, the evaluation of the Point of Care PIMA CD4 Machines received a highly satisfactory rating from the Global Evaluation Reports Oversight System independent review.

In 2013, five evaluations, five studies and five surveys, worth about US$3 million, were implemented, generating evidence for programme improvement. The guidance on prioritisation of evaluations was diligently followed, resulting in improvement in the completion of key IMEP activities – from 75.4 per cent in 2012 to 80 per cent in 2013. The Research and Evaluation Committee and Technical Reference Group provided quality assurance to studies and evaluations through regular reviews of the IMEP. The Global Evaluation report indicated that 96.7 per cent of the evaluation recommendations were closed.

A Mid-Term Review of the Government of Zimbabwe/UNICEF’s Programme of Cooperation (2012-2015) commenced in 2013, with the initial phase encompassing groundwork on evaluability, validity and reliability of theory of change within the CP. The second phase will await completion of the 2014 Multiple Indicator Cluster Survey. Some key observations were that the current CP emphasises availability of and access to services in line with the objectives of the Transition Funds. Results were found to be largely relevant in terms of their structure, logic and design to accelerate attainment of the MDGs. However, the horizontal logic was found to be ambitious and weak, compounded by a large number of indicators that cannot be measured routinely. The MTR recommended a vigorous streamlining of results and delineation of indicators based on reliable data sources, with sex, area and wealth disaggregated baselines and targets. The recommendation for revising current results in line with the 2014-2017 UNICEF Global Strategic Plan and the Governments newly formulated policy document, ZimAsset, was considered during the annual review and subsequently implemented.

The 2013 independent formative evaluation of MoRES (initiated by HQ as one of seven cases studies) found significant achievements in institutionalising attributes of MoRES in Government systems, especially for health, WASH and education – tangible evidence that MoRES has informed policy dialogue – and in
integrating MoRES into Country Programme Management in weekly, monthly, mid-year and annual review meetings to monitor reduction of bottlenecks. There was a demonstrable reduction in bottlenecks during 2013 (for example, in demand-driven community sanitation).

Independent assessments conducted in 2013 demonstrated UNICEF’s progress in delivering quality programmes. For example, the assessment of the Health Transition Fund showed tangible evidence of health sector revitalisation, particularly through retention of staff at all levels and the supply of essential medicines. An assessment of Harmonized Social Cash Transfers confirmed that the HSCT programme enables beneficiary households to reduce distress, sale of assets and indebtedness. The assessment and accompanying UNICEF advocacy has positively influenced Government in its prioritisation of social protection, and particularly the HSCT, in its new policy document, ZimAsset. Assessments of specialised child protection services and ‘Promising Quality,’ a participatory monitoring tool, demonstrated an increase in the quality of child protection services.

### Effective Use of Information and Communication Technology

The ICT Section continued to build on past accomplishments to enhance operational efficiency in programme management through strengthened information and communication technology infrastructure.

In addition to the normative functions, significant achievements completed during the year were:

- Signed a memorandum of understanding with UNDP on the joint use of an internet service provider. A 35 per cent reduction on bandwidth cost was realised, including the reduced overhead cost for administrating the contract. From the technical side, the service also includes a burstable bandwidth beyond the data transfer rate purchased from the service provider.
- With the absence of Blackberry services from local telecommunications companies and the inherent high cost of maintaining Blackberry Internet Service accounts from South Africa, the Blackberry devices were replaced with Android-based smartphones with subscription to local mobile broadband service. The move to Android-based smartphones allowed the introduction of other services, namely, tethering UNICEF laptop computers to the smartphones to provide internet service to the computer; thereby allowing staff members to remotely access ICT core services away from the Office, and to have the smartphone as a VoIP extension of the office PBX.
- As part of emergency preparedness, all staff members are provided with VHF radios and vehicles equipped with HF radios. The introduction of a monthly radio check coordinated with UNDSS was also put in-place during the pre- and post-election periods. An SMS broadcast system was also established to further enhance communication with staff members in event of a crisis. The training component for this area was integrated in the ICT orientation for new staff.
- With over 50 network printing devices in the ICT infrastructure, HP Web Jet Admin was installed to enable alerts and real-time status reports to reduce device downtime. This software allowed ICT to effectively obtain asset inventory data and management of printer consumables and accessories.
- A 46 per cent reduction in the cost of a local telephone call was attained with the installation of a VoIP gateway on the office PBX. With 30 channels assigned to the VoIP line, busy signals for incoming calls were reduced and availability of lines for outgoing calls increased.
- Acquisition of equipment and frequency licenses for the VSAT (very small aperture terminal) and VHF/HF radio was obtained from the Postal and Telecommunications Regulatory Authority of Zimbabwe. With the absence and delay of obtaining a license for the United Nations in Zimbabwe, all the telecommunication equipment and related accessories imported were not released by the authorities until UNICEF applied and received its own license.
- The VMAHS real-time data collection pilot using “SMS” system was supported by ICT and Round 19 of the survey used real-time data collection.
- The ICT Section also provided various front-end support to the Programme, Communications and Operations’ sections.

Key accomplishments this year also included: i) provision of technical advice on various ICT-related requirements for UNICEF projects, and ii) engagement on ICT4D (Information, Communication and Technology for Development) initiatives from Programme and Communications.
Fund-raising and Donor Relations

In 2013, UNICEF Zimbabwe built on its success in mobilising resources for children in a complex and transitional setting. The bulk of development aid from the international donor community continued to be channelled through the Transition Fund mechanism, managed by UNICEF on behalf of the Government.

By November 2013, the Country Office had received US$271,211,843 which represents 79 per cent of Other Resources funding requirements for the entire CP (2012-2015). The top five donors in 2013 were (in descending order): the UK (DFID), the EU, Australia, Sweden and Germany.

DFID and the EU currently fund 61 per cent of the CP. DFID conducted a review of the Child Protection Fund, which received a live scoring of A+. As the major donor to the CP (GBP 141 million), and to enhance transparency and accountability, UNICEF and DFID held quarterly meetings to discuss progress and challenges in programme implementation.

EU/UNICEF bilateral relations resulted in €13.8 million for the Education Development Fund. In addition, the EU pledged to fund the Multiple Indicator Cluster Survey by providing €1.4 million, or 75 per cent of the MICS Survey budget. Following suspension of Article 96 of the Cotonou Agreement in 2012, the EU and the Government are drafting a Country Strategy Paper which identifies the Health, Governance and Food Security sectors for support. UNICEF will continue engaging the EU in these sectors.

The ZCO supported Government to create fiscal space, especially in the Health and Child Protection sectors. A first step in this process was the resumption of formal re-engagement with the World Bank.

A first consultative meeting was held with Sida, the only donor providing country-specific thematic funding (Swedish Konnor 100 million; an additional Swedish Konnor 100 million will be made available for 2014 and 2015).

Through the Global Partnership for Education, Zimbabwe received US$23.6 million, managed through UNICEF. GPE funding will complement the efforts by the Education Development Fund, also managed by UNICEF, and other partners. Through Private-Public partnerships, Barclays Bank increased funding to UNICEF’s Child-Friendly Budgeting project by an additional US$45,000. The ZCO also benefited from global thematic funding to support specific equity-focused initiatives such as the Ending Violence Campaign and Urbanization and Risk in Zimbabwe: Reducing poverty and enhancing resilience.

All 55 donor reports due in 2013 were submitted within the deadlines after undergoing an extensive quality assurance using the Donor Clearance Checklist from UNICEF’s PARMO Office.

Regular updates on donor reports due, funds received, Direct Cash Transfer liquidation and grant expiry dates were provided during weekly meetings with programme managers. Grants utilisation was monitored to avoid unnecessary extension of grant durations. Of the US$271 million resources mobilised for 2013, an 89 per cent expenditure level had been reached by the end of November 2013. The ZCO engaged with the US Fund for UNICEF and the UK National Committee, and in 2014 will engage more with UNICEF National Committees to seek support for underfunded areas of the CP.

Management of Financial and Other Assets

The CMT monitored key performance indicators on a monthly basis, including reviewing budgetary control, fund utilisation against grants and aging of DCTs. In addition, DCT aging reports were shared and reviewed at weekly section meetings to facilitate timely liquidation. During 2013, outstanding DCTs remained below the allowable organisational standard of 1 per cent. Bank balances were reconciled monthly in compliance within the stipulated deadline from UNICEF’s Division of Financial and Administrative Management (DFAM) in New
York. Reconciling items were closely followed up and cleared within 30 days of month closure. The ZCO’s strong budget management meant that, of the US$271 million resources mobilised for 2013, an 89 per cent expenditure level had been reached by the end of November 2013.

As earlier stated, due to the operating environment in Zimbabwe, direct cash assistances to Government partners is discouraged by donors; as a result, the ZCO mitigated risk of cash assistance by working with third-party contractors. These payments through third-party contractors were treated as an advance and cleared against the reports presented. Arrangements are underway to verify the reliability of these liquidation reports (including those of 2012) through spot-checks. The accounting firms tasked for the spot checks will also validate whether or not the funds reached the intended beneficiaries.

The ZCO implemented HACT to ensure an effective and efficient disbursement of funding to implementing partners. In support of that, an internal HACT committee monitored the implementation and progress of HACT processes. The ZCO also contracted four accounting firms to conduct micro-assessments, spot-checks and scheduled audits of partners receiving US$500,000 and above. To date, 210 implementing partners have been micro-assessed and 70 were rated as high and significant risk; 151 final reports were produced. The assurance plan for 2013 also covered spot-check exercises for 189 partners. An audit of 11 partners was finalised in 2013, and half were found to be high risk for financial management and accountability for results. To strengthen the financial capabilities of implementing partners, ZCO conducted 58 trainings with a total of 2,363 participants from the Government and NGO sectors. During the fourth quarter of 2013, ZCO conducted dissemination workshops for 71 partners from the Ministry of Health and three NGOs during which the findings of the micro-assessment exercises, the identified risks and the cash transfer modalities were discussed. Within the UN, the Office led the HACT inter-agency working group, which conducted a Training-of-Trainers workshop on HACT for representatives of 24 line ministries.

In addition, ZCO eliminated advancing cash for fuel to drivers and entered into a joint UN agreement with a fuel company which allocated fuel credit cards based on the number of ZCO vehicles. Further to reducing the volume of transactions, this process eliminated the risk of drivers carrying cash. Transaction costs were also reduced by the use of joint UN-initiated contracts for security, travel agents, hotels and vehicle maintenance.

Supply Management

The total throughput during 2013 was US$101.9 million, of which US$65.4 million was procurement through UNICEF’s Supply Division in Copenhagen, while the remaining US$36.5 million worth of supplies and services were procured by ZCO. Service contracts increased to about US$23.2 million, and represented about 64 per cent of local procurement.

The local market demonstrated a persistent drive to improve and expand with a broadening range of goods and services coming from local sources and cross-border procurement. At the same time, the critical economic situation and limited credit facilities in Zimbabwe severely impacted timely delivery of supplies and services. Most suppliers/contractors struggled to secure adequate financing/cash flow to support implementation. The year saw an increase in the requests for cash advances against contracts and a surge in delayed deliveries due to cash flow constraints. This trend will likely continue into 2014 as the local economy struggles, severely impacting availability of critical programme supplies from local sources.

ZCO continued supporting a wide range of high-value and complex procurement activities that visibly targeted local delivery of essential supplies and services, with an impetus to kick-start national availability. For example, UNICEF procured a 300-item Science Kit for all secondary schools, accompanied by relevant training for teachers. UNICEF continued major construction and rehabilitation of WASH systems in 20 towns, equipped and installed billing systems in towns, supporting self-sustainability, and completed the third phase of its National Borehole Drilling Programme. While progress continues with procurement and supply of the locally manufactured bush pump, key inconsistencies in manufacturing specifications were encountered with all manufacturers in Zimbabwe, severely affecting implementation. A programme of improved capacity-building was rapidly introduced, that had a significant impact on short-term availability. The absence of professional inspectorate companies in the local market continues to challenge quality assurance activities.
Efforts will be directed in 2014 at building and strengthening this industry to better serve local procurement activities.

Logistics made gains in streamlining its warehouse operations, distributing most of the older stocks and improving reporting processes that includes ‘ageing’ on all stocks. The glitches in a new computerised system for Beira Port climaxed in June 2013 with an extraordinary high number of shipments delayed for over eight months. The planned introduction of a computerised system will bring a more efficient shipping mechanism to land-locked Zimbabwe and alleviate the ZCO’s challenges in receiving timely deliveries.

‘One UN’ activities saw the establishment of a joint Service Level Agreement with WFP to optimise pre-positioning and distribution of emergency supplies. UNICEF spearheaded One UN market research of local resources, while other common contracting continued in basic administrative services.

Systematic end-user monitoring of large supplies in all areas was weak in 2013. In 2014 the Supply Division, with programme sections and the monitoring unit, will develop a plan for quarterly end-user monitoring to ensure efficient distribution, good quality and effective use of supplies by women and children.

Delay in filling vacant positions was a major challenge impacting the Supply Division, with the last of five vacant posts filled in mid-June 2013.

## Human Resources

In 2013, UNICEF recruited 28 staff members on fixed term (FT) contracts and four staff members on temporary assistance (TAs) contracts. At the close of the year, there were 148 FTs, seven TAs, and 37 individual consultants, leaving a vacancy rate of 10.2 per cent, of which eight are on hold due to funding constraints. The ZCO experienced a high turnover of senior level international professional positions, which it successfully filled despite its human resources (HR) section operating at 60 per cent capacity all year round. Given these challenges, only 13 of the 32 recruitments were completed within the required three-month period.

ZCO also made a Programme Budget Review (PBR) submission, which resulted in the abolishment of one position, the establishment of one position and the upgrade of another position in Administration. A second PBR submission was made to bring forward the establishment date of three positions approved in 2012.

The PER completion rate for 2012 stands at 100 per cent, while the mid-year review for 2013 shows only 54 per cent completion. In line with this, ZCO conducted training sessions on Managing Performance for Results, which was attended by both managers and non-supervisory staff. The programme will also be offered in 2014 to ensure that all new staff members undergo this required training.

HR Section introduced the Strategic HR Business Partner model, which focuses on the monthly reporting of eight HR indicators specific to a section. It allowed HR to take a pro-active role in managing recruitment needs and to provide critical HR advice on section-specific activities, thus serving as a valuable management tool for section chiefs. In 2014 this business model will be fully implemented and include activity tracking.

Monthly orientation sessions were introduced to ensure that new staff members are provided with necessary information and resources at the beginning of their employment. Pre-arrival orientation was also introduced to provide country-specific information for new international staff members and their family members. The ZCO had a strong participation rate (92 per cent) for the UNICEF Integrity Awareness Course (Ethics). Other critical trainings conducted included Competency-Based Interviewing, Communications for Development, Social Policy Training and Basic and Advanced Security in the Field.

The Caring for Us Committee organised an Employee Wellness Day to promote staff health and wellbeing. Approximately 130 staff (over 90 per cent of all staff) and 174 family members and guests attended activities such as interactive sessions on mindfulness, maternity health, mental health awareness, reducing work stress and workshops specifically geared for children and adolescents on school bullying, sexual abuse and nutrition.
In addition, 65 people (36 females, 29 males) attended HIV testing and counselling. The UN Clinic also hosted two days of health screenings for blood pressure, diabetes, cholesterol and prostate cancer. Staff sessions were held on Zimbabwe’s new HIV care and treatment guidelines and heart attack awareness. Staff were also encouraged to use the services of the UNICEF Peer Support Volunteers and the UN staff counsellor as necessary.

**Efficiency Gains and Cost Savings**

UNICEF Zimbabwe continued to seek ways to achieve economy and efficiency in business processes, including procurement, programme design and implementation, while also maintaining a lean organisational staffing structure.

The ZCO, with other UN Agencies, entered into contracts with two travel agents which were invited to offer quotes for all UNICEF official travel. Though fares quoted for nearby countries were within the same range, marked differences were noted in quotes for travels further away from Zimbabwe, thus enabling the ZCO to reduce its travel costs.

The ZCO also improved efficiency on the management of its cash requirements. Due to stringent application of the bank optimisation policy, the closing cash balance was, on average, 21 per cent of the total cash replenishment during 2013, as compared to the standard of 25 per cent established by Headquarters (HQ). Thus, the ZCO made available additional funds of approximately US$2.4 million during the year to HQ for interest-earning overnight deposit or other interest-bearing instruments.

As mentioned above, the ZCO began working towards establishing a VISION hub that will centralise certain financial and administrative functions, providing an opportunity for increased staff efficiency.

Large-scale procurement was undertaken for essential medicines, borehole spare parts and science kits for schools. Rigorous competitive tendering processes capitalised on economies of scale and reduced costs, allowing more funding to be available for children.

The WASH section opened a field office in Bulawayo to allow for closer monitoring of the Rural WASH project in two provinces. The field office replaced the need for constant travel from Harare to attend meetings and monitor progress and helped the ZCO respond more efficiently to project needs.

In the implementation of the HSCT programme, UNICEF demonstrated high efficiency. A cost-efficiency analysis concluded that HSCT total operational costs were reduced from 12.5 per cent in phase I to 7.7 per cent in phase II. This means that in phase II the cost for transferring US$1 to beneficiaries was 8 cents. Compared to international standards and comparable programmes in Africa, HSCT administrative costs are low, indicating high cost-efficiency and ensuring that the available funds reach more children.

UNICEF’s systems-strengthening of the social services sectors demonstrated efficient and effective use of donor resources, for example:
- By providing less than US$50 per month to 18,000 health workers, health services are sustained. A small allowance to doctors has resulted in retaining medical professionals in rural health facilities.
- Through provision of a small school improvement grant (approximately US$4,500 per school) the schools improved the learning environment by procuring teaching materials and furniture (desks and chairs) and carrying out minor repairs for safety, all of which supported better quality of education for children, while also waiving school fees for OVCs.
- In the WASH sector, UNICEF technical support strengthened the capacity of rural district councils to manage their billing systems, improving bill collection and increasing their ability to provide services. In the long term, this will enhance the sustainability of WASH services and contribute to a reduced need for external funding.
In addition, UNICEF will streamline internal systems and processes by establishing a VISION Hub to reduce resilience and sustainability of gains. Innovative fundraising approaches will be explored in order to secure ZUNDAF 2016-2020. The ZCO will organise a 'strategic moment of reflection' to provide an opportunity for development framework (ZimAsset 2013-2018) and the Zimbabwe U.N. Development Assistance Framework (ZUNDAF) 2016-2020. The ZCO will organise a 'strategic moment of reflection' to provide an opportunity for dialogue with Government, donors, civil society and youth participation on new directions for children in the current political, economic and aid environment.

UNICEF will reinforce its role in influencing national budget allocation and disbursements by providing joint support, with the World Bank, to Government for better innovative fiscal space and resources to track resilience and sustainability of gains. Innovative fundraising approaches will be explored in order to secure funding for emerging issues and to narrow service delivery gaps at the district level.

In addition, UNICEF will streamline internal systems and processes by establishing a VISION Hub to reduce in-country costs and increase common services efficiency gains and cost savings.

### Changes in AMP & CPMP

During the fragile transitional context of a polarised political environment leading to the 2013 general elections, ZCO management priorities were focused on: i) programmatic and operational risks, ii) capacity building of Government and civil society partners, and iii) monitoring of results.

In 2014 management priorities will focus on documenting the impact on women and children of UNICEF’s investment in the social sectors, including the MICS 2014 and completion of equity analyses. The ZCO will also finalise Phase 2 of the mid-term review of the Country Programme (a results assessment) for the development of the new Country Programme Document (CPD 2016-2020) aligned to the Government’s new development framework (ZimAsset 2013-2018) and the Zimbabwe U.N. Development Assistance Framework (ZUNDAF) 2016-2020. The ZCO will organise a ‘strategic moment of reflection’ to provide an opportunity for dialogue with Government, donors, civil society and youth participation on new directions for children in the current political, economic and aid environment.

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### Summary Notes and Acronyms

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<th>Description</th>
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<td>ALP</td>
<td>Accelerated Learning Programme</td>
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<td>ART</td>
<td>Anti-retroviral Therapy</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>BEAM</td>
<td>Basic Education Assistance Module</td>
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<td>B-EmONC</td>
<td>Basic Emergency Obstetrics and New-born Care</td>
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<td>BFHI</td>
<td>Baby-Friendly Hospital Initiative</td>
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<td>CATS</td>
<td>Community Approaches to Total Sanitation</td>
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<td>CBM</td>
<td>Community Based Management</td>
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<td>CCORE</td>
<td>Centre for Collaborative Operational Research and Evaluation</td>
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<td>C-EmONC</td>
<td>Comprehensive Emergency Obstetrics and New-born Care</td>
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<td>CMAM</td>
<td>Community Management of Acute Malnutrition</td>
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### Evaluation

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### Other Publications

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<tr>
<td>1 Annual Statistical Report 2009</td>
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<td>3 MOESAC Life Skills, Sexuality, HIV/AIDS Education Strategic Plan 2012-2015 Report</td>
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<td>5 Japan Pictorial Report (Education)</td>
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<td>6 Child Friendly National Budget Initiative Training Manual</td>
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<td>8 A1 Harmonised Social Cash Transfers (HSCT) Basic Commodities Poster</td>
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<td>9 HIV Testing &amp; Counselling Strategic Plan</td>
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<td>12 Labour Record Graph-Partograph 2012</td>
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<td>14 Child Protection Fund (CPF) and Rural WASH Fact Sheets</td>
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<td>15 Basic Emergency Obstetric &amp; Newborn Care Facilitators Manual</td>
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<td>17 Nutrition Policy Powerpoint Presentation</td>
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<td>21 Rapid Paediatric HIV Assessment in Zimbabwe</td>
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### Lessons Learned

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