Zimbabwe

Country programme document 2012-2015

The draft country programme document for Zimbabwe (E/ICEF/2011/P/L.9) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

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Basic data† *(2009 unless otherwise stated)*	
Child population (millions, under 18 years)	6
U5MR (per 1,000 live births)	90
Underweight (*%, moderate and severe, 2009*)	12
(*%, urban/rural, poorest/richest*)	9/13, 16/7
Maternal mortality ratio (per 100,000 live births, reported 1997-2005/06)	560[a]
Primary school attendance (*% net, male/female, 2006*)	89/61
Survival rate to last primary grade (*%, 2006*)	79[b]
Use of improved drinking water sources (*%*)	82
Use of improved sanitation facilities (*%*)	44
Adult HIV prevalence rate (*%*)	14.3
Child labour (*%, 5-14 years old*)	13[c]
Birth registration (*%, under 5 years, 2005-2006*)	74
(*%, male/female, urban/rural, poorest/richest*)	74/74, 83/71, 67/85
GNI per capita (*US$*)	[d]
One-year-olds immunized with DPT3 (*%*)	73
One-year-olds immunized against measles (*%*)	76

† More comprehensive country data on children and women can be found at www.childinfo.org/.

[a] 790 deaths per 100,000 live births is the 2008 estimate developed by the Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html.

[b] Survey data.

[c] Indicates data differ from standard definition.

[d] World Bank 2009 estimate range: low income ($995 or less).

Summary of the situation of children and women

1. Since 2000, the Zimbabwean economy has contracted by more than 50 per cent. As a result, almost two thirds of the population was living below the poverty line by 2003.[1] Relative stability has come following signing of the Global Political Agreement in September 2008 and the advent of the Inclusive Government in early 2009. Recent fiscal policy decisions, such as the introduction of multiple currencies and cash-based budgeting, have controlled inflation and brought some economic growth.

2. In recent years, the decline in major development indicators has become rapid, measurable and visible. The major focus of United Nations agencies and partners, therefore, has been on stemming the reversal in key indicators. Major outbreaks of infectious diseases and declining food security, coupled with deteriorating infrastructure, have underscored the challenges faced in providing basic social services and the lack of remaining coping mechanisms for the population, especially

[1] Zimbabwe National Institute of Statistics, Poverty Assessment Study Survey, 2003.

the poorest segments. Since early 2009, the Inclusive Government has made major efforts to stabilize and begin to rebuild the social sectors.

3. Although net attendance rates for primary school have remained high (above 90 per cent), declining pass rates for grade 7 examinations (39 per cent) demonstrate deterioration in education quality. Due to declining transition rate to secondary school, more than 1 million young people of secondary age are out of school and left with few educational or employment options. Children from the top wealth quintile are three times more likely to attend secondary school than children from the bottom quintile, strong evidence of growing disparities in education. Although there is gender parity at primary level, girls represent only 41 per cent of pupils in upper secondary.[2] Financial barriers are constraining access for the poorest and most disadvantaged. In this environment, children with disabilities and other special needs are at increasing risk of exclusion.[3]

4. Under-five mortality has increased since 1990, the baseline year for the Millennium Development Goals, from 79 deaths per 1,000 live births to 90 deaths. Newborn disorders account for almost one third of all under-five deaths, followed by paediatric HIV, which accounts for a further 20 per cent. However, the increase in maternal mortality, to 560 per 100,000 live births, has been even more striking. The major drivers of increased mortality are HIV, decline in the primary health care system and imposition of user fees for maternal/child health services. The percentage of deliveries attended by a skilled birth attendant has decreased from 70 per cent to 60 per cent over the past decade, with a disproportionate decline in the bottom three wealth quintiles. Despite major progress in improving access of adults to anti-retroviral therapy and increased coverage of prevention of mother-to-child transmission of HIV (PMTCT), treatment coverage for qualifying pregnant women and children, especially children under 2, is low.

5. Undernutrition represents a major public health problem. Around 34 per cent of all children under age 5 are stunted, 2 per cent are wasted and 10 per cent are underweight.[4] The prevalence of chronic undernutrition has increased since the mid-1990s, especially in the poorest quintiles. Underlying causes include poor dietary diversity, low rates of exclusive breastfeeding and diarrhoea and mal-absorption syndromes due to poor sanitation.

6. The water and sanitation sector continues to have some of the starkest disparities. Nationally, 82 per cent of the population has access to safe water and 44 per cent to improved sanitation facilities. Yet more than 60 per cent of rural water supply infrastructure is in disrepair, and 40 per cent of rural Zimbabweans practice open defecation.[5] The chances of a Zimbabwean in the richest economic quintile having access to safe water is two times higher than for those in the poorest quintile; for improved sanitation, the rich person's odds are 10 times higher.

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[2] "Education at a Glance", Ministry of Education, Sport, Arts and Culture, 2010.

[3] Evaluation of the National Early Childhood Development Programme, 2006.

[4] National Nutrition Survey, 2010.

[5] Zimbabwe Multiple Indicators Monitoring Survey (MIMS), 2009. MIMS is a customized version of the Multiple Indicator Cluster Survey (MICS), adding a number of non-MICS indicators, such as migration, income/expenditure and provision of water and electricity, in order to capture the rapidly changing situation in Zimbabwe. However, the data-collection instruments will remain mostly the same to ensure comparability of data.

7. Although HIV prevalence has steadily declined, from 24.6 per cent in 2003 to 14.3 per cent in 2010, the epidemic has had a devastating impact on development. Young women are two to three times more likely to contract HIV than young men. Lower educational status is a risk factor for contracting HIV, as are low rates of condom use with casual sexual partners, multiple and concurrent sexual partnerships, age-disparate relationships between young women and men, and low rates of male circumcision. In addition, Zimbabwe has one of the highest rates of orphaning in the world. Twenty five per cent of all children in Zimbabwe have lost one or both parents, mainly due to HIV and AIDS.

8. However, vulnerability is not limited to orphans. Data suggest that violence and abuse are widespread. At least 21 per cent of girls' first sexual encounters are forced. The perception that family violence is acceptable is shared by both women (48 per cent) and men (37 per cent), respectively).[6] Corporal punishment is legally administered in educational and correctional institutions, and two thirds of children report experiencing corporal punishment at school.[7] Localized studies suggest that neglect, sexual abuse and child exploitation are common, and many children report abuse perpetrated by a caregiver.[8] Irregular migration has also contributed to increased risks. Despite this vulnerability, children's access to welfare and justice services is one of the lowest in the region.

Key results and lessons learned from previous cooperation, 2007-2010

Key results achieved

9. The effective response of UNICEF and its partners has led to major increases in donor support as well as strengthened relations with relevant government line ministries. Major milestones achieved in humanitarian work included responses to the cholera epidemic of 2008-2009 and the measles epidemic of 2009-2010; and the development of effective cluster coordination mechanisms in education, water, sanitation and hygiene education (WASH) and nutrition. On recovery and transition, UNICEF has worked with government and donor partners to develop transitional programming and funding instruments in education, child and social protection, and water and sanitation. These have supported national scale programming within a constrained development environment.

10. Major programming achievements include: (a) procurement and distribution of more than 13 million textbooks and other learning materials to more than 2.7 million primary school children; (b) successful piloting of the child-friendly school model; (c) providing free basis social services to more than 500,000 orphans and vulnerable children; (d) supporting more than 4,000 children to participate in the process of developing a new constitution; (e) supporting 10,000 child survivors of abuse through the "victims-friendly system";[9] (f) ensuring access to safe water

[6] Zimbabwe Demographic and Health Survey, 2005-2006.

[7] Research report on "Child Abuse in Schools: A baseline study report for the Learn Without Fear campaign", 2009. Data were collected from interviews and focus group discussions with 1,053 children in 31 schools in 5 districts in 3 provinces.

[8] See, for example, the draft report of "My Life Now", UNICEF/CCORE, 2010.

[9] The victims-friendly system is the child-sensitive justice system that includes specialized police units, courts, and care and support services.

for over 4 million people through provision of essential water treatment chemicals, borehole drilling and repairs; (g) engaging over 30,000 young people in HIV prevention and care activities and more than 50,000 in sports for development; (h) reaching over 5 million children with measles immunization in 2010, as well as more than 1 million with routine antigens and vitamin A on biannual child health days; (i) ensuring availability of 70 per cent of essential medicines in more than 90 per cent of health facilities nationwide; and (j) supplying all district hospitals and 15 midwifery schools with critical supplies and equipment.

11. In the area of policy and leveraging, UNICEF supported the development of the new health and education investment cases[10] and contributed to the national child survival strategy and the launch of the Campaign on Accelerated Reduction of Maternal Mortality in Africa. UNICEF and the World Bank co-led the WASH sector donor coordination and helped to relaunch the National Action Committee. UNICEF contributed to the Zimbabwe National HIV and AIDS Strategic Plan (2011-2015), adolescent sexual reproductive health strategy and male circumcision policy. Under social protection, UNICEF supported the development of the Child Protection Fund for National Action Plan 2 (2011-2015).

12. In the areas of knowledge generation and research, UNICEF and partners developed innovative monitoring tools to assess the situation, needs and perceptions of orphans and vulnerable children. Secondary analyses were conducted of case data on child abuse and child irregular migration. Support was given to research on the causes of maternal and perinatal morbidity and mortality and to assessing the role of men in PMTCT. Further research was conducted on rates of HIV prevalence among children of primary-school age.

13. A country status overview of the WASH situation was conducted, along with an evaluation of the cholera response, national surveys on nutrition in 2009 and 2010, and the Multiple Indicator Monitoring Survey, in 2009. A comprehensive situation analysis of the status of the rights of women and children was conducted in 2010. UNICEF collaborated with Equinet[11] on developing baseline data on disparities in Zimbabwe. Finally, with the dual objectives of supporting research and evaluation and strengthening national capacity, UNICEF partnered with University of Zimbabwe and the United States Centers for Disease Control and Prevention to establish the Collaborative Centre for Operational Research and Evaluation (CCORE).

Lessons learned

14. Institutional flexibility and agility are required to maximize UNICEF effectiveness during time-sensitive, strategic periods of opportunity. Extending beyond traditional areas of the comparative programmatic advantage of UNICEF may call for such flexibility, such as in finding innovative ways to strengthen national capacity in complex political contexts, and ensuring UNICEF human resources and financial systems are “fit for purpose” in such environments.

[10] In view of the sector-wide approach, an “investment case” is an advocacy tool for mobilization of resources from the Government, donors and the private sector required for scaling up progress towards achievement of the Millennium Development Goals.

[11] Equinet is a network that addresses equity in health in southern Africa.

15. For example, UNICEF extensive involvement in the complex urban water and sanitation rehabilitation programme as a provider of last resort has been a key factor in stemming the cholera epidemic. But it has also challenged the organization to become more efficient in its contracting mechanisms and in ensuring availability of relevant competencies in this specialized area. This complex period in Zimbabwe has required finding the right balance in supporting programme implementation, policy formulation, evaluation and research in humanitarian, recovery/transition and development contexts. This has assisted UNICEF in remaining relevant and able to support national-scale results. The context, however, has challenged UNICEF to ensure staff capacity in both "upstream" policy areas and "downstream" operational areas.

16. The economic decline has increased both general vulnerability and disparities. The next country programme will need to focus on strategies to achieve universal access to critical social services with equity. This requires pursuing access for all while reaching the most vulnerable as a first priority.

The country programme, 2012-2015

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Young child survival and development	6 991	115 659	122 650
Basic education and gender equality	1 624	75 869	77 493
Child protection	2 291	64 163	66 454
Water, sanitation and hygiene	1 246	47 904	49 150
Policy advocacy, planning, monitoring and evaluation	4 555	5 703	10 258
Cross-sectoral costs	2 297	11 426	13 723
Total	**19 004**	**320 724**	**339 728**

A total of $125 million in emergency funds is expected over the four years.

Preparation process

17. The Short Term Emergency Recovery Programme and the draft medium-term plan of the Inclusive Government provided the national framework of priorities and programmes. The 2010 status report of the Millennium Development Goals highlighted key priority areas, and the United Nations Development Assistance Framework (UNDAF) country analysis provided the contextual basis. Together, these documents laid the foundation for the UNDAF, which was developed under the guidance of a steering committee, co-chaired by the office of the United Nations Resident Coordinator and the Office of the President and Cabinet. A joint Government/United Nations validation workshop was held in November 2010 to approve the UNDAF.

18. Two internal retreats in 2010 reviewed the performance of the six midterm review strategic thrusts of the UNICEF country programme and discussed the need

for further refinements. Identification of priority areas was further informed by findings from the annual reviews and the situation analysis of children and women. The CPD was developed in consultation with the Government, United Nations agencies, donors and civil society groups. A government inter-ministerial meeting, held in February 2011, discussed the draft CPD and affirmed that it reflected the government's priorities. The final document incorporates comments received.

Programme and component results and strategies

19. The overall goal of the country programme, in line with the UNDAF, is to enable the equitable and sustained realization of the rights of every woman and child in Zimbabwe to survival, development and protection. Each programme component will contribute to the following results by 2015:

20. In education:

(a) The quality of basic education is improved nationally, resulting in pass rates increasing to 65 per cent, with a special focus on the most disadvantaged districts and communities;

(b) Ninety five per cent of school-age children access primary education (net enrolment ratio); the secondary school net enrolment ratio will increase from 45 per cent to 60 per cent; and disaster risk reduction is enhanced though a comprehensive sector-wide coordination and planning process, ensuring equitable and appropriate allocation of resources for improvement of attendance to primary and secondary school;

(c) Comprehensive knowledge on HIV and AIDS for young people (aged 15 to 24 years) both in and out of school has increased from 53 per cent to 70 per cent;

(d) All key education policy and strategic planning documents are developed and adopted, providing the tools to create an enabling policy, legislative and budgetary environment to ensure quality education outcomes.

21. In health:

(a) Eighty per cent of pregnant women and children less than 5 years old have access to quality maternal newborn and child health services nationally, with a special focus on the most disadvantaged districts and communities;

(b) Eighty per cent of eligible women, young children and adolescents access appropriate HIV/AIDS prevention, treatment and care nationally, with a special focus on the most disadvantaged districts and communities, by 2015;

(c) Stunting reduced from 34 per cent to 25 per cent in children less than five years of age nationally, by 2015;

(d) Seventy five per cent of households have received community-level care and support;

(e) All key maternal/child health, adolescent and nutrition policy and strategy documents are developed and adopted, providing the tools to create an enabling policy, legislative and budgetary environment for maternal, adolescent and child survival.

22. In water and sanitation:

(a) Access to and use of safe water has increased from 73 per cent to 85 per cent, and sanitation is available to 100 per cent of urban areas and 53 per cent of rural areas nationally, with a special focus on the most disadvantaged districts and communities;

(b) Seventy per cent of households practise safe hygiene and sanitation and contribute to enhanced disaster risk reduction;

(c) An enabling policy, legislative and budgetary framework is developed, adopted and under implementation to ensure provision of equitable water and sanitation services.

23. In child and social protection:

(a) Focusing on the most disadvantaged districts and communities, 25,000 children access quality child protection services, including justice and welfare;

(b) Focusing on the most disadvantaged districts and communities and the poorest and most at-risk families, 55,000 households access social protection services, including social cash transfers;

(c) 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 standardized case management system for child victims of violence, abuse and exploitation.

24. In Strategic Planning and Social Policy:

(a) Knowledge on the situation of women and children has been enhanced, national information management systems strengthened and impact evaluations performed, to facilitate child-friendly policy formulation, strategic planning and budgeting;

(b) All of these areas will be supported by the cross-cutting functions of communication for advocacy and development; gender- and human rights-based approaches; child and youth participation; social policy; and disaster risk reduction.

25. Major programme strategies are based on UNICEF core strategies, adjusted to incorporate findings of the midterm review, situation analysis and CPD preparation process. The strategies include: (a) continued support to government programme priorities at national scale in areas of comparative advantage; (b) policy advocacy focused on assisting the Government and partners in “building back better”; (c) supporting pro-poor recovery by assisting the Government and partners to view decisions on budgetary priorities and programme strategies through an equity lens; (d) strengthening the role of UNICEF as a knowledge leader for women and children by strengthening monitoring systems and research and evaluation for both UNICEF and national programmes; (e) developing a more systematic and strategic approach to building and supporting partnerships for women and children; and (f) emphasizing the role of UNICEF in institutional and community capacity development.

Relationship to national priorities and the UNDAF

26. The UNDAF outcome areas reflect the national priorities[12] of employment creation and poverty reduction, human development and social security, good governance and cross-cutting issues including HIV and gender. The Government has explicitly called for giving priority to all the Millennium Development Goals.[13] The country programme priorities aim to contribute to five of the seven UNDAF outcomes:

(a) Priority 1: Good governance for sustainable development including access to equitable justice services for children and women;

(b) Priority 2: Pro-poor sustainable growth and economic development;

(c) Priority 5: Access to and utilization of quality basic social services for all;

(d) Priority 6: Universal access to HIV prevention, treatment, care and support;

(e) Priority 7: Women's empowerment, gender equality and equity.

Relationship to international priorities

27. Both the UNDAF and the country programme aim to accelerate progress on the Millennium Development Goals and the plan of action from *A World Fit for Children*. Particular focus will be on the Millennium Development Goal indicators that are lagging behind most and, where possible, on integrating the programme across the Millennium Development Goals to ensure synergies are fully utilized. The programme is guided by the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, Africa Charter on the Rights and Welfare of the Child, African Union Youth Charter and Hyogo Framework for Action on disaster risk reduction. The programme addresses all five focus areas of the UNICEF medium-term strategic plan and incorporates the priorities of the UNICEF Regional Leadership Agenda.

Programme components

28. **Young child survival and development**. Increasing levels of under-five and neonatal mortality, high HIV prevalence, high levels of chronic malnutrition and weakened health systems are major challenges in the heath sector. The programme's key results will be achieved by:

(a) Increasing use of health services by improving availability and quality of services; support the scaling-up of community care, through health transition funds, by strengthening the role and action of village health workers who will be part of the new health scheme of human resource retention of the Ministry of Health and Child Welfare.

(b) Focusing on integrated management of childhood illness and comprehensive and emergency obstetric care, with emphasis on pre-service and in-service training of health professionals, particularly midwives and village health workers;

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[12] Articulated in the Short-Term Emergency Recovery Programme and draft Medium-Term Plan 2011-2015.

[13] In line with the priorities of the Government of Zimbabwe, only three Millennium Development Goals (1, 3 and 6) were the focus of the UNDAF 2007-2011.

(c) Integrating maternal newborn and child health with PMTCT and paediatric HIV treatment, treatment of severe acute undernutrition and supportive supervision at all levels;

(d) Increasing use of quality HIV prevention, care and treatment services by mothers, adolescents and children. It will be promoted through social mobilization, with emphasis on increasing access to HIV testing and treatment for children and young people;

(e) Improving infant and young child feeding, micronutrient supplementation and food fortification, and a national programme addressing stunting. At community and household level, focus will be on behaviours such as exclusive breastfeeding, safe sex, management of diarrhoeal disease, promotion of immunization and hand-washing with soap; (f) Supporting a conducive policy environment by developing a transitional financing and coordination mechanism to accelerate progress on the health- and nutrition-related Millennium Development Goals; a national food and nutrition policy; review of the national Public Health Act; support to national health accounts; and eventual abolition of user fees for pregnant women and children under 5.

29. The Health Sector Coordination Group will be the main partnership forum. It brings together the Ministry of Health and Child Welfare; United Nations agencies, including the World Health Organization (WHO), United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS) and United Nations Development Programme (UNDP);World Bank; non-governmental organizations; and donors. Also providing important United Nations partnership frameworks are the H4+ for maternal and child survival, Inter-agency Task Team structures for HIV/AIDS and the nutrition security partnership between the World Food Programme (WFP), Food and Agriculture Organization of the United Nations (FAO) and UNICEF. UNICEF will also continue to support country-level programme implementation for the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance.

30. **Basic education and gender equality**. To address the main problems of dropout and low grade 7 pass rates, planned interventions will contribute to improved learning outcomes by increasing availability of quality learning and teaching materials, qualified and motivated teachers, and adoption of the child-friendly schools model. A major result of UNICEF interventions in education will be increased access for the most vulnerable to all levels of basic education, including early childhood development. This will take place through revitalizing the school grants programme, piloting a scholarship programme for girls, “second chance” programmes for out-of-school young people to return to secondary school or access technical and vocational training opportunities, expanding programmes for children with special needs and improving school governance. Ensuring a conducive policy, legal and budget environment will entail a strong focus on development and monitoring of standards; better education management information systems; a coherent approach to fees, levies and incentives, including assessing the feasibility of planned abolition of all fees; and ensuring that schools are safe and secure places for girls and boys.

31. To contribute to reducing the number of new HIV cases, the programme will work in partnership with UNAIDS and UNFPA to address young people’s risk of HIV by focusing on the drivers of the HIV epidemic, as outlined in the Zimbabwe

National HIV and AIDS Strategic Plan. The emphasis will be on young women (15-19 years).

32. The Education Coordination Group will be the main partnership forum, bringing together Ministry of Education, Sport, Arts and Culture; United Nations agencies (United Nations Educational, Scientific and Cultural Organization [UNESCO] and UNICEF), World Bank, donors, Save the Children Fund Alliance and other major civil society groups. Other government partners will include Ministry of Higher and Tertiary Education, Ministry of Water Resources Development and Management, and National Action Committee (NAC).

33. **Child protection**. The child protection programme will continue to work on systems strengthening, focusing on increasing the most vulnerable families' access to child justice and social services and building back the national social protection system to emphasize children and HIV. Policy reform will emphasize the development and implementation of a national plan to revive the social work profession in line with the audit by the Department of Social Services,[14] drawing on the Justice for Children sector analysis to develop and implement a medium-term justice system reform agenda.

34. UNICEF will continue to support existing programmes, such as scaling up the Victim-Friendly Initiative, implementing a pretrial diversion programme for children in conflict with the law, increasing the availability of birth registration services, advocating to articulate children's and young people's rights and views in the constitution, and supporting prevention and monitoring of gender-based violence.

35. UNICEF will support the revival of the government's cash transfer scheme, through the revised National Action Plan, for the poorest households as well as mechanisms to improve their access to basic social services. Improved outcomes are expected across health, education, HIV and protection sectors. Special efforts will be made to measure impacts on gender equality and empowerment. An operational research component will assess outcomes and contribute to learning on child-sensitive social protection in the region. Simultaneously, UNICEF will support development and implementation of a national case management policy. It will emphasize continuing assistance until children access services and have their needs met.

36. Strong linkages will be made with ministries involved in implementing the National Action Plan as well as the Ministries of Finance and of Economic Planning and Investment Promotion, in addition to WFP, UNDP and the World Bank. The private sector will likely have strong involvement in the social cash transfer programme. Other partners will be the Ministries of Women Affairs, Gender and Community Development; Home Affairs; Justice and Legal Affairs; and Constitutional and Parliamentary Affairs; plus major civil society groups. Partnerships with UNDP, International Organization for Migration (IOM), Office of the United Nations High Commissioner for Refugees (UNHCR), UNFPA, the World Bank and the International Labour Organization (ILO) will continue in joint advocacy and programming.

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[14] The audit included a comprehensive review of the Department's capacity to deliver services for vulnerable children as well as recommendations to strengthen delivery, including through partnerships with civil society and the Council of Social Work.

37. **Water, sanitation and hygiene**. The weakened urban water and sanitation systems and low access of rural populations to safe water and sanitation increase children's risk of diarrhoea and cholera. Key results expected include greater availability and access to quality urban water and sanitation facilities and repair and rehabilitation of the national rural water infrastructure. Community capacity will be raised by launching a national demand-led total sanitation programme and a rural water programme focused on community water point management and private sector implementation. Support to the policy environment will include developing cost-recovery mechanisms such as pro-poor tariff structures, a revised national water policy and coordination mechanisms through the NAC.

38. Main partnerships include the sector coordination mechanism and NAC structures, including the Ministries of Water Resources Development and Management; Local Government, Transport and Infrastructure Development; Health and Child Welfare; and Energy and Power; in addition to urban and rural councils and parastatal organizations such as the Zimbabwe National Water Authority and the District Development Fund. Other partners will include the World Bank, African Development Bank, Oxfam, major civil society groups, United Nations agencies including WHO and UNDP, and key sector donors.

39. **Policy advocacy, planning, monitoring and evaluation**.

(a) Loss of human capacity and underinvestment across key ministries has diminished institutional capacity for strategic planning, social policy and budgeting, and monitoring and evaluation. As part of UNICEF capacity-building efforts, the country programme will work to enhance knowledge on the situation of women and children, strengthen national information management systems and perform impact evaluations to facilitate child-friendly policy formulation, strategic planning and budgeting.

(b) In partnership with United Nations agencies and civil society, support will be provided to the Ministry of Gender to strengthening the capacity of the national gender machinery to formulate, implement, coordinate and monitor operationalization of gender-sensitive policies. Support will also be provided to review and updating of policies and laws, to improve the legal and policy environment for gender equality and equity. The Gender Marker will be used to monitor resource allocation for gender mainstreaming.

(c) Children's and young people's participation for programme planning, review, monitoring, and advocacy will be applied by strengthening existing programme planning and advocacy platforms, including the children's parliament and children in the media. The decentralization of the Zimbabwe Youth Council structures (national, provincial and district) will enable children and young people to participate in programme planning and advocacy. The Child Protection Fund in support of the National Action Plan for Orphans and Vulnerable Children will aim at ensuring that children participate in the design and implementation of critical activities of cash transfer and access to justice and basic services of child protection (monitoring and evaluation, case management, social mobilization and others) as a key principle of the Child Protection Fund.

40. Support will also be given to the Government for the State Party reporting process, ratification of the Optional Protocols to the Convention on the Rights of the Child and domestication and monitoring of the Convention on the Rights of the

Child and the Convention on the Elimination of All Forms of Discrimination against Women. The CCORE will continue to play a major role in supporting evaluation and operational research.

41. **Cross-sectoral costs** will be used to enhance the following areas: (a) effective and efficient governance systems, with emphasis on performance monitoring and risk management; (b) effective and efficient management and stewardship of resources, with attention on supply management; and (c) effective and efficient management of human capacities.

Major partnerships

42. The country programme will be a key component of the broad Government-United Nations partnership described in the UNDAF. Through the Joint Implementation Matrix, overseen by the UNDAF steering committee, joint programming is foreseen with UNDP (justice for children and youth); WFP and FAO (food and nutrition); WHO, UNAIDS and UNFPA (maternal and child survival and HIV); UNESCO (education); ILO (child labour); UNHCR and IOM (protection and migration); and the World Bank (budgeting for children).

43. Building on lessons learned in the previous country programme, partnership platforms will be centred around the transitional programming and financing mechanisms in each major sector. Mechanisms — the Education Transition Fund, Child Protection Fund, Health Transition Fund and similar less formal initiatives in water and sanitation — will be led by sectoral line ministries, with participation by donors, UNICEF and sister agencies, and major civil society groups. The Inter-Agency Standing Committee humanitarian clusters, which are increasingly becoming aligned with sector coordination mechanisms, may also continue to provide a partnership framework.

44. New strategic alliances will be formed with the private sector in water and sanitation and social protection, and with the philanthropic sector in education and health. Efforts will be made to engage the newly advanced economies in technical South-South cooperation.

Monitoring, evaluation and programme management

45. The UNDAF results matrix and monitoring and evaluation plan will provide the framework for monitoring achievement of UNDAF outcomes, while a four-year, annually updated Integrated Monitoring and Evaluation Plan will guide detailed monitoring and evaluation of the country programme. The midterm review will be conducted in early 2014 and the UNDAF evaluation in 2015. Monitoring will take place through field visits and spot checks through the Harmonized Approach to Cash Transfers. The evaluation function will be managed semi-independently through the CCORE, whose dual function is to evaluate UNICEF and partner programmes and build national capacity in operational research. Major emphasis will be given to monitoring the impact of UNICEF-supported programmes on disparity reduction.

46. In collaboration with other United Nations agencies, UNICEF will support capacity-building of ZIMSTATs, the new semi-autonomous government statistics agency. UNICEF will also support national surveys, including the Demographic and Health Survey in 2011 and the multiple indicator cluster survey in 2013/14, to gather baseline data and monitor progress on the Millennium Development Goals.

47. The programme development and monitoring committee co-chaired by the Ministry of Finance and UNICEF will be reinvigorated to provide guidance and oversight to the country programme. Annual reviews will be conducted with Government, donors, civil society organizations and other United Nations agencies. The UNDAF steering committee will help guide implementation of the Joint Implementation Matrix. Increasingly, sector reviews will assist in guiding the sector programme strategies and priorities.

48. Internal management will continue through the country management and programme management teams. The steering committees of the various sector funding mechanisms will also provide oversight. Given the changing scale and complexity of the country programme, key international posts in operations and programmes will be upgraded and more senior national posts included in the management structure. Due to the very low ratio of regular resources to other resources, and the short duration and relative unpredictability of funding, it is anticipated that a large proportion of regular resources will continue to be needed to sustain a stable staffing structure during this transition period.