In 2020, the people of Zimbabwe faced huge challenges posed by further economic deterioration and other shocks, including COVID-19. Concurrently, important achievements for children were realized, as evidenced by some key indicator results, national strategy and policy changes and the products of United Nations collaboration with the Government and other partners.

Zimbabwe’s economic challenges continued to deepen in 2020, generating macroeconomic instability that presented significant risks for the operational environment, situation of children and progress toward the Sustainable Development Goals (SDGs). The country’s annual inflation rate reached an all-time high of 837.5 per cent in July 2020—compared to 230.4 per cent in July 2019—before declining to 401.7 per cent in November 2020, according to the Zimbabwe National Statistics Agency. Sector-specific inflation rates steadily increased throughout 2020. Food inflation increased from 22.6 per cent in November 2019 to 385 per cent in November 2020. High inflation has eroded incomes, household-level coping mechanisms and purchasing power, negatively impacting people’s ability to pay for social services. These factors, and Zimbabwe’s challenging international standing, have contributed to foreign currency shortages, weakening local currency, depleted state finances, high external debt, declining real wages, elevated unemployment and budget allocations below recommended thresholds. COVID-19 has negatively affected Zimbabwe’s economy, exacerbating narrow livelihood options and increasing vulnerabilities amid deteriorating socio-economic conditions. Relatedly, the political context remains complex, with tensions abounding related to the upholding of human rights and allegations of corruption. Challenges for children and women were exacerbated by COVID-19, other emergencies and climate-related shocks, including recurrent drought, floods, endemic disease outbreaks and residual effects of Cyclone Idai, such as displacement and infrastructure damage. Zimbabwe recorded more than 13,600 COVID-19 cases and 360 related deaths in 2020. In response to the pandemic, the Government commenced a nationwide lockdown in March 2020 and implemented other containment measures, such as a curfew; face mask, hand hygiene and physical distancing requirements; gathering restrictions; and school closures. These measures and increasing financial hardships had the follow-on effect of further reducing social service access.

The country’s 2020 macroeconomic and humanitarian environment resulted in greater need for multi-sector social assistance. Urban/rural disparities and other geographical inequities remain among children, while climatic conditions continue to pose risks that disproportionately impact them, particularly the most vulnerable. UNICEF contributed financial and technical inputs towards the new Zimbabwe National Development Strategy 1 2021–2025 (NDS1). There was a notable rise in the health sector budget allocation to 13 per cent, up from an average of 8 per cent in recent years. However, low salary allocations prompted prolonged public sector strikes in 2020, impairing social service delivery and disproportionately constraining access for low-income and marginalized populations. The education sector was particularly affected by COVID-19-related school closures and poor economic conditions. Extended closures were extremely damaging for children’s education and well-being, compounded by the incapacitation and industrial action of teachers when schools re-opened in September, again limiting services for children already severely impacted. Additionally, associated factors, such as caregiver inability to pay school fees, also continued to impact learners even after school re-opening, particularly in cyclone- and drought-affected areas. Gender parity issues, including those prominent at the secondary level that pre-dated COVID-19, remained a challenge: more girls (59 per cent) than boys (53 per cent) are enrolled in lower secondary school, and more girls (23 per cent) than boys (18 per cent) drop out before reaching Form 4. The food security and nutrition context in Zimbabwe remains precarious, with 56 per cent of the rural
population characterized as food insecure and nine out of 10 young children lacking a minimum acceptable diet, according to September 2020 Rural Zimbabwe Vulnerability Assessment Committee (ZimVAC) findings. The prevalence of global acute malnutrition increased from 3.6 per cent in 2019 to 4.5 per cent in 2020, while severe acute malnutrition (SAM) increased to 2 per cent, up from 1.4 per cent in 2019. With an adult HIV prevalence of 12.9 per cent, Zimbabwe is categorised as a high-burden country but has met the second and third 90-90-90 UNAIDS targets (90 per cent of all people with diagnosed HIV infection receiving sustained treatment, and 90 per cent of all people receiving treatment having viral load suppression). However, the rate of mother-to-child transmission (MTCT) remains unacceptably elevated at nearly 8.2 per cent and adolescent girls and young women continue to be disproportionately affected, accounting for 60 per cent of new HIV infections. High 2020 inflation negatively affected people’s ability to pay for water, sanitation and hygiene (WASH) services in Zimbabwe. In rural areas, community-level contributions to water source maintenance and demand-led sanitation approaches diminished. While the September 2020 rural ZimVAC findings note increased access to improved water and sanitation from 2019, 23 per cent of the rural population still lacks access to improved water and 29 per cent of households still practice open defecation. In urban areas, there are severe water shortages, mainly caused by lack of treatment chemicals linked to insufficient foreign currency supplies. Recurrent drought coupled with COVID-19 continued to strain Zimbabwe’s already overstretched WASH resources in 2020 through factors such as increased demand for clean water and related longer queuing times at water points, underscoring the need to strengthen the humanitarian–development nexus and community resilience. A depleted social welfare workforce and meagre state spending combined to negatively impact the child protection situation in 2020. During the lockdown (March – August), Zimbabwe recorded a 23 per cent increase in reported violence against children (VAC) and a 70 per cent increase in gender-based violence (GBV) incidents reported to national hotlines, according to partner reporting.

In 2020, UNICEF continued to leverage partnerships and resources to deliver results for children. Donors supported UNICEF with more than US$165 million in new funding in 2020. However, with increased pressure on traditional donors due to COVID-19 and other global factors likely to reduce future funding, UNICEF must enhance its resource mobilization approaches, looking at opportunities to leverage non-traditional donors, the private sector and joint work with other partners, including United Nations sister agencies, to deliver results for children.

**Major contributions and drivers of results**

UNICEF 2020 results supported progress toward the achievement of the Country Programme Document (CPD) 2016–2021 outcomes and 2020 Annual Management Plan (AMP) priority results, while aligning with 2016–2021 Zimbabwe United Nations Development Assistance Framework (ZUNDAF) results, Zimbabwe Transitional Stabilization Programme (2018–2020) priorities and the United Nations Framework for the Immediate Socio-Economic Response to COVID-19 plan. In total, 78 per cent of UNICEF work plan outputs were met or on track. Funding and technical leadership, coordination support and content inputs were provided to develop NDS1, which covers key UNICEF-related sectors. UNICEF successfully advocated for social protection, disability inclusion and nutrition to be higher priority areas within NDS1 than the previous national plan. UNICEF actively responded to humanitarian crises, including COVID-19 and residual effects of Cyclone Idai. Results in 2020 were achieved in collaboration with partners, including Government, civil society organizations (CSOs) and donors, particularly those contributing to the Child Protection, Education and Health Development Funds 2016–2021, including the European Union, the Governments of the United Kingdom, Sweden, Germany, Switzerland and Ireland, and Gavi. Others included the Global Partnership for Education; the World Bank; the African Development Bank; the United Nations Central Emergency Response Fund; the Governments of Australia, Japan and China; the Peace Building Fund; the UNICEF National Committees of the United Kingdom, the United States, and Australia; and multi-donor UNICEF
COVID-19 heavily influenced the year. UNICEF undertook a programme criticality exercise to facilitate the activity prioritization and integration of COVID-19 into existing programming. UNICEF worked through Development Fund Steering Committees to engage partners, ultimately reprogramming over US$10 million across all Development Funds. This effort amplified results for children through COVID-19 response activities and pre-existing programming, with donor and partner flexibility allowing for early implementation of life-saving interventions.

Health policy gaps addressed included the development of at least four strategic documents on community-based primary health care and the adaptation of key health strategies, such as the Every Newborn Action Plan, which aligns with the SDG aim of ending preventable child and maternal deaths by 2030. The Results-Based Financing Programme (RBF) reduced cost barriers to access and increased quality health service utilization. Social barriers were addressed through the training and deployment of more than 16,700 village health workers (VHW) to support maternal, newborn and child health and nutrition community interventions, a Ministry of Health and Child Care (MoHCC) initiative supported by UNICEF with multi-donor funding.

Quality health facility care was scaled up, with 93 per cent of primary health care facilities able to deliver five key basic emergency obstetric and newborn care services and 27 new obstetric ultra-sound centres established. In 2020, 90.2 per cent of live births were attended by a skilled health personnel, up from 84 per cent in 2017. All CPD outcome-level health indicators are on track. The Health Development Fund donor flexibility facilitated a timely, at-scale COVID-19 response. Key support included continuity of essential social services through advocacy, integrated outreaches and ongoing programming. For instance, procurement and supply chain management support continued to ensure availability of selected essential commodities in over 90 per cent of facilities despite global commodity shortages and delayed shipments. UNICEF supported health service access for 2.1 million children, women and men. Working with other agencies and Government, UNICEF strongly contributed to several COVID-19 response pillars, including coordination, risk communication and community engagement (RCCE), infection prevention and control (IPC), ports of entry, case management, supply and logistics, and human resources. UNICEF also supported the training of 5,800 health workers in IPC and 5,700 people in the detection, referral and management of COVID-19 and procuring key of commodities, including personal protective equipment (PPE) and COVID-19 test kits.

The COVID-19 lockdown worsened the nutrition situation for children, including by restricting access to services, particularly in communities. Mass media campaigns were developed to provide nutrition messages to various audiences through local language community radio programmes, reaching 124 per cent of caregivers targeted in 2020. The emergency nutrition protocol was adjusted to simplify and increase acute malnutrition management by using only Ready-to-Use Therapeutic Food for the treatment of both severe and moderate wasting. Through family-led and integrated outreach efforts, more than 2.8 million children were screened for acute malnutrition in 25 priority districts, surpassing the target of 991,000. By September 2020, over 20,000 children—representing 76 per cent of the target—were admitted and treated for SAM across the country, with 70 per cent discharged as cured, according to the Zimbabwe District Health Information System 2. While only achieving 50 per cent of the target, largely due to COVID-19-related restrictions, UNICEF still supported nearly 553,000 children—nearly 284,800 girls and more than 268,000 boys—with vitamin A supplementation in the first half of the year. UNICEF supported a multisectoral community-based model, ensuring functioning of food and nutrition security committees in 38 of 60 districts. The committees were equipped with resources to design and coordinate community-level multi-sector actions to improve the nutrition status of women and children.

Peer support programming demonstrated success in HIV/AIDS treatment adherence and retention, especially among adolescents and young people (AYP) through the Community Adolescent Treatment
Supporters (CATS) model. CATS reached nearly 8,700 children and AYP living with HIV with sexual and reproductive health and rights (SRHR) information across seven districts. High antiretroviral therapy coverage among pregnant women living with HIV was achieved, reaching 95 per cent to meet the 2020 target. Early infant diagnosis and adolescent testing remain constrained due to access concerns linked to human resource incapacitation for early infant diagnosis and a shift in national policy on HIV testing from universal testing to targeted testing of those at high risk and resulted in lower testing coverage among adolescents. Mobile phones were used to track and follow-up on adolescents and young mothers on antiretroviral therapy and U-Report continued to be leveraged as a tool for conducting surveys, counselling and providing information, including reaching more than 16,000 AYP, including nearly 9,000 females and more than 7,000 males, with SRHR/HIV information. Technical and financial support was provided towards the implementation of the elimination of mother-to-child transmission (eMTCT) tracker for mother-infant longitudinal tracking, as well as on eMTCT readiness assessment for validation. In 2020 UNICEF provided technical support towards the development of the Global Fund Proposal, in particular the PMTCT component and the adolescent girls and young women application. To strengthen national-level HIV systems, an integrated SRHR/GBV/HIV package for pregnant and breastfeeding adolescent and young mothers was developed.

In 2020, COVID-19 lockdown restrictions and economic hardship challenged WASH efforts and affected demand-led WASH approaches; however, overall progress towards CPD results is on track. UNICEF supported improved safe water access for more than 687,000 people (out of 1.2 million targeted) including nearly 372,000 females, of whom more than 3,000 were disabled, and more than 315,000 males, of whom nearly 3,000 were disabled, as well as improved access to sanitation for more than 33,000 people. Support was provided for the construction and rehabilitation of 54 water supply systems against a target of 485. A total of 256 villages (against a target of 383) became open defecation free through the construction of 7,822 self-sponsored household latrines and 44 subsidized latrines. Nearly 4.3 million people—approximately 2.3 million females and 2 million males—were reached with hygiene best practice messages, including 3.5 million in humanitarian situations, exceeding the humanitarian target of 1.6 million.

Although COVID-19 and related school closures negatively impacted the ZUNDAF and CPD outcome education indicators, UNICEF made progress toward quality, inclusive education, including by reprogramming US$5.2 million in education funding for the COVID-19 response, primarily to support back-to-school preparations and education continuity. These funds also supported education radio programmes, as well household-level distribution of learning materials focused on early childhood development (ECD) and an accompanying caregiver guidance note that reached 11,000 children aged 3–7. In total, UNICEF supported the development of more than 1,000 primary school radio lessons and is also supporting secondary school lessons. Radio station partnerships were established to broadcast the lessons, including in indigenous languages for the ECD level. U-Report data indicates 1.2 million children benefitted, surpassing the annual target of 1 million and providing an example of how COVID-19 opened up opportunities for remote and alternative education approaches, particularly to serve marginalized children. Finally, UNICEF partnered with the United Nations Educational, Scientific and Cultural Organization (UNESCO), to support the Ministry of Primary and Secondary Education’s research and remote teaching and learning capacity.

In 2020, UNICEF technical assistance and advocacy influenced the inclusion of strong child protection rights and access to justice provisions in NDS1 and draft Bills on topics including cybercrime, marriage and disability, as well harmonization of the Children’s Amendment Bill and Constitution. A costed National Action Plan on Ending Child Marriage was developed. Through the European Union–United Nations Spotlight Initiative, UNICEF supported GBV prevention initiatives undertaken with Apostolic Women Empowerment Trust to reach 1.7 million people with behavior change interventions across 12 districts. UNICEF supported the National Case Management System for Child Protection and Enhanced Realization for Children with Disabilities expansion to 25 districts. UNICEF
funding ensured that nearly 66,000 girls and boys (surpassing the target of 60,000) who experienced violence, including 8,000 children with disabilities, received services. In 2020, 30,000 adolescent girls received interventions to address child marriage, exceeding the target of 20,000. UNICEF co-delivered child protection training to COVID-19 quarantine facility staff, developed mental health and PSS guidelines with the MoHCC, positioned 40 volunteer social workers in quarantine centres and trained UNICEF-led clusters on GBV in emergencies risk mitigation. UNICEF advocacy contributed to the inclusion of US$2 million for child protection case management in the 2021 National Budget, a historical high but still lower than the NDS1 target.

Under the Emergency Social Cash Transfer Programme (ESCT) established in 2020, UNICEF leveraged CSO and private sector engagement to deliver support across the areas of beneficiary registration, management information systems (MIS), grievance handling and payments. The ESCT secured funding to support more than 8,000 households in two districts and reached more than 6,000 households by the end of December 2020. UNICEF served as the lead programme designer and implementer, while non-governmental organization (NGO) GOAL provided beneficiary registration assistance; a private sector partner supported MIS development; and the Ministry of Public Service, Labour and Social Welfare was a key delivery partner.

UNICEF provided technical support during the 2020 National Budget implementation planning process, enhancing national budget implementation capacity. Influenced by UNICEF advocacy, for the second year in a row the Government allocated tuition fee resources to support free basic education, targeting primary and secondary school learners, also ensuring the procurement of sanitary wear for female learners and subsidizing examination fees for public school learners to improve equitable education outcomes. Following UNICEF’s persistent advocacy, the Government availed US$750,000 for Gavi co-financing and US$2.6 million for traditional vaccine procurement, marking the first such allocation in over 20 years. Following major budget transparency reforms supported by UNICEF since 2017, Zimbabwe managed to record significant improvement in its Open Budget Transparency score from 23 in 2017 to 49 in 2019, making Zimbabwe among the top five improved countries within the region. In addition, the Open Budget Survey process is now institutionalized.

UNICEF strengthened its work planning and resource mobilization efforts for COVID-19 and multi-hazard emergency preparedness and responses, meeting the related AMP indicator. Against the 2020 Humanitarian Action for Children (HAC) appeal of US$101.6 million, UNICEF raised US$17.7 million. Despite the sizeable gap, UNICEF had a strong HAC implementation rate of above 75 per cent, reaching over 3 million girls, boys, women and men, achieved by leveraging COVID-19 and other development resources. UNICEF raised US$16.6 million against a target of US$36.5 million to support the COVID-19 response plan and capitalized on this funding through complementary usage linking COVID-19 and HAC programming. For COVID-19, UNICEF ensured effective coordination, advocacy and support to partners and scaled up social mobilization, including shifting to digital and remote mechanisms. UNICEF harnessed digital platforms to broaden social and behaviour change communication, with 17 million RCCE messages and interactions delivered via multimedia channels. With partners, UNICEF supported the free WhatsApp COVID-19 Information Hub and partnered with MoHCC and Econet to provide free Official COVID-19 Information Hub access via SMS. Further, in collaboration with National Arts Council of Zimbabwe and community stations, radio programmes reached over 8 million people with critical COVID-19 and health and infant and young child feeding and other nutrition information, primarily targeting caregivers of children under five years. In 2020, more than 5.9 million people had been reached through social media platforms, exceeding the 2020 AMP target of 4.5 million and in turn strengthening UNICEF’s image. UNICEF also developed an ECD webpage to provide caregivers of children 0–3 years with information on nurturing care and responsive caregiving in the context of COVID-19 that accumulated 179,000 subscribers.

Further on AMP priorities, progress on cross-cutting and integrated programming areas, such as climate change, disability, WASH in schools and gender equality, continued in 2020. UNICEF
provided advocacy and technical support to finalize the National Disability Strategy, which will bolster the rights of the 8.9 per cent of children in Zimbabwe with functional disabilities and is awaiting Cabinet approval. To inform gender mainstreaming within WASH programming, UNICEF conducted a WASH gender analysis in areas affected by Cyclone Idai and a GBV study to address conflicts arising at water points. UNICEF infrastructure design throughout the year reflected disability and menstrual health and hygiene (MHM) considerations. For example, six schools were supported with sex-separated latrine blocks that are disability-inclusive and MHM-friendly. Through WASH in schools programming, more than 80,000 children and staff—including nearly 42,000 females and 39,000 males—were reached with improved water supply through infrastructure development or rehabilitation support in 150 schools (against a target of 340 schools). UNICEF also engaged an adolescent climate change advocate to strengthen adolescent participation and climate mainstreaming in programming, also prioritizing climate resilience by adopting build back better principles, such as through climate-smart health centres and schools. Bolstering accountability to affected populations (AAP) and community-based feedback mechanisms, under the Spotlight Initiative, with a local partner, a robust community reporting mechanism on integrated Prevention of Sexual Exploitation and Abuse (PSEA) was established. The CO rolled out the PSEA Self-Assessment Toolkit, with all partners having completed the self-assessment by the end of 2020.

Finally in 2020, UNICEF supported the United Nations system in the development of draft causality analyses and Theories of Change (ToCs) to inform the new United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026. The office also developed a situation analysis of children and initiated the drafting of Programme Strategy Notes deriving from the UNSDCF process to inform development of the next UNICEF CPD. Throughout 2020, UNICEF supported 11 technology for development and innovation projects, including four in response to COVID-19, such as the June 2020 nationwide launch of the Internet of Good Things (IoGT), which was viewed by 125,000 people. Emergency ICT assistance, such as laptops and Zoom licenses, provided to five Ministries and three Government institutes ensured their remote work readiness and continuity of essential services.
UN Collaboration and Other Partnerships

In 2020, UNICEF leveraged United Nations collaboration and other partnerships with Government, donors, CSOs and the private sector. Collaboration with the United Nations Population Fund (UNFPA) was foundational to the Health Development Fund pooled mechanism, drawing on comparative advantages to enable life-cycle programming. CSO partnerships were leveraged: Crown Agents supported RBF and We Care Solar assisted to innovatively power rural facilities. Support toward achieving COVID-19 socio-economic response targets involved collaboration with UNFPA, WHO and UN Women and more than 100 COVID-19 RCCE partners, Government and interfaith structures. UNICEF collaborated with UNDP around the development of an alternative innovative payment solution for VHW incentives following changes in the monetary policy environment. UNICEF led the United Nations nutrition network, including the coordination of a joint United Nations nutrition work plan. Through the regional 2gether 4 SRHR Programme 2018–2021, UNICEF, UNFPA, UNAIDS, WHO, MoHCC and NGOs worked on an integrated HIV-SRHR-GBV programme in 13 districts.

UNICEF and the United Nations Development Programme (UNDP) are strengthening urban resilience in Harare and other urban centers following the development of an Urban Resilience Systems Assessment and roadmap. With WHO and the African Development Bank, UNICEF supports urban areas at risk of COVID-19 through providing hygiene kits and hand washing stations. In collaboration with the Food and Agriculture Organization and UNESCO, UNICEF is leading the development of a Green Climate Fund Concept Note on Water Security. Under the World Bank Funded Zimbabwe Cyclone Idai Recovery Programme, UNICEF together with other UN Agencies worked with the United Nations Office for Project Services in Health, Education and notably WASH targeting the worst-affected districts.

UNICEF, UNESCO and WHO shared a joint advocacy statement on school reopening and UNICEF and UNESCO worked together toward the development of recommendations on school reopening and evidence-based strategies to address learning losses. UNICEF also engaged in Giga, a global initiative with the International Telecommunication Union to connect every school to the Internet and the Learning Passport, a key global digital learning partnership between UNICEF, Microsoft and the University of Cambridge focused on reducing education barriers for vulnerable children.

UNICEF collaborated with ILO, UNDP, UNESCO, UNFPA and UN Women through the EU-funded Spotlight Initiative to address GBV and other harmful practices affecting children, including by deploying and managing the information management system, and strengthened community-based conflict-resolution with UNDP, UN Women and the World Food Programme through the Peacebuilding Initiative.

UNICEF actively participated in the United Nations Resident Coordinator-organized development partner and diplomatic mission COVID-19 briefings, providing updates. As chair of the Operations Management Team, UNICEF led the development of standard United Nations operating procedures to keep staff safe from COVID-19. UNICEF also contributed to reviewing the business operating strategy and facilitated a coordinated approach to addressing payment processing challenges for vendors and partners, arising due to currency and banking issues.

Private sector partnerships were strengthened, including with the telecommunications provider Econet, whose zero-rating enabled IoT/G and COVID-19 information hub access. In 2020, UNICEF also partnered with the private sector to strengthen online safety for children.
Beyond illustrating that the programme ToC and results logic are sound, the UNICEF experience in Zimbabwe in 2020 produced numerous lessons learned that offer great potential to accelerate results at scale going forward.

Preparedness, flexibility and swift adaptation are critical to mitigate risks, ensure continuity of programming and achieve results. While having preparedness measures and systems in place was critical to shifting gears and scaling up in 2020, there remained a need for strengthened national emergency preparedness and contingency planning, complemented by agile and flexible approaches when emergencies do arise, as also highlighted in the 2019 Real Time Evaluation of the Cyclone Idai response. The flexibility displayed by donors and other partners was critical in facilitating reprogramming, continuity of activities and timely COVID-19 response efforts, particularly in Zimbabwe’s multi-hazard context. Exercising agility, such as shifting to local PPE procurement, can result in cost savings and facilitate timely delivery. Other related 2020 insights included that RBF served as a critical safety net in the absence of other measures to bridge service gaps related to protracted labour disputes; and community-based primary health care offers good value for money for emergency preparedness, response and resilience.

In 2020, UNICEF achieved results through an array of operational modalities, such as integrated/convergent approaches and innovative/technological initiatives, while also leveraging opportunities, particularly in the education space, that will continue to serve children and ensure AAP going forward. Although COVID-19 highlighted a gap in technological interventions and disparities in access to technology for children, especially those with disabilities, the pandemic also offered valuable insights regarding the way forward on making learning more accessible for all children and addressing the digital divide, such as through Giga; the Learning Passport and other digital education mechanisms. In response to COVID-19-induced closures of victim-friendly courts, UNICEF worked with the Judicial Service Commission to explore the feasibility of virtual victim-friendly courts. Lessons learned in the preliminary investigations included that the virtual courts will deliver speed and efficient improvements to the justice system. This innovation will bring justice closer to the people and UNICEF expects to model e-courts in 2021. UNICEF co-chairs the Zimbabwe Child Online Protection Taskforce (ZICOP), also in collaboration with Econet, which has proved important for raising awareness of issues and tapping into private sector expertise. The COVID-19 response also provided ripe ground for both integrated outreach and innovative programming, such as the linking of health, nutrition and protection efforts to ensure equity in essential interventions and resilience against future shocks, resulting in more children being reached in 2020, particularly those in remote communities. Examples of innovations undertaken in 2020 include the design of foot-operated handwashing facilities appropriate for COVID-19 and the piloting of water kiosks using tap card systems to dispense water to paying beneficiaries at an affordable rate.

The events of 2020 demonstrated the importance of listening to communities in ensuring quality programming and impact. For example, community engagement for AAP has opened an opportunity for increased male involvement in nutrition programs. The ESCT programme harnessed technology for programme delivery with use of tablets and digital data collection tools linked to RapidPro to enable frequent, remote and cost-effective recipient engagement. Building and expanding upon existing data and monitoring technologies—such as RapidPro, U-Report and the Ona platform—helped the office rapidly switch gears to emergency programming for the COVID-19 response and facilitated real-time monitoring and stakeholder feedback to inform decision making in crises, such as determining communication and RCCE content and strategy. During the pandemic and subsequent lockdown, UNICEF worked with Government and implementing partners to apply innovative and digital means to maintain the coordination and delivery of essential protection services, including remote case management and mobile legal aid clinics. From an internal perspective, UNICEF reduced its paper use as a result of working from home, generating environmental benefits. This paperless practice and other greening approaches will be continued to contribute to related organizational objectives even in a future context absent of COVID-19-related teleworking requirements.
UNICEF investments over time have produced good relationships with Government that allowed UNICEF to substantively support the COVID-19 response. UNICEF effectively utilized rapidly collected data and other evidence to advocate with donors for investment in health as indicators slid amid a challenging operating context. In terms of partnerships, taking a multi-sector and multi-stakeholder approach—particularly as related to social mobilization—has been a key area of success. Engaging CSO partners en masse has helped to foster dialogue and trust, while also generating practical solutions to common problems. Strategic partnerships with key institutions and figures, such as Parliament and the Ministries responsible for finance and local government, are important to influencing policy and actions that support the realization of results for children. In particular, strategic advocacy focused on a few manageable and collectively understood priorities ensures results.

Global supply chains in 2020 were seriously impacted by COVID-19, creating delays in sourcing supplies and then shipping them, including for PPE, which affected the ability of ZCO to access and procure PPE hindering the immediate continuation of services, particularly impacting frontline workers. Delays in procurement had a knock-on effect in terms of being able to partner with CSOs and supply our partners with necessary equipment and supplies, delaying programme implementation. A key lesson is that developing and strengthening robust local procurement will be a key element moving forward, as will be investing in the capacity of local suppliers and strengthening regional supply networks. To ensure quality, UNICEF will also need to scale up programme monitoring which was a big challenge in 2021, and will do so through increasing staff visits (while adhering to safety protocols) while also building on remote and third party monitoring approaches fostered in 2020. Finally, UNICEF was able to manage the impact of volatile economic policies in terms of cost increases and dwindling supplier confidence by establishing long term agreements. This allowed containing the prices by giving a sense of continued long-term business opportunities for vendors and contributed to the market resilience through the combined purchasing power of UN agencies during pandemic.