**Update on the context and situation of children**

Zimbabwe has a population of approximately 16.2 million inhabitants, of which 53.6 per cent are under the age of 20 years. With an annual growth rate of 2.35 per cent, the population is expected to double within the next 48 years (Zimbabwe National Statistics Office, 2019). The Country underwent a political transition in 2017 and a new Government was elected in 2018. The National Development Strategy 1: (2021-2025) was developed with the aim of achieving middle-income country status by 2030, anchored on devolution and decentralization to promote inclusive local governance and service delivery.

The economy contracted by 4.1 per cent in 2020 due to the COVID-19 pandemic, Cyclone Idai, a protracted drought and macroeconomic instability. A Gross Domestic Product growth rate of 3.1 per cent is projected for 2021 (International Monetary Fund, 2021) bolstered by higher agricultural production and increased economic activity. Public expenditure in health was at 13 per cent of Government spending, 2 per cent below the Abuja Declaration. Expenditure on water, hygiene and sanitation (WASH) stood at 4.7 per cent. Education expenditure accounted for 13.1 per cent of Government spending, below the Dakar Framework for Action goal of 20 per cent.

The Country ranks 150th out of a total of 189 countries on the Human Development Index and 61 per cent of children experience multidimensional poverty - worse in rural areas, high-density and peri-urban informal settlements, and for those with disabilities.

The situation has been exacerbated by the COVID-19 pandemic. As of the end of December 2021, Zimbabwe recorded 213,258 confirmed cases of COVID-19, 180,570 recoveries and 5,004 deaths. A total of 4.1 million first doses and 3.1 million second doses of COVID-19 vaccines (33.4 per cent of target population) have been administered. COVID-19-induced lockdowns limited access to services (especially education and health).

Maternal mortality rate decreased from 960 per 100,000 live births (2010) to 462 (Multiple Indicator Cluster Survey [MICS] 2019). Under-five mortality declined from 75 to 65 deaths per 1,000 live births between 2014 to 2019. However, the neo-natal mortality rate has remained practically unchanged since 1988, at 31 deaths per 1,000 live births. Malnutrition is an underlying factor in 45 per cent of deaths of children under five years of age. Principal causes of non-neonatal child deaths include AIDS, pneumonia, malaria and diarrhoea. Health service coverage, particularly in remote and urban poor areas remains low due to weak and underfunded health systems characterized by insufficient human resources and weak governance. Harmful social norms, including religious beliefs and practices that exclude women and girls, persist.

Nutritional deficiency is a leading cause of the health burden in Zimbabwe. Malnutrition affects one in three children. While stunting rates have declined since 2007, 23.5 per cent of children (0-5 years) are affected today. Around 12.6 per cent of children are born with a low birth weight. Furthermore, 15 per cent of children (5-19 years) are overweight. Poor dietary intake is influenced by inadequate knowledge, cultural and gender norms, insufficient quality nutrition services and food legislation not complying with international standards.

Adult HIV prevalence is at 12.9 per cent (Joint UN Programme of HIV/AIDS 2019). While maternal antiretroviral treatment (ART) coverage has surpassed 90 per cent, mother-to-child-transmission rate is at 8 per cent and paediatric ART coverage is low. Adolescent and young people (15-24 years) account for one third of all new infections. Adolescent girls and young women are thrice as likely to contract
HIV than males. Stigma and health workers’ negative attitude towards adolescents accessing HIV and sexual and reproductive health services persist. Adolescents have limited access to youth-friendly health services, nor can they meaningfully participate in decision-making.

Between 2000 and 2020, coverage of basic drinking water, and sanitation, declined from 72 to 63 per cent and from 46 to 36 per cent respectively (WHO/UNICEF Joint Monitoring Programme for WASH). Only 42 per cent of households have basic hygiene services. Access to basic water services in urban communities is 45 per cent higher than in rural areas. Challenges include weak institutional coordination and capacity, including to maintain WASH infrastructure, and insufficient water supplies. Increasingly, extreme climate-induced events impact WASH services and lower community resilience. The disruptions of COVID-19, along with economic challenges, have further undermined the capacity of communities and the Government to operate water supply systems.

While there is 93.6 per cent net enrolment in primary school, 68 per cent of pre-primary aged children (3-5 years) and 47 per cent of adolescents (13-18 years) are not in school (MICS 2019). While more girls than boys complete primary education, more drop out by Form 4, mainly due to pregnancy, early marriage and school-related gender-based violence. Barriers to accessing education include household poverty, abuse, remoteness, poor infrastructure, and sociocultural norms. Insufficient teacher capacity and attrition jeopardize learning quality and continuity. Access to learning opportunities for out-of-school children is limited. The COVID-19 pandemic resulted in the loss of learning for 4.5 million children in early 2021 and data from 2020 showed primary net enrolment had dropped to 85.7 per cent.

Child marriage rates remain high at 21.2 per cent for adolescent girls aged 15-18 (MICS 2019) and driven by poverty and social norms. Child labour affects 35 per cent of children (5-14 years). Birth registration rates are at 48.7 per cent, with a large rural-urban divide. The majority (76 per cent) of children with disabilities live in poverty. The COVID-19 pandemic engendered a sharp rise in reported violence against children, gender-based violence and mental health and psychosocial support needs. Services are impacted by a depleted social welfare workforce, a still-insufficient national budget for child justice and social welfare and limited implementation of legislation.

In 2021, donors supported UNICEF with over US$171 million for programming. While support from traditional donors, development partners and United Nations (UN) joint programmes continue, especially to the Development Funds, increasing pressure on available resources and the global economic impact of COVID-19 remains a concern. New opportunities in private sector partnership, engagement of non-traditional partners and joined-up approaches with UN agencies are critical to sustain results for children.

**Major contributions and drivers of results**


**Social Policy**

UNICEF’s evidence-based advocacy on social sector allocation and the introduction of the ‘Child Budgeting Series’ – a knowledge platform on public finance – resulted in a 3.6 per cent share of public
spending (above the 2 per cent target) allocated to health, education and social protection to benefit children, increase in health expenditure from 7 per cent (2020) to 13 per cent (2021) and budget allocation for vaccine procurement for the second consecutive year.

The findings from the third round of a telephone households survey of the socio-economic impacts of COVID-19, supported by UNICEF, World Bank and Zimbabwe National Statistical Agency, influenced policy decisions and Government allocation of the USS1 billion Special Drawing Rights Allocation of the International Monitory Fund (IMF) to include social sector spending. Co-leadership by UNICEF and the Government of the National Social Protection Coordination Architecture resulted in new evidence generation on targeting, development of the social protection Management Information System and the introduction of disability inclusiveness to the National programme. Through the emergency social cash transfer programme, UNICEF supported 9,725 households (over the target of 8,250) including 18,632 children. UNICEF’s advocacy and technical assistance resulted in the release of 97 per cent (US$10.9 million) of the harmonized social cash transfer (HSCT) payments against a target of 70 per cent. This allocation benefitted 1.5 million children including 129,557 households (above the target of 29,000) directly supported by UNICEF.

The second Zimbabwe National Multiple Overlapping Deprivation Analysis was finalized to improve understanding of child deprivation and poverty and inform policy action. NDS-1 indicators were updated by the Government with support from the UN (including UNICEF) and World Bank, to improve strategic results-reporting aligned to the Sustainable Development Goals. The office evaluation plan was implemented at 93 per cent and completed evaluations were rated satisfactory – highly satisfactory.

Health

In 2021, UNICEF supported the finalization of the National Health Strategy (NHS) (2021-2025), the Health Sector Coordination Framework and NHS Investment Case to improve governance and oversight. The NHS is informing the development of the National Food and Nutrition Security and Immunization Strategies. The end-line evaluation of the Health Development Fund (HDF) (2016-2021), a multi-donor fund, was concluded, and findings informed the development of the next phase of the fund.

The HDF partnership and UNICEF’s technical assistance contributed towards an increase in skilled-birth attendance rates to 91.5 per cent, against a target of 90 per cent, through the provision of maternity units with lifesaving equipment in 73 hospitals and 40 health centers. At year end, 93.8 per cent of all health facilities were providing the five Basic Emergency Obstetric and New-born Care (BEmONC) interventions on a 24/7 basis, achieved through UNICEF’s support in capacity building of health workers, infrastructure rehabilitation and deployment of tools and guidelines.

Around 75 per cent of targeted children received ORS and zinc for the treatment of diarrhea (against a target of 65 per cent) while 168,457 children received post-natal care within three days of birth (against a target of 236,907). The training of over 20,000 village health workers (VHWs) on integrated community case management contributed to this result and consequently 83 per cent of all villages (2.5 million households) have at least one trained VHW (up from 81 per cent in 2020 and 61 per cent in 2015). The VHWs reached 6.85 million people with preventive, promotive and curative health and nutrition services. The installation of 1,051 solar vaccine fridges, minimization of vaccine wastage and community mobilization resulted in 86 per cent coverage of DPT3 vaccination, though less than the 90 per cent target, due to COVID-19.

The HDF support enabled UNICEF to provide essential medicines and commodities resulting in at least 93.8 per cent of facilities maintaining supply availability (over the 80 per cent target). The Results Based Financing Initiative, through HDF and UNICEF’s support, provided operational budgets
for all health facilities (over 900) in 42 districts and ensured essential supplies availability and incentive schemes for 14,000 VHWs. This resulted in a decline from 7.7 per cent in 2016 in the proportion of health facilities charging user fees for maternal and child health services to 2 per cent in 2021.

UNICEF supported the development of the National COVID-19 Vaccine Demand Strategy, Communication Plan and Acceleration Plan. Around 10,000 communication materials and multiple social media messages were distributed to raise awareness on COVID-19 vaccination. Sustained advocacy led to the inclusion of Zimbabwe in the COVAX facility. In 2021, 13.5 million doses of COVID-19 vaccines, procured largely by the Government, were mobilized, including 1.1 million doses through COVAX; 33.4 per cent of the 9.4 million eligible population have received COVID-19 vaccination.

**HIV**

The Zimbabwe National AIDS Strategic Plan (2020-2025) was updated, with UNICEF’s support, to incorporate humanitarian action. The quarterly production of age-disaggregated HIV data for all districts from the National HIV Management Information System supported data-driven annual HIV review and planning in 10 districts compared to two districts in 2020. UNICEF’s technical assistance to the Government also resulted in the mobilization of US$75 million from the Global Fund to support HIV and the COVID-19 response in 2021.

UNICEF’s technical assistance ensured that over 90 per cent of the targeted health facilities in 10 districts offer prevention of mother-to-child transmission (PMTCT) services, viral-load monitoring and early infant diagnosis services. The training of frontline health workers, including on adolescent-sensitive HIV services, risk screening and support to mother-infant pairs contributed towards 87 per cent coverage in PMTCT services against the target of 95 per cent (though down from 90 per cent in 2020) and 81 per cent of adolescents received HIV treatment against the target of 98 per cent. The revision and application of the revised testing algorithms and the use of HIV/syphilis duo kit for pregnant women contributed to 76 per cent of HIV-exposed infants receiving virological test results within two months of birth, against the target of 90 per cent.

**Nutrition**

UNICEF’s technical assistance resulted in the finalization of strategies on food and nutrition security; food fortification; and adolescent social and behaviour change communication, to improve an enabling environment on nutrition. The annual seasonal assessment of the food and nutrition security, supported by UNICEF and partners, however, indicated increasing nutrition vulnerabilities due to poor dietary diversity.

The training and mentoring of frontline workers led to the implementation of a minimum package of interventions that include growth monitoring and promotion; community level infant and young child feeding (IYCF) support; and micronutrient supplementation to prevent stunting in children in 40 districts in 2021 (up from 4 in 2016). In 60 districts, 90 per cent of primary health care facilities (up from 88 per cent in 2020) were supported with at least one health worker providing community IYCF services. UNICEF provided emergency nutrition response in 32 affected districts, reaching over 398,047 children and 596,157 caregivers with a package of life-saving foods and materials to support early identification and treatment of children with wasting. UNICEF supported 15,000 adolescents (7,350 boys and 7,650 girls) in schools with nutrition education. With UNICEF’s support including procurement of ready-to-use therapeutic food, 99 per cent of health facilities now offer wasting treatment services according to global standards, up from 80 per cent in 2016, against the target of 90 per cent. UNICEF disseminated key nutrition and health messages including on IYCF, WASH and family-led nutrition screening, reaching 38,000 caregivers (133 per cent of target) through mobile
Advocacy and technical assistance by UNICEF resulted in institutionalizing the Joint Sector Review (JSR) process, with the second JSR held in 2021, involving 11 government agencies and multiple partners meeting to define a common set of priorities. UNICEF, in support of Government, promotes community resilience to recurring shocks and hazards and ensuring sustainable drinking water services, using the Drinking Water Safety and Security Planning (DWSSP) approach. A total of 276 out of the 319 communities (86 per cent), across 7 districts supported by UNICEF, developed plans and implemented the DWSSP approach to ensure access to safe water.

Support to 10 provincial and 51 district water and sanitation sub-committees led to improved sector coordination, especially around COVID-19 response and enhanced the prioritization of WASH interventions. The Rural WASH Information Management System (RWIMS) is operational in 51 out of the 60 rural districts (85 per cent of target).

The rehabilitation of 991 water sources, reprogramming of piped water schemes and borehole repairs improved access to water supply for 1,219,851 people (52.9 per cent females; including 12,693 people with disabilities). Construction of 1,452 self-sponsored household latrines and 765 subsidized latrines for vulnerable households contributed to additional 11,564 rural people (52.6 per cent females) using improved sanitation and nine villages (45 per cent of target) are open-defecation free. WASH services in 457 schools benefitted 250,988 students (52 per cent female), contributing to an increased proportion of schools with water supply - from 64 per cent (2017) to 67 per cent in 2021.

As part of the COVID-19 response, 736,225 people (48 per cent females; including 5,322 people with disabilities) had improved access to safe drinking water from the rehabilitation of 1,025 water points and the construction of 26 new ones, powered by solar energy or gravity-fed systems. A total of 2,737,243 people (52 per cent females; including 35,654 people with disabilities) were reached with COVID-19 prevention and hygiene messages, repair of water sources and sanitation facilities, and the distribution of sanitary cleaning materials in 59 healthcare facilities contributed to infection prevention and control services.

Education

UNICEF supported an inaugural, virtual Joint Sector Review and contributed to the development of the Education Sector Strategic Plan (ESSP 2021-2025). UNICEF provided technical support to the development of the School Financing and Early Learning policies, now awaiting Cabinet approval, and the Inclusive Education Policy is at the finalization stage. The National Curriculum Reform process was successfully rolled out.

School Improvement Grants, supported by UNICEF, were disbursed to 4,795 disadvantaged schools (98.5 per cent of target) benefitting 1,765,101 learners (49.7 per cent girls). The provision of assistive devices to 12,278 children with disabilities (62 per cent girls) and the printing of the Open and Distance Learning Modules (benefiting 150,000 children) have increased learning opportunities for children with disabilities and out-of-school children.

UNICEF, with funding from the Education Development Fund, supported the development, recording and broadcast of over 1,000 radio lessons and 40 TV lessons to address learning loss due to COVID-19 restrictions, benefiting about 1.7 million learners. With Government, Microsoft and TelOne, the Learning Passport - a UNICEF-supported digital learning platform enabled remote learning for a further 79,560 children.
To enhance quality, UNICEF printed and distributed over 2.4 million copies of Grade 6 textbooks (100 per cent of the target) serving 281,855 learners (141,603 male and 140,252 female). UNICEF supported the integration of the Competence-based Curriculum (CBC) into Pre-Service Teacher Education curriculum to sustain CBC implementation.

**Child Protection**

UNICEF’s support to policy and legal reform resulted in the development of the Costed National Action Plan on Ending Child Marriages and the National Disability Policy, passage of the Data Protection Act and cabinet approval of the Children’s Amendment Bill and Child Justice Bill. Engagement with stakeholders has sustained the implementation of the National Case Management System (NCMS) to respond to Violence Against Children. The placement of case management officers and mentoring of 3,857 community case workers resulted in 97,904 children (56 per cent girls; including 14,326 children with disabilities) benefitting from comprehensive child protection services. Training of 137 justice actors and other stakeholders led to the diversion of 501 children (421 boys and 80 girls) in contact/conflict with the law from the mainstream justice system.

A total of 65,451 community members (66 per cent females) and 52,720 adolescent girls, reached through community clubs, and mentors, are adopting positive parenting behaviours and supporting norms that are protective of children and preventing child marriages. The development of the child online safety manual and training 22 social workers resulted in the improved capacity of the social workforce to manage online violence.

UNICEF’s leadership of the Child Protection Working Group, the training of 280 community case workers and implementation of the Gender-Based Violence in Emergency (GBViE) risk mitigation strategy resulted in 123,529 children (55 per cent girls) accessing critical child protection in emergency (CPiE) services to respond to multiple hazards. The CPiE services provided included family tracing, reunification, and appropriate follow-up care for unaccompanied and separated children, emergency shelter, counselling, mental health and psychosocial support, and legal assistance for victims of GBV, and birth registration services.

**Communication and C4D**

UNICEF’s website grew to 133,000 visits hosting 31 press releases and 56 articles/human interest stories; there were 130 features in the local and international media and over seven million people were reached through social media platforms (Twitter, Facebook, Instagram, LinkedIn and YouTube). SMS and mobile initiatives also grew with almost 640,000 people reached through U-Report, the Internet of Good Things and chatbot. UNICEF’s leadership of the COVID-19 risk communication and community engagement committee provided social analytics to inform the response and supported 11.7 million people with COVID-19 prevention messages.

**Gender, Disability and Human Rights**

UNICEF is one of the UN agencies implementing the Spotlight Initiative to address GBV. The findings from the gender programme review and the WASH-related GBV study informed the Country Programme development. The State Party Report to the UN Convention of the Rights of the Child was finalized and a Government-wide Assistive Technologies Capacity Assessment to inform disability inclusion was supported. With financial support from the Norwegian Government, almost 2,300 households received a monthly disability payment top-up through the ESCT.

**Emergency**

UNICEF trained 81 Government officials on emergency preparedness and 51 on information...
management to improve national capacity for preparedness planning. Contingency plans developed for the different waves of the COVID-19 outbreak contributed to quick response adaptation. Despite funding challenges, UNICEF mobilized US$11.79 million against the 2021 humanitarian appeal and support was provided to 1.9 million children affected by Cyclone Idai, cholera and typhoid, and COVID-19.

**Enablers**

Programme delivery was supported with US$85.3 million in supply and procurement managed by the Office in 2021, including Gavi and procurement services, up from US$75.5 million in 2020. HACT implementation is at 100 per cent for programmatic visits (206), Spot Checks (42) and Audits (18). Prevention of sexual exploitation and abuse risk mitigation activities were supported with 100 per cent completion of the CSO partner risk assessment.

Staff recruitment was completed at an average of 48 days during 2021 against the target of 60 days. To support balanced representation, the office achieved the target of 50:50 on geographic representation and a 48:52 ratio of female to male, within variance limits to meet the target.
In 2021, UNICEF collaborated with the Ministry of Health and Child Care, UN Population Fund (UNFPA) and development partners Foreign, Commonwealth & Development Office, European Union, Irish Aid, SIDA-Sweden and Gavi to deliver critical health services through the Health Development Fund (HDF) during COVID-19. UNICEF partnered with Crown Agents to support the results-based financing districts and worked with GOAL, AWET, Vuka Africa, and Community Working Group on COVID-19 risk communication and engagement. UNICEF led the nutrition cluster, and the UN Network for Scaling Up Nutrition. UNICEF entered UN-UN partnerships with UN Development Programme (UNDP) and the Food and Agriculture Organization (FAO) for the integration of nutrition into resilience efforts in 16 districts.

Under the joint UN 2Gether4SRHR programme funded by the Swedish Government, UNICEF’s partnership with UNFPA, UNAIDS and World Health Organization (WHO) supported delivery of integrated sexual and reproductive health, HIV and gender-based violence (GBV) services. Through UNICEF’s participation in the Country Coordinating Mechanism Board, the Global Fund provided US$75 million towards the COVID-19 response and mitigation of its impact on HIV, tuberculosis and malaria.

UNICEF led the advocacy for social-sector prioritisation on the utilisation of the Special Drawing Rights (SDR) by the Government. Consequently, building on strong relations with the Ministry of Finance, the Government prioritized key social-sector interventions for SDR resources, allocating US$212 million, constituting 22 per cent of the total US$958 million (Health US$122 million, Education US$10 million, Social Protection US$80 million). UNICEF collaborated with International Labour Organization (ILO), UNDP, United Nations Educational, Scientific and Cultural Organization (UNESCO), UNFPA and UN Women through the EU-funded Spotlight Initiative to address GBV and harmful practices affecting children. With UNDP, UNICEF supported integration of peace building, accountability, and citizen participation in service delivery. With support from Germany, UNICEF collaborated with World Food Programme (WFP) to support cash-transfer interventions.

UNICEF worked closely with UNESCO on capacity development of the Ministry of Primary and Secondary Education for remote teaching under the Global Partnership for Education for the COVID-19 response and for research. UNICEF continued to engage in ‘Giga’, a global initiative to connect every school to the internet and the Learning Passport, in partnership with Microsoft and the University of Cambridge, focusing on education for vulnerable children.

UNICEF worked with 17 CSO partners and the National Action Committee for WASH (a multi-stakeholder coordination structure) on service delivery. Under the World Bank-funded Zimbabwe Cyclone Idai Recovery Programme, UNICEF with UN Agencies, the National Government, local authorities and CSOs supported communities to strengthen resilience through the risk-informed Drinking Water Safety and Security Planning approach. The US Government supported UNICEF’s COVID-19 response, including key prevention messaging.

Private sector partnerships collaborated with the telecommunications providers Econet and TelOne, supporting access to the Internet of Good Things and the COVID-19 information hub access.

UNICEF supported the UN Resident Coordinator’s Office in developing the United Nations Sustainable Development Cooperation Framework (2022-2026) and, as Operations Management Team chair, to enable the system in adapting to changing monetary policies and leading in the coordinated approach for working under COVID-19.
Lessons Learned and Innovations

UNICEF’s experience in Zimbabwe in 2021, as well as across the 2016-2021 cycle, produced numerous lessons learned that offer great potential to accelerate results, at scale, going forward.

Flexible Emergency Response

Given the fluctuating situation in Zimbabwe, with public health emergencies and frequent seasonal droughts and cyclones, there is a need for programmes to be flexible in nature and span the development-humanitarian and peace nexus, in order to scale up and down depending on the needs. According to an evaluative assessment commissioned by UNICEF, and, as highlighted in the (2019) Real Time Evaluation of the Cyclone Idai response over the country Programme cycle, UNICEF’s programme has demonstrated flexibility to enable the achievement of results as humanitarian crises have arisen, including in the COVID-19 response and the response to the 2019 Cyclone Idai. UNICEF has integrated ‘humanitarian response’ within the sectoral rolling workplans through a) creating humanitarian outputs in each sectoral programme structure, b) basing the annual results and target setting on a Country-risk analysis, and c) integrating crisis modifiers that enable repurposing of regular interventions to flexibly respond to emergencies. UNICEF’s preparedness, flexibility and swift adaptation have been critical to mitigate risks, ensure continuity of programming and achieve results.

The flexibility on the part of donors and other partners was also critical in facilitating UNICEF’s reprogramming and support for continuity of activities and timely COVID-19 response efforts. Moving forward, UNICEF will build on its resource mobilization strategy to develop innovative strategies to enhance resource mobilization for emergency response.

Flexibility for ‘emergency response’ has also been championed by UNICEF amongst partners. The End-Line Evaluation of the Health Development Fund (HDF) Programme in Zimbabwe (2016-2020) demonstrated that the Health Sector benefited from having preparedness measures and systems in place and agile programme approaches to be able to shift gears and scale up responses. HDF workplans were reviewed and adapted to the prevailing situation on a quarterly basis to enable real-time programme adjustment. This made swift reprogramming possible ensuring adequate pandemic response and adapted strategies to maintain continuity of essential services. The HDF support (technical and financial) for Village Health Workers also contributed to lift the motivation, retention and performance, also invaluable during emergencies.

Joint Programming

From 2016-2021, key success stories were particularly related to long-term joint programming with other UN agencies, based on complementarity and the Government of Zimbabwe and with a focus on systems-strengthening through capacity building. The multi-donor funding mechanisms, particularly the HDF and the Education Development Fund are key examples of successful joint/multi-stakeholder programming. The HDF Evaluation has shed light on the successes achieved, with a highlighted need for continued investment by the Government in the social sectors to ensure sustainability. The Results Based Financing (RBF) mechanism has facilitated the continuity of essential services at health centers and in communities in the context of constrained resources and staff demotivation. The HDF has also supported increased, Government health sector funding in 2022. A key lesson was that the HDF programme was successful investing in the Ministry of Health and Child Care’s existing structures (instead of creating parallel structures) thus achieving efficiencies and enabling the Government (with improved capacities) to sustain the interventions. According to the evaluation, the approach is suited to all large-scale public-sector-led programmes.

Innovative Approaches
UNICEF has developed innovative approaches over the cycle, especially in response to the challenges imposed by the COVID-19 pandemic.

In terms of the use of technology, in March 2021, UNICEF, with the Ministry of Primary and Secondary Education, launched the Zimbabwe Learning Passport and increased access for 79,560 users to digital learning and 3,700 local content learning materials. In partnership with the Foreign, Commonwealth & Development Office, UNICEF is moving forward with the Green School concept through the implementation of solar power in schools and to access the Learning Passport using the offline server. The Emergency Social Cash Transfer programme has harnessed technology in delivering its programme with the use of tablets and digital data collection tools, linked to Rapid Pro to enhance engagement with programme beneficiaries remotely, frequently and cost effectively. Under the Child Protection Fund, UNICEF scaled up remote and virtual services and facilitated key adaptions, including procuring Personal Protective Equipment for frontline workers who interact with children and communities. Building on the feasibility of exploring the functionality of online courts, UNICEF, in 2021, also finalized processes of ensuring that E-courts become a reality. The architecture to establish such courts was overseen by the Victim Friendly System which has an electronic system that is child-sensitive and adheres to court procedures.

For innovative programme adaptation, during the COVID-19 lockdown restrictions, HIV self-testing became popular, leading to an increase in its uptake, including amongst adolescents and young people (547,033 tested in 2021 with 9 per cent positivity rate). Self-testing could be the game changer in identification, especially for adolescent girls and young women, to whom most new HIV infections are occurring. To minimize COVID-19, UNICEF successfully designed and advocated for a new, durable, climate-resilient, group handwashing facility for schools to be rolled out by the Ministry of Primary and Secondary Education, shifting the strategy away from mobile, temporary, plastic handwashing units which need to be regularly replaced. The new group handwashing facility design utilizes a low-flow design, to reduce water use, ensures maintenance is affordable and enables more than 10 students to wash hands at one time. Children also take the time to sing and teach each other good hygiene practices while demonstrating the proper hand washing technique. Key communication interventions that were developed for ‘COVID-19 Risk Communication and Community Engagement’ have now been embedded in sectoral platforms and partnerships, helping them to be more efficient and cost effective. Finally, the integrated outreach services that were developed in 2020 and continued into 2021 to support cross-sector messaging around health, nutrition and protection, have resulted in more children being reached, particularly from very remote parts of communities, far from health facilities, with a comprehensive package of health and nutrition services.