UNICEF ANNUAL REPORT for Zimbabwe

1 EXECUTIVE SUMMARY

2010 was an important year for Zimbabwe; economic and relative political stability allowed some social sector recovery, slowed the rapid decline in MDG indicators and provided a more conducive environment for achieving women’s and children’s rights. The situation, however, remained fragile as coping mechanisms were severely taxed over the past decade and women and children remain highly vulnerable to additional shocks.

Despite the challenges, several important achievements, towards which UNICEF made a significant contribution, took place. First, by the end of 2010 all 5,600 Zimbabwean primary schools will have benefited from 13 million textbooks, improving the textbook-to-pupil ratio for core subjects from 1:10 to 1:1. Revitalisation of the Basic Education Assistance Module (BEAM) was another key education sector achievement, which assisted 514,000 Orphans and Vulnerable Children (OVC) to access school through fee payments.

Second, to accelerate progress on the health-related MDGs, UNICEF, in partnership with the World Bank and WHO, supported the Ministry of Health and Child Welfare (MoHCW) to develop a national Health Investment Case. The UNICEF essential medicines programme provided 90% of the national requirement of all essential medicines and also responded to the measles outbreak in which 5 million children were vaccinated.

Third, the Programme of Support (PoS) continued to support 500,000 OVC with a basic package of multi-sectoral services through 180 partners. Finally, through the Emergency Rehabilitation and Risk Reduction (ER&RR) programme, UNICEF safeguarded water in urban centres, contributing to marked reductions in the number of cholera cases. Furthermore, a revitalised national WASH sector coordination mechanism gained Government endorsement.

Three major partnerships were formed or consolidated; first, COPAC, the Ministry of Constitutional and Parliamentary Affairs, UNDP and civil society partnered with UNICEF to enable children’s participation in the new constitution. Second, WFP, FAO and UNICEF joined forces to support the Food and Nutrition Council to develop joint analytical capacity and prepare the National Food and Nutrition Policy. Finally, the Collaborating Centre for Operational Research and Evaluation (CCORE), a partnership between UNICEF, CDC and University of Zimbabwe, developed into a network hub for knowledge dissemination and capacity development.

2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

The unprecedented economic decline in Zimbabwe resulted in a 50% contraction of GDP and in pushing two-thirds of the population below the poverty line. The Global Political Agreement and the advent of ‘Inclusive Government’ brought relative political stability, and recent fiscal policy decisions have led to some economic growth; however, progress in 2010 remained fragile.

The focus of UN agencies and partners in recent years has been less on reaching the MDGs than on mitigating the reversal in key indicators. Major outbreaks of cholera and measles required millions of dollars to stem mortality and, support from partners notwithstanding, took several months to control. Such outbreaks, along with the deterioration in food security, are coupled with massive erosion in basic social service infrastructure and people’s coping mechanisms, especially the poorest. The deterioration in infrastructure, lack of investment, low wages, decreasing civil service motivation and capacity, and absolute shortage of essential supplies and commodities caused a near-
collapse of the social sector. The Inclusive Government, supported by UNICEF and development partners, has made major efforts to rebuild the social sectors, including the initiation of a national health worker retention scheme, a national essential drugs programme, a water and sanitation urban rehabilitation and risk-reduction programme, a national campaign against measles, the Programme of Support (focusing on removing barriers to education for OVC through the Basic Education Assistance Module) and the establishment of an Education Transition Fund that has procured learning materials for all children in primary school. However, major challenges remain.

In education, although net attendance rates for primary school have remained high (>90%), the declining grade 7 examination pass rates (39%) demonstrate deterioration in education quality. More than 1 million children and young people of secondary age are out of school, with few educational or employment options. Disparities in education are growing; children from the top wealth quintile are three times more likely to attend secondary school than children from the bottom quintile. Although there is gender parity at primary levels, girls represent only 35% of pupils in upper secondary. Financial barriers are increasingly constraining access for the disadvantaged.

In health, under-5 mortality increased by 20% since 1990. Even more striking has been deterioration in the maternal mortality ratio which at 790 per 100,000 live births has more than doubled since 1990 (390 per 100,000 live births). The major drivers of this decline are the HIV epidemic and the decline in the once highly functional health care system. Due to supply and demand factors, the percentage of deliveries attended by a skilled birth attendant has decreased from 70% to 60% over a decade, with a disproportionate decline in the bottom three quintiles. Treatment coverage of PMTCT for pregnant women that qualify and for children, especially children under-two, was still negligible in 2010. On most health care indicators, members of Apostolic communities have far lower coverage than other religious groups.

Under-nutrition is a major public health problem; around 34% of children under-5 are stunted, 2% are wasted and 10% are underweight; these levels represent a steady deterioration since the mid-1990s, particularly among the poorest quintiles. Water and sanitation continues to be the sector with some of the starkest disparities. Compared with Zimbabweans in the poorest economic quintile, the chances of their counterparts having safe water and improved sanitation are two and 10 times higher, respectively.

Although the prevalence of HIV has steadily declined from 25% in 2003 to 14% in 2010, the epidemic continues to have a devastating impact on development. Girls and young women are two-to-three times more likely to contract HIV than boys and young men. Lower educational status is also risk factor. Zimbabwe has one of the highest rates of orphanning in the world (25% of all children).

Vulnerability is not limited to orphans; experience of violence and abuse is widespread. At least 21% of girls’ first sexual encounter is forced and the perception that family violence is acceptable is shared by both women and men (48% and 37%, respectively). Corporal punishment is legally administered. Two-thirds of children report experiencing such punishment at school. The combination of poverty, neglect and violence contributes to the large number of children on the move, resulting in unsafe migration and child exploitation.
3 CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview

The 2009 Mid-Term-Review (MTR) significantly influenced programme strategies in 2010. While the Office operated in full emergency mode during the latter part of 2008 and first half of 2009, 2010 was a year of relative political and economic stability; consequently programme consolidation was achieved.

The Office continued to implement the six MTR recommendations. Firstly, the evolution from sub-national projects to national-scale programmes continued. Emphasis was placed on education through the ETF, and on social protection through review of the Programme of Support for OVC. The review recommended that the programme evolve from project-based support to OVC through NGOs into a national HIV-sensitive cash transfer programme for the poorest, most labour-constrained households. UNICEF work on policy advocacy to ‘build back better’ addressed another recommendation. The most prominent examples were in health, where UNICEF supported the MoHCW to develop a National Investment Case that comprehensively outlines the requirements to accelerate MDG progress.

The third recommendation, on reducing disparities and ‘recovery with a human face’, resonated with UNICEF’s global focus on equity, and is emphasising the poorest, the hard-to-reach, religious groups (such as Apostolic communities) and those with special needs. The fourth recommendation, to strengthen UNICEF’s role as a knowledge leader, was realised through the establishment of the Collaborating Centre for Operational Research and Evaluation (CCORE). The fifth recommendation, on strategic partnerships, was implemented through a deliberate effort with all donor and development partners to establish one major funding and coordination mechanism per sector. This outcome integrates the humanitarian cluster coordination mechanisms with longer-term sector coordination mechanisms.

Finally, the sixth recommendation, for institutional and community capacity development, was implemented in various ways: through joint capacity audits with key line ministries, through support and training for national government and non-government institutions and through supporting children and young people to actively participate in historic processes, such as developing the new constitution.

As the country begins another election cycle in 2011, the challenge will be to maintain the momentum of transition towards normalisation, reengagement and equitable development, while concurrently strengthening coping mechanisms, achieving disaster risk reduction, and maintaining the capacity for emergency response.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development

Despite the contextual constraints with a recovering national economy whereby most donor funding cannot go directly to Government, UNICEF contributed to national capacity building by strengthening policy and strategy development and institutional, organisational, community and individual capacities.

Policy functions of line ministries were supported to develop National Investment Cases in health and education that describe Government’s commitments for a basic package, coverage targets and incremental costs required to accelerate MDG progress. During this critical transition period, these cases represent key national frameworks for donor harmonisation and alignment, allowing funds to be ‘on plan’ even if not ‘on budget’. In addition, UNICEF supported the development of key sub-sectoral national strategies,
such as the Child Survival Strategy, the National Action Plan for OVC, Adolescent Sexual and Reproductive Health Strategy, and the Male Circumcision Strategy.

Sectoral coordination mechanisms were developed, incorporating the humanitarian cluster approach, with UNICEF increasingly supporting line ministries in this role. Such approaches were particularly successful in education; in social welfare, with the Ministry of Labour and Social Services; and in water, where UNICEF assisted several ministries and parastatals to revitalise the National Action Committee. UNICEF also supported parastatal organisations such as Natpharm (responsible for essential medicines) and the Food and Nutrition Council with staff retention and technical assistance.

UNICEF supported the Zimbabwe Youth Council to become a fully representative body and platform for children’s and young people’s participation. All Primary School Development Committees were strengthened to manage school resources and be an effective interface between community and school administration. The Programme of Support developed capacity building tools in rights-based programming and financial management, assisting more than 180 organisations. Finally, CCORE strengthened the capacity of national NGOs in data collection and analysis.

Individual training of over 470 government and civil society counterparts was facilitated by UNICEF, including: IMNCI, child-friendly teaching methods, EMIS, rights-based programming, journalists training, water maintenance skills, and legal instruments (CRC and CEDAW). Specific tools were developed to support 5,000 children to participate in the development of the Constitution. Finally, capacity gaps were systematically analysed in the 2005-2010 Zimbabwe Situation Analysis.

3.1.2.2 Effective Advocacy

Central to advocacy in 2010 was the message ‘women’s and children’s rights remain above and beyond all political considerations’. Evidence-based advocacy was prioritised based on data-gathering exercises including the Nutrition survey, Vital Medicines and Health Services surveys, the WASH Country Status Overview, HIV and infectious disease outbreak surveillance and analytical work through the CCORE. The MTR themes ‘building back better’ and ‘recovery with a human face’ were also important over-arching messages.

Financing frameworks, such as the Health Investment Case, played a major role in highlighting sector-wide needs. While the messages focused on deterioration of MDG indicators and the increasing disparities between rich and poor, this picture was balanced with recent social sector progress. Key messages included the need to abolish user fees for basic health services, the low coverage of ART for children and rapid response needs to the major measles outbreak.

Emphasis was on capacity building of national media, with field visits and workshops on child rights conducted by the Zimbabwe Union of Journalists for more than 130 press members. Local teaching institutions were also engaged to incorporate a child rights syllabus into media degrees. Major events included launches of national nutrition data, the Health Investment Case and the textbook distribution. Yvonne Chaka-Chaka’s visit on the Day of the African Child involved leaders from the Inclusive Government’s three parties, and Graca Machel’s visit focussed on child rights in the new Constitution, highlighting these messages.

Sustained advocacy combined with significant results in social sector programmes helped increase resources for women and children. While such resources have thus far come largely from the donor community, the 2011 budget includes major increases in allocations to health, education, social protection and water. At the MDG summit, Government committed to the Abuja 15% target for health, to abolish user fees for
pregnant women, to establish a maternal and child survival fund and to strengthen the maternal death audit system. Importantly, the new MTP (and subsequently ZUNDAF), now focuses on women and children. Finally, the innovative programme ‘What about us’ supported children to become their own advocates during drafting of the new Constitution.

### 3.1.2.3 Strategic Partnerships

In 2010 the Office focused its wide range of partnerships more strategically. With the new political dispensation, a deliberate engagement was made with all elements of the Inclusive Government whose responsibilities overlap with UNICEF’s mandate. Engagement was strengthened with ministries of youth, justice and legal affairs, constitutional and parliamentary affairs, economic planning, regional integration and international cooperation, and local government. Partnerships continued with ministries of health, education, water, labour and social services, and women’s affairs, gender and community development.

Transitional financing instruments became critical platforms for bringing together line ministries, donors, UN and civil society for social sector rebuilding. These mechanisms have the flexibility to evolve into SWAPs should the situation continue to improve, or to support direct service delivery in case of deterioration. Such sector-wide mechanisms, bringing together all relevant stakeholders under sector ministerial leadership, ensure that Government priorities, systems and procedures are adhered to and emphasise robust monitoring and evaluation systems. Current contextual constraints mean that UNICEF manages all funding, implementation and procurement under these mechanisms.

In this transitional context, the UNCT became an increasingly relevant partnership, facilitating Government engagement. Strong UN collaboration in several areas took place.

The humanitarian Cluster mechanisms in education, WASH and nutrition were important partnership platforms, each involving more than 100 partners from the UN, civil society and private sector. With the situation evolving, Clusters’ TORs were adapted to focus mainly on recovery and transition, disaster risk reduction and alignment with broader UNICEF-supported sector wide coordination mechanisms.

As the situation stabilises, UNICEF will continue to expand transitional financing mechanisms with programmes focusing more on capacity building, monitoring and community accountability. Non-traditional donors and partners such as the Governments of China, India, Russia and SADC countries, the private philanthropic sector and the ICT, banking and mining sectors in Zimbabwe will be encouraged to engage in health, water and sanitation, social protection and education mechanisms.

### 3.1.2.4 Knowledge Management

Following the MTR, the Office made a strategic decision to separate its internal planning and monitoring function from operational research and evaluation. Both areas were strengthened with staffing and resources. A strong planning and monitoring unit was established and monitoring capacity was embedded in each section. This unit developed and implemented a field monitoring tool and management tracking mechanism to ensure that field observations are routinely fed back to improve programme performance. The CCORE was established with a view to strengthening the learning feedback loop. Research and evaluation questions raised in UNICEF and partner monitoring are investigated by the CCORE, in partnership with national and international partners. The findings and recommendations are then incorporated into UNICEF programming. This cycle ensures that research questions are relevant, and that there is a systematic way of ensuring follow-through of recommendations.
The CCORE became an open access research hub with internet for students and researchers, brown bags and research fora. It emphasised capacity building of national partners and dissemination of research findings. The UNICEF-supported humanitarian Clusters are housed within CCORE, which facilitated support to analytical products such as mapping exercises and evaluations – including several important evaluations of the 2008/9 cholera response. Other examples of critical studies supported in 2010 are (also see section 5):

- Analysis of Irregular Child Migration Patterns
- Analysis of Child Abuse Cases Reported from Childline
- Effectiveness of programmes aiming to engage men in PMTCT
- Determinants of HIV prevalence in primary-school aged children
- Feasibility of cash transfers for resource-constrained communities
- Feasibility and acceptability of male circumcision
- Focusing resources on effective school health.

In 2011 the areas prioritised for operational research include: developing a strong learning component within the design of the new national social cash transfer programme, multi-country studies on new generation HIV prevention programmes, the socio-cultural barriers to breastfeeding and epidemiology of newborn disorders, financial barriers to education, deepening the equity analyses and the Violence Against Children Study. Support will also be provided to the 2011 DHS and the World Bank-led Poverty, Income and Consumption Survey.

3.1.2.5 C4D - Communication for Development

Communication for Development (C4D) has, since the MTR, become an integral part of the broader communications and advocacy programme. The Office participates in many key national taskforces on C4D, including H1N1, sanitation and hygiene promotion, breastfeeding promotion, immunisation and social mobilisation. Critical initiatives this year are summarised below.

First, a national initiative was developed to address poor coverage of health interventions among Apostolic communities. The initial driver of this programme was the onset of a measles epidemic that resulted in more than 11,500 suspected cases and 500 deaths. It was observed early in the outbreak that members of the Marange and Mazowe sects of the Apostolic faith were being disproportionately affected. Several outreach sessions were held with community and religious leaders, and finally a national summit for leaders of Apostolic communities was convened by the Prime Minister. These interventions and the support to Village Health Workers (VHWs) contributed to a successful 96% measles vaccination coverage rate including high coverage among Apostolic communities.

UNICEF’s support to HIV prevention among young people is managed through the One UN Team, in partnership with UNFPA. It focused on the high relative HIV prevalence among girls compared to boys, as well as new opportunities and demands presented by the national male circumcision programme. More recently the ‘Coaching Boys into Brothers for Life’ initiative was launched in Zimbabwe, aiming to mobilise boys and men as agents for positive change for safer sexual behaviours and prevention of gender-based violence.

With the results of the National Nutrition Survey showing an early and exclusive breastfeeding rate of less than 6%, an increasing emphasis was placed on accelerating promotion of exclusive breastfeeding and better infant and young child feeding (IYCF) in general. A breastfeeding national forum of religious leaders was convened and a study to assess feasibility and opportunities for scaling-up IYCF in an HIV context was commissioned. Current data on behaviour change guided the development of new
programmes, including the revitalisation of the VHW programme and its expansion into 2011, which will provide an important platform for C4D programming.

3.1.3 Normative Principles
3.1.3.1 Human Rights Based Approach to Cooperation

The human rights based approach to programming has explicitly been used in the following examples:

- Duty bearers and claim holders in 15 districts were involved in rural WASH community assessments, gaps and causes analyses, collaborative action planning, advocacy and implementation with community-based, government and other agency resources. Similarly, in partnership with the NGO SNV, 5,000 School Development Committees engaged school authorities, teachers, schoolchildren and communities to assess the situation of schools and effectively plan and act to ensure the right to education for all children. This approach has increased ownership and commitment from various duty bearers, civil society, private sector, government and the UN and increased sustainable support for education.

- Peer volunteers through the Young People We Care (YPWC) programme, engaged community leaders, caregivers and children in assessing the situation of HIV prevention, control, care and remedial actions. This approach has strengthened community coping mechanisms and reduced negative stigma.

In terms of advocacy, participation and capacity development of duty bearers and rights holders, important examples from 2010 include:

- The use of Human Rights-based Approach to Programming to support the consultative process for the new constitution - 20 Ministry of Constitutional and Parliamentary Affairs Officers, 800 child parliamentarians and Zimbabwe Youth Council members were trained.
- 20 members of the Inter-Ministerial Committee on Human Rights (responsible for the State Party reporting on CRC and CEDAW and the ratification of Optional Protocols), were trained and the Ministry of Justice and Legal Affairs personnel were mentored in designing Justice for Children programmes that incorporate HRBAP principles.

The global UNICEF focus on equity has resulted in an increased emphasis on data disaggregated by religious group, wealth quintile, gender and geographic location. An equity profile has been produced in collaboration with Equinet. The situational analysis completed in 2010 also has a strong equity focus. The establishment of the CCORE with a designated equity focal point has assisted in highlighting opportunities to sharpen UNICEF’s evaluation and learning agenda; research has highlighted the increasing disparities in Zimbabwe on poverty and on religious variables and, in particular, the poor coverage of services among Apostolic communities.

3.1.3.2 Gender Equality and Mainstreaming

Under the new gender policy, the Office increased gender sensitisation and training for mainstreaming. These initiatives resulted in the orientation of 20 new staff and 90 officers from civil society and government in the use of gender markers in programming. With the CCORE, the Office’s capacity for research and analysis was strengthened through increased availability of sex- and age-disaggregated data for girls, boys, and women. Research findings show increased marginalisation of girls and young women at higher levels of education, feminisation of the HIV epidemic, higher prevalence of
stunting among boys, and decreasing access to skilled birth attendance associated with user fees.

Such data has led to creative and constructive use of humanitarian funds to support gender programming. For example:

- Supporting the Ministry of Women Affairs, Gender and Community Development to enable women’s participation in the constitutional review process
- Supporting the Girl’s and Boy’s Empowerment Movement through the establishment of 8,000 clubs and the provision of manuals and training; the gender equity values promoted by the clubs empower young people to understand their rights and responsibilities according to their evolving capacities, and equip them to protect themselves from HIV infection and gender-based discrimination
- Supporting Male Champions to raise awareness of the importance of PMTCT in preventing paediatric and other HIV infections
- Supporting operations research initiatives that clearly encourage gender inquiry and include indicators of gender equality, equity and girls and women’s empowerment
- Development of a children-on-the-move research agenda
- Drafting of an evidence-based women and children situation analysis to guide future programme design.

Finally, the on-going design of the new cash transfer programme, the proposed Violence Against Children Study, the Male Champions programme evaluation and the community perception index on OVC (‘My Life Now’) all represent important opportunities to strengthen gender programming. Crucially, the findings of the Gender Review is informing the new Country Programme (2012-2015) in data collection and use and male involvement, as well as addressing gender issues with specific measurable results and resource allocations in every programme sector.

3.2 Programme Components:

Title: Basic education and gender equality

Purpose

The Basic Education and Gender Equality (BEGE) programme component aimed to contribute to the following results:

- Increase net primary and secondary attendance ratios by 10%
- Increase completion rates in primary and secondary school by 10%
- Incorporate life and survival skills in primary and secondary education
- Improve quality and relevance of primary and secondary education in order to increase the grade 7 pass rate by 25%.

Resources Used

Total approved for 2010 as per CPD: US$57,275,000
Total available for 2010 from all sources: RR: US$659,623; OR: US$38,136,751
Total: US$38,796,374
Set Aside Funds: US$450,000.

Donors (in US$):

CHILD PROTECTION- various donors (10,688,926), Donor Pooled Fund - mixed donors (7,597,053), Netherlands (3,364,525), European Commission/EC (3,163,401), Norway (2,729,784), SIDA – Sweden (2,583,339), Japan (2,538,890), BASIC EDUCATION AND GENDER EQUALITY- various donors (2,157,123), Denmark (1,300,013), UNFPA – USA
In 2010 UNICEF supported the establishment of the Education Coordination Group, comprised of all key education partners and chaired by Government. This strategic-level support placed UNICEF in an advantageous position from which to influence effective national-scale responses to children’s educational needs, ensuring in particular that the most vulnerable remained high on the political agenda.

Partnerships with Government, UNESCO, the World Bank and the Education Cluster, provided technical expertise in the areas of budget, ICT and strategic planning, including drafting the interim National Education Investment Plan (2011). Furthermore, sustained advocacy efforts helped to secure a Government commitment of at least 30% co-funding of social protection programmes, such as the BEAM – a Government mechanism that pays school fees for OVC.

Poverty, unemployment, increasingly unregulated school fees and low motivation of teachers continued to impact education outcomes. Despite this context, the primary school net enrolment rate increased from 77% in 2006 to 91% in 2010. However, progress in improved primary school completion, from 68% to 68.7% was slow and education quality, affected by the 2008/9 crisis, continues to be poor, with grade 7 pass rates estimated at 39%.

Programming constraints related to Zimbabwe’s complex context were managed through transitional approaches based on the principles of Aid Effectiveness. Through the Education Transition Fund (ETF) and the BEAM, UNICEF and partners improved children’s access to school, promoted quality education delivery, and enhanced safe learning environments.

BEAM supported over 514,000 children, against a target of 560,000, to go to school. This contribution to increased equitable access was complemented by the delivery of over 13 million teaching and learning materials in core subjects of English, Maths, Environmental Science, Shona and Ndebele and minority languages, plus stationary and storage facilities to 2.7 million primary schoolchildren in all 5,600 Zimbabwean primary schools. The ETF programme is set to achieve a core textbook-to-child ratio of 1:1, surpassing the planned goal of 1:2; a marked improvement from the 2008 baseline ratio of 1:10. Capacity-building activities with School Development Committees in all primary schools have improved management of school resources.

Access to quality education was further supported through the establishment of 250 Child-Friendly Schools. Ten Early Childhood Development model centres were equipped with materials and 12,000 children at 25 primary schools benefited from construction of new classrooms and improved water and gender-appropriate sanitation facilities. In conjunction with the UNICEF-supported upgrade of the Agriculture syllabus, nutrition gardens were created in 50 schools with a view to enhancing food security. Linkages between families and the broader school community were fostered through engagement with 9,500 female and 460 male caregivers through parenting expertise and school readiness trainings. Such networks are supporting school attendance and completion rates and providing a critical foundation for local emergency response preparation.
At the national scale and through the Education Cluster, a network of NGOs was established to provide sectoral coordination and capacity support for ministry counterparts, NGOs and associations at various levels. Linked to development of the national investment plan and recognising the dynamic political landscape, along with the need to better understand field priorities in real-time, the network will allow for a more comprehensive disaster risk reduction strategy for Education in Zimbabwe.

UNICEF’s work in the Education sector was underpinned by learning and research. The Knowledge, Attitudes, Practices and Beliefs (KAPB) Study on Hygiene Practices in Schools, for example, determined current views and behaviour relating to hygiene amongst primary schoolchildren. This study formed part of the formative research upon which future interventions for improved hygiene behaviour will be based. Similarly, lessons from the evaluation of the HIV life skills programme informed follow-up initiatives. A series of sector studies were also supported, through the Education Advisory Board, to support the Government to develop the short-term Education Strategic Plan for sector recovery.

Finally, cost savings in primary school textbooks procurement were reprogrammed to enable the inclusion of Braille texts for visually impaired children.

**Future Workplan**

Textbook provision will extend to an additional 2,300 secondary school children in 2011. The second phase of the ETF will align with the National Education Investment Plan and focus on quality education outcomes in primary and secondary schools, as well as teacher motivation, including the resumption of teacher training activities.

**Title:**  Young child survival and development

**Purpose:**

The Young Child Survival and Development (YSCD) component aimed to contribute to the following results:

- Increase and sustain vaccination coverage to at least 90% at the national level and 80% in all districts by 2011
- 80% population in 45 malaria-endemic districts sleep under LLINs
- Coverage and quality of clinical services (including for pneumonia, malaria and diarrhoea) in children increased from 8% to 75% for pneumonia; 75% for malaria; and from 47% to 85% for diarrhoea at the facility and community level
- 80% of children living with HIV/AIDS who are in need of ART nationally are receiving treatment by 2011
- 90% of pregnant women attending ANC receive PMTCT services nationally by 2011
- All 31 interventions in the Maternal and Neonatal Health Roadmap implemented nationally
- Prevalence of underweight in children <5 reduced from 17% to 13% by 2011
- All children reached with basic health and nutrition support during Emergencies to minimise morbidity and mortality.

**Resources Used**

Total approved for 2010 as per CPD: US$18,256,000
Total available for 2010 from all sources: RR: US$759,883 OR: US$42,638,091
Total: US$43,397,974
Set-Aside Funds: US$250,000
Donors (in US$)
Donor Pooled Fund -mixed donors (11,471,266), UNDP - USA Administrative Services Section (11,342,185), UNOCHA (4,972,869), Japan (3,117,279), European Commission/ECHO (3,117,279), Netherlands (1,698,140), New Zealand (1,260,369), Netherlands Committee for UNICEF (1,147,771), CHILD PROTECTION - various donors (841,728), UNICEF (FOR GR ALLOCATIONS ONLY) – RR (759,883), Canada (726,404), SIDA – Sweden (521,905), Micronutrient Initiative Formerly IDRC (361,448), YOUNG CHILD SURVIVAL AND DEVELOPMENT - various donors (343,773), United Kingdom of Great Britain and Northern Ireland (308,780), United Kingdom Committee for UNICEF (293,717), IDA/IHA International Humanitarian (288,918), Republic of Korea (271,969), Italian National Committee for UNICEF (180,493), Denmark (162,648), USA Centers for Disease Control and Prevention (135,800), CIDA/IHA International Humanitarian (129,198), Canadian UNICEF Committee (114,203), OPEC Fund (96,545), United States Fund for UNICEF (76,122), USA USAID United States Agency for UNICEF (61,598), and HIV-AIDS AND CHILDREN (30,945).

Results Achieved
In response to deterioration in maternal and child survival indicators, UNICEF, with the World Bank, UNFPA, UNAIDS and WHO responded by supporting the MoHCW to effectively prioritise women’s and children’s health in the transitional context.

UNICEF provided technical support in the drafting of the National Health Investment Case, aimed at revitalising the health system; an additional US$700 million over three years is required to accelerate progress on MDGs targets. The National Child Survival Strategy was also developed and launched, aiming to reduce under-five mortality by 51% and maternal mortality by 25% in five years. Advocacy efforts resulted in a Government commitment to eliminate fees for pregnant women and children under-five beginning in 2011.

Developed in partnership with the National Food and Nutrition Council and jointly supported by UNICEF, WFP and FAO, the 2010 National Nutrition Survey, which demonstrated stunting levels of 34% and exclusive breast-feeding rates of less than 6%, stimulated a call to action on nutrition programming.

UNICEF procured and distributed more than 90% of all essential medicines for 1,400 health facilities across the country, including ARVs and medical supplies worth US$18 million. As a result the number of health facilities with at least 70% of the selected essential drugs in stock increased from 25% in early 2009, during the peak of the crisis, to 91% by mid-2010.

UNICEF continued to support the routine EPI program. The national response to the measles outbreak was also supported in partnership with WHO, successfully vaccinating 5.2 million children aged nine months to 14 years. Engagement with VHWs, religious leaders (in Apostolic communities in particular), community opinion leaders and parliamentarians resulted in 96% coverage.

Targeting major under-five diseases, UNICEF and partners reviewed and updated the IMNCH guidelines to include early newborn problems and incorporated IMNCH into the pre-service training package for PHC Nurses. Malaria prevention was enhanced through the distribution of 60,000 insecticidal nets - a 100% coverage increase in the high-risk Kariba district.

UNICEF procured and distributed critical emergency obstetric and newborn care kits to 62 rural and district hospitals, and developed national capacity in obstetric life-saving skills and the ‘Helping Babies Breathe’ programme. To mitigate the second and third
delays for seeking emergency obstetric care, UNICEF provided equipment and furniture for 65% of the Mother Waiting Homes for high-risk pregnant women.

Nationally, by October 2010, 48% pregnant women had been tested for HIV; 59% of HIV-positive pregnant women received ARV prophylaxis; 30% of infants born to mothers living with HIV received ARV and CTX postnatal prophylaxis; and 30% of facilities (compared to 13% in 2009) provided MER for PMTCT ARV prophylaxis.

In the seven UNICEF supported districts, HIV and MNCH services were integrated; 96% of pregnant women attending ANC were tested for HIV, 93% of those identified as HIV-positive received ARV prophylaxis – of which 70% was MER. Almost all (94%) of HIV-exposed babies also received ARV prophylaxis. The Male Champions programme pilot saw an increase from 1% to 37% of couples tested for HIV.

Contributing to the increase of over 12,000 children initiated on HAART from January to June 2010, UNICEF built capacity of health personnel in Paediatric HIV management. To increase service coverage, UNICEF also procured and put in place 35 POC CD4 machines in five high-volume MNCH Units providing comprehensive PMTCT/EID services.

Forty per cent of health facilities now provide standard services to manage severe acute malnutrition (88 stabilisation centres manage severe medical complications and around 600 OTPs provide outpatient treatment). In preparation for accelerated IYCF interventions, about 1,200 health workers (including 50% of Village Health Workers) were trained in the use of standard materials on Integrated IYCF.

Future Workplan
In 2011 UNICEF will continue to bolster the health system with support to EPI, focusing especially on outreach services, support to midwifery schools and essential obstetric and newborn care. PMTCT, paediatric ART and IYCF services will expand and all health facilities will be supported with essential medicines and supply-chain support.

Capacity building, monitoring and supervision will continue to support national health system recovery; community and primary health worker training on MNC Health and Nutrition will also be a focus. Finally, in coordination with other actors, monitoring of disease outbreaks and continued emergency preparedness and response will intensify.

Title: Water, sanitation and hygiene

Purpose
The Water, Sanitation and Hygiene programme (WASH), aimed to contribute to the following results:

- Access to safe water supply and sanitation in 20 urban centres improved
- Proportion of households that use improved water supply and sanitation facilities increased by 20% and 10%, respectively, in 15 rural districts
- 50% of the rural population and school children practice positive hygiene practices in 15 rural districts
- 100% of emergency-affected population in rural and urban areas receive WASH-related emergency assistance within 72 hours.

Resources Used:
Total approved for 2010 as per CPD: US$9,114,000.
Total available for 2010 from all sources: RR: US$413,333; OR: US$20,310,361
Total: US$20,723,693
Donors (in US$):
United Kingdom of Great Britain and Northern Ireland (4,849,123), Australia AusAID (3,989,340), UNOCHA (3,661,322), European Commission/EC (1,705,642), European Commission/ECHO (1,662,576), Belgium (1,346,053), Spain (1,134,620), CHILD PROTECTION - various donors (689,439), CIDA/IHA International Humanitarian (445,985), UNICEF FOR GR ALLOCATIONS ONLY (413,333), Denmark (412,395), Netherlands (214,549), Japan (84,015), Global - Thematic Humanitarian Response THEMATIC FUND (41,682), Italian National Committee for UNICEF (33,942), Ireland (20,501), USA CDC Centre for Disease Control and Prevention (15,844), Belgian Committee for UNICEF (2,489) and United States Fund for UNICEF (844).

Results Achieved
Zimbabwe is experiencing challenges in attaining MDG WASH targets. According to the 2010 Joint Monitoring Report the proportion of people with access to safe drinking water marginally increased from 78% in 1990 to 83% in 2010, while sanitation coverage stagnated at 66% to 65% over the same period. In rural areas only 42% of people currently have safe sanitation facilities, in comparison to 47% in 1990, and open defecation stands at 42%. Despite the challenges UNICEF, working together with Government and partners, contributed to a marked reduction in cholera cases, down from 100,000 in the 2008/9 rainy season to 900 in 2009/10.

UNICEF was a key partner in developing the Zimbabwe Country Status Overview (CSO), a key analytical document and catalyst for sector reform, investment, institutional change and resource allocation. The CSO supported UNICEF advocacy efforts, resulting in achieving a major milestone in sector leadership and coordination.

In February 2010 key ministers and senior staff agreed on plans to restructure sector leadership and to build momentum for a new era in sector development. A cabinet resolution on leadership followed and a National Action Committee was re-launched in October 2010. The NAC developed a roadmap that includes policy sector review, investment planning, and information systems to monitor and track progress. UNICEF also strengthened partnerships for joint programming with WHO, UNOCHA, UNHabitat, IOM and civil society partners.

Cooperation between Government, national and international humanitarian partners was also strengthened, with Government taking a key role. UNICEF is co-chair (with the World Bank) of the WASH sector donor coordination group. The UNICEF/Oxfam co-Led WASH Cluster, together with the Government National Coordination Unit (NCU) supported the establishment of the WASH Emergency Response Unit (WERU) to provide systematic surveillance and response. UNICEF support to WERU included providing emergency supplies and commodities to an estimated 300,000 families. Through WERU, UNICEF was able to effectively mobilise responses to 100% of identified epidemics within 72 hours.

The Emergency Rehabilitation and Risk Reduction (ER&RR) programme led coordination efforts of more than 20 partners involved in urban rehabilitation. The ER&RR was designed against the backdrop of the 2008/2009 cholera outbreak, to address causes of cholera, but has since evolved into a national rehabilitation programme and foundation for national sector recovery. Rapid assessments in 20 urban centres were conducted to identify ‘quick win’ solutions. Some 164 new boreholes and 900 rehabilitated boreholes benefited approximately 500,000 people. The construction of over 3,000 latrines benefited approximately 20,000 people. Water treatment chemicals were procured for 20 Urban Councils and 130 towns and growth points, resulting in no reported shut downs in 2010 due to chemical shortages. Capacity was also built ensuring that both rehabilitated utilities and boreholes an sustain delivery of services.
Community-based prevention planning and skills development were strengthened through a focus on locally based initiatives. Training was conducted in facility construction, including latrines, wells, hand-washing tanks, and village hand-pump mechanics. Populations made vulnerable by HIV, cholera, high rates of orphaning, and poverty were targeted. Access to WASH facilities was also improved at 26 health clinics and 74 schools.

Sector-wide learning and information-sharing improved in 2010 with more robust partnerships and the establishment of the WASH Sector Task-Force on Knowledge Management. An advocacy paper highlighting the link between power and water security and targeting Government policy-makers assisted in leveraging resources for dedicated power lines for utilities.

**Constraints**
Skills shortages, unreliable power supply and challenges in obtaining WASH supplies locally remained major obstacles to realising programme impact. While some obstacles were mitigated through a focus on community-led strategies, the lack of long-term development funding for the rural sector in particular (where most people live and where indicators are worst) continues to be a major cause for concern. Open defecation poses high public health risks, even for communities with high latrine coverage.

**Future Workplan**
In 2011 UNICEF will strengthen coordination and support sector recovery with a greater focus on capacity building and longer-term development strategies. Primary water source rehabilitation efforts will focus on rural areas engaging with the poorest quintiles. Joint efforts with Government and other partners will be made to design and pilot innovative approaches to demand-led sanitation.

**Title:** HIV/AIDS and young people’s development

**Purpose**
The HIV/AIDS and Young People’s Development programme component aimed to contribute to the following results:
- Increase adoption of safer sexual behaviours and use of HIV prevention services by young people 15-to-25 in and out of school
- Create an enabling environment for the protection of especially vulnerable girls and young women from practices that render them vulnerable to HIV infection
- Increase proportion of chronically ill people whose households receive free home-based care and counselling.

**Resources Used**
Total approved for 2010 as per CPD: US$3,815,000
Total available for 2010 from all sources: RR: US$268,402; OR: US$3,332,867
Total: US$3,601,269

Donors (in US$)
CHILD PROTECTION-various donors (1,232,839), UNDP - USA Administrative Services Section (641,0730), Norwegian Committee for UNICEF (576,410), United Kingdom Committee for UNICEF (517,238), Swedish Committee for UNICEF (290,497), UNICEF - FOR GR ALLOCATIONS ONLY (268,402), United Kingdom of Great Britain and Northern Ireland (32,936), Australian Committee for UNICEF Ltd (31,078), HIV-AIDS AND CHILDREN- various donors (8,357), United States Fund for UNICEF (2,245) and Global - HIV/AIDS THEMATIC FUND (193).
Results Achieved

UNICEF continued to support Government in tackling high rates of HIV. Advocacy efforts and technical support contributed to the development of national-scale planning, including the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) 2011-2015, Modes of Transmission and Know Your Response studies, Male Circumcision Strategy, National Home-Based Care Guidelines and the harmonised home-based care training package.

Together with the UN One Team, a primary focus in 2010 was to advocate for the elimination of mother-to-child transmission of HIV, which resulted in a Government commitment to abolish user fees for maternal/newborn services and policy revisions on task-sharing to increase coverage rates. Advocacy efforts also resulted in a commitment to accelerate access for HIV-positive adolescents to earlier diagnosis, care and treatment and routine sexual and reproductive health services.

Key progress against planned outcomes was demonstrated; the proportion of young people (aged 15–19 years) with comprehensive HIV knowledge increased from the baseline of 41% of girls and young women in 2005-6 to 51% of girls and young women in 2009. The proportion of chronically ill people receiving home-based care and counselling also increased from 36% to 45% in the same period, with 1,000 home-based care kits distributed to households.

In 2010 UNICEF contributed directly to the reduction of adolescent vulnerability to HIV: 32,000 young people gained information and life skills and 1,200 HIV-positive adolescents were reached through community-based support. Around 4,000 young people volunteered in the Young People We Care (YPWC) programme, in which 12 NGO partners in all provinces supported around 100,000 children and their communities. Support included HIV awareness campaigns; addressing sexual abuse; home visits; counselling for coping with illness, grief and bereavement; parent and child communication and sports and edutainment.

In addition, 56,000 children and young people experienced social and physical development through integrated sports, HIV education and life skills. In particular around 20,000 youth (53% girls) participated in the Youth Education through Sports programme (YES) that was rolled out in 20 districts by the Sports and Recreation Commission (SRC). Some 420 community sport clubs linked to prevention planning were also established. In an effort to reach the most vulnerable, 450 YPWC volunteers supported 2,500 orphans and vulnerable children affected by HIV, and play therapy for 1,400 children was supported through 25 play centres. Palliative care for children, including training of 1,500 secondary care givers, was also enhanced through the capacity development of 30 home-based care implementing partners and national organisations.

A number of qualitative studies were conducted in 2010. These included the feasibility and acceptability of neonatal male circumcision, and a pilot study on focusing resources on effective school health (a component of the Child-Friendly Schools concept). Also completed were an evaluation of primary school-based HIV testing, which also established a diagnostic tool to be used by school health services, and a study that evaluated a multi-component intervention for HIV-infected adolescents and their households to establish its effect on ART adherence, psychological well-being and sexual risk-taking.

Constraints

Implementation of the new WHO guidelines that increase the number of people eligible for ART and introduce a change in drug regime is significantly jeopardised in Zimbabwe due to critical funding shortages. As such, the waiting list for ART has increased. Funding
shortages to support the health worker retention scheme, aimed at mitigating Zimbabwe’s high vacancy rates, may also further compromise health services and access in 2011.

**Future Workplan**

HIV programming will be fully mainstreamed in 2011. Key priorities will focus on HIV prevention amongst young people, elimination of mother-to-child transmission, earlier diagnosis and treatment of children and pregnant women, piloting neonatal male circumcision, and comprehensive protection for children affected or infected by HIV.

**Title: Child protection**

**Purpose**

The Child Protection programme component aimed to contribute to the following results:

- Increased proportion of children protected from violence, exploitation, and abuse
- At least 25% of needy orphans and vulnerable children reached with free basic support
- Registered births among children 0-4 years old increased by at least 25%.

**Resources Used**

Total approved for 2010 as per CPD: US$13,190,000.
Total available for 2010 from all sources: RR: US$750,975; OR: US$15,478,534
Set-Aside Funds: US$ 250,000; Trust Funds, US$ 65,665.

**Donors (in US$):**

CHILD PROTECTION - various donors (12,660,346), Netherlands (2,519,502), UNICEF - FOR GR ALLOCATIONS ONLY (750,975), Global Child Protection THEMATIC FUND (150,000), UNOCHA UN Office for the Coordination of Humanitarian Affairs (148,685) and Other Special Accounts (65,665).

**Results Achieved**

Between 2007-2010 half a million of Zimbabwe’s most vulnerable children (64% girls) received basic support through large-scale civil society partnerships in the Programme of Support (PoS) for the National Action Plan for OVC. The 2010 independent review of the PoS found it relevant, efficient and effective. However, a major recommendation to revise the programme for 2011, to target poverty through a child-sensitive national social protection policy framework, was accepted by Government and UNICEF. Social protection, welfare system reform and Justice for Children will be integrated into one multi-donor funded programme. This programme aims to deliver cash transfers to 55,000 extremely poor households and justice and welfare services to 25,000 vulnerable children, including children with disabilities, children on the move and children affected by gender-based violence. UNICEF also supported the Ministry of Labour and Social Services (MoLSS) to revise the National Action Plan.

UNICEF continued to support the Victim-Friendly (VF) system, benefiting 4,000 child survivors (mostly girls) between April and September. Two-hundred-fifty boys and 2,600 girls received specialised support through eight dedicated hospital-based VF Clinics. Fourteen VF Courts were partially established to assure the use of child-specific legal procedures for children in contact with the law. Police, health and education professionals were trained in child-friendly techniques to work with child survivors of sexual abuse. UNICEF worked with UNFPA and IOM to train 9,000 community members on gender-based violence and skills to effect referrals. A 2010 analysis of child sexual abuse data revealed that the majority of survivors are adolescent girls, with a mean age

16
of approximately 11 years. Almost three-quarters of survivors know their perpetrators and few cases reach the court system. Many survivors of sexual abuse have been neglected or abandoned by their families, emphasising the need for improved services to assure girls’ right to protection linked to strategic justice and social protection sector interventions in 2011. Reported cases of violence, exploitation and abuse against women and children remain very low, highlighting weaknesses in available justice and welfare systems that respond effectively. Introduction of legal aid in the future may increase the number of cases reaching court.

The Ministry of Constitutional and Parliamentary Affairs, UNICEF and partners supported 2,500 girls and 2,050 boys to participate in the Constitution-making process. The demonstrated capacity of children, including the most disadvantaged, to make valuable contributions to issues of national interest set a precedent that will have far-reaching results for future generations. The lessons of this initiative – that meaningful child participation is possible in transitional contexts where children are often marginalised by security concerns or dismissed as irrelevant – extend beyond Zimbabwe.

**Constraints**
Severe shortages of social workers (even when compared to the rest of ESAR) significantly hindered national efforts to reach vulnerable children in 2010. Similar trends are observed in other ministries, affecting delivery of support to the most vulnerable. Discrepancies between data published by Zimbabwe’s National Statistics Office and the Registrar General’s Office hampered efforts to scale-up birth registration. Work with the Zimbabwe Republic Police and the MoHCW may offer opportunities to accelerate progress in this area; child birth certification remains low at 37%.

**Partnerships**
Key partnerships included the MoLSS; Ministry of Justice and Legal Affairs; Zimbabwe Republic Police and Registrar General’s Office; Ministry of Constitutional and Parliamentary Affairs; Zimbabwe National Statistics Agency; and Ministry of Women Affairs, Gender and Community Development. UNICEF also partnered with 180 civil society organisations. Operational research initiatives in partnership with the CCORE included two retrospective data analyses to improve programme design for prevention and response to child abuse and supported successful advocacy for new services in child protection.

UNICEF initiated a government-led task force on irregular child migration, which provides a forum for broader child protection discussion. Government staff from 10 migrant-sending districts, along with IOM, Save the Children, Plan International and UNICEF, were involved in supporting 530 unaccompanied boys and about 200 girls who had been deported/repatriated from South Africa. Through partnerships with NGOs, UNICEF facilitated family reunification for unaccompanied children passing through Child Reception Centres.

**Future Workplan**
As well as developing the revised PoS to address economic inequities amongst children and families, UNICEF will continue to work with regional partners on programming for ‘children on the move’. Gender-based violence initiatives will be scaled-up, along with continued advocacy for child rights and views in the constitution-making process.
**Title:**

*Strategic planning, social policy and communication*

**Purpose**

The Social Policy Strategic Planning and Communications component aimed to contribute to the following results:

- Strengthened national information and knowledge on the situation of children and women in Zimbabwe
- Improved quality Millennium Development Goals monitoring and reporting
- Support development and implementation of the Zimbabwe Economic Development Strategy for 2007-2011 that addresses key challenges for children and women and gender equality
- Strengthened capacity for mainstreaming human rights and gender in development
- Sustained advocacy for the realisation of children’s rights and leveraging of resources for women and children.

**Resources Used**

Total approved for 2010 as per CPD: US$2,854,400

Total available for 2010 from all sources: RR: US$1,570,792; OR: US$1,784,411

Total: US$3,355,203

Set-Aside Funds: $300,000

**Donors (in US$)**

UNICEF - FOR GR ALLOCATIONS ONLY (1,570,792), United States Fund for UNICEF (622,942), CHILD PROTECTION: PREVENTING/ R (422,058), Netherlands (376,917), Global - Thematic Humanitarian Response THEMATIC FUND (109,232), European Commission/ECHO (58,4850), European Commission/EC (55,045), BASIC EDUCATION AND GENDER EQUALITY (49,673), United Kingdom of Great Britain and Northern Ireland (25,000), POLICY ADVOCACY AND PARTNERSHIP (16,658), Denmark (15,000), YOUNG CHILD SURVIVAL AND DEVELOPMENT (12,609), French Committee for UNICEF (8,255), Australia AusAID (6,035), Ireland (4,537), German Committee for UNICEF (1,279) and Netherlands Committee for UNICEF (686).

**Results Achieved**

Knowledge for children and women in Zimbabwe was strengthened in 2010 with a renewed focus on equity. Analysis of DHS surveys (1994, 1999, 2005/06) and the latest MIMS 2009 survey were conducted internally to track inequity trends across a number of social indicators. The main results of this study and the Equinet Equity Brief Zimbabwe: *The Network on Equity in Health in Southern Africa*, are summarised in the Equity Profile of Zimbabwe, which can be found on the Equity Tracker portal. The findings are alarming: while the crisis has rendered all Zimbabwean children vulnerable, children from lower socio-economic background with limited economic means and productive assets and living in rural areas bore the brunt of economic decline. Children from the poorest wealth quintile only have one-third of the chance to have their birth registered as compared to the richest quintile. Inequities have also widened over time: while family wealth was not a significant determinant for child immunisation in 1999, the gradient in 2009 is 1.7, comparing children from the richest with those from the poorest quintile. The same wealth gradient of access to skilled birth attendance further intensified (from 1.6 to 2.4) over the same period. UNICEF Zimbabwe is part of the global study of 15 countries to simulate the impact of equity-focused programming on progress towards the MDGs. Preliminary forecasts indicate that Zimbabwe could benefit from a stronger focus on remote and rural communities.
Improved information not only assisted in monitoring progress in the MDGs 2010 Status Report and the Situation Analysis 2010-2015, but has also better equipped UNICEF to engage Government and development partners to enhance their equity focus. The latest draft of the Medium-Term Plan (2010-2015) clearly takes forward a national vision of good governance, maintaining political stability, access to services and equal opportunities for all. It also acknowledges that social sectors are fundamental for the sustainable development of the economy. This pro-poor focus is supported by the National Budget Estimates for 2011. Expenditure on social sectors is projected to rebound, both in absolute terms and as a percentage of overall government expenditure. Budget allocations for education and health in 2011 could rise by almost 50%, to US$630 million and US$260 million, respectively, attributed to sustained advocacy on budgeting through the Education Investment Plan and Health Investment Case. While allocation to the Basic Education Assistance Module (BEAM) remains at US$13 million, social cash transfer allocation is projected to increase six-fold in 2011, and US$2 million is to be provided for dedicated power lines to water pumping stations.

Furthermore, human-rights based approaches to programming and gender mainstreaming received renewed focus in 2010 (see section 3.1.6 and 3.1.7) and sustained advocacy proved to be the critical catalyst for programme results (see section 3.1.2). In collaboration with the Ministry of Youth, UNICEF provided technical support to the Zimbabwe Youth Council to facilitate young peoples’ participation. Over 4,500 children contributed their ideas and wishes in the consultation process of the new Constitution.

**Constraints**
Despite significant progress, effectiveness was hindered by the polarised political and media environment, limited financial and human resources capacity of Government and donors’ unwillingness to channel funding through Government systems. These constraints resulted in repeated delays in the MTP launch and have generally added complexity to the development environment. Strategic use of UNICEF’s core resources to fund capacity building of key government counterparts went a long way to establish or cement synergy between UNICEF and government.

**Partnerships**
Key strategic partnerships with Government and development partners were strengthened in 2010. The establishment of the CCORE, for example, was based on partnerships with the CDC and other national stakeholders. Upstream policy advocacy was also achieved in partnership with the World Bank and donors at the Analytical Multi-donor Trust Fund. Close collaboration with the UNCT was critical to the ZUNDAF formulation process, youth programming and constitutional outreach. Technical support to strengthen national statistical capacity at ZIMSTAT yielded significant results, as the MIMS report was finalised and launched.

**Future Workplan**
In 2011 UNICEF will continue to support national planning and monitoring processes through support for evidence-based programming and capacity building of the national statistical system, with a focus on ensuring equitable access to social services.

**Title: Cross-sectoral costs**

**Purpose**
The cross-sectoral costs component aimed to facilitate implementation of other programme component results in the Country Programme.
Resources Used
Total approved for 2010 as per CPD: US$2,107,600.
Total available for 2010 from all sources: RR: US$1,291,336; OR: US$5,424,001
Total: US$6,899,330.

Donors (in US$)
UNICEF-FOR GR ALLOCATIONS ONLY (1,292,336), Donor Pooled Fund - mixed donors (1,124,181), UNDP - USA Administrative Services Section (732,421), European Commission/EC (372,556), Japan (314,757), CHILD PROTECTION -various donors (303,945), United Kingdom of Great Britain and Northern Ireland (275,404), BASIC EDUCATION AND GENDER EQUALITY - various donors (273,377), Norway (233,818), Australia AusAID (206,619), Global - Thematic Humanitarian Response THEMATIC FUND (166,477), Netherlands (163,488), Trust Fund (162,670), United States Fund for UNICEF (129,616), European Commission/ECHO (128,069), SIDA – Sweden (121,373), UNOCHA (95,742), Denmark (86,585), Spain (78,551), Ireland (77,010), Canada (72,569), Belgium (61,473), YOUNG CHILD SURVIVAL AND DEVELOPMENT - various donors (50,507), New Zealand (47,002), Norwegian Committee for UNICEF (79,355), CIDA/HAND (28,015), OPEC Fund (25,608), USA USAID United States Agency for UNICEF (25,282), Italian National Committee for UNICEF (24,945), Netherlands Committee for UNICEF (23,083), French Committee for UNICEF (20,000), Canadian UNICEF Committee (18,996), CIDA/IHA International Humanitarian (13,502), POLICY ADVOCACY AND PARTNERSHIP -various donors (10,000), German Committee for UNICEF (9,921), Micronutrient Initiative Formerly IDRC (9,265), Republic of Korea (8,411), European Commission/ECHO (7,061), Australian Committee for UNICEF Ltd (6,176), USA CDC Center for Disease Control and Prevention (4,200), Swiss Committee for UNICEF (2,949) and HIV-AIDS AND CHILDREN (1,260).

Results Achieved
In 2010 the cross-sectoral function of the Country Programme was critical in supporting efficient management support to all sections. Cross-sectoral costs ensured that rapid Office expansion was facilitated in a way that did not jeopardise programme continuity, planning and implementation. This support was important, particularly considering that the Country Programme has significant coordination needs that straddle early recovery and transitional programme work as well as emergency preparedness activities.

Total expenditure on programme support costs was US$6,729,635 which represents 6% of the yearly expenditure. This investment ensured that necessary administrative functions were completed in line with UNICEF’s high standards of accountability, maximising resource use to achieve results for women and children. The component also assisted development of improved management systems, in line with audit requirements, and an effective work environment. Costs included salaries for indirect support staff (see section 3.1 and 3.26 for results in Communications, Advocacy, Social Policy and Strategic Planning). They also included basic office supplies and travel, for which this year cost savings were achieved (see section 4 for further details).

Future Workplan
In 2011 the Country Office will continue to streamline processes to keep support costs to a minimum, while ensuring efficient and effective programme and staff support.
4 OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure

Taking into account lessons learned from the 2009 MTR, the Office continued to stabilise its organisational structure following the humanitarian focus during 2008 and early 2009 and the rapid expansion of budget and staffing from 2007-2010. Special attention was focused on the Programme Budget Review (PBR) and its implementation, addressing the recommendations of 2009/10 audits and the Risk Control Self-Assessment. Following the MTR, and driven by changes in the external environment, Office priorities evolved from a project approach to the development and implementation of national-scale programmes particularly in education, health, social protection and WASH.

Oversight structures including country and programme management teams (CMT and PMT) met monthly, with additional ad-hoc meetings called to address major emerging issues in the rapidly evolving situation, particularly during the measles outbreak. The Emergency Core Group continued to meet fortnightly and coordinated internal planning and emergency initiatives. It finalised and supported the pre-positioning and release of emergency supplies and ensured sufficient stocks for 25,000 households (100,000 beneficiaries).

The CMT developed a core set of indicators, aligned regionally, that cut across programme and operations. At the time of writing, 22 of the 26 audit observations had been closed within one year and documentation was submitted to close the remaining four observations (end-user monitoring, donor reporting, fuel management and HACT). Priority areas were:

(i) Improving supply plan implementation, through timely distribution planning, more sequenced ordering and delivery to beneficiaries
(ii) Strengthening internal work-processes to achieve greater efficiency, improved collaboration with partners (NGOs in particular) and freeing-up staff time for programming; 12 work-processes were finalised and implemented
(iii) Strengthening capacity and implementation of end-user field monitoring and evaluation functions; a comprehensive field-monitoring system was developed and implemented across the Office
(iv) Improving disaster preparedness and contingencies, UNICEF provided structural and strategic support to the three UNICEF-led humanitarian Clusters (WASH, education, nutrition) and supported humanitarian response and preparedness (for measles, violence, displacement and cholera outbreaks)
(v) Developing improved Risk Management processes.

4.1.2 Strategic Risk Management

The Office conducted a Risk Control Self-Assessment workshop facilitated by the UNICEF Senior Internal Auditor in November. The risk and control library was finalised, presented to staff and endorsed by the CMT for action in December. Major areas of high risk identified were country environment, predictability of funding and safety and security. Prior to finalising the plan, risks were systematically identified, analysed and addressed through the CMT and other governance structures. Effectiveness of controls continued to be discussed by the CMT during quarterly programme and work-process reviews, including the comprehensive work-process review in the first quarter of 2010.

A main concern facing the Office remains the issuance of staff contracts of reasonable duration (+12 months) in a programming environment where short funding cycles pose
an obstacle to stable Office staffing levels. This challenge is compounded by the fact that many important transitional financing arrangements (Education Transition Fund, Programme of Support, and Essential Medicines Programme) end in 2010 under phase 1 and are awaiting phase 2 activities to commence in the second quarter of 2011.

In response to the complex transitional environment in Zimbabwe, the Office adapted its emergency preparedness and recovery programming, planning and reporting tools. A 2010 Emergency Preparedness Recovery Plan for 2010 was developed with complementary training for all new staff and Chief of Sections, supported by ESARO, in April 2010. This training confirmed key threats for risk reduction and contingency planning, including: consideration of a potential major disruption in operations if an election cycle begins in 2011 or if there is large-scale forced return of Zimbabweans from surrounding countries. The Business Continuity Plan was peer-reviewed and is up to date.

Regular updates were provided to the Early Warning/Early Action System, with relevant emergency preparedness documents shared through the online portal. Support and leadership in interagency clusters was on-going, particularly in nutrition, WASH and education, for which UNICEF is the lead agency. Through the cluster mechanism, the Consolidated Appeals Process was supported and critical links were made between humanitarian, transition and recovery coordination.

4.1.3 Evaluation

In addition to cholera response evaluations and on-going essential medicines surveys, three major external reviews were commissioned in 2010; the PoS (see section-6) the annual ETF and the rural WASH programme reviews. The Office also participated in the Netherlands and EC reviews of thematic support to education, the ECHO cholera outbreak cluster response review, a gender evaluation (reported in section 3) and a Danish government review of UNICEF’s performance in fragile states. Findings were incorporated directly into planning for new programme phases and the new Country Programme design.

To ensure that policy, programmes and research efforts remain interlinked, UNICEF was positioned as the central hub for knowledge and evidence related to women and children. While there are good examples of UNICEF leading in knowledge generation (e.g. OVC programmes, response to cholera, sports for development, male circumcision), given the increasing role of UNICEF in sector fund management and coordination, a more systematic approach was deemed necessary in monitoring, evaluation and knowledge management.

Therefore, following the MTR internal planning and monitoring functions were formally separated from externally oriented evaluation and operations research functions. The latter became the role of the Collaborating Centre for Operational Research and Evaluation (CCORE), established in partnership with CDC and University of Zimbabwe and housed within the UNICEF campus (see section 6). Many of the publications listed in section 5 are products of this collaboration. The centre also aims to improve national capacity in evaluation and data management. Priorities for operational research and evaluation are determined by the multi-stakeholder steering committee, in consultation with UNICEF sections and cluster coordinators.

The Office also developed an internal Research Evaluation Committee (REC) to be fully implemented in 2011, as the strategic body that reviews direction, implementation and analysis in evaluations. The committee will prioritise evaluative work, update the integrated Monitoring, Evaluation and Research Plan, increase stakeholder buy-in and dialogue about results, and ensure follow-up of agreed recommendations. The drafting and implementation of formal management responses to evaluations is a specific area
identified for strengthening, which the Office now has the capacity to address. CCORE management and steering committee are represented on the REC.

4.1.4 Information Technology and Communication

In terms of engaging Information Communications and Technology (ICT) for programming, a cell phone-based SMS system for confirming receipt of supplies was piloted and lessons learned will be incorporated in 2011 programming. In addition, through collaboration with a major local cell phone provider, awareness-raising for child health days was ensured through text-messaging campaigns.

The Office has undergone major transformations and improvements in ICT. The driving force behind these changes is the limited availability of local resources, which has required the strengthening of internal ICT capacity. The first step towards a more streamlined system was support to the IT infrastructure that enabled end-user support to the growing number of Country Office personnel. The VSAT bandwidth for corporate applications such as Lotus Notes, PRoMs (including the migration of PRoMs 9.1 from 27 Nov 2010) and internet browsing was expanded, all end-user hardware (computers, printers and scanners) was upgraded and LAN cabling was significantly revamped.

Given the unreliable local power supply, the Office power system was overhauled in 2010 and two large generators introduced to provide clean reliable back-up power. Communication with other UNICEF offices and stakeholders was enhanced through the installation of video-conference facilities and improved telephone exchange infrastructure. Through the use of local internet service providers, critical personnel are now equipped with greater access, including at their residence, in line with the revised 2010 Business Continuity Plan mandate. However the service does not yet provide reliable remote access.

The remote emergency operations centre was also equipped with servers and a new network that can accommodate about 25 staff in the event of a major crisis. In conjunction with other UN agencies, a joint telecommunications network improved security and emergency communications.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations

The complex relations between donors and the Inclusive Government had major implications for UNICEF; UNICEF’s role as fund manager and technical partner in the major social services is likely to continue until a new elected Government is in place. Given the support received against the CAP in 2009, the 2010 OR funding ceiling was raised from US$140 million to US$320 million in 2010. The current substantial level of funding is likely to be maintained in 2011-2012.

UNICEF worked with donors and Government to develop innovative transitional financing mechanisms that retain Government line ministry leadership, involve donors, civil society and UN partners in the management mechanism, employ Government policies and systems (with the exception of financial and procurement systems which depend on UNICEF), and place a strong emphasis on monitoring and evaluation. Donor confidence has been built in relation to UNICEF’s flexibility and the achievement of national -scale results.

Such flexibility saw UNICEF engaging in areas beyond its usual focus, such as urban water. The situation required UNICEF to find innovative ways to build or rebuild national capacity despite a complex political context where donor funds cannot pass directly to Government, and the adaptation of UNICEF human resources and financial systems to be ‘fit for purpose’ in such an environment. Funding was provided through three major arrangements:
(i) **Direct project funding**: conventional project-based grants. The multi-year E.C.-funded rural water project that will hopefully provide the basis for national expansion.

(ii) **Aligned funding**: The ETF includes 13 donors supporting national-scale Education assistance. Only four donors have truly pooled their funds (one PBA) but all have aligned their contribution to the agreed national programme, budget and reporting.

(iii) **Pooled funding**: The PoS was supported by seven donors with pooled contributions.

UNICEF Zimbabwe is beginning to attract funds from major philanthropic donors, including the Soros and Nduna Foundations, and is in discussion with several others. Emerging donors, including China and Russia, are also in discussion with UNICEF on potential future collaboration. The 10 largest donors in 2010 were the UK, EC, Australia, Finland, UNDP-USA Administrative Services Section, Finland, Japan, Netherlands, OCHA, Canada and New Zealand.

### 4.2.2 Management of Financial and Other Assets

Given the large and expanding budget and high-risk programme environment, major emphasis was placed on financial risk management. Micro-assessments of NGO partners and assurance activities regarding implementation and expenditure in line with agreements were strengthened in 2010, with weekly monitoring trips and on-going field support. The Office focused on enhancing the capacity of Government and partner counterparts through trainings and on-going mentoring. Systematic training was also conducted for all staff on financial circular 34 and for staff and partners on HACT.

Weekly PBA management meetings with each section and PBA monitoring sheets were introduced and signed by the relevant programme chiefs, reinforcing accountability for efficient resource management. The Office monitored and improved nine major work processes (payments, cash transfers, PCA management, CRC management, PBA management, travel, field monitoring [HACT], SSA [individual and institutional] and supply requisitions) in an effort to define essential control points, streamline the flow of work and avoid duplication.

As of the end of 2010, the office had maintained a good record of keeping outstanding Direct Cash Transfers (DCTs) over nine months at less than 5% of all DCTs. The Office also had a consistent throughput on a monthly basis, with annual expenditure of US$117,425,861. Twenty per cent of RR was deliberately held back to roll over in 2011 because of the low RR to OR ratio and the need for flexible resources. UNICEF Zimbabwe had 105 active PBAs with 42% of the funding expiring within one year. The Office significantly improved bank optimisation performance in 2010.

### 4.2.3 Supply

Strategic and timely procurement and delivery of supplies occurred through close service collaboration with programmes, and encouraging local industries, which ultimately helped to secure donor confidence in a complex environment. Total procurement of supplies in 2010 was US$56,000,000, of which 41% was procured locally, a significant increase from 2009 (US$5,818,000).

A comprehensive market survey was conducted, resulting in 95 new suppliers registered, of which 26 were awarded UNICEF contracts. This encouraged new business and fair competition, resulting in better performance in delivery, quality and prices. Supplies procured locally included aluminum sulphate, printing, construction materials, water pumps, soap and jerry cans.
Approximately US$3 million worth of contracts were issued to 30 small/medium local transport companies for the delivery of 13 million textbooks, 11,200 steel cabinets and 9,200 stationary kits. These supplies were repacked by UNICEF and partners before distribution to all 5,600 primary schools. Deliveries were monitored through liaison with individual school leaders and the piloting of an innovative SMS reporting initiative.

All health centres and 80 rural and district hospitals received essential medicines and other critical commodities with support from UNICEF. Onward distribution to clinics was also supported with capacity strengthening of NatPham and geographic cluster delivery plans. Critical support to the measles outbreak response included efficient and temperature-sensitive distribution of vaccines and support to three collection and 62 drop points nationally.

Challenges this year included delays attributed to the FIFA World Cup in South Africa potentially impacting shipments of 900 x 40ft containers carrying primary health care kits, maternity ward supplies, stationary, steel cabinets, textbooks and aluminum sulphate. UNICEF also engaged ports in Mozambique, while constraints related to the cost of overland transport were somewhat mitigated by effective prioritisation and close liaison between programme and logistics sections.

In 2010 UNICEF consolidated all warehousing into one local distribution centre that provides three 3,000 sq.m. of sheds and 10,000 sq.m. of outdoor space. The facility accommodates storage of emergency and contingency supplies as well as consolidation and set-packing of supplies. Staff professional development in 2010 involved on-the-job mentoring as the Office adjusted to the increased volume.

4.3 Human Resource Capacity

In 2010 UNICEF recruited 36 fixed-term staff and 22 temporary assistants; the total staff at year-end was approximately 160. Key assignments were reviewed against the AWP in line with audit recommendations. The organisational structure derived directly from the MTR recommendations focused on the right skill mix for upstream and downstream programming and policy needs; in some cases, posts were upgraded due to programme size and complexity. Although, changes were approved by the PBR, delays in processing resulted in capacity challenges.

Staff development, performance and support were Office priorities; a supportive and conducive work environment was fostered. PER completion rates improved to 94% by the end of the first quarter, with 99% of 2009 PERs finalised on time. The Joint Consultative Committee regularly followed up on staff members HR issues. The Local Learning Committee responded to the learning needs assessment and staff survey and prioritised group learning, including e-PAS, RBM, EPRP, PPP, CBI Supervisory Skills and Risk Management Training P2D and Counselling/Stress Management. Two staff successfully completed the Leadership Development Initiative; 19 were supported for study.

Peer Support Volunteers were introduced and UN counsellor services (until recently based at UNICEF) were also used regularly; agency heads were provided with consolidated reports (without identifiers) allowing common issues of concern to be identified. A major on-going area of concern is the short duration of contracts, a function of the overall environment that results in short-term funding cycles.

Wellbeing in the workplace remained strong, marked with staff retreats, UN Cares-specific HIV related support, P2D training, ‘Wellness Days’, provision of a ‘staff space’ and regularly held staff discussion forums, which all promoted a positive, open and supportive work environment. A special event was organised on the topic of HIV in the workplace for World AIDS Day, featuring an address from a colleague in the media living
positively. The 10 minimum standards were implemented and Van Breda is piloting the full range of HIV services for staff in Zimbabwe. The duty station remains E classification and all IPs benefit from an eight week R and R cycle.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement

Streamlined processes, effective negotiations with suppliers and consolidation of assets contributed to savings. Consolidation of five distribution centres into one large multi-faceted facility reduced costs. Agreements with transporters were revised from one umbrella agreement with a large provider to direct engagement with small/medium transport contractors, eliminating mid-chain costs. Successful negotiations for textbook procurement saw programming targets surpassed and cost savings of around US$15-20 million, allowing for programme expansion to secondary schools. Savings were also gained in tendering for urban water infrastructure and treatment chemicals. Improvements in Office operating systems increased efficiencies in ICT and power supply, reducing operating risks.

4.4.2 Changes in AMP

In 2011 the Annual Management Plan will build on the significant improvements to processes during the 2009/2010 period. UNICEF Zimbabwe will focus on strengthening the capacity of both staff and implementing partners, including government line ministries, to consolidate, fully implement and guarantee on-going, effective management of all new systems and operating processes. In particular, capacity in financial resource management (including DCT liquidation and HACT) linking programme objectives to budgets, monitoring and evaluation, and reporting accountability will be further improved. Major emphasis will be placed on developing further managers’ coaching and supervisory skills.

5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations

2. KABP Study on Hygiene Practices in Schools
3. Programme of Support Annual Review
5. Summative Evaluation on HIV/AIDS Life Skills Programme
6. Analysis of Irregular Child Migration Patterns (December 2006 - January 2010)
7. Gender Review
8. Mid-term Evaluation of the EU Water Facility Funded Project
9. Programme of Support for NAP for OVC Impact /Outcome Assessment
10. National Nutrition Survey
12. Zimbabwe Vulnerability Assessment
13. Vital Medicines and Health Facilities Survey
14. Assessment of Reproductive Health Services
15. Equity Profile of Zimbabwe
16. Equity Watch Brief: Social differentials in attainment of the health MDGs in Zimbabwe
17. Education Transition Fund Review
5.2 List of Other Publications

1. National Child Survival Strategy
2. Voices of Children in the Constitution Making Process
3. Total Office Mobilisation for Immunization Campaign
4. Accelerating Maternal Health in Zimbabwe
5. Back to School Campaign: Education Transition Fund
6. Child Friendly Schools Initiative in Zimbabwe
7. Revitalising Water and Sanitation in Zimbabwe
8. A Call to Improve the Nutrition Status of Children in Zimbabwe
10. Children’s Rights Legal and Policy Documents
11. Multiple Indicator Monitoring Survey (MIMS) 2009 Final Report
12. Country Status Overview
13. Coaching Boys into Brothers for Life Manual
14. Health Investment Case

6. INNOVATION & LESSONS LEARNED

**Title:** Developing Operational Research Capacity through the Collaborating Centre for Operational Research and Evaluation in Zimbabwe

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**Abstract**

Zimbabwe has a complex socio-political agenda as it develops national-scale programmes for transition and recovery. Identifying and ensuring collective ability to fill gaps in baseline knowledge on the status of Zimbabwe’s women and children, answering critical programmatic questions, and monitoring impact, are increasingly important. Despite having several academic institutions, Zimbabwe lacked a knowledge hub for development of an operational research agenda and its translation into constructive research into programmes, practices and policies. Responding to the need for robust information for evidence-based decision making, the CCORE was established in 2010 on UNICEF premises. The centre adopted a partnership model, which enhances programme-level operational research practices through partner involvement, technical assistance, local research capacity building, and information dissemination on MNCH, HIV prevention and social protection. CCORE recognises actors’ comparative advantage for different types of research, and has activated a research agenda strongly focusing on evidence-generation through well-planned studies that answer implementer questions.

**Innovation or Lessons Learned**

In 2010 UNICEF, in collaboration with the CDC and other academic centres, including the University of Zimbabwe and Liverpool Associates in Tropical Health (LATH), established a Collaborating Centre for Operational Research and Evaluation (CCORE) with funding from a generous private donor.

The centre has three major objectives, to: a) develop capacity to assist UNICEF and all stakeholders in Zimbabwe in answering critical questions imperative for improving existing programmes for women and children in real time; b) establish a network ‘hub’ for knowledge aggregation and dissemination; and c) build back national capacity in operational research and rigorous evaluation. The major themes for the centre are: HIV prevention, social protection and maternal/newborn/child health, including nutrition.

Working collaboratively and in partnership with existing research institutions, the centre has already supported a series of important studies. Capacity building to improve data management, the development of a ‘Knowledge Hub’ and providing a platform for
sharing local research findings are part of the innovative project coordinated through CCORE to promote operational research in a resource-constrained setting.

**Potential Application**

Expanding the experience of the CCORE initiative from its current focus and area of operation in-country will depend on progress made in implementation of the operational research strategy within national and district programs. Central to this will be the need to allocate resources for this purpose, the development of operational research capacity and acceptance that local partners can and should play a central role in the process.

Replication of the CCORE experience within the region would undoubtedly help to shape the policy and practice of operational research at all levels, and ultimately foster a wider understanding of the Sydney declaration: “good research drives good policy and programming.”

**Issue/Background**

Research is traditionally considered the domain of academic institutions; models of research partnership that engage implementers are not widespread. This, in turn, translates to a wider problem in which local needs and national priorities for research are not addressed. A model that promotes closer collaboration between researchers and programme managers, facilitates identification of key problems, encourages participation in the research process and promotes the dissemination of evidence that can be translated into practice and policy, is overdue.

**Strategy and Implementation**

The need to build an evidence-based culture focused on national research priorities through collaboration with implementers, scientists and institutions from a wide range of fields was recognised as a priority by UNICEF; the CCORE was developed in 2010. An exhaustive situation assessment was conducted to identify the scope of need for operational research. Over 40 stakeholder organisations representing Government, donor, NGO, UN, research and academic sectors participated. Feedback indicated that because research resources are disproportionately scarce, the approach must avoid duplication, enhance collaboration and address needs in technical assistance, information dissemination; capacity building, and promotion of operations research and translating findings into programming.

Key clusters are members of the CCORE, which ensured that: operational research was permanently on the agenda, relevant questions were identified in a timely manner and stakeholders were involved. This setting provided an opportunity for co-ownership of results, enhancing the likelihood that quality research would be translated into policy and practice.

The CCORE agenda addressed gaps in research capacity, promoted information access and increased interest through research fora and the establishment of a knowledge hub with internet access for registered users. Monitoring and evaluation capacity was also strengthened through data management courses for programme managers.

**Progress and Results**

The CCORE is an emerging research player in Zimbabwe; consolidation of the model of collaboration and partnership is on-going. The centre has supported a range of important studies, including understanding the reasons for the high proportion of home-deaths during the cholera outbreak, country-wide monitoring of the improved availability of essential medicines, and gauging first-hand the perceptions of children benefiting from the PoS provision of tangible multi-donor support to orphans and vulnerable children.
Two studies using existing data collected by social protection partners were completed; one concerns the prevalence of sexual abuse reported to a call-in centre and the other addresses irregular child migration. A further study evaluated the effectiveness of an initiative to engage men in championing PMTCT, and was conducted under CCORE guidance. Also, mentorship was provided for a feasibility study of cash transfers in resource-constrained communities. Importantly, CCORE has engaged collaboratively in a study to determine HIV prevalence in primary-school-aged children in Harare. CCORE is now represented on the Maternal Neonatal Child Health (MNCH) Technical Working Group, the ZDHS steering Committee and the Technical Review Committee for an upcoming collaborative study on violence against children.

**Next Steps**

The CCORE will continue to consolidate and focus on three major thematic areas: HIV prevention; maternal, newborn and child health; and social protection. Equity will be a cross-cutting theme of the centre’s work, and a formal institutional collaboration will be developed with key players in this field. In addition to on-going secondary data analysis of existing databanks such as the MIMS, the CCORE will, in collaboration with CDC, also provide technical support for the forthcoming Violence and Children (VAC) study, the 2011 ZDHS and the 2011 World Bank-led Poverty, Income and Consumption survey. Other critical areas of research on-going and planned include:

- Appreciative enquiry and sociological research on the health- and social services-seeking behaviours Apostolic communities (a rapidly growing religious group that now accounts for around 30% of the population and whose members refuse curative health services and practice polygamy)
- Further geographical disaggregation of data, including special studies as needed of peri-urban areas or growth points and systematic assessments of IDP populations
- Further analysis of access to social services by orphans and vulnerable children and data disaggregation by type of orphaning e.g., double, maternal, paternal.
- Formative research on barriers to exclusive breastfeeding, following findings of preliminary analysis.
- Further analysis of HIV risk and vulnerability among girls and young women.

CCORE will also continue to focus on information dissemination and capacity development.

**Title:** Programme of Support for the National Programme for Orphans and Vulnerable Children

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**Abstract**

UNICEF Zimbabwe is shifting towards a child-sensitive social protection approach to programming for orphans and vulnerable children. Based on reviews of the Programme of Support (PoS), the second phase of the Child Protection Fund (CPF) places special emphasis on reducing inequality and disparities among children by:

a) Recognising poverty as a driving factor in children’s vulnerability, and therefore targeting the poorest and most vulnerable families as a priority

b) Programming against national benchmarks and standards by strengthening national Government systems, including the justice, social welfare and social protection systems, to benefit children vulnerable to violence, exploitation and abuse

c) Introducing research to monitor health, protection, education, HIV and equality outcomes throughout the programme;
d) Consistently engaging children in designing, implementing and monitoring interventions related to child and social protection, including through the use of the ‘Child Status Index’ as a monitoring tool of children’s self-reported wellbeing.

**Innovation or Lessons Learned**

The PoS was designed to enable Government to deliver essential services to vulnerable children. As a pooled fund, the design shares many elements of a SWAp common in many social sectors but rarely seen in protection service delivery. Activities are coordinated, monitored and evaluated by Government, but implemented through a network of over 180 civil society organisations. Civil society and children directly receive the bulk of funding. (Overhead costs are 2%).

An independent assessment and interviews with 3,000 children found that the programme was well-aligned with the priorities of vulnerable children and the country’s development needs, achieved good government ownership and broad geographical and thematic coverage.

The Programme faced challenges, including:

- Unclear targeting of children due to different definitions of “OVC”; fragmented programming that did not necessarily benefit the most vulnerable children equally
- No systematic range of services available to children, as services were determined by availability rather than need, for example where an NGO was active and recognised in a district
- In practice, the programme tended to focus on the number of children served rather than on the quality of service provided
- Due to restrictions on donor funding, the lack of support for capacity development of Government structures negatively impacted on service quality and coordination
- Child poverty was not originally addressed as a key cause of vulnerability.

Lessons learned are informing the development of a new strategic approach to programming for vulnerable children in the PoS 2, which places special emphasis on reducing disparities among children by adopting a multi-dimensional approach to child vulnerability which focuses on both the child and family (household) and which aims to:

a) reduce household poverty through regular, reliable cash transfers thereby providing vulnerable children living in these households with access to a range of services for their improved health and well-being; and
b) to provide comprehensive child protection services to child survivors of violence, exploitation and abuse across the country every year.

**Potential Application**

UNICEF’s management of the large-scale pooled fund revealed several important good practices and lessons learned for future programming in this area in 2011 and beyond. The pooled-fund model is now recognised by donors in the country as a good model of coordination and cost-effectiveness in a period of complex transition. The model is being replicated by UNICEF Zimbabwe’s Education Transition Fund and potentially, a new health fund in 2011. Further, extensive reviews of the Programme have highlighted “evidence of good practice” and opportunities to advance small-scale pilot projects to national scale interventions in areas of sexual violence, justice for children, children with disabilities and child participation.

The establishment of a comprehensive monitoring and evaluation system for vulnerable children, led by Government and supported by UNICEF, generated the development of global guidelines on this topic and contributed to an evidence base from which to advocate for programmatic shifts as well as providing a platform for further outcome and operational research programming in 2011.
Finally, the programme’s ability to deliver results for children amidst an emergency and fragile operating context in 2008-9 highlighted methods of potential scope for large-scale child protection and social protection programming in fragile states, for example in programming for children on the move and displaced children.

**Issue/Background**

Spiralling levels of poverty in Zimbabwe, coupled with collapsed social protection and education systems, increasing rates of abuse and the poorest children carrying an especially heavy burden due to HIV (one in four children are orphaned by HIV) have compounded child vulnerabilities and seriously compromised their access to the most basic services.

The PoS was designed to cope with the burgeoning vulnerabilities faced by children by re-focusing efforts on an integrated, comprehensive child protection and social protection system.

**Strategy and Implementation**

The PoS 1’s capacity to achieve outcomes for children was limited by the scope of each individual civil society organisation. Incorporating lessons from the first phase, the new phase (PoS 2) will develop a national child-sensitive social protection system that aims to address inequalities by simultaneously tackling child poverty and protection risks as determinants of children’s vulnerability. PoS 2 includes social cash transfers to the poorest families and seeks to provide all children with access to appropriate referrals and specialised child protection services. The development of a related national case management policy will ensure that there is a holistic package of services for vulnerable children and that newly formulated policies are implemented.

Core to the PoS 2 is a comprehensive Justice for Children approach linking the welfare system, legislative and policy reform, advocacy and services for children in contact with the law. Civil society’s role involves capacity building, targeting, identifying vulnerable children, delivering specialised services and enhancing community accountability.

Evidence from the independent PoS review was used to successfully advocate for the establishment of a dedicated grants management unit to manage partnerships and monitor implementation rates, cost-effectiveness and the intensity of services delivered for children.

**Progress and Results**

PoS 1 (2007-2010) reached more than 500,000 children with free education, health, protection, livelihoods and other support. The national social protection programme (BEAM) was reinstated with PoS funding, reaching 514,000 primary schoolchildren and complemented by Government co-funding for secondary school, with 10% allocated for children with special needs.

UNICEF worked closely with the National Secretariat of the NAP for OVC, the National AIDS Council and the Working Party of Officials to provide support to 32 NGOs directly, and 150 partners indirectly. Capacity support to Government resulted in the development of draft targeting guidelines for vulnerable children; a national conceptual framework for child participation in OVC programming and national ownership of the Monitoring and Evaluation Framework for tracking OVC activities of all 180 PoS partners.

Child Protection Committees were also strengthened in a number of districts, providing a forum for raising child protection concerns, coordination of OVC activities and links to referrals for child abuse, violence, and exploitation cases.
A total of 570 participants from NGOs were trained in participatory monitoring and evaluation, strategic planning, documentation and communication, gender, child protection, and child participation. Eleven capacity development manuals and online learning resources were developed for these partners.

**Next Steps**


**7 SOUTH-SOUTH COOPERATION**

Children on the move remain a significant child protection challenge in Zimbabwe. Interviews with 8,000 children passing through a voluntary Reception Centre found that 70% of children were on the move to pursue economic opportunities. Around 91% of these children were boys and 52% were orphaned. As the economic situation is unlikely to improve sufficiently to prevent irregular child movement in the near future, UNICEF Zimbabwe, UNICEF South Africa and the ESARO regional office have worked together with respective Government partners to strengthen cross-border efforts to improve the safety of children on the move and, when possible, facilitate safe family reunification.

Through a series of quarterly joint planning meetings and on-going technical assistance, the two lead Government Ministries (with support from UNICEF and IOM offices in Zimbabwe and South Africa) developed and are now using a common identification, tracing and reunification tool. Furthermore, based on a bilateral agreement between ministries, children are now repatriated through a staged and predictable process which is particularly critical for children’s safety, due to the limited availability of social workers in Zimbabwe.

The 2010 World Cup offered a platform for joint regional contingency planning involving the pre-positioning of supplies and establishment of emergency programme cooperation agreements with civil society partners. This process, combined with the positive relationship fostered between the two Governments, has led to further joint planning regarding changed visa requirements in 2010 (which are likely to increase the number of children returned to Zimbabwe in 2011). Within Zimbabwe, the progress to date encouraged the Government to establish the first inter-agency taskforce on child irregular migration, which also serves as a forum for discussing broader child protection issues. Drawing on regional initiatives to develop standardised protocols for inter-governmental cooperation, UNICEF Zimbabwe will strengthen partnerships with Botswana, Zambia and Mozambique.