

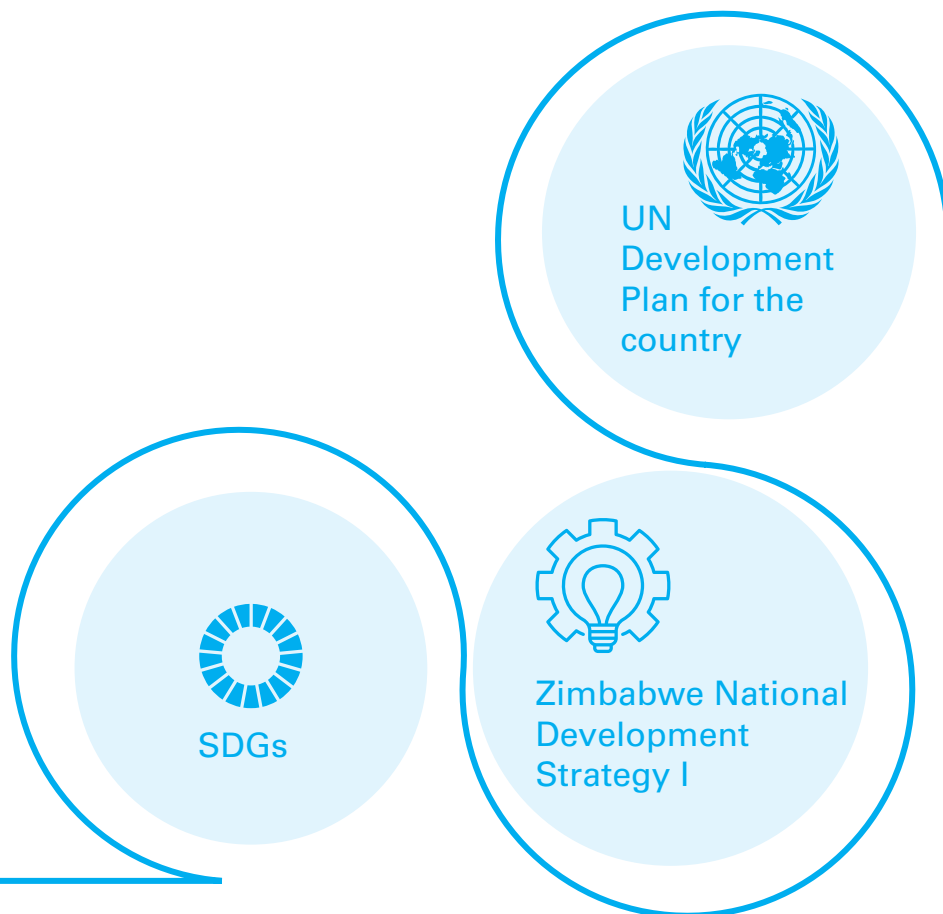
Z I M B A B W E
**ANNUAL
REPORT
2021**



Cover photo:

©*Tanaka Ziyavaya*
2021

The UNICEF Zimbabwe
Country Programme is
linked to:



Z I M B A B W E
**ANNUAL
REPORT
2021**

unicef  | for every child

Contents

Foreword	vi
Highlights 2021	1
Zimbabwe in 2021	3
Social policy	6
Health	12
HIV	17
Nutrition	23
WASH	28
Education	33
Child protection	39
Cross-cutting programmes	45
Lessons learned	46
Looking ahead	53
Financial Resources	55
Partnerships	60
Acronyms	61

Foreword

The year under review, 2021, was yet another year dominated by COVID-19 across the world – characterized in Zimbabwe by the second, third and fourth waves of infections, lockdowns and the introduction of the COVID-19 vaccine. These three waves of the COVID-19 pandemic had major impacts on the women and children of Zimbabwe, but also directly on UNICEF staff, programmes and operations.

The people of Zimbabwe, like elsewhere, had to grapple with loss of livelihoods and access to essential services such as healthcare and long periods of school closures – impacting the lives and wellbeing of children more than anyone. We were concerned about increases in the reported cases of violence against children and mental health concerns of adolescents.

But the year also afforded us the opportunity to learn how to do things differently. We embraced digital platforms to sustain social service delivery with reference, for example, to the 'Learning Passport' for school children and the use of virtual applications for trainings and meetings.

Our response to COVID-19, together with other actors, went up a gear. Our support to the healthcare system, contributed to sustaining essential health and nutrition services, and COVID-19 vaccination roll out. Together with the Ministry of Primary and Secondary Education, we introduced several measures to re-open and keep schools safe; and expanded coverage of the cash transfer programme to support vulnerable households, including to schools through the School Improvement Grants.

UNICEF advanced its pivot of the Water Sanitation and Hygiene (WASH) programme towards climate resilient interventions and systems. In support of Government, we continued to promote community resilience to recurring, climate-related shocks and hazards and ensuring sustainable drinking water services using the Drinking Water Safety and Security Planning (DWSSP) approach. More on our joint action and related results are contained in this report.

On behalf of UNICEF, I would like to express our gratitude to all our donors, development partners and Civil Society Organizations, other UN Agencies through joint programmes and the different multi-donor Development Funds that contributed to the results achieved, in support of the National Development Strategy of the Government of Zimbabwe. We are sincerely grateful for your on-going and continuous support.



Dr Tajudeen Oyewale
UNICEF Representative, Zimbabwe

Highlights in 2021



Social Policy

- Thanks to UNICEF's advocacy and particularly the 'Child Budgeting Series' (a public finance platform), Zimbabwe saw:
 - 3.6% budget share for public spending - 1.6% above the target
 - 6% increase in health expenditure
 - a budget allocation for vaccine procurement for the second consecutive year
- 9,725 households assisted by the emergency social cash transfer programme, which meant 18,632 children benefitted



Education

- School Improvement Grants, supported by UNICEF, were disbursed to 4,795 disadvantaged schools (98.5 per cent of target) benefitting 1,765,101 learners
- Learning Passport - a UNICEF-supported digital learning platform enabled remote learning for a further 79,560 children.



Health, Nutrition & HIV

- Maternal antiretroviral treatment (ART) coverage has surpassed 90%
- 91.5% skilled-birth attendance in 2021
- 83% of all villages (2.5 million households) now have at least one trained VHW - up by 2% since 2020
- Around 75 per cent of targeted children received ORS and zinc for the treatment of diarrhoea
- Emergency nutrition response in 32 affected districts, reaching over 398,047 children and 596,157 caregivers with a package of life-saving foods and materials



Social Policy

- 1.1 million doses of COVID-19 vaccines procured through COVAX - due to UNICEF's sustained advocacy - which led to the inclusion of Zimbabwe in the COVAX facility
- 11.7 million people received COVID-19 prevention messages via UNICEF's leadership of the COVID-19 risk communication and community engagement committee
- 1.9 million children affected by Cyclone Idai, cholera and typhoid, and COVID-19, supported thanks to US\$11.79million mobilized by UNICEF in the 2021 humanitarian appeal



Child protection

- 501 children (421 boys and 80 girls) in conflict with the law were diverted from the mainstream justice system thanks to 137 justice actors being trained



WASH

- water supply services to 1,292,834 people (53% females; including 12,693 people with disabilities)
- WASH services in 457 schools benefitted 250,988 students (52 per cent female)

Zimbabwe in 2021



Zimbabwe in 2021

With a population of approximately 16.2 million inhabitants, where 54 per cent are under 20, Zimbabwe ranks 150th of 189 countries on the Human Development Index; 61 per cent of children live in multidimensional poverty - worse in rural areas, high-density peri-urban informal settlements, and for those with disabilities. The economy has contracted by more than four per cent in the last two years due to COVID-19, Cyclone Idai, a protracted drought and macroeconomic instability. With an annual growth rate of 2.35 per cent, the population is expected to double within the next 48 years.

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

A big achievement for Zimbabwe, with assistance from UNICEF, has been maternal mortality rates more than halving in under 10 years, i.e., from 960 per 100,000 live births in 2010 to 462 in 2019 (MICS 2019). Under-five mortality, meanwhile, also declined significantly in just five years, from 75 to 65 deaths per 1,000 live births between 2014 and 2019.

However, the neo-natal mortality rate has remained practically unchanged since 1988, at 31 deaths per 1,000 live birth, due to malnutrition, AIDS, pneumonia, malaria and diarrhoea. Health service coverage, particularly in remote and urban poor areas, remains low due to weak and underfunded health systems, insufficient human resources and weak governance. Nutritional deficiency is a leading cause of the health burden. Poor dietary intake is influenced by inadequate knowledge, cultural-and-gender norms, insufficient quality nutrition services, and food legislation not complying with international standards. That said, stunting rates have decreased in the last 15 years, from 31% in 2007 (as high as 39 per cent in some rural areas) but is now down to a national rate of 23.5 per cent.

A big achievement for Zimbabwe, with assistance from UNICEF, has been maternal mortality rates more than halving in under 10 years, i.e., **from 960 per 100,000 live births in 2010 to 462 in 2019 (MICS 2019).**

Adult HIV prevalence is at 12.9 per cent; adolescent and young people (15-24 years) account for one third of all new infections, and further, adolescent girls and young women are thrice as likely to contract HIV than males. Stigma and health workers' negative attitude towards adolescents accessing HIV and sexual and reproductive health services persist. Adolescents have limited access to youth-friendly health services, nor can they meaningfully participate in decision-making.

Over the last 22 years, households have experienced an ongoing, declining access to basic drinking water (only two thirds have it) and sanitation (just over a third). Challenges include weak institutional coordination and capacity, especially for maintaining WASH infrastructure. Water supplies are also insufficient. Increasingly, extreme climate-induced events impact WASH services and lower community resilience. COVID-19 also exacerbated ongoing economic challenges which further undermined the capacity of communities and the Government to operate water supply systems.

While there is high enrolment in primary school (93.6 per cent), too many children are not actually attending. More girls than boys complete primary education but then many drop out by Form 4 due to pregnancy, early marriage and school-related GBV. Barriers to accessing education include

household poverty, abuse, remoteness, poor infrastructure, and sociocultural norms such as child marriage. Insufficient capacity and attrition for teachers jeopardize learning quality and continuity. Access to learning opportunities for out-of-school children is also limited. Harmful social norms, including religious beliefs and practices that exclude women and girls, persist.

Child marriage rates remain high at 21.2 per cent for adolescent girls aged 15-18 (MICS 2019) and driven by poverty and social norms. The COVID-19 pandemic engendered a sharp rise in violence against children, GBV, and mental health and psychosocial-support needs. The social welfare workforce is depleted, however, and there is still an insufficient National budget for child justice, social welfare and limited implementation of legislation.

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

SOCIAL POLICY



Social Policy

UNICEF's evidence-based advocacy in the social policy realm, including the creation of the 'Child Budgeting Series' – a knowledge platform on public finance – resulted in a 3.6 per cent share of public spending (above the 2 per cent target), allocated to: health, education and social protection for children. Health expenditure alone increased by 6 per cent from the previous year to 13 per cent. Budgeting was also allocated for vaccines for the second consecutive year.

Co-leadership by UNICEF and the Government of the National Social Protection Coordination Architecture resulted in new evidence generation on targeting, the development of the social protection 'Management Information System', and the introduction of disability inclusiveness to the National programme.

Through the emergency social cash transfer programme, UNICEF supported 9,725 households (the target was 8,250) which means 18,632 children benefitted in 2021. UNICEF's advocacy and technical assistance resulted in the release of 97 per cent (US\$10.9 million) of the harmonized social cash transfer (HSCT) payments against a target of 70 per cent. This allocation benefitted 1.5 million children in 129,557 households (above the target of 29,000) and was directly supported by UNICEF.

The second 'Zimbabwe National Multiple Overlapping Deprivation Analysis' was finalized, which will help continue improving the understanding of child deprivation and poverty and inform policy action.



Partnerships



UNICEF led the advocacy for prioritisation of the government allocation of the US\$1 billion Special Drawing Rights Allocation of the International Monetary Fund to include social sector spending.. Consequently, building on strong relations with the Ministry of Finance, the Government prioritized key interventions for SDR resources, allocating US\$212 million, constituting 22 per cent of the total US\$958 million (Health US\$122 million, Education US\$10 million and Social Protection US\$80 million). The Government also updated NDS-1 indicators with support from the UN (including UNICEF) and World Bank, to improve strategic-results reporting aligned to the Sustainable Development Goals.



Challenges



The economy contracted by

4.1%

in 2020 due to COVID-19, Cyclone Idai, a protracted drought and macroeconomic instability, though **returned to 3.1% for 2021**



Public expenditure in health was

2% below the Abuja Declaration (at 13%)



Expenditure on water, hygiene and sanitation (WASH) stood at just

4.7%



Education expenditure is below the Dakar Framework for Action goal of 20 % at just

13.% of Government spending



Achievements



3.6% public spending on health, education and social protection for children – 1.6% above the target for 2021



18,632 children benefitted from emergency social cash transfers



160,000 households (above the target) received harmonized social cash transfers



6% increase from previous year in health expenditure to 13%



Cash tackles poverty



Lovemore Murimi lost employment due to an illness two years ago. The illness meant more than just pain and long bouts of being unwell. It meant enormous stress for Lovemore, and suddenly being unable to provide for his family.

It is in this context that cash grants offer a genuine lifeline to families across Zimbabwe. The Emergency Social Cash Transfer Programme - implemented by UNICEF, Ministry of Public Service, Labour and Social Welfare, World Vision and Goal Zimbabwe – comes with critical support from Sweden and KFW. The impact of such partners and support? Lovemore can now feed his family and support his small-scale business.

Lovemore can now feed his family and support his small-scale business.

The story is different, though the impact just as potent, for Mapfumo Majoni. Mapfumo suffers from glaucoma, which is the second leading cause of blindness globally. As such, Mapfumo needed help to be able to support his three school-going children and his wife's business. With monthly payment of \$US63 from the Emergency Social Cash Transfer Programme, Mapfumo says his wife's business has been revived and his three children can take a decent lunch to school. That is making a difference!

HEALTH



Health

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

The HDF partnership with UNICEF boosted skilled-birth attendance rates to 91.5 per cent, against a target of 90 per cent, providing maternity units with lifesaving equipment in 73 hospitals and 40 health centres. Additionally, UNICEF's support in capacity building of health workers, infrastructure rehabilitation and deployment of tools and guidelines, so that by year end, 93.8 per cent of all health facilities were providing the five Basic Emergency Obstetric and New-born Care interventions on a 24/7 basis.

Around 75 per cent of targeted children received ORS (oral rehydration salts) and zinc for the treatment of diarrhoea (10 per cent above target) while 168,457 children received post-natal care within three days of birth (against a target of 236,907). The training of over 20,000 village health workers

on integrated community case management contributed to this, and consequently 83 per cent of all villages (2.5 million households) now have at least one trained VHW (up from 81 per cent in 2020 and from 61 per cent in 2015). The VHWs reached 6.85 million people with preventive, promotive and curative health and nutrition services. The installation of 1,051 solar vaccine fridges, minimization of vaccine wastage and community mobilization resulted in 86 per cent coverage of DPT3 vaccination, though less than the 90 per cent target, due to COVID-19.

The HDF enabled UNICEF to provide medicines and commodities resulting in at least 93.8 per cent of health facilities maintaining supplies (over the 80 per cent target). Additionally, the Results Based Financing Initiative provided operational budgets for over 900 facilities in 42 districts and incentive schemes for 14,000 VHWs. This resulted in a decline of health facilities charging user fees for maternal and child health services to 2 per cent.

UNICEF supported the development of the National COVID-19 Vaccine Demand Strategy, Communication Plan and Acceleration Plan. Around 10,000 communication materials and multiple SM messages were distributed to raise awareness on COVID-19 vaccinations.

Partnerships



UNICEF's advocacy led to the inclusion of Zimbabwe in the COVAX facility. In 2021, 13.5 million doses of COVID-19 vaccines procured largely by the Government were mobilized, 1.1 million doses of which were through COVAX. UNICEF equally collaborated with the Ministry of Health and Child Care, UNFPA and development partners Foreign, Commonwealth & Development Office, European Union, Irish Aid, SIDA-Sweden and Gavi to deliver critical health services through the Health Development Fund during COVID. UNICEF partnered with Crown Agents to support 42 districts with results-based financing and worked with GOAL, AWET, Vuka Africa, and Community Working Group on COVID-19 risk communication and engagement. The multi-donor HDF end line evaluation was finalised in 2021 and informed the development of the next phase.



Ongoing Challenges



Only
33.4 %
of target for
COVID-19 vaccines
administered



Neo-natal mortality
rate has remained
practically unchanged
since 1988, at

31 deaths /
1,000 live births

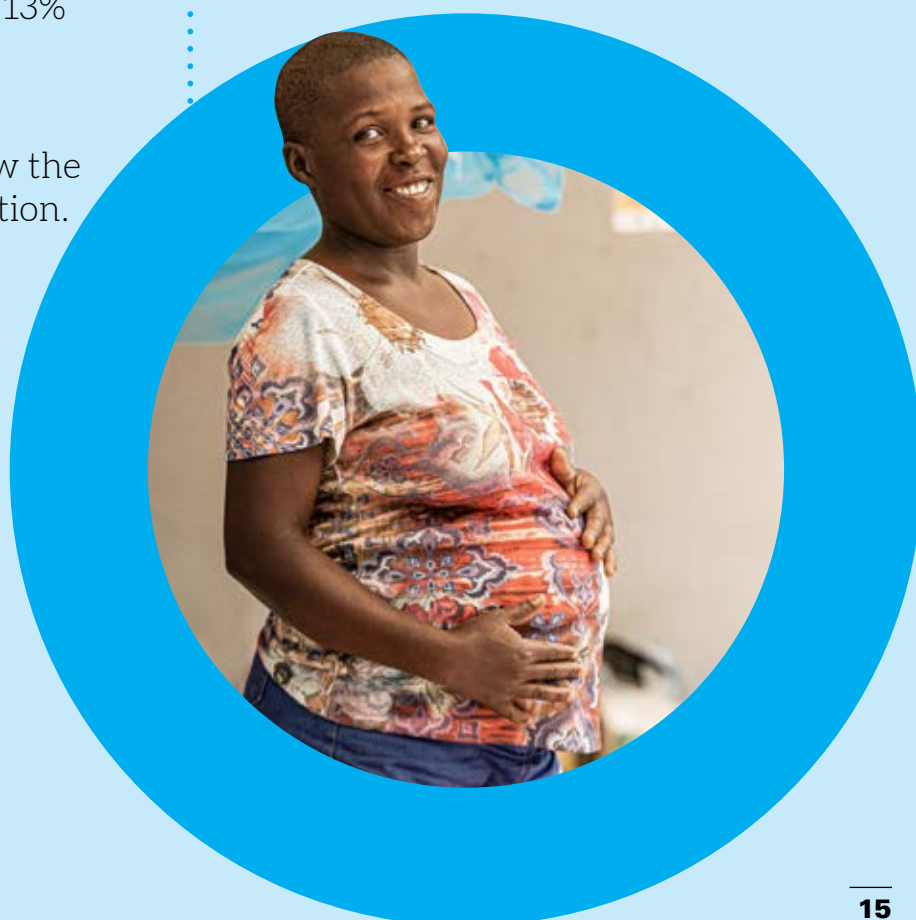


Public expenditure
on health was 13%
which is

2% below the
Abuja Declaration.

15%

of children (5-19
years) are overweight



Achievements

94% 

of health facilities have basic emergency obstetrics & new-born care interventions on a 24/7 basis



92 %

skilled birth attendance rates in 2021



20,000

village health workers trained



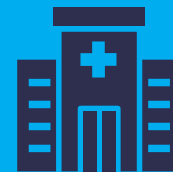
2.5

million households now have at least one trained village health worker in their village



Only

2%



of health facilities now charge for maternal and child health services



HIV/AIDS



HIV/AIDS

The Zimbabwe National AIDS Strategic Plan (2020-2025) was updated with UNICEF's support to incorporate humanitarian action. Additionally, eight more districts this year produced age-disaggregated HIV data quarterly for the National HIV Management Information System, meaning 10 districts in Zimbabwe were covered. UNICEF's technical assistance to the Government, meanwhile, resulted in the mobilization of US\$75 million from the Global Fund to support HIV and the COVID-19 response.

UNICEF's technical assistance ensured that over 90 per cent of the targeted health facilities in 10 districts now offer prevention of mother-to-child transmission (PMTCT) services, viral-load monitoring, and early infant diagnosis services. The training of frontline health workers, including adolescent-sensitive HIV services, risk screening and support to mother-infant

pairs contributed towards 87 per cent coverage in PMTCT services against the target of 95 per cent (down from 90 per cent in 2020) and 81 per cent of adolescents received HIV treatment against a target of 98 per cent. The revision and application of the revised testing algorithms and the use of HIV/syphilis duo kit for pregnant women contributed to 76 per cent of HIV-exposed infants receiving virological test results within two months of birth, against the target of 90 per cent.

The training of frontline health workers, including adolescent-sensitive HIV services, risk screening and support to mother-infant pairs contributed towards **87 per cent coverage in PMTCT services against the target of 95 per cent and 81 per cent of adolescents received HIV treatment against a target of 98 per cent.**



Partnerships



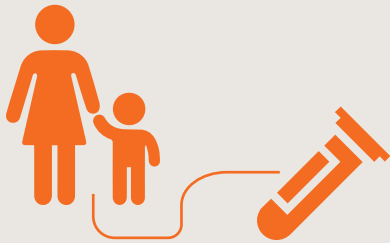
Under the joint UN 2Gether4SRHR programme funded by the Swedish Government, UNICEF's partnership with UNFPA, UNAIDS and World Health Organization (WHO) supported delivery of integrated sexual and reproductive health, HIV and gender-based violence (GBV) services. Through UNICEF's participation in the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



Ongoing Challenges



Paediatric ART coverage is low



Difficulties in reaching target 95% coverage in screening and support to mother-infant pairs at

87%



1/ 3

of newly infected with HIV are adolescents and young people



Only

81%

of adolescents received HIV treatment against a target of 98%



12.8%

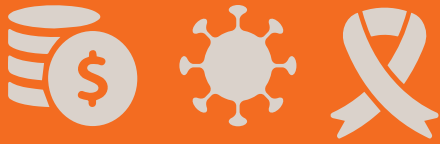
adult HIV prevalence

8%

mother-to-child transmission rate



Achievements



US\$75

million mobilized from the Global Fund to support HIV and the COVID-19 response thanks to UNICEF's technical assistance to the Government



An extra

8 districts produced age-disaggregated HIV data every quarter

81%



of adolescents received HIV treatment against the target of 98%



90%

of targeted health facilities now offer PMTCT services, viral-load monitoring, and early infant diagnosis due to UNICEF's technical assistance



CATS: something to sing about

When Pindai, a mother of two, lost her daughter Jane to an AIDS-related disease, community and family alike were devastated.

When friends from the Community Adolescent Treatment Supporters (CATS) - who had been supporting Jane throughout her illness - visited her homestead to pay their last respects, they noticed Jane's young brother John, who appeared to be small for his age.

It was this visit, from CATS, that would save John's life.

Says a CATS supporter: "When we noticed how fragile and small John looked, we alerted a Zvandiri Mentor who advised Pindai to take her son for HIV Testing Services (HTS).

The counselling and her past experiences with her late daughter meant Pindai was able to convince John to take a test.

“

I have got another chance to do things differently and I will follow through everything I am advised to do

”

"I have got another chance to do things differently and I will follow through everything I am advised to do at the clinic so that my son can live. I cannot bury two of my kids," she said."

The CATS are a creation of the Zvandiri programme - funded by the SIDA/UN joint supported 2gether 4SRHR through Africaid. The programme has developed a peer support system for people to achieve better HIV, health and protection related outcomes, particularly for children living with HIV.



Nutrition



Nutrition

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

The training and mentoring of frontline workers led to the implementation of a minimum package of interventions, which included: growth monitoring and promotion; community level ICYF (infant and young child feeding support) and micronutrient supplementation to prevent stunting in children in 40 districts (up from 4 in 2016). In 60 districts, 90 per cent of primary health care facilities (up 2 per cent from the year before) were supported with at least one

health worker providing community IYCF services. UNICEF provided emergency nutrition response in 32 affected districts, reaching over 398,047 children and 596,157 caregivers with a package of life-saving foods and materials to support early identification and treatment of children with wasting. UNICEF supported 15,000 adolescents (7,350 boys and 7,650 girls) in schools with nutrition education. With UNICEF's support, including procurement of ready-to-use therapeutic food, 99 per cent of health facilities now offer wasting treatment services according to global standards, up from 80 per cent in 2016 and against a target of 90 per cent. UNICEF disseminated key nutrition and health messages including on IYCF, WASH and family-led nutrition screening, reaching 38,000 caregivers (133 per cent of target) through mobile platforms.



Partnerships



UNICEF supported the finalization of the National Health Strategy (NHS) (2021-2025), the Health Sector Coordination Framework and NHS Investment Case to improve governance and oversight and inform the development of the National Food and Nutrition Security and Immunization Strategies. UNICEF led the nutrition cluster, and the UN Network for Scaling Up Nutrition (SUN). UNICEF entered UN-UN partnerships with UNDP and the Food and Agriculture Organization (FAO) for the integration of nutrition into resilience efforts in 16 districts.



Ongoing Challenges



Increasing nutrition vulnerabilities due to poor dietary diversity



1 / 3

children affected by malnutrition

23.5%

of children (0-5 years) are stunted



12.6%

of children born with a low birth weight



Achievements



Almost

400,000

children in affected areas reached by UNICEF with emergency nutrition response



99%

of health facilities now offer wasting treatment services of global standards, due to UNICEF's support



15,000

adolescents in schools received nutrition education with UNICEF support



38,000

caregivers received key lifesaving nutrition and health messaging through mobile phones

WASH – Water and Sanitation Hygiene



WASH – Water and Sanitation Hygiene

UNICEF, in support of Government, continued to promote community resilience to recurring shocks and hazards and ensuring sustainable drinking water services using the Drinking Water Safety and Security Planning (DWSSP) approach. A total of 276 across seven districts were supported by UNICEF to develop plans and implement the DWSSP approach to ensure access to safe water.

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

The rehabilitation and construction of boreholes and piped water schemes resulted in at least basic water supply services to 1,292,834 people. The construction of 1,452 self-sponsored

household latrines and 765 subsidized latrines for vulnerable households contributed to an additional 11,564 rural people able to use improved sanitation, and 9 villages (45 per cent of target) now being open-defecation free. WASH services in 457 schools benefitted 250,988 students, contributing to an increased proportion of schools with water supply – up by three per cent from five years ago to 67 per cent of schools in 2021.

As part of the COVID-19 response, rehabilitation of water points and construction of new ones powered by solar energy or gravity resulted in 809,208 people (including 5,322 people with disabilities) using at least basic water services. In total, 2,737,243 people were reached with COVID-19 prevention and hygiene messages; and repair of water and sanitation facilities and the distribution of sanitary cleaning materials in 59 healthcare facilities contributed to infection prevention and control.

Partnerships

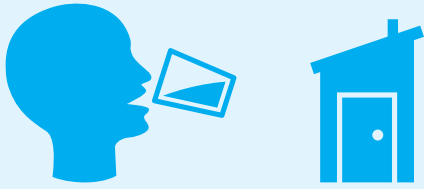


UNICEF worked with 17 CSO partners and the National Action Committee for WASH on service delivery. Under the World Bank-funded Zimbabwe Cyclone Idai Recovery Programme, UNICEF with UN Agencies, the National Government, local authorities and CSOs supported communities worked to strengthen resilience through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

UNICEF's advocacy and technical assistance resulted in institutionalizing the Joint Sector Review (JSR) process, with the second JSR held in 2021, involving 11 government agencies and multiple partners meeting to define a common set of priorities.



Ongoing Challenges



Between 2000 and 2020, coverage of basic drinking water, and sanitation, declined from 72 to 63 per cent and from 46 to 36 per cent respectively (WHO/UNICEF Joint Monitoring Programme for WASH).

Only

42%



of households have basic hygiene services. Access to basic water services in urban communities is 45 per cent higher than in rural areas.

Achievements



86%

of communities in targeted districts developed plans to ensure access to safe water, supported by UNICEF



WASH services in

457

schools benefitted
250,988 students



UNICEF supported basic water supply services to

1,292,834

people, including in emergencies



WASH services in

2,737,243

people were reached with COVID-19 prevention and hygiene messages

Holding back the storm

Heavy rains, thunderstorms and strong winds pounded Keche primary school. “We have never experienced such a life-threatening disaster at this school,” said teacher, Elector Muchabaiwa.

The roofs of the existing three teachers’ houses and three classroom blocks were blown off. One of the classroom blocks had its roof thrown more than 100m. In less than 10 minutes, the schools furniture, doors and windows had been damaged beyond repair.

And yet despite the damage sustained to most buildings and property, newly built WASH facilities survived the storm unscathed. These included two ECD, four girl- friendly, one disability friendly and five boys’ toilets, an incinerator, a hand washing facility, pathways, and a drilled borehole.

Said Shyness Chingombe a grade 4 pupil: “We thought we were going to die. To our surprise, the recently built toilets were not destroyed.”

According to teacher Rembani Biswork, the resistance of these structures could be attributed to good workmanship from well-trained community builders and constant and regular supervision of construction works that was done by Environmental Health Technicians.

“ We thought we were going to die. To our surprise, the recently built toilets were not destroyed. ”



Education



Education

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

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

UNICEF, with funding from the Education Development Fund, supported the development, recording and broadcast of over 1,000 radio lessons and 40TV lessons to address learning loss due to COVID-19 restrictions, benefiting about 1.7 million learners. With Government, Microsoft and TelOne, the Learning Passport - a UNICEF-supported digital learning platform enabled remote learning for a further 79,560 children.

To enhance quality, UNICEF printed and distributed over 2.4 million copies of Grade 6 textbooks (100 per cent of the target) serving 281,855 learners (141,603 male and 140,252 female). UNICEF supported the integration of the Competence-based Curriculum (CBC) into Pre-Service Teacher Education curriculum to sustain CBC implementation.



Partnerships



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



Ongoing Challenges



68%

of pre-primary aged children (3-5 years) and 47% adolescents (13-18 years) are not in school

.....



4.5

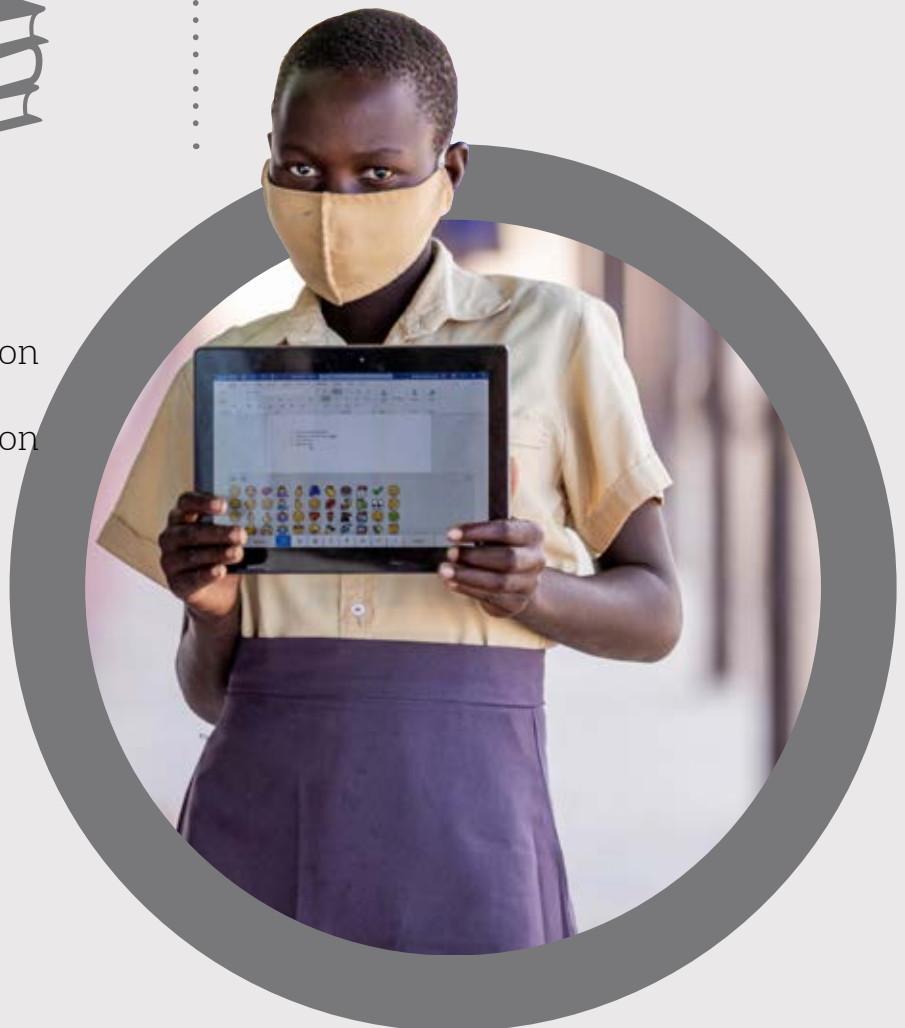
million children experienced loss of learning due to COVID by early 2021

.....



13.1%

of Government spending on education - though the Dakar Framework for Action goal is 20%



Achievements



12,300

children with disabilities
received assistive devices



150,000

children with disabilities
and out-of-school
children benefitted
from increased learning
opportunities through
the printing of the Open
and Distance Learning
Modules

The National
Curriculum Reform
process was successfully
rolled out



School Improvement
Grants, supported by
UNICEF benefitted

1,765,101

learners.

80,000 additional children
accessed digital learning with
the Learning Passport - a
UNICEF-supported platform -
with Government, Microsoft
and TelOne



A passport to education

The COVID-19 pandemic has affected the learning of a staggering 4.6 million boys and girls in Zimbabwe. Faced with such an immense impact, Zimbabwe has been developing alternative ways to ensure continuity of learning. Enter the Learning Passport Zimbabwe.

The Learning Passport Zimbabwe covers the entire primary and secondary curriculum. This way children can continue their formal education.

Speaking on the launch, Kate Behncken, Vice President and Lead of Microsoft Philanthropies explained the idea behind the Learning Passport: "If young people are on the move, their education should be on the move with them."

After Puntland in Somalia, Zimbabwe is the second country in Africa to launch the Learning Passport, enabling children across the country to access high-quality courses and learning resources in and out of schools.

Despite the digital divide in Zimbabwe, the platform has connectivity settings that are access friendly. With the Learning Passport, a learner has the ability to access hundreds of prerecorded radio lessons. These lessons can be downloaded on the dedicated Android Mobile application and then be played later offline in areas in communities or settings where there is less or no connectivity at all.

“ If young people are on the move, their education should be on the move with them. ”



Child Protection



Child Protection

UNICEF's support to policy and legal reform resulted in the development of the Costed National Action Plan on Ending Child Marriages and the National Disability Policy, the passage of the Data Protection Act and cabinet approval of the Children's Amendment Bill and Child Justice Bill.

Engagement with stakeholders has sustained the implementation of the National Case Management System to respond to violence against children. The placement of case management officers and mentoring of 3,857 community case workers resulted in 97,904 children (56 per cent girls, 14,326 children with disabilities) benefitting from comprehensive child protection services. Training of 137 justice actors and other stakeholders led to the diversion of 501 children (421 boys and 80 girls) in contact/conflict with the law from the mainstream justice system.

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

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



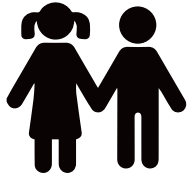
Partnerships



UNICEF collaborated with International Labour Organization (ILO), UNDP, United Nations Educational, Scientific and Cultural Organization (UNESCO), UNFPA and UN Women through the EU-funded Spotlight Initiative to address GBV and harmful practices affecting children. With UNDP, UNICEF supported integration of peacebuilding, accountability and citizen participation in service delivery. With support from Germany, UNICEF collaborated with World Food Programme (WFP) to support cash-transfer interventions.

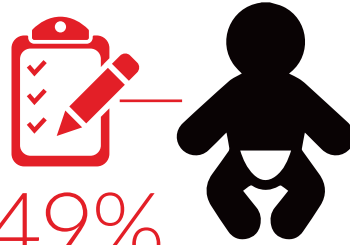


Ongoing Challenges



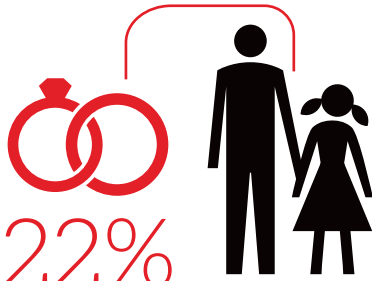
61%

of children experience
multidimensional poverty



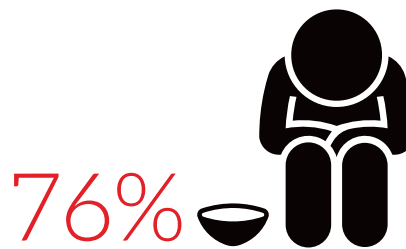
49%

birth registration rate,
with a large rural-urban
divide



22%

of girls aged 15-18
endure child marriage
due to poverty and
social norms.



76%

of children with
disabilities live in
poverty



35%

of children affected
by child labour



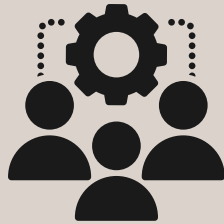
Achievements



Almost

4,000

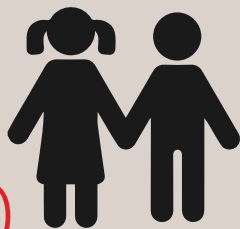
community case
workers mentored



Almost

98,000

children benefitted from
comprehensive child
protection services



Over

500

children in contact with
the law diverted from
mainstream justice system
thanks to training of 137
justice actors



123,529

children (55% girls) accessed
critical child protection in
emergency settings thanks to
the training of 280 community
case workers

Locally made. Changing the game.



They come in different shapes and sizes. Simple in outlook, but the energy they generate is more powerful and efficient than an open fire. The “Tsotso” stove, a specially designed open clay pot used as a cookstove, has become a game-changer for communities in Zimbabwe.

“These stoves will benefit the community and the environment. I love sharing the benefits of these wonderful stoves with the rest of the village,” says Petunia Chinyama, a mother of 3, who is embracing the cookstoves not only as a household tool but equally as a business venture.

UNICEF has to date trained 450 women in Gokwe South in cookstoves making, using a model and design that has gained traction across Africa and the developing world.

The cookstoves are an initiative introduced by the Ministry of Health and Childcare (MoHCC) in partnership with UNICEF, and funding from Sweden.

“ These stoves will benefit the community and the environment ”

As with Petunia, the cookstoves have improved life for a 71-year-old grandmother of eight, known affectionately known as Gogo (granny) Imbayago. “I take care of all my grandchildren. The Tsotso stove helps me to prepare food faster. It also keeps heat for a considerable time ensuring that food is warm when the children return from school.”

Cross-cutting Programme





Communication and C4D

UNICEF's website grew to 133,000 visits hosting 31 press releases and 56 articles/human interest stories. There were 130 features in the local and international media and over seven million people were reached through social media platforms (Twitter, Facebook, Instagram, LinkedIn and YouTube). SMS and mobile initiatives also grew with almost 640,000 people reached through U-Report, the Internet of Good Things and chatbot. UNICEF's leadership of COVID-19 communication supported 11.7 million people with prevention messages. Private sector partnerships collaborated with the telecommunications providers Econet and TelOne, supporting access to the Internet of Good Things and the COVID-19 information hub access.



Gender, Disability and Human Rights

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



Emergency

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



Enablers

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

Staff recruitment was completed at an average of 48 days during 2021 against the target of 60 days. To support balanced representation, the office achieved the target of 50:50 on geographic representation and a 48:52 ratio of female to male, within variance limits to meet the target. UNICEF supported the UN Resident Coordinator's Office in developing the United Nations Sustainable Development Cooperation Framework (2022-2026) and, as Operations Management Team chair, to enable the system in adapting to changing monetary policies and in leading the coordinated approach for working under COVID-19.



UN Collaboration and other Partnerships

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

Achievements



11.7

million people supported with COVID-19 prevention messages thanks to UNICEF's leadership on communication



132

Government officials trained by UNICEF to improve national capacity to improve national capacity for preparedness planning.



2,300

households received a monthly disability payment top-up through the ESCT thanks to the Norwegian Government



100%

HACT implementation



Lessons Learned



Lessons Learned

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

Flexible Emergency Response

Given the fluctuating situation in Zimbabwe, with public health emergencies and frequent seasonal droughts and cyclones, there is a need for programmes to be flexible in nature and span the development-humanitarian and peace nexus, in order to scale up and down depending on the needs.

According to an evaluative assessment commissioned by UNICEF, and, as highlighted in the (2019) Real Time Evaluation of the Cyclone Idai response over the Country Programme cycle, UNICEF's programme has demonstrated flexibility to enable the achievement of results as humanitarian crises have arisen.

UNICEF has integrated 'humanitarian response' within workplans through a) creating humanitarian outputs in each programme; b) basing the annual results and target setting on a Country-risk analysis; and c) integrating crisis modifiers that enable repurposing of regular interventions to flexibly respond to emergencies. The flexibility on the part of donors and other

partners was also critical in facilitating this. Moving forward, UNICEF will build on its resource mobilization strategy to develop innovative strategies to enhance resource mobilization for emergency response.

Flexibility for 'emergency response' has been championed by UNICEF amongst partners, i.e., making swift reprogramming possible, ensuring adequate pandemic response and adapting strategies to maintain continuity of essential services. The HDF support (technical and financial) for village health workers also contributed to lift the motivation, retention and performance, also invaluable during emergencies.

Joint Programming

From 2016-2021, key success stories were particularly related to long-term joint programming with other UN agencies based on complementarity, the Government of Zimbabwe and a focus on systems-strengthening through capacity building.

The multi-donor funding mechanisms, particularly the HDF and the Education Development Fund (EDF) are key examples of successful joint/multi-stakeholder programming. The HDF evaluation has shed light on the successes achieved, with a highlighted need for continued investment by the Government in the social sectors to ensure sustainability. The Results Based Financing (RBF) mechanism has facilitated the continuity of essential services at health centers and in communities, in the context of constrained resources and staff demotivation. The HDF has also supported increased Government Health sector funding in 2022.

A key lesson was that the HDF programme was successful in investing in the Ministry of Health and Child Care's existing structures (instead of creating parallel structures) thus achieving efficiencies and enabling the Government (with improved capacities) to sustain the interventions. According to the evaluation, the approach is suited to all large-scale public-sector-led programmes.

Innovative Approaches

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

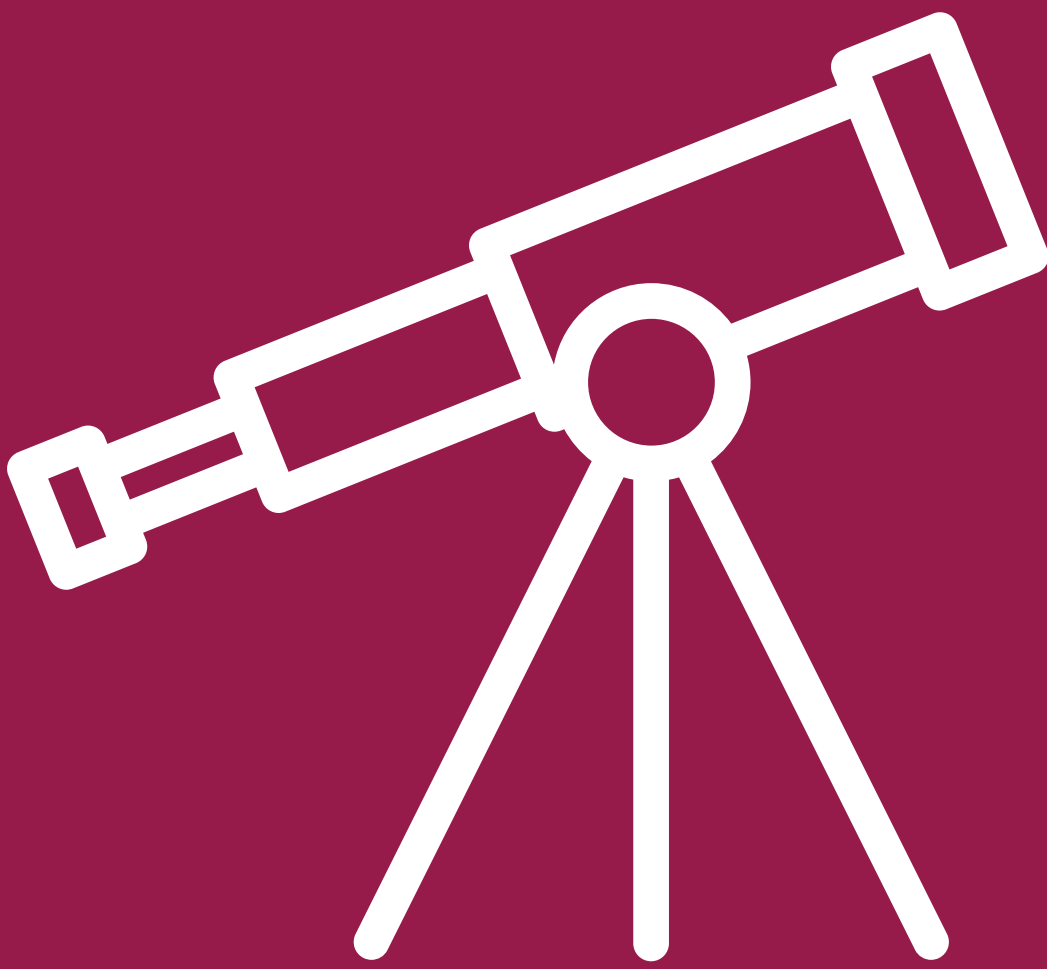
In terms of the use of technology, in March 2021, UNICEF, with the Ministry of Primary and Secondary Education, launched the Zimbabwe Learning Passport and increased access for 79,560 users to digital learning and 3,700 local content learning materials. In partnership with the Foreign, Commonwealth &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

For innovative programme adaptation, during the COVID-19 lockdown restrictions, HIV self-testing became popular, leading to an increase in its uptake, including amongst adolescents and young people.

Self-testing could be the game changer in identification, especially for adolescent girls and young women, to whom most new HIV infections are occurring. To minimize COVID-19, UNICEF successfully designed and advocated for a new, durable, climate-resilient, group handwashing facility for schools. It is a low-flow design, to reduce water use, enabling more than 10 students to wash their hands at one time and ensuring maintenance is affordable. Key communication interventions developed for 'COVID-19 Risk Communication and Community

Engagement' have now been embedded in sectoral platforms and partnerships, helping them to be more efficient and cost effective. Finally, the integrated outreach services that were developed in 2020 and continued into 2021 to support cross-sector messaging around health, nutrition and protection, have resulted in more children being reached, particularly from very remote parts of communities, far from health facilities, with a comprehensive package of health and nutrition services.

Looking Ahead



Looking Ahead

2021 was the last year of UNICEF's Country Programme in Zimbabwe (2016–2021), and an important opportunity to reflect on what had worked and what needed adjustment to meet the needs of children in a post-pandemic world.

In the new Country Programme, UNICEF will contribute to the Vision of Zimbabwe toward a sustainable socioeconomic development pathway that provides all its children with opportunities to fulfil their full potential and lead a healthy life, with access to quality learning protection and the ability to participate in society.

UNICEF will continue to work to strengthen health systems for equitable and quality primary healthcare for all; ensure optimal nutrition, growth and development; support HIV prevention and care with strong adolescent empowerment and participation; bolster resilient and inclusive WASH services; ensure quality learning and skills-building opportunities for all girls, boys and adolescents; provide comprehensive child protection, including for the most vulnerable and marginalized; and strengthen social inclusion, including through social protection.

Strategies

Institution strengthening



Ensuring equity approaches



Supporting Transformation



Financial Resources

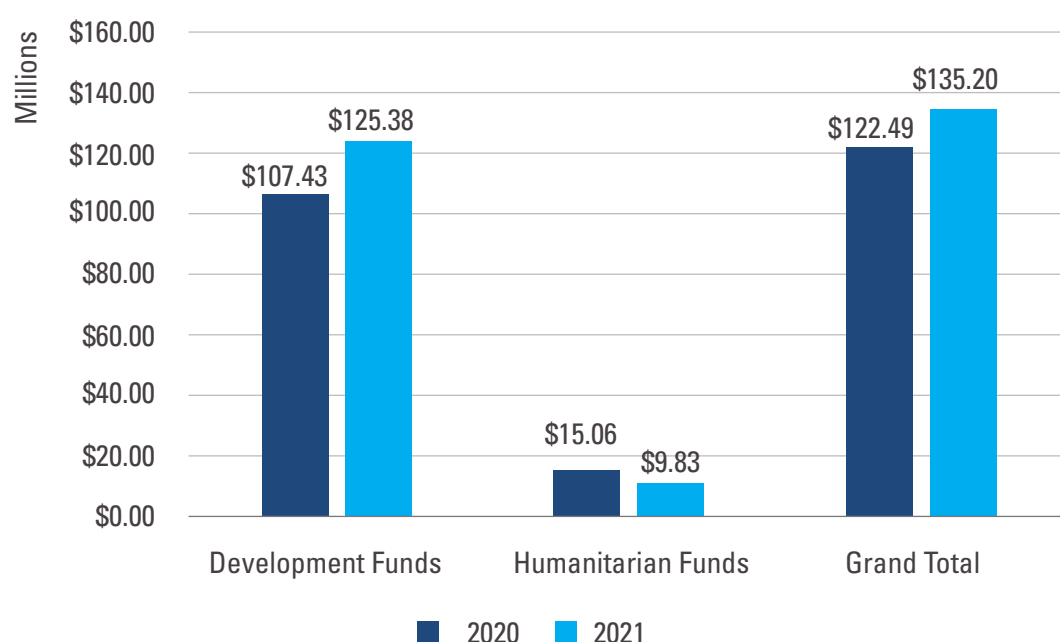


In 2021, the UNICEF Zimbabwe Country Office mobilized US\$135.4 million. The funds contributed to achieving results for Zimbabwe's children, including US\$7.6 million from Regular Resources and US\$117.7 million from Other Resources and US\$9.8 million from Other Resources Emergency (ORE). As illustrated in the

graphs below, The UNICEF Zimbabwe Country Office raised US\$18 million more in 2021 compared to 2020 on development funds and US\$5 million less on humanitarian funds. Important to note that, ORE grants established in 2020 for the COVID-19 intervention overlapped to 2021.

	2020	2021	Grand Total
Development Funds	\$107.43	\$125.38	\$232.81
Humanitarian Funds	\$15.06	\$9.83	\$24.89
Grand Total	\$122.49	\$135.20	\$257.69

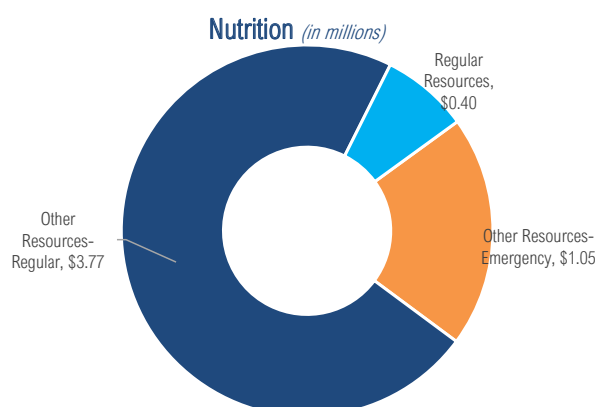
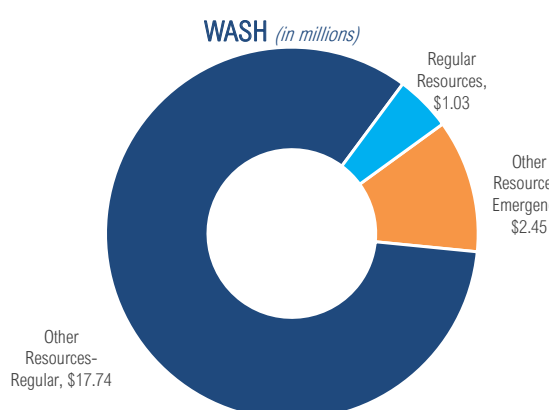
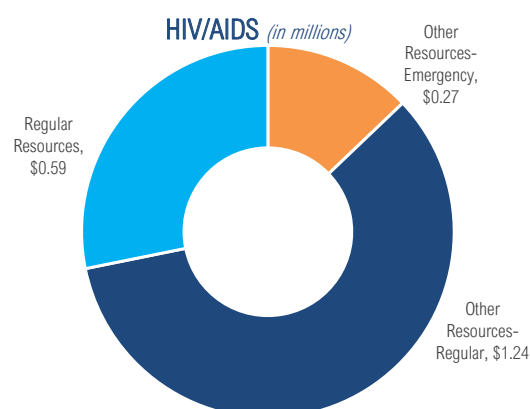
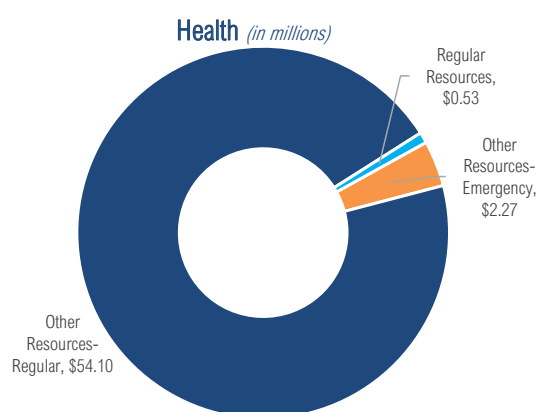
Expenditures 2020 and 2021



With a strong focus on enhancing the efficiency and effectiveness of its programming amid the COVID-19 response, UNICEF Zimbabwe engaged and got approval from development partners to re-purpose over US\$30 million of development funds to addressing the COVID-19 crises.

The Health and Nutrition programme remained the flagship lead on income raised with a total of US\$56.89 million broken down as US\$54.1 million ORR, US\$2.27 million ORE and US\$0.53 million RR. As illustrated in the pie charts below, the Education and WASH programmes raised US\$22.9 and US\$21.2 million respectively.

	Other Resources-Emergency	Other Resources-Regular	Regular Resources	Total
Health	\$2.27	\$54.10	\$0.53	\$56.89
HIV/AIDS	\$0.27	\$1.24	\$0.59	\$2.11
WASH	\$2.45	\$17.74	\$1.03	\$21.22
Nutrition	\$1.05	\$3.77	\$0.40	\$5.22
Education	\$0.22	\$22.03	\$0.65	\$22.90
Child Protection	\$1.12	\$8.58	\$0.68	\$10.38
Social Policy	\$1.10	\$4.83	\$0.79	\$6.72
Programme Effectiveness	\$1.34	\$5.42	\$2.99	\$9.75
Grand Total	\$9.83	\$117.72	\$7.66	\$135.20



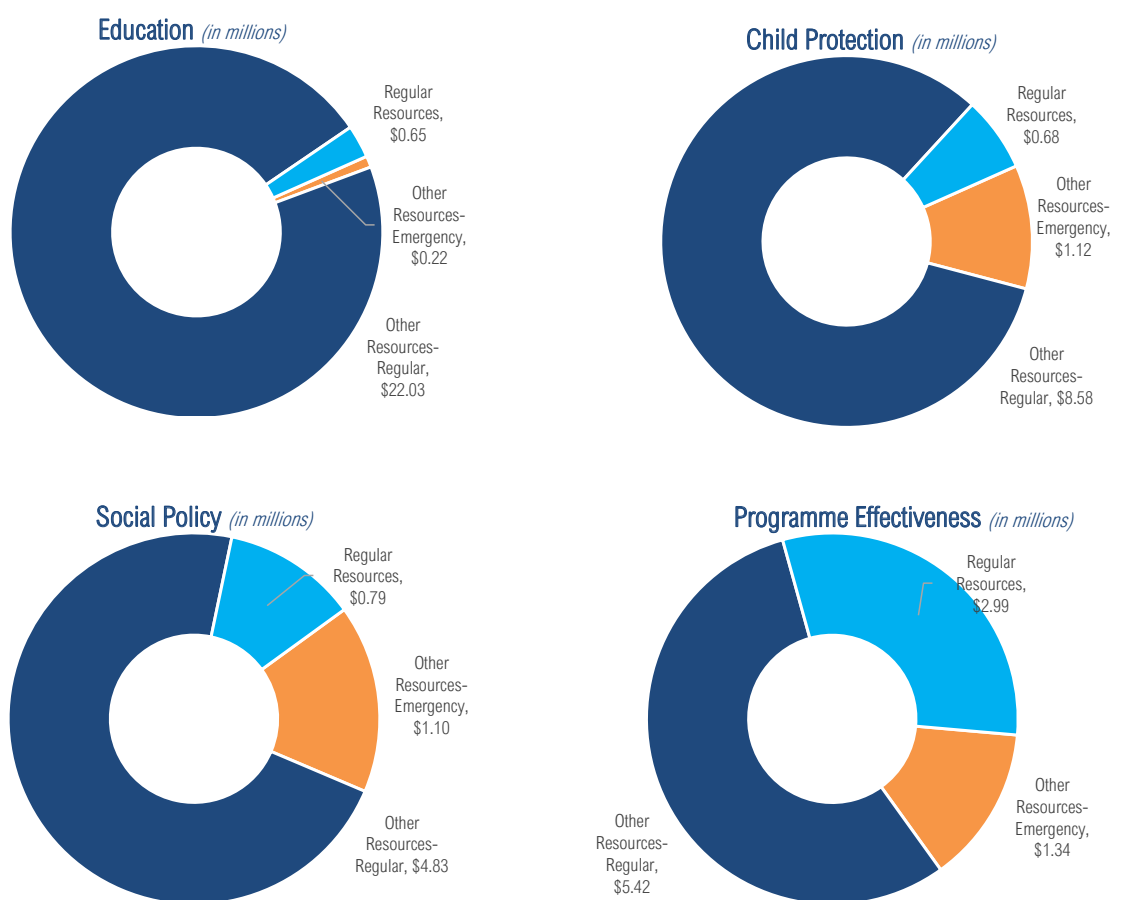
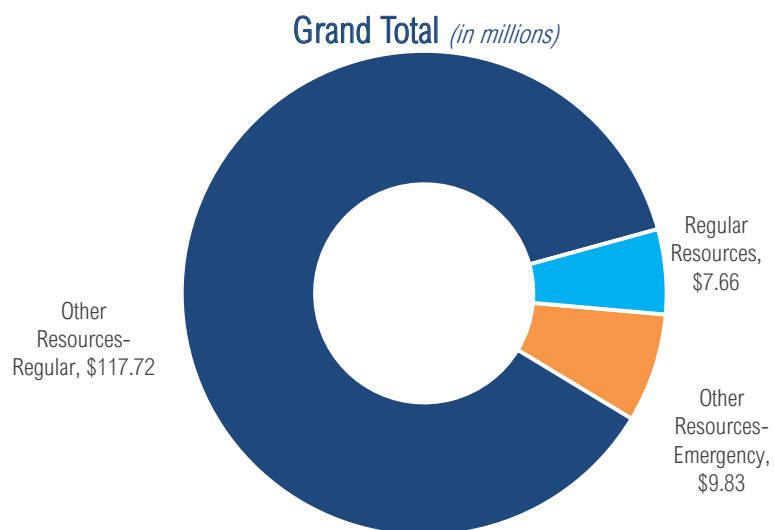
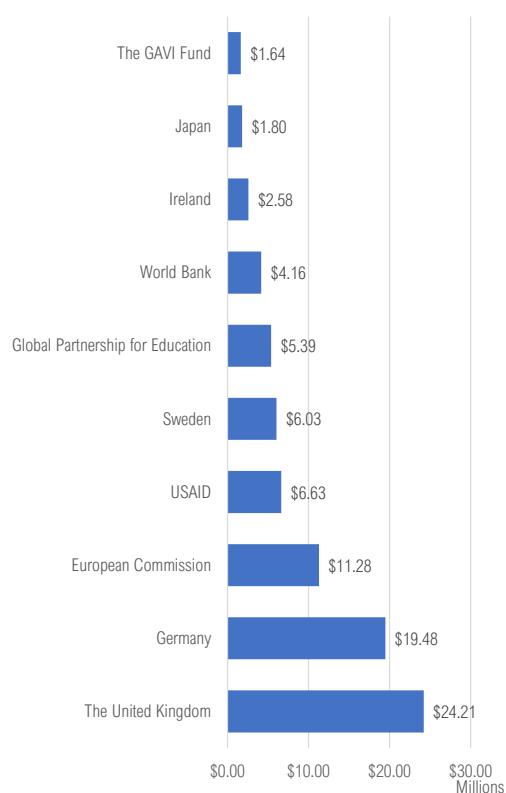


Figure 3: Largest contributors to other resources



During 2021, UNICEF Zimbabwe and its development partners worked closely to achieve results for children under the Delivering as One programme and in the face of the global COVID-19 crisis. Going into the new CP 2022 – 2026, UNICEF Zimbabwe will seek to expand its public and private sector resource partners and pursue new opportunities to raise financial resources to achieve results. Current collaborations on

Innovative financing and joint programming with United Nations partner agencies will also be strengthened.

UNICEF Zimbabwe country Office extends its deepest gratitude to all partners that provided regular, other and humanitarian funds and other support in 2021. Their commitments play an indispensable part in reaching Zimbabwe's most vulnerable and disadvantaged children.

Our Partners in 2021



UNICEF's work in Zimbabwe was made possible with support from various stakeholders:

- **Government:** The leadership of the Government of Zimbabwe (GoZ) through sector specific line ministries and the provincial and district government arms.
- **Development Funds:** Health Development Fund, Education Development Fund, Child Protection Development Fund
- **Development Partners:** Canada, China, GAVI, German, Ireland, Italy, Japan, New Zealand, Norway, Sweden, Switzerland, the Global Partnership for Education (GPE), the European Union, the United Kingdom and USAID BHA
- **UNICEF National Committees:** UNICEF Australia, UNICEF UK, United States Fund for UNICEF and UNICEF Switzerland
- **International Finance Institutions:** African Development Bank (AfDB) and the World Bank. Ongoing discussions with Asian Development Bank and the Islamic Development Bank
- **Sister Agencies:** Food and Agriculture Organization (FAO), International Labour Organization (ILO), Joint United Nations Programme on HIV and AIDS (UNAIDS), Office of Coordination Humanitarian Affairs (OCHA), UN Women, United Nations Development Programme (UNDP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Human Settlements Programme (UN-HABITAT), United Nations Office on Drugs and Crime (UNODC), United Nations Population Fund (UNFPA), United Nations Refugee Agency (UNHCR), World Food Programme (WFP), World Health Organization (WHO)
- **Private Sector Partners:** Old Mutual, Telone, Econet, Klorman Solutions, Johnson and Johnson, UNILEVER. Ongoing discussions with Mukuru and Rotarians

ACRONYMS

ART	Antiretroviral treatment
BEmONC	Basic Emergency Obstetric and New-born Care
CBC	Competence-based Curriculum
COVAX	COVID-19 Vaccines Global Access Facility
CPF	Child Protection Fund
CSO	Civil Society Organization
CPiE	Child Protection in Emergency
DWSSP	Drinking Water Safety and Security Planning
EDF	Education Development Fund
ESCT	Emergency Social Cash Transfer
FAO	Food and Agriculture Organization
FCDO	Foreign, Commonwealth & Development Office
GBV	Gender-Based Violence
HDF	Health Development Fund
HDI	Human Development Index
HSCT	Harmonized Social Cash Transfer Payments
ICYF	infant and young child feeding support
ILO	International Labour Organization
MHPSS	Mental Health and Psychosocial Support
MICS	Multiple Indicator Cluster Survey
NDMA	National Disaster Management Authority
NHS	National Health Strategy
NDS-1	National Development Strategy
PSEA	Protection Against Sexual Exploitation and Abuse
RCCE	Risk Communication and Community Engagement
SDG	Sustainable Development Goals
SRHS	Sexual and Reproductive Health Services
SUN	Scaling Up Nutrition
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
UNAIDS	The Joint United Nations Programme on HIV/AIDS
VHW	Volunteer Health Worker
WHO	World Health Organization



6 Fairbridge Avenue,
Belgravia
Harare
Zimbabwe

© United Nations Children's Fund (UNICEF)