



UNICEF ZIMBABWE
**ANNUAL
REPORT**
2023

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for every child

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The UNICEF Zimbabwe Country Programme 2022-2026



Is aligned to the National
Development Strategy
2021-2025 of the Government
of Zimbabwe



Will strengthen the resilience of
communities by cross-sectoral and
integrated programming, using
innovative approaches, social
analytics and community feedback



Contributes towards the Zimbabwe
United Nations Sustainable
Development Cooperation
Framework (2022-2026) and
UNICEF's Global Strategic Plan
(2022-2025)



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Foreword

Looking back on the accomplishments of 2023, I applaud Zimbabwe and its partners for resilience and commitment to children. Through our collaborative efforts, we realized tangible results, reaffirmed our dedication to uphold the rights and welfare of all children, everywhere and at all times in the Country.

I am pleased to see our investment in budget analysis, dialogue through the child budgeting series and engagement with relevant Government Ministry and the Parliament is contributing to improvement in social sector allocation, while we rededicate ourselves to further opportunities for children in the face of prevailing challenges.

Our collaboration in health is strengthening the national system and accelerating progress toward essential health care services through budget advocacy, human resource capacity improvement initiatives and procurement of health commodities and contributed to improved immunization coverage, including for outbreaks, and quality management of childhood illnesses.

New focus to address the unfinished HIV infection amongst children through the Global Alliance to End HIV in children, investment in HIV sustainability and support to the Country towards hosting the International Conference on HIV and STI in Africa was accelerated during the reporting period.

The development of the Water, Hygiene and Sanitation (WASH) Presidential Compact is a critical progress in 2023 which together with sustained budget advocacy will contribute towards increase in allocation to WASH sector, especially in the face of the on-going cholera

outbreak. Likewise, delivery models developed around climate-resilient WASH services, and climate action for children during the year are defining the path for the future.

A multi-system approach was introduced to the nutrition response, with more focus on the health, agriculture, and education systems in support of the national systems. Additional focus was also placed on adolescent nutrition and addressing nutrition in emergency.

Access to education was prioritized with new partnership with the Global Partnership for Education, scale up of school solarization, digital connectivity (Giga) and digital learning through the learning passport and coverage of school improvement grants to improve access and quality of learning for children.

Our advocacy efforts led to policy and legislative reforms on child protection with the passage of the amendment to the children's bill and the child justice bill by the Parliament. Likewise, innovative community-based approaches to civil registration to improve coverage of birth registration was introduced, while we supported national efforts at the identification and reunification of unaccompanied children with their families.

Community engagement, social analytics and social mobilization remained critical to mobilize community action, and foster trust. Likewise, engagement with adolescents and young people through multiple platforms including the Childrens' Parliament, the UNICEF Adolescents and Youth Advisory Committee (AYAC) and junior counsellors has improved children's participation and capacity development.

Investment in data and research, as well as the launch of the Data Repository as a platform to improve public access to child related data has positioned our work on evidence generation and advocacy. Likewise, the academic partnership with universities and investment in the national monitoring and evaluation capacity is contributing to improving the national data system.

UNICEF Zimbabwe appreciates the trust and support of all our donors and the commitment of our implementing partners whose joint efforts together with the Government contributed to the results highlighted in this report. We also acknowledge emerging private sector partnership engagement during the year.

Looking ahead the office will continue to bring focus to social sector allocation for children, influence legislative and policy actions and invest in strengthening national and sub-national systems to deliver results for children. Climate action and resilient systems will remain a priority, including the response to key outbreaks of cholera and polio, and the climate induced emergencies like El-Nino. We will also strengthen our partnership with donors, including

on visibility and play a convening role to align donor investment with national priorities, while taking forward private sector partnership opportunities.

Let me extend my gratitude to the Government, donors, partners, and staff for their unwavering dedication to Zimbabwe's children as I look forward to more joint results in 2024.



Dr. Tajudeen OYEWALE
UNICEF Representative, Zimbabwe

HIGHLIGHTS IN 2023



Social Policy



UNICEF Advocacy work contributed to increase share of public allocation on health, education, and social protection from **29 (2023) to 30.4 (2024) per cent** in the national budget.



The UNICEF-supported Emergency Social Cash Transfer programme (ESCT) reached **143,000 people**, including **73,103 children** in nine districts.



The Data Repository developed with the Zimbabwe's National Statistics Agency (ZIMSTAT) to enable public access to **150 child-related indicators**.



Water, Sanitation and Hygiene



Advocacy efforts contributed to the increase of the WASH budget in the national budget from **0.1 per cent of GDP** in 2023 to **0.3 per cent** in 2024.



308 schools and **157,713 students** reached through School Health Clubs to promote good hygiene practices.



66,856 people reached with basic sanitation services.



Health, Nutrition and HIV



Training of **15,000 village health workers** (VHWs) contributed to an increase from **72 (2022) to 84.9 (2023) per cent** in children of **0-59 months**, receiving appropriate care for diarrhoea using Oral Rehydration Solution (ORS) and zinc.



753,844 caregivers receiving Infant and Young Children Feeding counselling.



17,097 children (0-14 years) accessed Anti-retroviral drugs.





Education



88 per cent of children enrolled in primary education.



128 disadvantaged schools solarized.



7,383 schools reached with training on disaster risk management and resilience.



Child Protection



Increase from **48.7 per cent** in 2022 to **51 per cent** for birth registration rate for children under-five years.



81,704 children received access protection services.



56,090 children benefited from the Safe to Learn Programme in school.



Adolescents Development and Participation



133,393 adolescents and young people engaged on issues impacting them.



6,500 adolescents and young people (**3,117 females**) trained in entrepreneurial and employability skills.



Thirty-four innovations developed by adolescents and young people.





SOCIAL POLICY

Social Policy

Zimbabwe ranks 146 out of a total of 191 countries on the Human Development Index (HDI) and 61 per cent of children experience multidimensional poverty, worse in rural areas, high-density and peri-urban informal settlements, and for those with disabilities.

UNICEF's evidence-based advocacy in 2023 through budget briefs, quarterly economic bulletins, and two High-Level Policy Dialogues on Education Financing and on HIV Sustainability Financing co-convened with Zimbabwe Economic Society (ZES), contributed to the increased share of public allocation on health, education, and non-contributory social protection from 29 (2023) to 30.4 (2024) per cent in the national budget. In 2023 health sector allocation was 11.2 per cent, below the 15 per cent Abuja Declaration target. Education allocation was 14.9 per cent compared to 20 per cent Dakar framework for Action target; Water, Hygiene and Sanitation (WASH) received 1.8 per cent and social protection 4.2 per cent.

The support to budget transparency in collaboration with Government and other stakeholders during the 2023 Open Budget Survey (OBS) process resulted in improved Open Budget Index (OBI) score target of 61 (out of 100) in the 2023 compared to 59 in the 2021. This demonstrates improved commitment to budget transparency by the Government.

UNICEF in collaboration with the Ministry of Finance, Economic Development and Investment Promotion and the German International Cooperation supported Programme-Based Budgeting training of 60 national, provincial and district officials from the Ministry of Primary and Secondary Education (MoPSE) and the Ministry of Health and Child Care (MoHCC). The training, together with other institutional support, contributed to improved budget utilization rate from 52.7 to 100 per cent, and increased the number of local governments with functioning mechanisms for local planning, budgeting and monitoring from 72 in 2022 to 92 in 2023.

The UNICEF-supported Emergency Social Cash Transfer programme (ESCT) – funded by German Ministry of Economic Development and Cooperation (BMZ) through its financial implementing agency KfW Development Bank - reached 143,000 people, including 73,103 children in nine districts. The coverage included 81,200 individuals (38,000 children), across 18,173 households in six urban districts who were transitioned to the Government's social protection programme, and 18,600 households newly enrolled in five rural districts, amongst whom 61,840 individuals (31,103 are children) received cash assistance.

The data repository portal developed by the Zimbabwe's National Statistics Agency (ZIMSTAT) and UNICEF has improved public access to 150 child-related indicators and data and influenced secondary analysis, advocacy, and policymaking. Support to ZIMSTAT resulted in the generation of district profiles, analysis of monetary and multidimensional child poverty using the 2022 Census data, as evidence to influence the Government's agenda for children. Partnerships with the academia generated new evidence on child rights, instructional learning, and behaviour change. In 2023 UNICEF completed nine research to advocacy for policy changes and programme interventions for children and women, and to guide the work of UNICEF and partners.



ACHIEVEMENTS

UNICEF Advocacy contributed to increase the share of public allocation on health, education, and social protection from **29 (2023) to 30.4 (2024) per cent** in the national budget.

Advocacy work



Social cash transfers

The UNICEF-supported Emergency Social Cash Transfer programme (ESCT) **reached 143,000 people, including 73,103 children in nine districts.**

Development with the Zimbabwe's National Statistics Agency (ZIMSTAT) of a data repository portal for public access to **150 child-related indicators.**

ZIMSTAT



ONGOING CHALLENGES

1 Fiscal space challenges limiting social sector allocations and investments.

2 Inflation and excessive exchange rate depreciation, which impact the real value of social protection assistance.

3 Limited capacity for decentralized planning and implementation to support devolution process.



Beitbridge women use poverty relief funds to start thriving businesses

Jacqueline Mbedzi's face lights up when she talks about how she built her thriving business from monthly payments under a programme meant to alleviate poverty among Zimbabwe's vulnerable households.

Mbedzi, a single mother of two from Beitbridge's high-density suburb of Dulivhadzimu, is one of many beneficiaries of the Emergency Social Cash Transfer (ESCT) programme, rolled-out by the Ministry of Public Service, Labor and Social Welfare with UNICEF and partners, and funded by Germany through the KfW Development Bank.

After enrolling on the programme last year, Mbedzi persuaded two friends to start a savings club from the ESCT monthly payouts to raise capital to start their businesses.

"I live with my two children, my brother and my sister as well as my landlord's child," Mbedzi said.

"I used to survive by helping travelers with their luggage at the border for a small fee until I met a team from UNICEF and partners, who registered me for the cash transfer programme. I was getting US\$52 a month and I decided to engage my friends on how we could improve our lives. We decided to start a savings club to pool together money to recapitalise our small-scale businesses."

Mbedzi buys and sells basic commodities that she imports from neighbouring South Africa. So successful is her business that she is now building a shop on land that she bought as far back as in 2017 at her rural home in Mzingwane, in Beitbridge District.

Mbedzi religiously keeps records of her transactions to monitor the progress of her business and to avoid eating into her capital reserves.

"I am so thankful to UNICEF and its partners for what they have done for my family," she said.

"They have given me dignity. I want to encourage fellow women to take full advantage of such opportunities and spend the money on things that will benefit them in future instead of focusing on their immediate needs."

Mbedzi said she no longer struggles to put food on the table for her children and can pay their schools fees on time. The other members of the savings club run a truck-shop and a poultry project respectively.



HEALTH

Health

The maternal mortality ratio is estimated at 363 per 100,000 live births; and under-five mortality stands at 39.8 deaths per 1,000 live births (Census 2022), both reduction from 2019 estimates. Neonatal mortality rate has remained static at 31 deaths per 1,000 live births (MICS, 2019). Health service coverage, particularly in remote and urban poor areas, remains low due to weak and underfunded health systems and insufficient human resources, impact of health outbreaks, harmful social norms, including religious beliefs and practices that exclude women and girls.

In 2023, UNICEF supported the review of the reproductive, maternal, newborn, child and adolescent health national strategy; the development of the national acceleration plan for Essential Newborn Action Plan and Ending Preventable Maternal Mortality and the Human Resources for Health Strategy; and the roll-out the health sector coordination framework.

The deployment in 2023 of 1,466 vaccine carriers, 60 remote temperature monitoring and 1,000 fridges to 60 targeted districts together with training of health workers resulted between 2022 and 2023 in diphtheria, tetanus, and pertussis (DPT3) coverage increase from 80 to 97 per cent, and Measles-Rubella (MR1 and MR2) vaccination increase from 79 to 94 per cent and 69 to 86 per cent. Facility-based integrated Human Papillomavirus (HPV) vaccination outreach reached 95,207 girls (HPV1) and 36,829 girls (HPV2) compared to 13,681 (HPV1) and 14,357 (HPV2), respectively. The training of 2,046 health care workers on integrated management of childhood illness resulted in 92 per cent of facilities having at least one trained health worker in 2023.

Under the Health Resilience Fund (HRF),

coordinated by the Ministry of Health and Child Care (MOHCC) with funding support of Gavi, The Vaccine Alliance, the European Union (EU), the Governments of Ireland and the United Kingdom, and technical support of UNFPA (United Nations Population Fund), UNICEF and WHO (World Health Organization), the integrated primary health care (PHC) approach, refurbishment of newborn corners in 56 health facilities and training of 697 health workers, supported by UNICEF, led to 53 per cent of women attending at least four Antenatal Care (ANC), and 92 per cent of births attended by high-skilled personnel. UNICEF supported 90 per cent of designated basic emergency obstetric and newborn care facilities to remain operational on a 24/7 basis.

The procurement of health commodities contributed to 81 per cent of facilities with no stock-out of essential medicines and implementation of result-based financing in 60 districts which contributed to the decrease in proportion of facilities charging user fees from 2.35 per cent in 2022 to 2.31 per cent in 2023.

The training of 15,000 village health workers (VHWs) led to the increase of villages with trained VHWs for health promotion from 83 per cent in 2022 to 90 per cent in 2023, reaching 5,894,574 people and contributing to an increase from 72 per cent in 2022 to 84.9 per cent in 2023 in children, 0-59 months, receiving appropriate care for diarrhoea using Oral Rehydration Solution (ORS) and Zinc. Community Health Information System was rolled-out to improve decision making in seven provinces.

UNICEF's support in emergency preparedness and response interventions on COVID-19, polio, mumps, and cholera enabled 4,467,322 children and women to access health care.

ACHIEVEMENTS

Increase of DPT3 **vaccination coverage from 80 to 97 per cent**, and Measles-Rubella (MR1 and MR2) vaccination from **79 to 94 per cent and 69 to 86 per cent**, respectively between 2022 and 2023.

Vaccinations



Child births

92 per cent of births attended by skilled personnel.

Training of 15,000 village health workers (VHWs) contributed to an increase from **72 (2022) to 84.9 (2023) per cent in children, 0-59 months**, receiving appropriate **care for diarrhoea**.

Training



ONGOING CHALLENGES

Human Resource challenges in the Health Sector.

Underfunded health sector (11% of Government budget versus 15% target of Abuja Declaration).

Recurrent public health emergencies (polio, cholera).



A Village Health Worker's mission to end unsafe deliveries

It took the tragic death of a close relative while giving birth to push Foro Kuzanga to train as a Village Health Worker (VHW) and to be the champion in the fight against maternal deaths in the community.

Kuzanga from Kaguru village in Chokomba District (Mashonaland East Province), was chosen by her community to serve as a Village Health Worker. She believes the job was her calling.

The family tragedy drove her to take the lead in influencing the community to move away from traditional practices that led to many women dying while giving birth.

"Before I trained as a Village Health Worker, there were many things I didn't know. If I knew, I would have helped to save many lives in our community," Kuzanga said. "For instance, one day I had a pregnant relative. When she started bleeding,

the elders brushed it aside, saying it was a sign that she would give birth to twins. She started bleeding profusely until she died."

"During the training for Village Health Workers, we were taught that whenever a pregnant woman starts bleeding, it's a danger sign, and that person must be taken to a health facility immediately. When the community chose me to be a Village Health Worker, I saw it as an opportunity to raise awareness in the community about the need to stop unsafe home deliveries and to guarantee the health of children from birth until they grow up to be adults."

"I am here to save the lives of friends and relatives as well as my own. Thanks to the training I got, I now understand health issues better, and I have become a champion in the community."

Kuzanga's routine includes making

follow-up visits to pregnant women and mothers of newborns to ensure that they religiously make neonatal and post-natal clinic visits and take immunisation and vitamin A supplementation of their children seriously. She provides primary health care in the Gava, Kaguru, Madzokera and Hwindingwi villages.

Her duties revolve around disease prevention and providing community care at the primary level in the four villages. She is also the key link between the community and the formal health system, especially in hard-to-reach areas.

Kuzanga is one of the thousands of Village Health Workers throughout Zimbabwe supported by the Ministry of Health and Child Care, UNICEF and its partners, including donors of the Health Resilience Fund - the European Union, Ireland, the United Kingdom, and Gavi, the Vaccine Alliance.



NUTRITION

Nutrition

Malnutrition remains an important underlying factor in under-five mortality in Zimbabwe. The country is experiencing a triple burden of malnutrition. Stunting rate are at 23.5 per cent in children ages 0-5 years in children and women, 38 and 29 per cent are anemic; and 2.5 and 54 per cent are overweight, respectively (MICS, 2019). Poor dietary intake influenced by inadequate knowledge, cultural and gender norms, insufficient quality nutrition services and gaps in food legislation affect the coverage and quality nutrition services not complying with international standards.

UNICEF's support in 2023 resulted in the development of the School Nutrition Guidelines, and the Maternal Infant, Young Child, and Adolescent Nutrition Framework to strengthen the nutrition enabling environment. Partnership with the Office of the President and Cabinet resulted in the development of the National Early Childhood Development (ECD) Policy Coordination Framework, bringing together four ministries to collaborate on ECD.

Technical assistance to the annual vulnerability assessment resulted in new nutrition data for children 5 to 19 years and information on overweight amongst children; and informed El-Nino anticipatory action and response plan development.

UNICEF implemented a multi-systems approach, with 13,031 school-aged children reached with nutrition services whilst respectively 83 and 88 per cent of health facilities reported at least one health worker trained on Infant and Young Child Feeding (IYCF) counselling and on integrated management of acute malnutrition, contributing to 753,844 caregivers receiving IYCF counselling and 9,666 children treated for wasting. Coordination support resulted in 85 per cent of provinces and districts having capacity to implement the multi-systems approach. The link

between nutrition and social protection programming was established in three districts with 305 care groups trained to influence the national social protection programme.

UNICEF has worked closely with the Ministry of Health and Child Care (MoHCC), the Ministry of Lands, Agriculture, Fisheries, Water, Climate and Rural Development (MoLAFWCRD), Nutrition Action Zimbabwe (NAZ) and the Food and Agriculture Organization of the United Nations (FAO) to implement the Enhanced Resilience for Vulnerable Households in Zimbabwe (ERVHIZ) programme, which was funded by the European Union (EU).

UNICEF has also worked closely with the Health Resilience Fund (HRF) partners including the Ministry of Child and Health Care (MoHCC), Gavi, the Vaccine Alliance, the European Union (EU), the Governments of Ireland and the United Kingdom, UNFPA and WHO to implement nutrition activities through the health system, focusing on treatment of wasting.

For the implementation of the nutrition components of the Emergency Social Cash Transfer (ESCT) Programme, UNICEF has partnered with the Ministry of Public Service, Labour and Social Welfare (MoPSLSW) and international and local non-governmental organizations.



ACHIEVEMENTS

Development of the National **Early Childhood Development (ECD) Policy Coordination Framework.**

Policy



Feeding counseling

753,844 caregivers receiving **Infant and Young Children Feeding counseling.**

9,666 children treated for wasting.

Treatment



ONGOING CHALLENGES

On-going cyclical food and nutrition insecurity, affected by climate change.

Low public awareness of child development in the earliest years resulting in no prioritization of nurturing care at home.

Low capacity among nutrition staff at province and district level to institutionalize and coordinate nutrition interventions.



Care groups breathe life into Zimbabwe's most vulnerable people

Eight of Maria Ncube's grandchildren made a beeline for a thatched mud round hut after washing their hands. They graciously took platefuls of a meal from homegrown crops in Zimbabwe's rural Mangwe district. Sitting on rugs in the homestead's sandy yard, they quickly devoured the meal - a sweet mix of boiled maize grains, mashed pumpkin and sugar - before returning for a second serving.

"They only stop when they see that the pot is empty, otherwise they are coming for more," said Ncube, a 62-year-old taking care of the children aged between 14 and two years old. Their mothers crossed the border into neighbouring countries to seek work, leaving her with the duty of ensuring the wellbeing of the children.

With little income, feeding the children, let alone striking a healthy balanced diet, was an arduous task at first, she said. "They were not too interested in eating, and some of them were beginning to show signs of malnutrition," said Ncube.

Everything changed in 2021 when she joined a care group in her village. There, she was taught how to use her homegrown crops, such as pumpkins, groundnuts, round nuts, cucumbers, sorghum, beans, and livestock products, to achieve a balanced diet for her grandchildren.

"It's the best thing that happened to me. I used to cook *isthwala* (maize meal) and vegetables daily. That is why these children resisted eating," said Ncube.

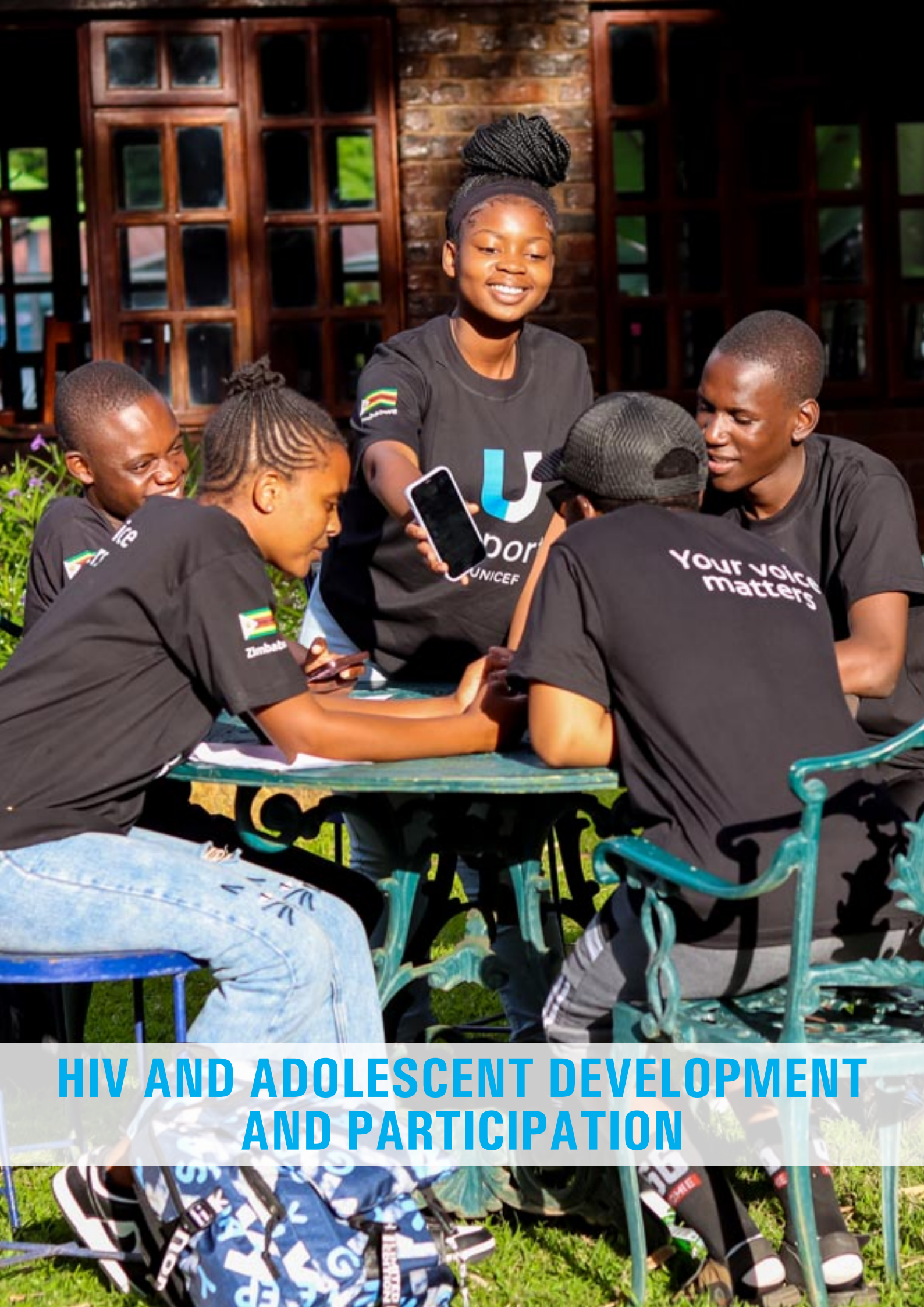
"From sanitation and hygiene to nutrition, this woman taught me everything," she added, gesturing at Elizabeth Chikwane, a Village Health Worker (VHW) leading care groups in Silima, a village of about 150 households.

The approach to use care groups to deliver essential health messages under the European Union-funded Enhanced Resilience for Vulnerable Households in Zimbabwe (ERVHIZ) project is helping to build healthy communities across Zimbabwe.

UNICEF Zimbabwe, the Food and Agriculture Organization (FAO) and various Zimbabwe Government ministries and agencies are implementing the project, which integrates WASH, nutrition and agriculture to build resilience in vulnerable communities.

Chikwane said a newly constructed solar-powered piped water scheme used by community members to grow food is helping address chronic malnutrition by effectively utilising diverse crops to formulate nutrient-dense recipes for complementary feeding.

Under the care group strategy, Village Health Workers work with groups of between six and ten community volunteers. Village Health Workers, trained by and under local health authorities' guidance, use regular meetings with care group members to impart information on integrating WASH, agriculture and nutrition.



HIV AND ADOLESCENT DEVELOPMENT AND PARTICIPATION

HIV and Adolescent Development and Participation

Zimbabwe has surpassed the 95:95:95 UNAIDS (the Joint United Nations Programme on HIV/AIDS) targets: 95 per cent of people living with HIV know their status; over 95 per cent of these are on anti-retroviral therapy (ART); and 95 per cent on ART are virally suppressed. But UNICEF priority populations are still being left behind. ART coverage amongst children 0-14 years and adolescents 10-19 years, stands at 61 and 75 per cent respectively due to failure to locate children and AIDS-related stigma. Anti-retroviral therapy coverage amongst pregnant women living with HIV also lags at 86 per cent. Vertical transmission of HIV remained high at 8.1 per cent against WHO target of under 5 per cent, as not all pregnant women are accessing antenatal services which include HIV testing and treatment.

In 2023, the Triple Elimination of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B (2023–2026) plan was developed, US\$21 million leveraged from Global Fund and PEPFAR (United States President's Emergency Plan for AIDS Relief), and commitment towards domestic financing for HIV secured during the high-level policy dialogue on HIV Sustainability Financing convened by UNICEF.

Anti-retroviral drugs were accessed by 17,097 children (0-14 years) for HIV treatment and 19,252 pregnant and lactating women to prevent of Mother-to-Child transmission, through the Primary Health Care platform.

UNICEF supported the National Assessment on Adolescent Pregnancies which indicated a 21.2 per cent prevalence of adolescent pregnancies and highlighted COVID-19, drug and substance use, and lack of parental and caregiver supervision as key contributory factors.

The country office Adolescent and Youth Strategy (2022–2026) was developed and supported the

engagement of 133,393 adolescents and young people on issues of climate change, mental health, sexual reproductive health rights, and HIV.

Multiple platforms, including child parliament, junior councils, the UNICEF Adolescents and Youth Advisory Committee (AYAC) and regional and global forums were used for the engagement of adolescents and young people. The inauguration of the new child parliament by the President of Zimbabwe offered an opportunity for children to influence policy and legislation in the country.

UNICEF implemented Generation Unlimited (GenU) activities to improve entrepreneurial and employability skills in young people, with over 6,500 young people (3,117 females) trained. Thirty-four innovations were developed by adolescents and young people, including an application for disease diagnosis and a road traffic system app.

UNICEF provided mentorship and coaching to the flagship youth led Chigubhu Lantern Initiative, via a global incubation process focused on business development, marketing, and networking. The lantern initiative provides a light source to students in rural area, recycling e-wastes and plastic-bottle wastes.



ACHIEVEMENTS

The **Triple Elimination of Mother-to-Child Transmission** of HIV, Syphilis and Hepatitis B (2023–2026) plan was developed.

HIV Prevention



HIV Treatment



Anti-retroviral **drugs** accessed by **17,097 children** (0-14 years).

Engagement of **133,393 adolescents and young people** on issues impacting them.

Adolescents



ONGOING CHALLENGES

1 Limited private sector investment on youth skills development.

2 Lack of devolved structures to spearhead adolescent participation initiatives.

3 Inadequate domestic funding for HIV services.



Teen leads quest to give hope to adolescents living with HIV in Zimbabwe

Debbie* (19), a member of Community Adolescent Treatment Supporters (CATS), understands the impact of her work on young people living with HIV.

She declares: "I want them to live their lives to the fullest and help them to be cheerful and ambitious."

Community Adolescent Treatment Supporters are peer counsellors who provide information, counselling and support services to adolescents living with HIV. They connect children and young people living with HIV with peer counsellors to assure health, happiness and hope. USAID has been a key partner of UNICEF in addressing HIV among young people in Zimbabwe.

Debbie's experiences influenced her decision to join the CATS programme. Debbie went into a meltdown after testing HIV positive in August 2012.

"At first it really affected me, thinking how I got the virus, and whether I would have a future or even enjoy life. Worse was when after my status was disclosed, I faced HIV related

stigma from friends and relatives. I ended up having self-stigma," said Debbie.

That changed when Community Adolescent Treatment Supporters introduced her to support groups and various activities were conducted to assist her.

"I decided to help other young people because of the way the CATS programme had treated and supported me." She went for interviews, passed and started receiving training before being posted to a health facility.

"At the health facility I take the details of the young people, with the consent of their parents. I then follow them at their house to check on living conditions and the kind of support they need. Sometimes I refer them to other organisations, if they need services that I can't provide," explained Debbie.

"My mother is particularly proud because she was present when I got support from the CATS programme on how to take my medicines

correctly, the importance of disclosing my health status and of good mental health and wellbeing," said Debbie, who is looking forward to a career in public health.

Every Friday, Debbie walks several kilometres from her house for home visits, recording important details such as adherence to medication in a notebook.

Though small in stature, Debbie understands the magnitude of her responsibility. Adolescents make up a third of all new infections in Zimbabwe, and often endure negative stereotypes that leave them isolated, self-loathing and harbouring suicidal thoughts.

Debbie wants this narrative to change and feels it's only young people like her who can effectively lead the transformation. "Peer to peer talk is important. We are not judgmental, and we have gone through the same experiences," said Debbie.

**Name changed to protect identity of the adolescent*



WASH – WATER, SANITATION AND HYGIENE

WASH – Water, Sanitation and Hygiene

The lack of sustainability of existing Water, Sanitation and Hygiene (WASH) services translates into stagnant progress with basic water service coverage at 62 per cent, and basic sanitation holding steady at 35 per cent. Thirty-six per cent of the rural population use basic hygiene services, while urban coverage is at 56 per cent.

In 2023, UNICEF’s support resulted in the validation of the National Sanitation and Hygiene Policy; the WASH (Water, Sanitation and Hygiene) Financing Strategy and the National WASH Service Standards Framework, improving the WASH enabling environment.

Strategic advocacy resulted in political commitment towards a WASH Presidential Compact to improve sector coordination and investment prioritization. The WASH budget increased from 0.1 per cent of the gross domestic product (GDP) in 2023 to 0.3 per cent in 2024.

Ninety-four communities were triggered through a demand-led approach resulting in seven communities declaring themselves open defecation free. To increase demand for WASH in institutions, UNICEF developed the WASH in Health Care Facilities Technical Guideline and the WASHFIT (Water and Sanitation for Health Facility Improvement Tool) Costing Tool which provides a national budget estimate for adequate WASH services in health care facilities.

Support to School Health Clubs to promote good hygiene practices in 308 schools reached 157,713 students, 50 per cent girls, including 406 children with disability and demand-led sanitation in six rural districts reached 588,308 people (51 per cent females).

UNICEF reached 203,503 people with climate resilient, basic, safe water through risk-informed

planning, multi-use systems and capacity building for sustainability. Basic sanitation services reached 66,856 people, including 14,856 people through the demand-led sanitation approach and an additional 52,000 people in emergencies.

70,574 people in cholera-affected areas accessed safe water through water trucking and 137,936 people were reached with life-saving WASH supplies such as household water storage and treatment chemicals.

Risk-informed approaches including Drinking Water Safety and Security Planning (DWSSP), Environmental and Social Safeguarding, Environmental and Social Management Plan were scaled up across six districts resulting in 110 communities owning their Drinking Water Safety and Security Planning (DWSSP). Additionally, an auditing methodology of DWSSP was developed and implemented in Cyclone Idai-affected districts of Manicaland and Mashonaland East Provinces, confirming the applicability and effectiveness of the DWSSP approach.



ACHIEVEMENTS

Advocacy effort contributed to the increase of the **WASH budget** from **0.1 per cent of GDP in 2023 to 0.3 per cent in 2024.**

WASH budget



Hygiene practices

School Health Clubs are promoting **good hygiene practices** in **308 schools** reached **157,713 students.**

Basic **sanitation services** reached **66,856 people.**

Sanitation services



ONGOING CHALLENGES

Limited sub-national financial and human capacity in WASH service delivery.

Chronic inadequate investment to keep the existing WASH infrastructure functional and keep pace with population growth.

Lack of a robust and harmonized monitoring mechanism to enable targeting of planning and resource allocation.



Mobile trucks ignite interest in information-starved communities in Zimbabwe

After encountering a truck fitted with an entertainment system beaming information on hygiene in Harare's Kambuzuma township, 16-year-old Shallom rushed home, sat her parents down and told them she had a life-saving message to deliver.

"The first thing I did when the truck left, was to go home to talk to my parents and my aunt about hygiene," she said. She recalled telling them: "We are in danger if we continue behaving the way we do." She told them about a potential diarrhoea outbreak and how COVID-19 remains a risk.

UNICEF and partners embarked on a mobile awareness campaign - with funding of the United Kingdom - to reach out to vulnerable communities, many of whom also lack access to information.

The trucks have been informing many people across the country in rural and urban communities by playing a loud mix of trending songs and hygiene-themed tunes amid

dramatic performances by young, trained teams. The campaign focuses on re-emerging waterborne diseases, including cholera.

The campaign emphasises the importance of hand washing with soap for disease prevention; and is helping spread messages at a critical time when many parts of the country are threatened with waterborne diseases.

People like Shallom, who interface with the mobile trucks campaign, have become key ambassadors as they spread the messages to others in their communities.

"The mobile trucks are an essential source of information," said Shalom. High-tempo music was the first thing that attracted her to the truck when it arrived at her school in the township recently.

The awareness campaign has reached over half a million people in Zimbabwe's urban and rural areas, where there is a shortage of information on key messages.

School authorities said they had noticed significant changes since the truck visited the school.

"Sometimes, pupils show a lack of interest when we teach them about hygiene, maybe because they are used to us. But when the truck came, the music just blew them away. The messages will remain etched in their minds. Pupils are always asking for the truck to return," said Cathrine Dowra, the school Health Coordinator at Kambuzuma 4 High School.

Apart from visiting schools, the trucks meander through neighbourhoods delivering the messages.

"They are giving us the information we didn't have. They have to continue coming because people here need this kind of information. The advantage is that even people can hear the messages from their homes because of the loudspeaker and the music," said Senzile Ndlovu, a 51-year-old resident of Kambuzuma Township.



EDUCATION

Education

Following the learning loss experienced from 2020 to 2022 due to COVID-19, UNICEF-supported programmes in development settings and emergency response, resulted in more than a million children accessing education services. This contributed to the pre-primary and primary education net-enrolment rates of 44.15 and 88.33 per cent respectively and gender parity index of 1.01. In terms of quality of education, UNICEF's provision of learning materials contributed to grade 7 pass rate of 39.83 per cent in 2022, with girls (43.42 per cent) performing better than boys (35.92 per cent). The proportion of children out-of-school in primary and lower secondary schools at 10 and 17 per cents respectively, remains a concern.

To improve access and quality education in disadvantaged schools, 2,914 schools with 968,514 learners (482,541 girls) benefited in 2023 from school improvement grants which enabled schools to procure teaching and learning materials, furniture and improve school infrastructure.

With UNICEF thematic funding and Global Partnership for Education (GPE), assistive devices were procured benefiting 77,000 children with disabilities (35,000 girls). The devices address a

wide spectrum of impairments, from visual, hearing to physical; and ensure access to inclusive quality basic education for all students. To ensure children with disabilities enroll in school, UNICEF supported the Ministry of Primary and Secondary Education (MoPSE) to conduct community outreach programmes, reaching 32,776 people (19,144 females).

With funding of the United Kingdom, 128 disadvantaged schools were solarized and certified by both the Ministry of Energy and Power Development (MoEPD) and Ministry of Primary and Secondary Education (MoPSE). As part of the Government's blended learning approach, this initiative will result in enhanced e-learning programmes and present opportunities to scale-up the uptake of the Zimbabwe Learning Passport (LP) with 113,000 users already enrolled.

A total of 154 Ministry of Primary and Secondary Education staff members (42 female) and 551 school heads (144 female) were trained at all levels on the Disaster Risk Management and Resilience (DRMR) plan and manual, contributing to a total of 7,383 schools having their contextualized Disaster Risk Management and Resilience plans.



ACHIEVEMENTS

88 per cent of children are enrolled in primary education.

Primary education



Solarized schools

128 disadvantaged schools were solarized.

7,383 schools were trained in disaster risk management and resilience.

Risk management



ONGOING CHALLENGES

1 Lack of funding for foundation learning and vocational training.

2 Limited investment in digital learning, both in terms of supplies as well as in training of teachers.

3 Some communities still feel early learning is a luxury.



Solarisation is changing the lives of learners in Zimbabwe

According to the latest available date, approximately one school out of three in Zimbabwe cannot access electricity. Lack of electricity or alternative power affects thousands of learners in rural and remote areas of the country, widening the inequality gap between them and those in urban areas. Without electricity, there is no connectivity to the digital world. Access to learning material is reduced, and introducing ICT into the classroom remains a far-away dream.

For the Government of Zimbabwe, connecting schools to electricity and the internet is now a countrywide priority. To make this happen, the Government of Zimbabwe, through the Ministry of Primary and Secondary Education, the Ministry of Information Communication Technology and Courier Services and the Ministry of Energy and Power Development, is rolling out an ambitious programme to solarise schools with the support of UNICEF, the GIGA Initiative, and partners,

including the United Kingdom and the Global Partnership for Education.

Off-grid solar electrification in a country with low and unreliable access to electricity provides a sustainable, resilient solution in the face of a changing climate and is economically viable. Improved lighting and access to reliable power foster an enhanced learning environment enabling more learning and studying times and access to other electronic learning materials.

Over and above solarising schools and as part of its engagement to connect its learners to the digital world, Zimbabwe has joined the GIGA programme, the global initiative of UNICEF and the International Telecommunication Union to connect every school to the Internet and ensure access for every young person to digital information. Moreover, with the support of UNICEF and Microsoft, the country launched the Learning Passport, a mobile application that provides free

educational resources to learners, parents, and educators.

UNICEF with funding from the United Kingdom, supports a large solarisation programme of the Ministry of Primary and Secondary Education to strengthen the education system by providing clean, off-grid energy in the poorest Government primary schools. The programme focuses on 154 schools in two Provinces and seven districts. The solar system set up at the school includes a separate charging station with a capacity of six phones to charge six cell phones concurrently. This charging station is intended for the community living around the school to charge their cell phones for a reasonable fee. The school uses the income generated to maintain its power system.

Slowly but surely, the learners in Zimbabwe are connected to the digital world as their schools access electricity and the internet.



CHILD PROTECTION

Child Protection

Child marriage rate remains high at 21.2 per cent for adolescent girls aged 15-18 (MICS 2019), driven largely by poverty and social norms. Violence against children remains a concern with 64.1 per cent of children experiencing violent discipline (MICS 2019) and 26 per cent working in hazardous situations in agriculture, artisanal mining and waste management sectors. Progress is constrained by limited resources for child protection services and a shortage of social workers.

UNICEF's support and advocacy to strengthening the legal framework and improve child protection systems resulted in the enactment of the Children's Amendment Act which enhances the protection of children from violence.

In 2023 UNICEF delivered Information Communication Technology computerization equipment to 20 Civil Registration Offices supporting the digitalization of the civil registration system which has made the system efficient and inclusive. UNICEF provided technical and financial support in strengthening the capacity of traditional leaders who are mandated to notify births or deaths that occur in their communities to strengthen the civil registration system and operationalize the Births and Deaths Registration Act. These efforts contributed to 51 per cent birth registration rate for children under-five years compared to 48.7 per cent in 2022.

In 2023 UNICEF enabled 81,704 children (58 per cent girls) to access protection services, inclusive of health and justice services, through the integrated case management system. Through the sectoral integration of child protection in education, a total of 56,090 children (50.4 per cent female) benefited from the Safe to Learn Programme contributing to reducing violence against children in school environments and strengthening referrals.

UNICEF and partners reached a total of 284,417 people (67 per cent female), including 29 per cent in humanitarian setting, with awareness on gender-based violence (GBV) and Violence Against Children (VAC) prevention services, including safe reporting.

A total of 348 unaccompanied children (210 boys and 138 girls) were identified at the Beitbridge border between Zimbabwe and South Africa and referred to the Beitbridge Reception Centre for care. Technical and financial support by UNICEF Zimbabwe and South Africa for the Identification, Tracing and Reunification of these children with their families resulted in 99 per cent of cases resolved.



ACHIEVEMENTS

Birth registration rate for children under-five years grew to **51 per cent**, from **48.7 per cent** in 2022.

Birth registration



Protection services

81,704 children received access to protection services.

56,090 children benefited from the Safe to Learn Programme in school.

Programmes



ONGOING CHALLENGES

1 High staff turn-over and insufficient number of social services workers.

2 Limited capacity for individualized care management.

3 Limited domestic financing and institutional and human resource capacity to enforce child protection and welfare policies.



Victim Friendly Courts empower Sexual and Gender Based Violence victims

Senior magistrate Fadzai Mthombeni has handled some of the most harrowing cases of sexual gender-based violence in different parts of Zimbabwe over the past 15 years.

Mthombeni, a regional magistrate based in Harare, handles cases in the Victim Friendly Court (VFC).

Victim Friendly Courts have separation rooms where survivors give their testimonies and are protected from re-traumatisation. Their key features include a closed-circuit television for capturing the survivor's statement and an intermediary who guides and supports the survivor throughout the court process.

The 22 regional courts dotted across the country are used as Victim Friendly Courts in Zimbabwe.

UNICEF, with support from Sweden through the Child Protection Fund, the European Union through the Spotlight Initiative and other donors, has been supporting the setting up and running of Victim Friendly Courts in the country.

Mthombeni said these courts have "changed the face of the delivery system, especially for children." She said Victim Friendly Courts (VFC) empowered victims as they were handled privately and ensured witnesses were available for court sittings through logistical support such as transport provision.

"It is a system that caters for both the victim and the offender," she said. "The victims are protected from re-traumatisation, and the offenders get justice if the victims give truthful testimonies. We treat them equally,

and when dealing with offenders, the system allows us to link them with service providers, especially when it's a child offender. Justice is not only about punishing the offender, but it is also about rehabilitation."

Francis Mutema, the Victim Friendly Courts' coordinator in the Chief Magistrate's office, said the system was a "bastion of survivor centred gender-based violence responses. Our duty is to give a voice to the voiceless."

"As you know, gender-based violence is about power, and the victims are vulnerable members of society, such as children and women. The system is meant to protect survivors while ensuring justice is done."

The 22 the Victim Friendly Courts across the country handle an average of 2 500 cases annually.



CROSS-CUTTING PROGRAMMES AND INNOVATIVE APPROACHES

Cross-cutting Programmes and Innovative Approaches

Cross-cutting Programmes

Cross-cutting issues

UNICEF's move to increase cross-cutting programming via workplans in the areas of adolescents and young people, disabilities, climate, mental health and psychosocial support and gender has seen success. In 2023, UNICEF supported the implementation of the National Disability Policy. In addition, the National Environmental Action Plan (NEAP), the National Adaptation Plan (NAP) and the Nationally Determined Contributions (NDC) Implementation Plan were made child sensitive. UNICEF Zimbabwe attended both the Africa Climate Summit in Nairobi and COP 28 in Dubai as part of the delegation of the Government of Zimbabwe, providing technical support and, in Dubai, jointly launching the flagship Clean Green Zimbabwe Initiative.

In collaboration with the Regional Network for Children and Young People Trust on advancing children's rights, UNICEF supported 20 children from all Zimbabwean provinces to validate the African Charter on the Rights and Welfare of the Child (ACRWC) State report through a child-led process.

Emergency and Resilience

Zimbabwe's humanitarian context remains fragile and complex, chronically grappling with climate induced shocks, including floods and drought, and public health emergencies (cholera, polio and measles). In a year characterized by multiple emergencies UNICEF mobilized US\$8.4 million for humanitarian response.

Through its cluster leadership in Education, Nutrition, Water, Sanitation and Hygiene and Child Protection; capacity building of frontline workers; and partnership with stakeholders, UNICEF reached 4.6 million children with humanitarian support and over 5 million people

with awareness messages in response to climate induced and public health emergencies, including cholera, polio and measles.

UNICEF also built the capacity of Government and partners on community feedback and Accountability to Affected Populations (AAP) leading to the development of a harmonized feedback reporting system.

Enablers

In 2023, partnership and resource mobilization efforts resulted in US\$91.1 million mobilized, and 100 per cent budget utilization rate in partnership with Government, donors and 75 implementing partners.

In support of programme delivery, in 2023, 5 million people (2.3 million children) were reached with life-saving integrated messaging; over 7.8 million people were reached with campaigns through digital communication, media outreach and social media; and local, regional, and global media mentioned UNICEF 244 times.

In collaboration with the Government and partners the Country Office organized several advocacy events on health, water, sanitation and hygiene, climate, education and child protection related issues, including through the commemoration of World Children's Day.

On oversight, 352 UNICEF staff and partners were trained on Prevention of Sexual Exploitation and Abuse (PSEA) reporting requirements, three evaluations were completed, and ten evaluators trained to support evaluation capacity in the country.

Operations efficiency was optimized through business simplification, sustainable procurement, and deployment of US\$42 million worth in supplies and services. The Digital Transformation and Innovation Strategy (2022-2026) was finalized.

Innovative Approaches

UNICEF continued to lead digital and programmatic innovative approaches to scale results for children. In 2023, the country office finalized its Digital Transformation and Innovation Strategy which will enable scaling of 40 projects.

In the health sector, a maternal, newborn and child health, and nutrition Community Module and electronic Integrated Village Register to facilitate the registration and follow up of children under five years, was piloted in Manicaland and Mashonaland West Provinces, in partnership with the University of Zimbabwe and Ministry of Health and Child Care (MoHCC).

UNICEF continued to strengthen digital transformation in the education sector with the Ministry of Primary and Secondary Education (MoPSE) and the Ministry of Information, Communication and Technology (MoICT) leading to solarization of 128 schools benefiting 50,777 learners. In addition, 500 digital learning devices were provided to 50 schools reaching 25,000 learners. An offline Learning Passport (LP) application was developed, increasing coverage of digital learning from six schools to 188 schools. Furthermore, 3,250 additional learning courses were uploaded onto the Learning Passport (LP) application reaching 113,000 active users. Going forward, continuous engagement with GIGA and International Telecommunications Union (ITU) to connect schools and young person to information, opportunity, and choice to accelerate digital transformation, is a priority.

The Let Evidence Speak webinar series enabled evidence-based high level policy dialogue and influenced programmatic innovations on key issues affecting children and young people. In 2023, focus was on maternal and neonatal health, non-communicable diseases (NCDs), breastfeeding, and drugs and substance abuse.

In 2023, implementation of the UNICEF/FAO Enhanced Resilience for Vulnerable Households in Zimbabwe (ERVHIZ) project, Safe Schools Initiative and Vitamin A Supplementation showed that cross-sectoral programmes are not only

critical to sustainability, but also have multiplier effects. The integration of HIV/AIDS and Nutrition in the primary health care platform improved results at lower costs. Vitamin A Supplementation (VAS) coverage improved from 35 (2022) to 37 (2023) per cent. The Water and Sanitation for Health Facility Improvement (WASHFIT) Tool deployed to all health facilities provided evidence for planning and budgeting, resulting in an investment plan of US\$116 million to improve water and sanitation services in healthcare facilities.

The integration between Education and Child Protection through the Safe Schools Initiative reached over 140,000 children with protection information and services including mental health representing an increase from approximately 40,000 in 2022. This enabled early identification of protection issues in the education system and subsequent referral to appropriate services. To further operationalize convergence programming, UNICEF developed a convergence programming framework and operational plan to be piloted in Beitbridge district in 2024.

Regarding community engagement, community outreach fairs in the education sector proved to be an effective and innovative means for mobilizing parents and communities on holistic services for children, especially for children with disabilities. The role of traditional leaders in communities remains critical in ensuring that social services reach the most marginalized children. UNICEF's advocacy resulted in the amendment of the Births and Registration Act through Statutory Instrument 182 of 2023 which authorized Chiefs to notify births and deaths in their communities.

The Adolescents and Youth Advisory Committee (AYAC) established in 2022 proved to be an effective platform for adolescents and young people to meaningfully contribute to issues that affect them. In 2023, the Committee developed several advocacy materials including on climate change at country office, and regional and global platforms.



PARTNERSHIPS

Partnerships

In 2023, UNICEF continued to leverage partnerships and convened stakeholders both within and outside the UN System around the rights of children.

Serving as Fund Administrator, UNICEF collaborated with the Ministry of Health and Child Care (MoHCC), UN Population Fund (UNFPA), World Health Organization (WHO), the European Union, the Governments of Ireland and the United Kingdom, and Gavi, the Vaccine Alliance, to deliver critical health services through the Health Resilience Fund (HRF) Programme.

UNICEF is also serving as the Grant Agent for the Global Partnership for Education (GPE) System Transformation and System Capacity Grants in collaboration with the Government of the United Kingdom and partners. The interventions under these grants will serve to transform education in Zimbabwe by fostering an enabling environment for 5 million learners.

UNICEF is a key member of the United Nations Joint Team on AIDS, collaborating with Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), World Health Organisation (WHO), United Nations Educational, Scientific and Cultural Organization (UNESCO), Food and Agriculture Organization of the United Nations (FAO), United Nations Development Programme (UNDP) and International Labour Organization (ILO). In collaboration with WHO and UNAIDS, UNICEF convened and coordinated the Global Alliance Campaign to End AIDS in Children resulting in the development of a costed country plan on ending AIDS in children, high-level advocacy on ending AIDS in Children, endorsement of the Dar-es-Salaam Declaration, and engagement of the First Lady of Zimbabwe as a Global Alliance Champion.

UNICEF continued its partnership with ILO, UNDP, UNESCO, UNFPA and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) under

the Spotlight Initiative to address Gender-Based Violence (GBV) and harmful practices affecting children.

UNICEF co-convened the Child Budgeting Series with the Ministry of Primary and Secondary Education (MoPSE) and Zimbabwe Economics Society (ZES), contributing to increased Government allocation to education.

In collaboration with UNFPA and UNESCO, UNICEF supported the Ministry of Public Service, Labour, and Social Welfare (MoPSLSW) to carry out a National Assessment on Adolescent Pregnancies in Zimbabwe and partnered with the Ministry of Health and Child Care (MoHCC) and the Ministry of Primary and Secondary Education (MoPSE) on measures to address underlying factors for high rates of adolescent pregnancy.

UNICEF collaborated with the Ministry of Health and Child Care (MoHCC) and partners to respond to the ongoing cholera outbreak. UNICEF also worked with the Ministry of Primary and Secondary Education (MoPSE) to provide cholera Infection, Prevention and Control (IPC) supplies to cholera treatment centers and schools. In addition, UNICEF worked with the National Pharmaceutical Company to deploy emergency drugs and supplies including intravenous fluids, ringers lactate and acute watery diarrhea kits.

UNICEF partnered with the University of Zimbabwe to create a responsive environment for digitally enabled primary health care service delivery and accountability systems to address health system bottlenecks.

UNICEF and the Food and Agriculture Organization of the United Nations (FAO) in partnership with Nutrition Action Zimbabwe (NAZ) collaborated to deliver nutrition and WASH resilient interventions through the Enhanced Resilience for Vulnerable Households in Zimbabwe (ERVHIZ) Programme towards improved resilience of households, funded by the European Union.



UNICEF collaborated with other UN agencies in hosting the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) and convened high-level meetings with health and finance ministers, African First Ladies and HIV Sustainability dialogues on children and HIV.

Partnerships with UNFPA and UNESCO were strengthened in support of the Government leading to the development of a National Adolescent and Youth Health Implementation Plan 2023–2030; the Mid Term Review of the National Youth Strategy and its implementation plan; and the implementation of recommendations from the National Assessment of Adolescent Pregnancies.

UNICEF is working closely with other UN agencies and the Government counterpart around the Generation Unlimited partnership on youth skilling, innovation, digital connectivity, and employability. UNICEF is rolling out the Fair-chance Initiative which aims to develop a proof of concept on how to connect underrepresented youth to skills and earning opportunities, and champion diversity and inclusion of young talent in the labour market.

In 2023, UNICEF fostered private partnerships with the Confederation of Zimbabwe Industries (CZI) and SPAR Zimbabwe, a retail chain. The partnership with Confederation of Zimbabwe Industries focused on advocating for family friendly policies (FFP). SPAR and UNICEF signed a memorandum of understanding (MoU) to collaborate on an advocacy campaign to support UNICEF’s programmes and health awareness messages.



Partners in 2023

UNICEF’s work for the children of Zimbabwe in 2023 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.
- **Children, adolescents and young people,** including the child parliamentarians and the junior councilors.
- **Development Partners:** Bill and Melinda Gates Foundation (BMGF), Canada, Centre for Disease Control and Prevention (CDC), China, the European Union, GAVI, The Vaccine Alliance, Germany, the Global Partnership for Education (GPE), Global Polio Eradication Initiative (GPEI), Ireland, Indonesia, Italy, Japan, KfW Development Bank, Norway, Rotary, Sweden, Switzerland, US (United States Agency for International Development (USAID) and Bureau for Humanitarian Assistance (BHA)), the United Kingdom, United Nations Central Emergency Response Fund (UNCERF).
- **UNICEF National Committees:** UNICEF Canada, UNICEF France, UNICEF Germany, UNICEF Italy, UNICEF Netherlands, UNICEF United Kingdom, and United States Fund for UNICEF.
- **International Finance Institutions:** African Development Bank (AfDB) and the World Bank.
- **Sister UN Agencies:** Food and Agriculture Organization (FAO), International Labour Organization (ILO), International Organization for Migration (IOM), Joint United Nations Programme on HIV and AIDS (UNAIDS), Office of Coordination, Humanitarian Affairs (OCHA), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), United Nations Development Programme (UNDP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations Refugee Agency (UNHCR), World Food Programme (WFP), and World Health Organization (WHO).
- **Private Sector Partners:** Alliance Media, Confederation of Zimbabwe Industries, Econet, JCDecaux, Liquid, NetOne, Old Mutual, Spar, TelOne, TUI Care Foundation, UPS, Wild Horizons.



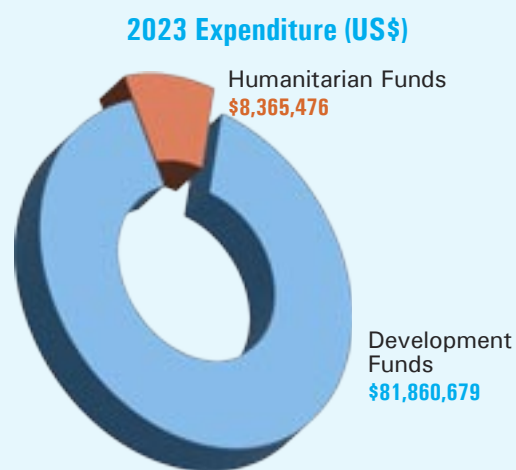
FINANCIAL RESOURCES AND PARTNERS

Financial Resources and Partners

In 2023, donors supported UNICEF with over US\$91.1 million for programming. Support from traditional donors, development partners and United Nations (UN) joint programmes has been negatively impacted by several global crises. New opportunities in private sector partnership, engagement of non-traditional partners and joint UN approaches contributed to results achieved for children.

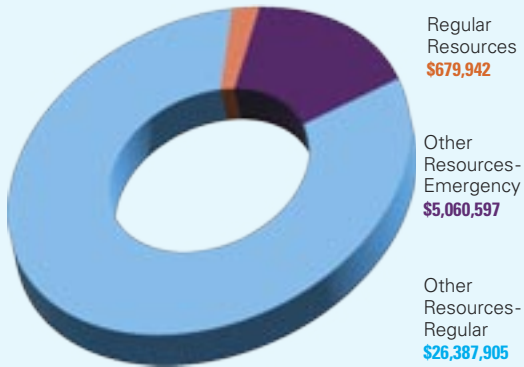
Fund Type	2023 Available Funds
Development Funds	82,751,123
Humanitarian Funds	8,392,067
Total	91,143,190

Fund Type	2023 Expenditure
Development Funds	81,860,679
Humanitarian Funds	8,365,476
Total	90,226,155

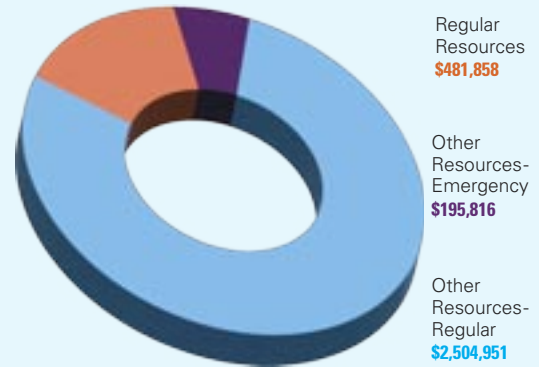


Section	Other Resources - Emergency	Other Resources - Regular	Regular Resources	Total
Health	5,060,597	26,387,905	679,942	32,128,444
Nutrition	195,816	2,504,951	481,858	3,182,625
HIV and Adolescent Development and Participation (HADAP)	38,405	787,122	547,287	1,372,813
Water, Sanitation and Hygiene	1,801,729	4,941,584	1,008,165	7,751,477
Education	63,793	17,565,169	455,735	18,084,697
Child Protection	242,571	4,073,704	634,479	4,950,754
Social Policy	2,000	13,872,737	567,984	14,442,721
Programme Effectiveness	987,156	5,092,007	3,150,496	9,229,658
Total	8,392,067	75,225,177	7,525,946	91,143,189

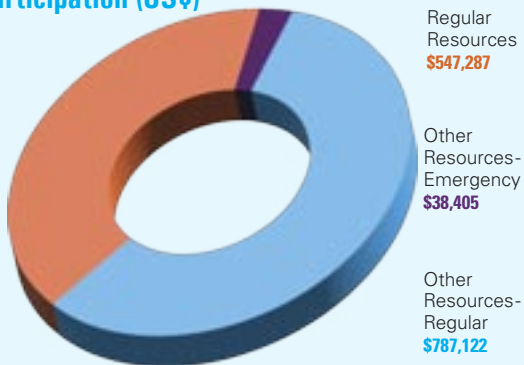
Health (US\$)



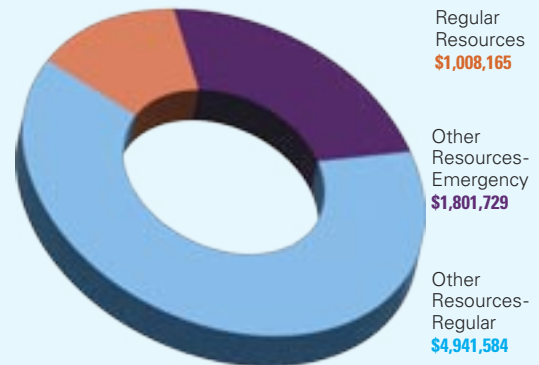
Nutrition (US\$)



HIV and Adolescent Development and Participation (US\$)



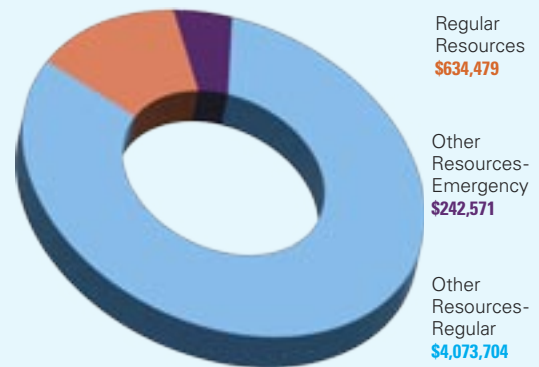
Water, Sanitation and Hygiene (US\$)



Education (US\$)



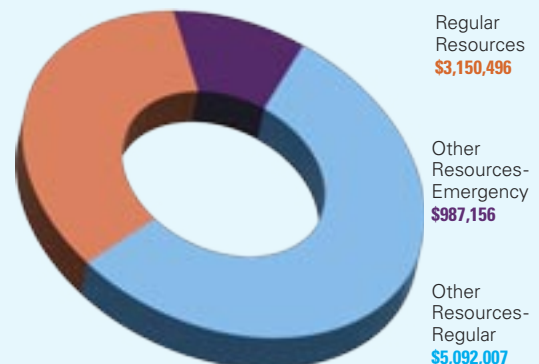
Child Protection (US\$)



Social Policy (US\$)



Programme Effectiveness (US\$)





**LOOKING FORWARD
AND PRIORITIES FOR 2024**

Looking Forward and Priorities for 2024

Looking towards 2024, in continued alignment with the Government of Zimbabwe's National Development Strategy 1 (NDS1) and following its Mid-Term Review, UNICEF will focus on key priorities across its main areas of intervention and in its cross-sectoral work, including via the convergence approach, to increase results for children and women.

Building upon lessons learned in 2023, UNICEF will focus on leveraging both public and private sector partnerships to advocate for increased public sector investments and budgetary allocations to social sectors through its social policy work, promoting resource efficiency and effectiveness, expanding the coverage of social protection programmes, and improving data related to children.

UNICEF will also focus on expanding its footprint in strengthening digital health interventions by exploring opportunities for Public Private Partnerships (PPP) and leveraging the Primary Health Care (PHC) Strategy. In addition, UNICEF will focus on the operationalization of the Human Resources for Health (HRH) Strategy and health financing advocacy towards sustainable PHC in line with Government's priorities.

To further operationalize convergence programming, UNICEF has developed a convergence programming framework and an operational plan to be piloted in 30 districts in 2024. The Country Office adopted the primary health care platform as an entry point for addressing multiple deprivations among children, focusing on the 'zero-dose children'.

UNICEF will continue to prioritize its Early Child Development (ECD) work by advocating for increased allocation of funds in partnership with the Office of President and Cabinet and in collaboration with the Confederation of Zimbabwe Industries (CZI) to advocating for family friendly policies.

UNICEF will continue to provide technical and financial assistance to the Government to enhance the availability of basic WASH services

in Zimbabwe. In addition, UNICEF will review strategies to strengthen WASH markets and supply chains.

In the area of education, UNICEF will prioritize foundational learning, inclusive education, digital learning, equity through girl's education, enhancement of the capacity of the Ministry of Primary and Secondary Education (MoPSE) to coordinate education in emergencies, including climate education, and strengthening the Ministry's capacity in results-based planning and monitoring. UNICEF will also enhance community involvement at the subnational levels to improve sustainability and accountability of projects.

Through the operationalization of its Digital Innovation Strategy, UNICEF will support the enhancement of the country's innovation ecosystem to increase child and adolescent engagement, in addition to building children's knowledge and advocacy skills around child rights through initiatives such as GIGA and Generation Unlimited and the expansion of work on solutions for connectivity and use of the Learning Passport (LP).

UNICEF will also continue to support digital enhancements to the country's civil registration and vital statistics system and its integration in the health system to optimize interoperability, so that children can be registered at birth in a timely manner.

Furthermore, UNICEF will continue to reinforce adolescents' role as agents of change in driving child-responsive and sustainable solutions, particularly in climate change.

Zimbabwe continues to suffer from multiple emergencies, including the expected El-Nino. Hence, UNICEF will fundraise for financial resources through its 2024 Humanitarian Appeal for Children (HAC) and will continue supporting the Government's response to emergencies through its cluster leadership, the operationalization of the Resilience Strategy and the strengthening of multi-hazard contingency and preparedness planning.

Acronyms

AAP	Accountability to Affected Populations
ACRWC	African Charter on the Rights and Welfare of the Child
ANC	Antenatal Care
AYAC	Adolescents and Youth Advisory Committee
ART	Anti-retroviral therapy
BMGF	Bill and Melinda Gates Foundation
CDC	Centre for Disease Control and Prevention
COP 28	2028 United Nations Climate Change Conference
COVID-19	Coronavirus disease 2019
CZI	Confederation of Zimbabwe Industries
DPT	Diphtheria, Tetanus and Pertussis Vaccine
DWSSP	Drinking Water Safety and Security Planning
DRMR	Disaster Risk Management and Resilience
ECD	Early childhood development
ESCT	Emergency social cash transfer
ERVHIZ	Enhanced Resilience for Vulnerable Households in Zimbabwe programme
EU	European Union
FFP	family friendly policies
FAO	Food and Agriculture Organization of the United Nations
GAVI	Gavi, the Vaccine Alliance
GBV	Gender-Based Violence
GDP	Gross Development Product
GenU	Generation Unlimited
GPE	Global Partnership for Education
HAC	Humanitarian Appeal for Children
HDI	Human Development Index
HIV	Human immunodeficiency virus
HPV	Human Papillomavirus
HRF	Health Resilience Fund
HRH	Human Resources for Health
ICASA	International Conference on AIDS and Sexually Transmitted Infections in Africa
IPC	Infection Prevention and Control
ILO	International Labour Organization
IOM	International Organization for Migration
IPC	Infection Prevention and Control
ITU	International Telecommunications Union
IYC	Infant and Young Child Feeding
LP	Learning Passport

MICS	Multi-Indicator Cluster Survey
MOU	Memorandum of Understanding agreement
MoHCC	Ministry of Health and Child Care
MoEPD	Ministry of Energy and Power Development
MoICT	Ministry of Information, Communication and Technology
MoLAFWCRD	Ministry of Lands, Agriculture, Fisheries, Water, Climate and Rural Development
MoPSE	Ministry of Primary and Secondary Education
MoPSLSW	Ministry of Public Service, Labour and Social Welfare
MR	Measles-Rubella
NAP	National Adaptation Plan
NAZ	Nutrition Action Zimbabwe
NCD	Non-communicable diseases
NDC	Nationally Determined Contributions
NDS1	National Development Strategy 1
NEAP	National Environmental Action
OBS	Open Budget Survey
OBI	Open Budget Index
ORS	Oral Rehydration Solution
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PPP	Public Private Partnerships
PSEA	Prevention of Sexual Exploitation and Abuse
UN	United Nations
UNCERF	United Nations Central Emergency Response Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID-BHA	US Agency for International Development-Bureau for Humanitarian Assistance
VAC	Violence Against Children
VAS	Vitamin A Supplementation
VFC	Victims Friendly Courts
VHW	Village Health Worker
WASH	Water, Sanitation and Hygiene
WASHFIT	Water and Sanitation for Health Facility Improvement Tool
WFP	World Food Programme
WHO	World Health Organization
ZES	Zimbabwe Economic Society
ZIMSTAT	Zimbabwe National Statistic Agency



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