

Zimbabwe

Executive summary

In 2017, Zimbabwean children and their families faced multiple challenges due to the difficult macro-economic environment and multiple humanitarian crises that included flooding, drought, and diarrhoeal disease outbreaks. In support of the Government, UNICEF Zimbabwe and partners implemented humanitarian and development programmes to mitigate the effects of the crises on children and women.

Donor contributions to humanitarian efforts amounting to US\$18 million enabled UNICEF to provide services to 705,481 affected Zimbabwean children and adults. Services were provided in 20 districts to meet the needs of children and women who were pregnant or lactating including:

- 9,328 under-fives received treatment for severe acute malnutrition;
- 356,423 children received one dose of vitamin A;
- 341,998 people in drought-affected areas accessed safe water;
- 453,334 people were reached with hygiene promotion messages;
- 87,380 children with diarrhoeal diseases received oral rehydration therapy and zinc, and;
- 15,020 learners and teachers benefitted from school-in-a-box kits.

In addition, the harmonised social cash transfer programme reached 21,553 food-poor and labour-constrained households at the peak of the hunger season.

Chronic cash shortages and fiscal constraints resulted in inadequate budgetary disbursements thus affecting social sector performance. UNICEF monitored the availability of services, advocated for and provided technical assistance to the Government to protect gains made over the years, paying particular attention to the most vulnerable.

UNICEF Zimbabwe led the mobilization and strategic deployment of resources towards the realisation and protection of the rights of children with emphasis on achieving equity. In addition to the various analyses that provide disaggregated data, UNICEF Zimbabwe explored opportunities to promote an equity focus in programmes led by partners and those defined in-house. Research on norms and secondary analyses of datasets was undertaken which informed policy and programming for children with disabilities, early childhood development, adolescents and ending child marriages.

In the health sector, continued investments by the United Kingdom's Department for International Development (DFID), the European Union (EU), the Swedish International Development Cooperation Agency (SIDA), GAVI and Irish Aid to the Health Development Fund sustained high service coverage, and there was a re-focus on quality and equity. Results-based financing indicators were revised to give more weight to quality, with an emphasis on districts with low catchment populations and underperforming districts in key programmes such as immunization. In nutrition, the focus was on identification and treatment of severe acute malnutrition cases in drought-affected districts while intensifying supplementation of micronutrients and upscaling interventions to reduce stunting in 19 priority districts.

Contributions from DFID and SIDA for the Child Protection Fund strengthened the case management system for child protection and supported a cash transfer programme that improved the lives of 29,542 households. Working with the World Food Programme (WFP) and the World Bank, a pilot of the single-registry platform using the WFP SCOPE system was undertaken, whose results will enable further consolidation of social protection responses.

With DFID funding, demand-led sanitation and hygiene promotion for achieving open defecation free status was implemented in 45 rural districts and basic water was provided to 23 schools and 103,000 members of the most vulnerable population. With funding from Australia, hygiene promotion was implemented in 14 towns reaching 207,538 people and prevented outbreaks of diarrheal diseases.

UNICEF managed the Education Development Fund and the Global Partnership for Education. Through these funds, school improvement grants were provided to 3,538 schools benefiting 1.2 million pupils. The schools were selected based on equity criteria to ensure that resources reached the neediest schools in order to keep vulnerable children in school. In support of the staggered roll-out of the new curriculum, similar criteria were used in identifying the 3,000 most disadvantaged schools to receive textbooks.

National budget analyses were complemented with district level budget analyses and the provision of budget management software and hardware to 60 rural districts. This improved central level access to local level budgets, expenditure information and transparency. Budget briefs were prepared to inform advocacy efforts. The climate and environment programme was strengthened and mainstreamed into other programmes, particularly in the health sector.

Communication for development approaches were applied in development and humanitarian programmes with specific focus on nutrition, child marriages, violence against children and child poverty. Over 3,000 partners at national and sub-national levels were trained in behaviour change communication, community dialogues, social mobilization, participatory mass media and interpersonal communication.

Efficient management of resources resulted in cost avoidance and savings of US\$930,810. UNICEF Zimbabwe maintained the confidence of existing donors and explored new partnerships with the public sector, UNICEF National Committees and private sector donors. In the second year of the 2016-2020 country programme, UNICEF Zimbabwe has mobilized US\$347.1 million (62 per cent) of the Executive Board approved five-year funding ceiling. The country programme utilized US\$119.6 million to achieve the 2017 results which are outlined in this annual report.

Humanitarian assistance

Zimbabwe experienced a severe drought resulting from below average rainfall in two consecutive seasons (2014/2015 and 2016/2017). The El Niño weather phenomenon of 2016-2017, one of the strongest in the last 36 years, impacted the agricultural seasons resulting in protracted food and nutrition insecurity in an unfavourable geo-political environment. The drought induced food and nutrition insecurity in the sub-region peaked during the period January to March 2017, rendering 4.1 million people food insecure.

Deterioration in the nutritional status of children saw an increase in average national global acute malnutrition prevalence rates from 3.3 per cent in July 2015 to 5.7 per cent in February

2016, followed by 4.8 per cent in June 2016. The data is all from Zimbabwe Vulnerability Assessment Committee assessments.

In response to the drought, UNICEF Zimbabwe utilized existing development programmes to ensure scaled responses and seamless transition from humanitarian to recovery and long-term development programming. This approach was made possible by the existence of nationally supported programmes for water, sanitation and hygiene (WASH), health, nutrition, education and child protection. UNICEF Zimbabwe's emergency response in 2017 amounted to US\$18 million.

UNICEF Zimbabwe and partners supported the Government's response in 20 drought-affected districts to the nutritional needs of children and women who were pregnant or lactating. A total of 9,328 under-fives received treatment for severe acute malnutrition. Fifty-nine per cent of the children treated for severe acute malnutrition were tested for HIV and 10 per cent were found to be positive. A total of 252,147 girls and 104,276 boys aged between six and 59 months (105 per cent of the targeted 240,051 children) received the first dose of vitamin A supplements, while 40,111 girls and 31,931 boys received the second dose.

With funding from DFID (US\$9,926,323.98), UNICEF Zimbabwe implemented an innovative integrated response to drought emergency which used nutrition as the entry point bringing together health, WASH, education, HIV/AIDS and child protection interventions. Overall, UNICEF contributed to the reduction of under-five morbidity and mortality through a holistic approach that focused on treatment and prevention of acute malnutrition, provision of WASH, child protection services, HIV/AIDS and health services and showcased improved and sustainable nutrition outcomes.

In February 2017 cyclone Dineo hit the country bringing torrential rains and gale force winds that caused flooding in over 36 districts, including those that were drought-affected. The multiple shocks required an integrated, multi-sectoral humanitarian response. In collaboration with the Government, civil society partners and other UN agencies, UNICEF Zimbabwe delivered life-saving services that reached over 705,481 women, children and men.

The drought severely affected water resources and it was necessary to pay urgent attention to avert water-related diseases. UNICEF Zimbabwe built on the existing rural WASH programme ensuring access to safe water for 341,998 drought-affected people and reached approximately 453,334 people with hygiene promotion messages. The flood and drought-affected populations were supported with water treatment tablets, jerry cans, soap, and communication materials. A total of 21,817 mothers or caregivers of acutely malnourished children benefited from hygiene kits and hygiene awareness sessions; and 87,380 children with diarrhoeal diseases were treated using oral rehydration therapy and zinc. The effective interventions by UNICEF Zimbabwe and partners ensured that no major outbreaks of water-borne diseases were recorded, with only six suspected cholera cases reported and three confirmed deaths as at week 46 of 2017.

To mitigate the impact of the flooding on education, a total of 15,020 learners (7,665 girls and 7,355 boys) and teachers received 'school in a box' kits comprised teaching and learning materials and recreational kits including sporting equipment and early childhood development kits for the pre-schoolers and infants.

The existence of a social cash transfer and case management programme continued to provide the foundation to building protective systems for women and children affected by emergencies.

A total of 15,083 children in humanitarian situations who were vulnerable to violence, exploitation and abuse accessed appropriate care and services. Between January and June 2017, 21,553 food poor and labour constrained households received a once-off cash transfer payment during the peak hunger season using the existing harmonised social cash transfer (HSCT) platform. This approach tested the possibility for future use of social cash transfer platforms for humanitarian responses.

In addition, UNICEF Zimbabwe supported government institutions and national and international organizations to reach over 453,334 people with key information on nutrition, WASH, HIV/AIDS and child protection through interpersonal communication activities in flood, typhoid and drought-affected districts.

Equity in practice

To enable an equity re-focus of its programmes UNICEF Zimbabwe prioritized ensuring availability of adequate and disaggregated data and produced five equity-focused reports between 2014 and 2017. These reports contributed to understanding child poverty, guiding policy development, influencing programming and informing results monitoring. The reports were: The Descriptive Child and Youth Equity Atlas, The Zimbabwe Poverty Atlas, The Zimbabwe Food Poverty Atlas, Living Conditions among Persons Living with Disability, and The Multiple Overlapping Deprivations Analysis (MODA) Report.

These documents aimed at making better use of datasets generated by regular data collection initiatives, including the national census, and strengthening national capacities for disaggregated analysis. The analysis revealed geographic, gender and sub-population group differences and created the possibility of evidence-based engagement at lower levels.

Through this work, urban wards with conditions comparable to or, in some instances, worse than rural conditions were identified and the most disadvantaged wards in rural districts were highlighted. The improved availability of disaggregated data and data on population sub-groups, particularly for persons with disabilities, transformed conversations about equity and raised questions about the adequacy and efficacy of policy interventions.

When Zimbabwe formulated a national action plan on child marriages, the disaggregated data revealed the need for action to include teenage pregnancies. This was because in some communities, low rates of teenage marriage did not correctly reflect the absence of child abuse and exploitation but rather, differences in cultural practices.

Data indicating the high representation of persons with disabilities in the poorest neighbourhoods in Harare raised questions about the adequacy of national responses to the disadvantages and exclusion faced by persons with disabilities and enabled appropriate engagement with disabled persons organizations. In response to these findings, together with those of the Disability Survey 2013, UNICEF Zimbabwe engaged the Government and supported the ongoing process of developing a National Disability Policy.

The disaggregated data generated from surveys conducted since 2014 was also used to inform the formulation of key development instruments among them, the 2016 National Social Protection Framework and the Interim Poverty Reduction Strategy Paper 2016-2018.

Evidence of disparities between districts (the lowest administrative level where revenue is collected and spent) generated interest among stakeholders to better understand district

budgetary allocations and expenditures. An initiative was then undertaken to improve the transparency of spending allocations at district level and to apply an analysis that was previously used only at national level. This initiative has revolutionized decentralized public finance and resulted in a robust and sustainable system of budget planning, tracking and reporting at district level. Sectoral responses have adapted to the improved availability of disaggregated data enabling stakeholders to focus on equity.

In the education sector, UNICEF Zimbabwe engaged partners on equity issues, resulting in changes to the practice of blanket provision of grants to 6,000 schools to re-focus on the 3,500 most disadvantaged schools.

In the health sector, the availability of catchment population data enabled the results-based financing model to be altered. This brought into focus the disadvantages faced by facilities in areas with small catchment populations that were not meeting the significant financing level to run their facilities. Also, based on continuing analyses, UNICEF Zimbabwe advocated for the removal of user fees for maternal and child health services at both primary and secondary health facilities to improve access for women and children.

The quarterly Vital Medicines Availability and Health Services survey was used to routinely monitor the availability of medicines, basic health services, health equipment, critical health personnel, essential utilities and the removal of user fees in all public health facilities. From 2014 to 2017 these service indicators remained significantly high and reflected equitable availability of primary health care services across the country.

In nutrition, the analysis identified significant differences in the rates of stunting within and between districts. This spurred a focus on responses that address the specific drivers of stunting in each ward. The availability of food poverty data allowed for a focus on strategies to address food production and diversity, leading to a partnership with the Food and Agriculture Organisation (FAO). With funding from the Bill & Melinda Gates Foundation, near-real time monitoring was used to track indicators for reducing stunting and to monitor the functioning of the district and ward Food and Nutrition Security Committees. Citizens feedback on satisfaction with services was also generated using the RapidPro platform.

Strategic Plan 2018-2021

The UNICEF Zimbabwe Country Programme 2016-2020 continued to contribute to sustaining the gains of the previous cycle where innovative pooled Transition Funds contributed to the revival of social sectors and reversal of deteriorating child indicators. The country programme is still funded significantly through pooled funds: the Health Development Fund, the Child Protection Fund and Education Development Fund.

Although the volume of resources is decreasing, the pooled mechanisms managed by UNICEF enabled the implementation of national programmes in support of the Government. They continued to bring development partners together to plan, monitor and provide strategic guidance to the sectors. The sectoral steering committees for the different funds and other monitoring mechanisms already in place will provide strong platforms for monitoring the implementation of Strategic Plan 2018-2021 priorities.

Taking into account the changing country context, the Strategic Plan 2018-2021 and the Sustainable Development Goals (SDGs), UNICEF Zimbabwe took the opportunity of the mid-term review 2017/2018 to align with global priorities. In 2017, the Country Programme went

through a strategic review process, and in consultation with partners and UNICEF Regional Advisors the programme strategy notes were redrafted to align with the 2018-2021 Strategic Plan priorities. The Country Programme Results Framework was also revised in line with the global indicators. The existing mechanisms for monitoring the results will be enhanced through innovations and appropriate research. UNICEF Zimbabwe will take advantage of the 2019 Multiple Indicator Cluster Survey (MICS) and other studies and surveys to set baselines for some of the new indicators.

UNICEF Zimbabwe is currently faced with the challenge of responding to the needs of children in an increasingly economically stressed context, with diminishing donor resources, an increased impact of climate change and growing poverty. Within this context, the impacts on children are multifaceted, and include poor access to social services, increased violence and limited opportunities for them to thrive and develop. Building on the opportunities and indicators for inclusive and integrated programming that are provided by the Strategic Plan, UNICEF Zimbabwe adopted a range of strategies and initiatives, outlined below.

- Mainstreaming priority areas: Priority programming areas to be strengthened and mainstreamed across programme areas include disability, early childhood development, adolescents, and environment. Task teams are working on data generation and strategy development to ensure appropriate mainstreaming and tracking of results.
- Strengthening capacities for risk-informed programming and implementation: This strategy is aimed at enhancing responses to contextual risks, ensuring transparency and accountability and strengthening coherence and complementarity between humanitarian and development programming
- Gender Action Plan: Capacity strengthening to implement and monitor the Global Gender Action Plan.
- UN Reform: Within the context of UN reform, strengthening partnerships with Government and the UN system, towards accelerating implementation of the 2030 Agenda.
- 2030 Agenda: Building on the partnership already established with child rights international non-governmental organizations (NGOs), UNICEF Zimbabwe will continue to advocate and engage partners in the roll out of the 2030 Agenda.
- Private sector partnerships: Acknowledging the absence of a vibrant private sector in Zimbabwe, UNICEF is refocusing efforts on shared value partnerships and exploring and expanding its collaboration with the business community leverage resources on behalf of children.
- Partnerships with international finance institutions: In line with the spirit of the Strategic Plan, UNICEF Zimbabwe started investing in building partnerships with international financial institutions, including the World Bank and regional development banks.
- Evidence generation: UNICEF Zimbabwe will continue to support the Government in tracking selected country level SDG indicators and work with partners to specifically fill data gaps and avail disaggregated data on the 37 child-focused indicators.

- Integration: Identified priorities will be integrated into UNICEF Zimbabwe's Annual Workplans for the remaining three years of the Country Programme;
- Resource Mobilization: UNICEF Zimbabwe developed a Resource Mobilisation Strategy 2017-2020, which builds on ongoing efforts to increase partnerships with non-traditional donors and the private sector;
- Resilience Programming: UNICEF Zimbabwe will strengthen resilience in programming in both development and humanitarian work, with technical support from the Eastern and Southern Africa Regional Office (ESARO).

Emerging areas of importance

Zimbabwe has one of the most irregular rainfall patterns in the world in terms of distribution across time and geographical regions. During an average rainy season, it is normal for Zimbabwe to experience four to five dry spells leading to erratic cropping. The low food crop production, food insecurity, recurrent droughts, flooding and unreliable rainfall patterns impact negatively on children, 73.5 per cent of whom live in rural areas. Children below the age of 15 make up 41 per cent of the population and are at a greater disadvantage as they grow up under these constrained conditions.

Climate change has contributed significantly to food insecurity. It has put children in Zimbabwe at an increased risk of disease, undernutrition, water scarcity and disasters and led to the collapse of public services and infrastructure. Despite the presence of large water bodies and major rivers, the economic conditions and lack of implementation of appropriate agricultural, environment and water management policies have failed to enable the country to reap any benefits.

Since 2014, UNICEF Zimbabwe's Environment and Climate Change programme has been breaking new ground and testing innovative climate and children interventions. The foundation for this work derives from two studies undertaken by UNICEF: Children and Climate Change in Zimbabwe and Sustainable Energy for Children in Zimbabwe. From these studies, UNICEF gained deeper understanding on how children interact with the environment and defined approaches that could make a difference for the children. The first intervention that UNICEF tested was the use of energy saving cook-stoves to reduce acute respiratory infections in children under five.

In 2017, UNICEF Zimbabwe focused on identifying areas for sustainably mainstreaming climate change issues in all programmes. A technical working group was set up to generate knowledge and develop a strategy for incorporating and mainstreaming environment and climate change in education, health, nutrition, WASH and child protection whilst building on the priorities and experiences of each programme area. Among other areas, the working group identified that 40 per cent of the population is not connected to the National Grid, and therefore 40 per cent of education and health infrastructure does not have electricity. The use of solar energy therefore is an opportunity that is being promoted and supported for health and education infrastructure and for piped-water schemes that reduce the distance to obtain water.

With support from Sweden, UNICEF Zimbabwe will install solar power in at least 50 health facilities and develop a strong community-based operations and maintenance approach to ensure long term sustainability. The benefits will include improved health centre performance, improved admissions rates, improved quality of consultations, better diagnosis and treatment,

more efficient administrative recordkeeping, and sustained cold storage facilities for vaccines.

In the education sector, UNICEF Zimbabwe contributed both technically and financially to the development of the new education curriculum which includes climate change and teaching materials. This will help to ensure that children have the tools to become agents of environmental sustainability.

Building on experience gained in 2016, UNICEF Zimbabwe launched the 'Green Innovations Hub phase 2'. The overall objective of this project is to ignite creative ideas and unlock young people's potential to environmental sustainability and renewable energy through social innovation. The initiative, a partnership with NGOs, universities and private sector, creates a unique opportunity for youth to engage in the renewable energy sector to create their own employment, engage in green jobs, contribute to climate change mitigation and improve the energy situation in the country.

Beyond the environment mainstreaming activities in programmes, UNICEF Zimbabwe was appointed as Chair of the Information, Awareness and Capacity Building Sub-Committee for the Nationally Determined Contributions. This relates to Zimbabwe's contribution to reaching the goals decided on in the international climate agreement at the UN Framework Convention on Climate Change (UNFCCC) COP21 in Paris in December 2015. UNICEF Zimbabwe also supported the Ministry of Energy and Power Development to formulate the Zimbabwe's Renewable Energy Policy.

UNICEF Zimbabwe continued to explore and take opportunities available to advocate and introduce elements of climate change into dialogue within the office, the UN and with Implementing partners. UNICEF set the pace among other UN agencies in ensuring carbon neutrality and implementing green innovation with staff members, through the office greening committee.

Summary Notes and Acronyms

Acronyms:

ART –	antiretroviral treatment
BFHI –	baby-friendly hospital initiative
CMT -	country management team
EMIS -	Education Management Information System
eMTCT –	elimination of mother-to-child transmission of HIV
FAO –	Food and Agriculture Organization of the United Nations
GAVI –	Global Alliance for Vaccination and Immunization
Global Fund –	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HACT –	harmonized approach to cash transfers
HSCT-	harmonized social cash transfer
ICT-	information and communication technology
IYCF -	infant and young child feeding
MICS –	Multiple Indicator Cluster Survey
RWIMS -	Rural WASH Information Management System
SafPHHE -	Sanitation-focused Participatory Health and Hygiene Education programme
SDG -	Sustainable Development Goal
UN –	United Nations
UNEP –	United Nations Environment Programme
UNESCO –	United Nations Educational, Scientific and Cultural Organization

UNDP –	United Nations Development Programme
UNDSS -	United Nations Department of Safety and Security
UNODC -	United Nations Office of Drugs and Crime
WHO –	World Health Organization
ZIMSTAT -	Zimbabwe National Statistics Agency

Capacity development

During the 2012-2015 programme cycle, UNICEF Zimbabwe supported the revival of social sectors to improve the situation of children. However, the results remained fragile due to donor dependence. While sustainability remains a concern, better outcomes for children could be achieved through capacity building, supervision and increased community participation and demand for services.

In 2017, UNICEF supported the Ministry of Health and Child Care to develop a national communication strategy on reducing stunting in under-fives which was rolled out in 25 districts. More than 3,000 national and local level health promotion officers were trained in social and behaviour change communication, community dialogue, social mobilization, participatory mass media and interpersonal communication. It was evident during this training that the social mobilization efforts in the health sector need to be scaled up and indicators for tracking results identified.

UNICEF Zimbabwe collaborated with Ministry of Women Affairs, Gender and Community Development to integrate communication for development into the National Action Plan (NAP) on ending child marriage. Information, education and communication and behaviour change communication materials on ending early marriages were developed and disseminated for use by communities, CSOs, media, policy makers and child rights activists. To reinforce appropriate practices at household and individual level, communication materials were also disseminated by partners during the typhoid outbreak, drought and floods.

In implementing an integrated humanitarian emergency response to the drought, UNICEF invested in capacity building of health and other community frontline workers in key areas including parenting, nutrition, HIV/AIDS, sanitation and hygiene and disease prevention.

The integrated capacity building achieved greater impact as different cadres who would usually be trained only in their areas of expertise were exposed to different concerns for children. The lessons learnt from this approach are informing the integrated programming strategy for UNICEF Zimbabwe.

Evidence generation, policy dialogue and advocacy

In 2017, UNICEF strengthened generation and use of evidence for policy dialogue and advocacy. Key investments were in technical and financial support for the Poverty Income and Consumption Survey, a secondary analysis of the Zimbabwe Demographic and Health Survey 2015 data focusing on children and equity, and for strengthening the use of administrative data to inform decision-making and policy formulation. The Poverty Income and Consumption Survey will inform the development of Zimbabwe's medium-term plan and the country's poverty reduction strategy (2019-2023). Its child poverty indicators will assist the Government to monitor and report on child poverty.

UNICEF, in collaboration with the Zimbabwe National Statistics Agency (ZIMSTAT) and the United Nations Office on Drugs and Crime (UNODC) produced a Criminal Justice System

Statistics Assessment Report. This has allowed an analysis of bottlenecks in the child justice delivery process which will support the improvement of service provision.

UNICEF Zimbabwe supported the Ministry of Health and Child Care in undertaking a review of the At-Risk Surveillance System in use within Zimbabwe's public health facilities. The review evaluated its performance in five provinces, with the aim of strengthening early childhood detection of disability risks.

UNICEF Zimbabwe continued to provide support to partners in the WASH, education and nutrition sectors to utilize technology for monitoring and ensuring timeliness and quality of responses to monitoring observations. This helped provide near real-time data for use by decision-makers and will be extended to other service sectors to enhance evidenced-informed programming.

UNICEF supported Government efforts to enhance budget transparency under the Open Budget Survey initiative. Continued advocacy influenced the Government to implement fiscal reform measures which were proposed by the UNICEF-led Fiscal Task Force. The recommended fiscal and expenditure management measures were fully adopted for implementation through the 2018 National Budget.

Partnerships

In partnership with donors and civil society, UNICEF Zimbabwe supported the Government to improve the lives of children in a context of economic challenges and humanitarian stress. The donors to the programme included DFID, EU, Germany, Sweden, Irish Aid, GAVI, the Global Partnership for Education, Switzerland, Australia, Japan, Korea, and a number of UNICEF National Committees. Total programme funding for 2017 was US\$119 million. UNICEF Zimbabwe managed and provided technical and coordination support for pooled Development Funds for national programmes.

Strong partnerships with stakeholders increased advocacy for Government to invest more in social sector programmes, which was successful with the Ministry of Health transferring US\$7.6 million to UNICEF Zimbabwe for procurement of essential drugs. In addition, for the first time, the Ministry of Finance released the full budgetary allocation of US\$7 million to the Harmonised Social Cash Transfer programme.

The economic and political uncertainties were complicated by drought, floods and disease outbreaks. However, through sustained engagement, these challenges strengthened UNICEF Zimbabwe's partnerships with public sector donors. UNICEF worked closely with donors highlighting the plight of women and children and engaging them in quarterly meetings, informative field visits and by producing high quality reports.

Noting the contracting private sector in Zimbabwe, UNICEF focused on raising awareness on children's rights and guiding private sector social responsibility investments to focus on children. An example was a partnership between UNICEF, the telecommunications service provider ECONET and the Ministry of Education that will enable young people to benefit from opportunities arising from innovation and technology.

UNICEF national committees remained as key partners of UNICEF Zimbabwe, with Australia and the United Kingdom contributing to the health and WASH sectors.

Civil society partnerships were critical to achieving the results in 2017. A total of 53 Programme Documents amounting to US\$25 million were signed and implemented through civil society organizations.

External communication and public advocacy

UNICEF Zimbabwe's external communications in 2017 highlighted the achievements of UNICEF-supported humanitarian interventions following the El-Nino induced drought and subsequent La-Nina flooding. This was different from 2016 where the focus was on raising awareness on the impact of the drought on the worst-affected areas populations and highlighting the need for partners to expand the focus of interventions from only a food response.

In 2017, UNICEF created visibility on the impact of interventions carried out through funding from DFID, United States Agency for International Development (USAID)'s Office of Foreign Disaster Assistance (OFDA) and Office of Food for Peace (FFP), the European Union, Japan and Korea.

Public advocacy focused on child marriage, violence against children, and child poverty. Events where key messages were amplified included the International Day of the Girl Child, launch of the global Violence against Children Report, and the 16 Days of Activism against Gender-Based Violence. UNICEF Zimbabwe published a series of opinion editorials in the national press on ending child poverty which analysed the multiple deprivations associated with child poverty.

The visit of UNICEF Goodwill Ambassador Priyanka Chopra contributed to putting sexual violence against children under the international spotlight. A press release and subsequent interviews and opinion editorials by Ms. Chopra received wide international coverage.

UNICEF Zimbabwe made impressive strides in increasing engagement and reach through social media. Due to online analytic capabilities, UNICEF Zimbabwe was able to monitor and track the impact and reach of its messages. These platforms provided opportunities for public advocacy as well as engagement with various audiences. UNICEF Zimbabwe's followers on Twitter and Facebook rose significantly, with an average of 5,000 impressions per tweet and 1,600 views per Facebook post recorded monthly.

Strong partnerships were sustained with the print and electronic media, the Zimbabwe Union of Journalists, Government ministries and with media monitors who provide bi-annual monitoring reports on UNICEF Zimbabwe's voice and reach.

South-South cooperation and triangular cooperation

UNICEF Zimbabwe continue to be the trailblazer in eastern and southern Africa in public finance for children initiatives. In 2017, UNICEF Zimbabwe was requested to provide technical support to UNICEF Swaziland under a regional south-south cooperation framework that seeks to facilitate exchange of good practices and adoption of innovative and evidence-informed social policy interventions. The support included building the capacities of stakeholders in undertaking budget analysis, developing investment cases and use of the analyses in advocacy, all of which aimed at achieving results for women and children.

During a three-week mission of two UNICEF social policy staff to Swaziland in September, UNICEF Zimbabwe supported capacity building and sensitisation of the stakeholders. Guidance was provided to enable them to undertake a 2017 budget analysis and use the evidence for

advocacy. During the mission an overall macro-fiscal brief and four analytical budget briefs of the Swaziland's 2017 national budget were developed. These unpacked the trends and implications of the budget allocations to the health, education, social and child protection sectors. The briefs provided evidence to support advocacy efforts for increased budgetary allocations and improve social sector spending for the well-being of children.

The strategic support provided to UNICEF Swaziland was hailed as one of the best practices that could be used for sharing knowledge and expertise across UNICEF country offices.

Identification and promotion of innovation

In 2017 UNICEF Zimbabwe defined three objectives for innovation centred on the use of information and communication technology (ICT). These were:

- i. Enhancing social accountability in programme delivery;
- ii. Strengthening community engagement in programming;
- iii. Increasing effectiveness and efficiency of monitoring through real-time data.

Registered U-Reporters (users of a social messaging tool developed by UNICEF) were over 60,000 and contributed to the enhanced use of the U-Report platform in generating data through polls and specific perception questionnaires. Working with UNICEF NY Headquarters perception data was obtained from U-Reporters on how the SDGs affect young people and this formed part of the “we the people initiative”. The analysis was used to complement Zimbabwe's 2017 Voluntary National Reviews on the SDGs.

Citizens were engaged in local authority budget discussions through the U-report. The U-Report was also used as an information channel for specific groups on issues affecting children and youth, and to provide safe spaces for peer-to-peer discussions and counselling.

Through the U-Report, children and adolescents from the targeted communities had an opportunity to respond and report on issues that impact on HIV prevention and utilisation of relevant HIV and AIDS services.

WASH service levels and breakdown time was improved through near real-time monitoring by communities using Rapid Pro and WASH U-Reporter. An additional four towns adopted U-Reporters for WASH in 2017 and three more rural provinces will adopt RapidPro-Rural WASH Information Management System (RWIMS) in 2018.

The Ministry of Education deployed an innovative mobile-phone based data collection system (EduTrac), to complement the Education Management Information System (EMIS) in generating near-real-time information on school attendance, which enables improved planning and management.

The community-based nutrition programme expanded use of RapidPro to obtain citizens feedback and promote social accountability. This initiative increased demand for services and coverage for nutrition services including infant and young child feeding counselling.

Support to integration and cross-sectoral linkages

UNICEF Zimbabwe implemented a programme entitled the Multisectoral Community-based Approach for Reduction of Stunting (known as MSCBARS) acknowledging the multifaceted causality of stunting. The programme was designed to strengthen coordinated actions at village, ward and district levels to address factors that contribute to stunting across health, WASH,

agriculture, education, social protection and HIV sectors.

One of the problems encountered during the implementation of the programme was that although many sectors have vertical data collection systems, there was no coordination between the sectors on data availability on stunting-related issues. In sector where data was collected, it was sometimes not available for a few months. Data was often not analysed with There was no analysis of data with a “stunting reduction” lens and different sectoral interventions focused on very specific priorities which would on their own would not lead to reduction of stunting.

To address these issues, a near real-time monitoring programme was designed and implemented. Two key lessons were learnt related to integration and cross-sectoral work from the implementation of near real-time monitoring programme.

- Cross-sectoral working relationships are key:
Strong working relationships are critical between targeted government units (for example, health, agriculture, WASH, and education) and development actors like UNICEF Zimbabwe; as are those between the different levels of government systems (provinces - districts, districts - facilities, and facilities - communities) are critical. Cross-sectoral work is inherently about cultural and behavioural change within the work of decentralized units.
- Simple cross-sectoral data can bring various players together:
Enabling the use of cross-sectoral data requires effectively communicating the analysis undertaken in a way that works for the audience – in this case decentralized government staff and community members. Easy to understand dashboards with minimal text and which give an ‘at a glance’ colour-coded status in near real-time help bring various sectors to address a cross-sectoral issues together.

Service delivery

In 2017, UNICEF Zimbabwe provided leadership in mobilization and deployment of financial resources. Strategic investments were made focusing on six elements of service delivery, namely people, business practices, facilities and equipment, information and communication technology, knowledge, and governance/accountability.

In the health sector there was strong focus on ensuring quality and equity. This was realized through the revision of the results-based financing indicators giving more weight to quality, focusing on districts with low catchment population and district underperforming in key programmes. In nutrition, the focus was on identification and treatment of severe acute malnutrition cases, while intensifying micronutrient supplementation and scaling up of interventions to reduce stunting.

With reducing donor funds, the financing scenarios were defined ensuring prioritization of essential medicines, human resources and operational budget for health facilities. The impact was tracked through quarterly Vital Medicine Availability and Health services Survey and user satisfaction exit interviews. There was a 10 per cent drop in availability of essential medicines compared to 2016, but the number of health workers in the system remained high.

The harmonized social cash transfer programme is the largest successful social protection support provided by UNICEF in Zimbabwe. The interaction of cash transfer clients and service providers was identified as a challenge in various assessments. In response, a grievance and

complaints mechanism was designed which enables consolidation, synthesis, analysis and contributes to greater programme social accountability.

In the WASH sector, demand-led sanitation and hygiene promotion for achieving open defecation free status was implemented in 45 rural districts and access to water ensured in 23 schools and to 103,000 people. Hygiene promotion was carried out in 14 towns reaching 207,538 people. WASH-related humanitarian assistance reached 626,576 people

Improvement grants to implement school development plans and keep vulnerable children in school reached 3,538 most needy schools and benefited more than 1.2 million children.

Human rights-based approach to cooperation

In 2017, UNICEF Zimbabwe built on past investments in supporting reporting on the UN Convention on the Rights of the Child and planning for implementation and monitoring of recommendations from the Committee on the Rights of the Child. With several of the recommendations already included in the National Action Plan III (2016-2020), the emphasis in 2017 was on legislative reform to align with Constitutional provisions, budget advocacy and strengthening capacities for the independent monitoring of child rights implementation.

The Children's Act was reviewed to strengthen the protection of children, which led to the drafting of a Children's Bill that awaits enactment. The Government also agreed to enact a Child Justice Act to address matters relating to children in conflict with the law as in line with international good practice, the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the "Beijing Rules"), and keeping with Committee on the Rights of the Child General Comment Number 10.

The Education Act was reviewed and an Education Amendment Bill drafted which is pending enactment. The draft Bill unequivocally outlaws corporal punishment, among other provisions. Support was also provided towards the preparation of a draft National Disability Policy that is in keeping with the UN Convention on the Rights of Persons with Disabilities.

With a view to strengthening rights holders' capacities to claim their rights and have them protected, UNICEF Zimbabwe provided support to the pre-trial diversion programme and the Legal Aid Directorate to provide access to legal aid for children.

As in previous years, most of UNICEF Zimbabwe's programming focused on strengthening duty bearer capacities to facilitate the fulfilment and protection of child rights. At the same time, an investment was made in 2017 to improve monitoring and accountability for those rights. UNICEF supported the finalization of the terms of reference for the Zimbabwe Human Rights Commission's Children's Rights Thematic Working Group. Capacity strengthening was undertaken for Human Rights Commissioners and the Secretariat, including orientation on the Convention on the Rights of the Child, its Optional Protocols and how the Commission can strengthen child rights monitoring across its programmes. Investments were also made in scaling up systems for collection and use of disaggregated data at different administrative levels, and for building local accountability mechanisms.

Gender equality

In 2016, UNICEF Zimbabwe had supported the Government to develop a National Plan of Action to end child marriages. In 2017, pending Government approval of the Plan, work on ending child marriages continued, albeit slowly. Three fact sheets on violence against children

and ending child marriages focussing on the legal aspects, a 'question and answer' paper on ending child marriage, and a media-briefing sheet were developed. The fact sheets were distributed through the Women's Coalition, the Child Rights Coalition and social media and digital platforms.

UNICEF Zimbabwe supported the implementation of the national case management system for child protection and facilitated a successful learning event for the region, using Zimbabwe as a case study.

An analysis revealed that the El-Nino induced drought and the La-Nina induced flooding exposed girls and women to gendered protection risks. With DFID funding, a multisectoral intervention was implemented in 10 drought-affected districts. Through the intervention, 13,759 women and 2,829 children (62.6 per cent girls) received psychosocial support. WASH interventions brought water points closer to communities, enabling children to continue schooling and reducing the risk of violence faced by girls when fetching water.

In four flood-affected districts, funding from the United Nations Central Emergency Response Fund enabled UNICEF Zimbabwe to provide psychosocial support to 1,446 women and 3,389 children (52.5 per cent girls).

Strengthening of community health systems was supported, contributing to an increase in the proportion of villages with village health workers from 75.6 per cent in 2016 to 77 per cent in 2017. This increase, together with improved reach of women with messages addressing social norms and improved implementation of the policy on abolishment of user fees, contributed to an increase in the number of women booking for antenatal care early compared to the same period in 2016.

Joint work between the WASH and education sectors focused on three disadvantaged districts, leading to boreholes and latrines being provided at selected schools. Consequently, 6,143 pupils (2,960 girls) and 144 teachers (66 females) accessed clean water and 8,870 pupils (4,098 girls) and 223 teachers (89 females) gained access to latrines, contributing to improved access to education for girls.

Environmental sustainability

UNICEF Zimbabwe contributed significantly to Government's efforts to fulfil commitments towards environment sustainability. This included development of programmes, production of knowledge products to inform and protect children from the impacts of climate change and strengthening engagement of young people in climate change actions. The publications produced in partnership with the Ministry of Energy and Power Development included Sustainable Energy for Children and the Renewable Energy Policy. In partnership with the United Nations Environment Programme (UNEP) Statistics Division and ZIMSTAT, UNICEF Zimbabwe produced the Zimbabwe Water and Waste Statistics Report 2016.

To further push inclusion and engagement of children in issues of climate change and as part of the new curriculum, UNICEF Zimbabwe also developed child friendly materials in two publications: Climate Change Booklet for Children and the Child-Friendly Climate Policy.

Targeting youth, UNICEF Zimbabwe continued to implement the Green Innovations Hub initiative. The overall objective is to ignite creative ideas and unlock young people's potential for environmental sustainability and renewable energy through innovation. Due to the successful

completion of Phase I, the project was scaled-up to include support to youth innovators, support to schools and support to university students through green job placements. Phase II was launched in 2017 with a budget of US\$700,000 for two years. The implementing partners for the Green Innovations Hub include SNV SNV Netherlands Development Organisation, Action 24 and Boost Fellowship.

UNICEF Zimbabwe also supported efforts initiated by or for youth, including the Lake Chivero Clean-up Campaign (African Youth Initiative on Climate Change), The Green Expo (Zimbabwe Sunshine Group) and the Eco-Schools Competition (Mukuvisi Woodlands).

There is an active green committee in UNICEF Zimbabwe which developed and implemented environmentally sustainable standard operating procedures. There is also a green pledge for staff as well as a monthly 'Green Friday'. UNICEF Zimbabwe also made changes to achieve an environmentally sustainable management in the office, including solar installations, inverter type air conditioning units, changing generators, and recycling. The culture created, and the ongoing activities, are an effort to have staff recognize their individual and collective responsibility to 'walk the talk' and reduce their carbon footprint.

Effective leadership

The UNICEF Zimbabwe Country Management Team approved the 2017 Annual Management Plan in February and monitored its implementation through monthly meetings. During the annual review in December, all priorities of the Plan were found to have been completed.

Zimbabwe experienced significant social-politico and economic challenges during 2017. To keep abreast of any changes and inform programme and operations, UNICEF Zimbabwe, conducted a weekly liquidity analysis and a monthly political economy analysis. The liquidity analysis provided the basis for advocacy and dialogue with Government, banks and donors to enable funding to flow to the beneficiaries and for UNICEF staff to access cash. The political economy analysis revealed opportunities and barriers for the implementation of programmes. The two analyses became central to informing management on formulation of plans, identification of risks and corresponding mitigation strategies, thus enabling UNICEF Zimbabwe to address emerging political and market risks. The UNICEF Zimbabwe Enterprise Risk Management was updated, resulting in an increased rating of risks related to the changing political-economic context and declining donor funding.

In June, the business continuity plan was tested successfully from a recovery location at UNICEF's Logistics Base. It was found that the site was functional and the business continuity plan teams were well prepared.

To promote standardization and simplification of work processes, country-specific standard operating procedures, work processes and checklists in asset management and invoice registry were developed. Close attention was paid to accountability through appropriate delegation of authority and allocation of responsibilities to staff. The office table of authority was updated regularly and responsible staff provided with guidance.

UNICEF Zimbabwe was audited by the UN Board of Auditors (UNBOA) in February 2017 with no specific observations made. An audit sustainability plan to track progress on previous audit observation and ensures compliance was maintained.

Financial resources management

On a monthly basis the UNICEF Zimbabwe Country Management Team monitored key performance indicators including contribution management, grant expiries, direct cash transfer liquidations, budget commitments and utilization, resource mobilization, donor reporting and cash flow forecast. The indicators were consistently maintained within the set milestones. Implementation of proposed actions were tracked through weekly programme and operations chiefs meetings.

Transition to the new simplified harmonized approach to cash transfers (eZHACT) system was smooth with minimum disruptions in transaction processing. This was due to adequate preparatory training and the establishment of a workflow process.

To strengthen financial management, existing standard operating procedures, workflows, and assignment of VISION roles were regularly reviewed and streamlined with the Global Shared Service Centre and eZHACT requirements.

All bank reconciliations were completed, uploaded and approved in VISION within the deadlines, with regular follow-up of the reconciling balances. Efficient management of cash resources through just-in-time replenishments and monthly financial closure and review of accounts were properly performed.

Cost avoidance and savings of US\$930,810 were achieved through effective negotiations with suppliers.

UNICEF Zimbabwe hosted external auditors from 30 January to 10 February 2017. The audit concluded that UNICEF Zimbabwe's controls and processes were established and functioning during the period under audit. Three minor recommendations are under implementation.

The HACT Steering Committee met quarterly to monitor progress of assurance and capacity-building activities. There was full implementation of the HACT assurance plan: micro-assessments - 100 per cent; programmatic visits - 205 per cent; spot checks - 100 per cent; financial audits - 100 per cent. Three training sessions were held for implementing partners.

For expenditure, UNICEF Zimbabwe recorded 99 per cent of overall funds utilization and 100 per cent for grants expiring at the end of 2017. As at 31 December 2017, UNICEF Zimbabwe had no unliquidated Direct Cash Transfer older than nine months and only 2.3 per cent in the older than six months category.

Fundraising and donor relations

The UNICEF Executive Board approved a funding ceiling for the 2016–2020 country programme was US\$558.31million. By end 2017, UNICEF Zimbabwe had mobilized US\$347.1 million (62 per cent of the ceiling). However, a gradual decline in actual donor funding and commitments was observed across all sectors. This is partly attributed to the exit of key donors (Denmark and Norway) from Zimbabwe and competing global priorities for other donors. UNICEF National Committees (Australia and UK) re-engaged and are contributing to the WASH and health sectors. Private sector funding remains negligible, with the frail macro-economic environment limiting investment.

Proactive local engagement with Zimbabwe donors was maintained and existing sector coordination mechanisms were used to advocate for resources to social sectors. Development

partners and the Government acknowledged the comparative advantage of UNICEF as a fund manager, technical expert, and development partner in social sectors. UNICEF continued to leverage this leadership role to convene and deepen partnerships with the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund), GAVI, and the Global Partnership for Education.

UNICEF Zimbabwe explored funding opportunities from public sector donors who maintain strong trade ties with Zimbabwe but have non-traditional aid modalities. Specifically, UNICEF Zimbabwe engaged Brazil, China, India, and South Africa and the Arab states in dialogue regarding investing in social sectors. UNICEF Zimbabwe also tapped into opportunities for fundraising through the visit of the UNICEF Goodwill Ambassador Priyanka Chopra.

UNICEF Zimbabwe maintained strong donor confidence considering the fiduciary, programmatic and reputational risks involved with managing high-value donor funds. High quality proposals were developed, and accurate and timely expenditure assured while ensuring quality reporting. The timeliness of donor reporting was tracked regularly. All the 47 reports for 2017 were submitted on time and received positive feedback on quality and content from the donors.

Evaluation and research

UNICEF Zimbabwe strengthened its internal evaluation function through engaging its technical research and evaluation group in quality assurance at all stages of the evaluation cycle. The integrated monitoring, research and evaluation plan was developed and approved in the first quarter of 2017 and was uploaded onto the global plan for research, impact monitoring and evaluation (PRIME) site.

The Plan was reviewed during the year to include an evaluation of the Near Real-Time Monitoring Project. By end of 2017, Zimbabwe had uploaded 21 activities including four evaluations, with a total budget of US\$4,517,362, representing about 3.5 per cent of the total programme costs. Of the four evaluations, two were completed (impact evaluation of the HSCT and the Near Real-Time Monitoring Project evaluation). Protracted consultants' recruitment and contracting processes delayed completion of the other two evaluations (Education Development Fund/ Global Partnership for Education and WASH in satellite schools).

UNICEF Zimbabwe continued to track implementation of the 2016 Evaluation Management Response actions for Health Transition Fund and Joint Programme on Gender-Based Violence evaluations. A total of 20 recommendations and 33 actions were developed. All the 33 actions have been built into the 2018 Health Development Fund action plan, with one cancelled for lack of financial resources to implement. The 2016 Evaluation Management Response for the Near Real-Time Monitoring evaluation was developed and finalized with seven recommendations and 14 actions to be completed in 2018. The overarching focus of the evaluation recommendations and actions was to continue strengthening timely availability of data and information and promote better utilization of the data from community to national level for evidence-based policy and decision-making to improve the nutritional status of children in Zimbabwe.

UNICEF Zimbabwe developed strategies for national evaluation capacity strengthening which include supporting the Zimbabwe Evaluation Association and social sector line ministries.

Efficiency gains and cost savings

As part of the UN Operations Management Team, UNICEF collaborated to establish joint long-term agreements for security, fuel, travel agents, vehicles maintenance, hotel services and photocopier services that are available for use by all UN agencies. The long-term agreements

contributed to rapid turnaround procurement of goods and services, resulting in reduction of transaction costs and time for UNICEF Zimbabwe and the UN system. It is estimated that US\$145,391 in material and labour costs were saved through inter-agency procurement in various categories during 2017. Furthermore, effective negotiations with service providers to obtain special rates and prices resulted in savings of approximately US\$930,810.

Efforts were made to streamline internal processes and transactions to increase efficiency through updating and developing standard operating procedures. New procedures for overtime contributed to a cost reduction of more than US\$100,000, along with staff time savings and increased productivity.

Strict budget reviews for the 53 Programme Cooperation Agreements signed in 2017 were undertaken, and resulted in efficiency gains and improved utilization of programme budgets.

UNICEF Zimbabwe maintained improvements on bank account replenishments through just-in-time replenishments and maintaining a minimum balance at the end of each month. Up to 45 bank replenishments were processed, and the end-of-month balance was at its minimum in 10 out of 11 months.

An estimated savings of US\$35,000 was generated following the Country Management Team decision on economy travel for all air travel. In line with security risk assessment by United Nations Department of Safety and Security (UNDSS) and the new Residential Security Measures, the number of guards proposed in Minimum Operating Residential Security Measure entitlements were reduced from three to two, resulting in savings of over US\$100,000. The recommendations of the water audit aimed at improving efficiency in water usage continued to be implemented.

Supply management

In 2017 UNICEF Zimbabwe's contracting for services increased significantly and constituted 50 per cent of the procurement spend. The major service contracts were with audit firms for HACT, for rehabilitation of WASH services, and third party agreements to support programme delivery. As part of the procurement strategy to reduce transactional costs, increase efficiency and improve service delivery, 59 long-term arrangements were established for 17 strategic commodities and service groups.

Total programmatic supplies including those that were procurement-services funded, operational supplies and services was US\$85,782,149.60. WASH rehabilitation projects undertaken via partnerships amounted to US\$811,644.22.

Supplies via GAVI increased by 26 per cent from US\$10.8 million in 2016 to US\$13.6 million, due mainly to measles rubella (MR) vaccine procurement. There were, however, delays in release of co-financing funds by Government, but this did not impact the vaccines availability in-country.

UNICEF Zimbabwe supported a wide range of high-value, complex procurement and contracting activities for essential supplies and services for programme delivery across the sectors. These included contracts for WASH rehabilitation works, cash-in-transit for the harmonized social cash transfer programme and payments for results-based financing and human resources programmes in the health sector. In addition, US\$469,476 worth of ready-to-use therapeutic food supplies was received from USAID as an in-kind contributions.

Economic volatility continued to affect suppliers' ability to meet commitments. This, coupled with import restrictions introduced in 2016 by the Government, impacted negatively on suppliers' liquidity leading to price increases and delivery delays. Notwithstanding the challenges, US\$665,526 in cost-savings was achieved through negotiated procurement of goods and services.

UNICEF Zimbabwe continued to collaborate with implementing partners to increase direct delivery of supplies to provincial storage locations. This resulted in 57 per cent of total supplies being delivered directly to implementing partners.

Supply chain strengthening support was provided to Government through:

- i. Bi-monthly Procurement and Supply Management Meetings coordinated by the Ministry of Health and Child Care;
- ii. Participation in the Procurement and Supply Management PSM Advisory Committee co-chaired by DFID and the Ministry of Health and Child Care, and;
- iii. Support to inventory management for government health facilities.

Financial support was also provided to the quality assurance task force for product testing and institutional evaluation.

UNICEF Zimbabwe 2017 value of supplies and services (in US\$)	
Programme supplies channelled via regular procurement services	\$11,508,700.18
Programme supplies channelled via GAVI	\$13,598,474.05
Programme supplies channelled via programme	\$15,905,882.18
Operational supplies	\$395,001.54
Services	\$43,289,823.51
International Freight	\$1,184,268.14
TOTAL	\$85,782,149.60
2017 supplies managed by UNICEF Zimbabwe (in US\$)	
Supplies Received	\$5,625,546.79
Inventory	\$1,546,735.60
Supplies Issued	\$4,912,323.68

Construction via Partnership – WASH (in US\$)	
Partner	Value
Welthungerhilfe	\$105,319.81
Oxfam	\$219,404.94
Christian Care	\$240,410.23
World Vision	\$187,142.43
Mercy Corps	\$59,366.81
Total	\$811,644.22

Security for staff and premises

In 2017 UNICEF Zimbabwe conducted defensive driving, warden training and fire warden training for staff. Defensive driving was conducted by the Traffic Safety Council of Zimbabwe covering all categories of UNICEF staff. Successful fire safety drills were conducted in August with all staff participating and with excellent reactions from the police, fire brigade, ambulance services and UNDSS.

The business continuity plan was updated and effectively tested through a simulation exercise where areas of improvement were addressed.

A security assessment of the UNICEF Zimbabwe premises was conducted by UNDSS and an action plan to address recommendations developed. A budget request was submitted to the UNICEF Regional Office. In the meantime, 19 security cameras were installed in strategic locations within the office to improve surveillance against theft. The UNICEF offices are currently monitored on CCTV system through a 24-hour central control room. Other security improvements undertaken included establishing a second security enhanced access to the compound, replacement of the electric fence around the office and enhancing security of the perimeter wall.

A new global positioning system was installed in all UNICEF Zimbabwe vehicles to ensure tracking of vehicle movements and to maintain safety and security of staff.

In November, peaceful protesters demonstrated in Harare and in all major towns in the country in support of the military intervention and celebrating the end of Robert Mugabe's presidency. Regular advisories were issued on security, how to respond at road blocks and to guide staff on road access. There was enhanced emergency preparedness through activation of the communication tree, regular radio checks, security briefings and ad-hoc security advisories with constant situation updates.

The UNICEF Regional Security Advisor was invited to Zimbabwe to assess the security status, support security activities and provide security advice on UNICEF operations within the country.

Human resources

The mid-term review started in August 2017 with clarification of the programme strategies for the remaining three years of the country programme. This was informed by affordability exercises that were conducted, reflecting committed and projected financial resources. Taking note of the reducing financial resources and guided by the approved Country Programme Management Plan, UNICEF Zimbabwe instituted different measures in line with the mid-term review findings that suggested a need for staff structure changes. These measures included freezing recruitments on vacated posts and only filling positions critical for programme delivery. This resulted in the abolishment of 21 vacant posts. A skills mapping exercise was also conducted to rationalize the human resources needs and inform the design of a structure for the expected results.

With the humanitarian crisis in 2017, the emergency task force met regularly, taking stock of staffing needs in line with Core Commitments for Children in Humanitarian Situations. The staffing needs were enhanced through consultants and stand-by arrangements in WASH, nutrition and child protection.

UNICEF Zimbabwe monitored staff performance through the monthly country management

team meetings ensuring that deadlines for each phase of the performance appraisal systems were met. The office attained 100 per cent completion of the performance evaluation reports for 2016. In April/May the new performance management training was conducted for all UNICEF Zimbabwe staff.

UNICEF Zimbabwe is implementing the agreed Global Staff survey action plan with a focus on career and professional development and personal empowerment (“speaking up”) among others.

UNICEF continued to be a part of the functioning UN Cares Network for Zimbabwe. Various successful UN Cares activities were implemented, including a UN harmonized wellness and family day, staff orientation on HIV, HIV counselling and testing, completion of the mandatory online HIV in the Workplace course, provision of Post-Exposure Prophylaxis kits and availing of condoms in office facilities.

Effective use of information and communication technology

The UNICEF information and communication technology (ICT) unit was responsible for enabling effective programme delivery by providing reliable and secure infrastructure and by implementing innovative technology-based solutions.

The unit ensured secure and reliable systems, networks and telecommunications infrastructure for the office throughout the year. All staff members were provided with access to UNICEF standard cloud-based office automation tools to improve programming effectiveness and efficiency. Ninety per cent of conference, interview and meeting calls were conducted through Skype for Business or through Voice over IP, thus reducing telephone costs.

UNICEF Zimbabwe’s office document management system was migrated from local shared drive to cloud-based SharePoint document libraries in 2017. This enabled staff members to easily collaborate and share information with colleagues and to access office documents from anywhere at any time. One Drive was promoted for individual data backup and synchronization. Staff members were trained on the use of Office 365, SharePoint document management system, and One Drive.

During the year, six technology for development projects in different programme areas were supported. Free and open source technologies such as Rapid Pro, MySQL, Python, Open Data Kit (ODK) were used to develop those applications.

Continuous efforts were made to reduce ICT operational costs. Through negotiations with the service providers, 30 per cent in savings on internet connectivity costs was achieved in 2017. Upgrades in hardware and network infrastructure were carried out to improve the security, performance, reliability and availability.

Through the UN ICT working group, UNICEF played a key role in upgrading the UN radio network from analogue to digital. This important upgrade will provide staff members with an advanced and reliable security communication network based on digital VHF and GPS technologies.

Throughout the year, hardware and software support were provided for around 160 users.

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Eighty per cent of pregnant women, newborns, children and adolescents have equitable access to and utilize high-impact, cost-effective and quality health interventions and practice healthy behaviours by 2020.

Analytical statement of progress

Health systems strengthening support has contributed to increasing full immunization coverage from 69 per cent in 2016 to 86 per cent in 2017 and more district hospitals offering comprehensive emergency obstetric and neonatal care from 71 per cent in 2016 to 90 per cent in 2017.

However, at least six district hospitals are not providing comprehensive emergency obstetric and neonatal care services due to the unavailability of theatres and blood bank services. There was a decrease in the proportion of district hospitals with at least three doctors from 80 per cent at the beginning of the year to 67 per cent by end of year. This could have been a result of the diminishing retention allowances, as the human resources for health scheme was greatly affected by reduced donor funding. As a strategic response to this challenge, UNICEF is advocating with the Ministry of Health and Child Care to mobilize resources and ensure retention of health workers.

The continued technical and logistical support to the Ministry of Health and Child Care in supply chain activities such as forecasting, procurement and vaccine distribution ensured consistent availability of vaccines at all levels. The continual support to expanded programme on immunization outreach activities has seen 88 per cent of the districts achieving above 80 per cent DPT3 coverage as of July 2017, surpassing the Global Vaccine Action Plan target of 80 per cent.

The production of Adverse Events Following Immunisation Surveillance Guidelines and training of 160 health workers from all levels equipped health workers with the knowledge and skills on the investigation process, classification, reporting and communicating on adverse events following immunisation.

Following training of 179 health workers and ongoing on-job mentoring on effective vaccine management using a computerised stock management tool there was a gradual improvement of potent vaccine availability at all levels. There were no vaccine stockouts reported at any levels throughout the year. Ninety-eight per cent of health facilities had full availability of functional cold chain equipment due to prompt repair and maintenance by 66 district trained cold chain technicians. UNICEF support to the Ministry of Health and Child Care resulted in the continued supply of gas to 661 health facilities and expansion of solar refrigerator to 386 facilities.

The ongoing clinical mentorship programme/approach supported by UNICEF in five provinces and the United Nations Population Fund (UNFPA) in three provinces continued to improve access to life-saving services for mothers, newborns and young children. This included enhanced quality and access to comprehensive emergency obstetric and neonatal care, the procurement of 11,000 blood coupons benefiting pregnant and post-partum women, the rolling out of the 'kangaroo-mother care approach in 60 district hospitals, building health worker skills on essential care for every baby, including management of small and sick newborns, sick

newborns and under five children have access to the integrated management of newborn and childhood illnesses in 89 per cent of health facilities where at least one health worker was trained.

With the introduction of the emergency triaging assessment and treatment programme last year, the very sick under five children now access improved referral care in the district hospitals and higher-level referral hospitals. This is expected to contribute to less children dying and a decreased under-five mortality rate.

OUTPUT 1 Strengthened health systems capacity to deliver quality rights based and gender sensitive maternal new born child and adolescent health care

Analytical statement of progress

Health systems strengthening support has contributed to increasing full immunization coverage from 69 per cent in 2016 to 86 per cent in 2017 and more district hospitals offering comprehensive emergency obstetric and neonatal care from 71 per cent in 2016 to 90 per cent in 2017.

However, at least six district hospitals are not providing comprehensive emergency obstetric and neonatal care services due to the unavailability of theatres and blood bank services. There was a decrease in the proportion of district hospitals with at least three doctors from 80 per cent at the beginning of the year to 67 per cent by end of year. This could have been a result of the diminishing retention allowances, as the Human Resources for Health scheme was greatly affected by reduced donor funding. As a strategic response to this challenge, UNICEF is advocating with the Ministry of Health and Child Care to mobilize resources and ensure retention of health workers.

The continued technical and logistical support to the Ministry of Health and Child Care in supply chain activities such as forecasting, procurement and vaccine distribution ensured consistent availability of vaccines at all levels. The continual support to Expanded Programme on Immunization outreach activities has seen 88 per cent of the districts achieving above 80 per cent DPT3 coverage as of July 2017, surpassing the Global Vaccine Action Plan target of 80 per cent.

The production of Adverse Events Following Immunisation Surveillance Guidelines and training of 160 health workers from all levels equipped health workers with the knowledge and skills on the investigation process, classification, reporting and communicating on adverse events following immunisation.

Following training of 179 health workers and ongoing on-job mentoring on effective vaccine management using a computerised stock management tool there was a gradual improvement of potent vaccine availability at all levels. There were no vaccine stockouts reported at any levels throughout the year. Ninety-eight per cent of health facilities had full availability of functional cold chain equipment due to prompt repair and maintenance by 66 district trained cold chain technicians. UNICEF support to the Ministry of Health and Child Care resulted in the continued supply of gas to 661 health facilities and expansion of solar refrigerator to 386 facilities.

The ongoing clinical mentorship programme/approach supported by UNICEF (in five provinces) and UNFPA (in three provinces) continued to improve access to life-saving services for

mothers, newborns and young children. This included enhanced quality and access to comprehensive emergency obstetric and neonatal care, the procurement of 11,000 blood coupons benefiting pregnant and post-partum women, the rolling out of the 'kangaroo-mother care approach in 60 district hospitals, building health worker skills on essential care for every baby, including management of small and sick newborns. Sick newborns and under five children have access to the integrated management of newborn and childhood illnesses in 89 per cent of health facilities where at least one health worker was trained.

With the introduction of the emergency triaging assessment and treatment programme last year, the very sick under five children now access improved referral care in the district hospitals and higher-level referral hospitals. This is expected to contribute to less children dying and a decreased under-five mortality rate.

OUTPUT 2 Strengthened commitment, partnerships and accountability to plan, budget, finance and monitor the scale-up of low-cost evidence-based health interventions, including in humanitarian situations.

Analytical statement of progress

UNICEF Zimbabwe, together with World Bank, continued to support results-based financing . This has helped primary health facilities improve their capacity to plan, budget, finance and monitor the scale-up of low-cost evidence-based health interventions. Through the approach, they have become more accountable to the communities they serve through the involvement of the health centre committees and client satisfaction surveys, and motivated staff through performance-based incentives. Through the results-based financing mechanism, facilities have funds for the day-to-day running of health facilities, resulting in no user fees being charged for full maternity and child health services.

UNICEF, in collaboration with UNFPA supported the Ministry of Health and Child Care to develop and finalise the Directorate of Pharmacy Services Strategic Plan (2017-2020) in line with the National Health Strategy (2016-2020). Together with WHO, UNICEF is supporting the Ministry to develop the Human Resources for Health Strategy, including the conduct of the Workload Indicator Survey.

In collaboration with World Bank, World Health Organization (WHO) and Clinton Health Access Initiative, UNICEF supported the Ministry of Health and Child Care to revise the indicator prices in the Results-Based Financing Programme Implementation Plan and the quality checklist used to assess and monitor quality of services. This now puts more emphasis on improving the quality of services provided by health facilities rather than just the quantity.

UNICEF continued to support the Medicines Control Authority to ensure quality of medicines and health commodities through pre- and post-distribution quality testing, and to update the Zimbabwe Essential Medicines List which contains guidelines for their use in facilities.

With UNICEF's support, a health systems assessment was conducted to provide an analysis of the Zimbabwean health system on three critical pillars: human resources for health, pharmaceuticals, and results-based financing. The short-term recommendations were incorporated into the workplan for implementation.

UNICEF supported the Ministry of Health and Child Care's review and planning meeting with donors, where all programmes were reviewed and implementation plans for the next year

developed.

UNICEF in collaboration with African Leaders' Malaria Initiative (ALMA) supported the development of the Zimbabwe reproductive, maternal, newborn, child, and adolescent health scorecard. This is now being used at national and provincial levels for programme monitoring and feedback for action. The scorecard will soon be rolled out to district and community levels, not only to provide real-time monitoring for decision making, programme adjustments and feedback, but also as a tool to foster accountability for results.

OUTPUT 3 Increased demand and equitable utilisation of quality maternal, newborn, child and adolescent health services among disadvantages and marginalised groups.

Analytical statement of progress

UNICEF continued to play a critical role in strengthening community health services and improving quality of health service delivery at the community level by supporting the scale up of integrated training for village health workers.

A major focus during the reporting period was to sustain the gains and maintain coverage while paying attention to improving quality and reducing the gaps between and within provinces of households without access to a village health worker. More than 1,498,592 (75 per cent) of rural households countrywide have access to integrated community health services delivered through village health workers. UNICEF, through the Health Development Fund and other sources continued to provide evidence-based support to increase the number of village health workers in districts with lowest coverages through targeted three-week training. Pre-service training was provided to 1,520 new village health workers. They gained the knowledge and skills to provide a comprehensive package of basic preventive, promotive and curative health, nutrition, WASH and HIV services, including cross cutting issues such as gender, psychosocial support, communication for development and disability.

UNICEF and the United Nations Development Programme (UNDP), through the Ministry of Health and Child Care, supported the enrolment of all village health workers into an electronic database. Currently, 15,879 village health workers have been enrolled and verified against an expected target of approximately 18,500. The database is likely to ensure timely disbursement of village health workers stipends; this would motivate them and improve their performance. Additionally, UNICEF paid token allowances to incentivize 9,893 (57.8 per cent) of village health workers complemented by 7,440 paid by the Global Fund.

District Health Information System data indicated that village health workers contributed significantly to management of malaria at community level. Over 90 per cent of cases screened for malaria were tested and treated at community level. Demand was created for services within their communities, as shown by an increase in the number of pregnant women identified and referred from the community to the health facilities for antenatal care booking before 14 weeks. About 40,965 (91 per cent) pregnant women were referred by end of September against an annual target of 45,000.

UNICEF's support to engage and empower communities through community dialogues in 28 low performing districts created awareness, brought about change in behaviours and attitude and consequently increased utilization and uptake of immunization and other priority maternal, neonatal and child health services.

UNICEF, working with the Joint UN Programme on HIV and AIDS (UNAIDS) and UNFPA, supported the finalization of the Community Systems Strengthening Framework which will build a foundation for the development of the community health worker strategy in Zimbabwe. Additionally, UNICEF and UNFPA supported a learning visit to Ethiopia where 14 officers participated. Best practices to be adopted by the country were identified which include defining a service package, curriculum, selection and deployment of the rightful cadres, re-engineering primary health care, drafting a road map and plans to advocate and pioneer reforms required for a viable community health system that contributes to achievement of universal health coverage.

OUTCOME 2 By 2020, at least 80 per cent of children, pregnant women and adolescent girls and boys have equitable use of proven HIV prevention and treatment interventions.

Analytical statement of progress

In 2017, UNICEF contributed toward the goal of ensuring that 80 per cent of pregnant women, newborns, children and adolescents have equitable access to and utilize high-impact, cost-effective and quality health interventions and practice healthy behaviours by 2020.

The approach of UNICEF continued to be based on a differentiated response, targeting 23 priority districts and most-at-risk age groups and /gender (children and adolescents, focusing on girls). This is through an intensified partnership working closely with Ministry of Health and Child Care, the National AIDS Council, NGOs, other UN agencies and bilateral donors. The 23 districts were selected based on the following criteria: high HIV prevalence, non-PEPFAR supported districts and with low performance in terms of reaching the 90-90-90 targets.

The basis for all the interventions was a continuous gap assessment and bottleneck analysis at district level for evidence-based programme implementation. Health workers from all except one province, were trained to undertake the analysis of the HIV cascade indicators, use the analysis to define the bottlenecks and prepare an “action plan” to address the identified gaps. As a result of the training, the utilization of data to inform programming was improved. This was validated through the better quality of the districts’ implementation plans submitted to UNICEF as well as during the supportive supervision visits to the UNICEF-supported districts.

In upstream work, UNICEF contributed to the national resource mobilization through provision of technical support in the development of the concept note on HIV for the Global Fund, ensuring that equity issues and children and adolescents priorities were captured. In addition, financial and technical support was provided for the development of the elimination of mother-to-child transmission of HIV (eMTCT) plan (2017-2021). The plan is expected to result in accelerated implementation of the interventions that will eventually lead to Zimbabwe being validated for elimination of mother-to-child transmission of HIV by 2021. Technical and financial support was provided in development of the National HIV Prevention Revitalization Plan which adopted the new “combination HIV prevention approach”. The Plan was endorsed at a regional meeting held in Victoria Falls in the first quarter of the year.

UNICEF contributed in supporting the Ministry of Health and Child Care in modelling successful initiatives that can be scaled up at national level. The first successful pilot, conducted in collaboration with WHO, was the family centred approach as an innovation for identification of HIV-infected children and adolescents through index case HIV testing. The second supported study was on the feasibility of introducing Lopinavir pellets to improve adherence to antiretroviral treatment (ART) of infants.

UNICEF contributed to the achieved results through training and mentoring of health workers on paediatric ART management, child and adolescent HIV counselling and collection of dry blood samples for early infant diagnosis.

By end of September 2017, 90.4 per cent of the health facilities had at least one health worker trained in counselling of children and adolescent girls and boys, resulting in 98 per cent of the health facilities offering paediatric ART.

UNICEF also supported the capacity development of Ministry of Health and Child Care and partners at national and provincial level on equity-focused and evidence-based planning and programme implementation. UNICEF contributed in strengthening the coordination of the scale up of early infant diagnosis at national level in collaboration with the Clinton Health Access Initiative and the Elizabeth Glaser Paediatric AIDS Foundation, through UNITAID.

As part of its humanitarian response, UNICEF provided HIV information and maintained access to services and medicines to flood-affected populations.

Successful cross-sectorial initiatives were undertaken during the year with nutrition, health, child protection, education and social policy and research sections. In collaboration with nutrition, the integration of HIV testing into integrated management of acute malnutrition services as a strategic entry point for identifying more children living with HIV led to higher yield. In addition, in close collaboration with the education section, life skills, sexuality and HIV were included in the revised school curriculum. With child protection section, the HIV-sensitive social protection programme was implemented successfully using the harmonized social cash transfer platform as an entry point in 10 districts. This has enhanced linkages and referrals for children in need of HIV services from vulnerable households to health facilities. It has also improved the referral of vulnerable HIV-infected children, adolescents and pregnant women in need of social support from health workers to the community case care workers.

UNICEF successfully revived two partnerships during the year. The first was with Africaid, a local NGO, to support the Zvandiri/peer model for prevention and treatment and care for children and adolescents with HIV in four high-prevalence districts. The second was with NGO OPHID to scale up the integration of HIV in integrated management of acute malnutrition. These revived partnerships resulted in improved paediatric testing coverage as well as adherence of children and adolescents on ART.

Decreased funding for HIV and AIDS in 2017 was a challenge but also an opportunity to put more effort in leveraging and integrating successfully with other sectors.

Other key challenges experienced were:

- Poor use as well as quality of data;
- Inadequate tools for reporting of integration (for example, HIV in integrated management of acute malnutrition) and of community activities;
- Weak mechanisms for coordination of implementation of integrated interventions;
- Gaps in a more in-depth analysis of the ALL IN phase 1;
- Slow uptake of early infant diagnosis;
- A delay in the implementation of the activities due to delay in submission of the district implementation plans, and;
- Competing priorities affecting the timely implementation of the workplan agreed with the Ministry of Health and Child Care.

OUTPUT 1 Increased national, provincial, district, facility and community service delivery capacity to provide essential rights- and gender-sensitive HIV information and services for women, children and adolescent girls and boys, including in humanitarian situations.

Analytical statement of progress

Activities aimed at strengthening capacity at all levels to provide essential rights and gender-sensitive HIV information and services. UNICEF provided technical and financial support in the development of Global Fund HIV/TB and health systems strengthening concept notes, National HIV Estimates report 2016, Adolescent Sexual and Reproductive Health Strategy, National Laboratory Strategy and HIV Testing Strategy.

High service coverage was maintained with 98 per cent of facilities offering HIV testing, 95 per cent offering prevention of mother-to-child transmission and 98 per cent offering paediatric ART.

UNICEF provided technical and financial support to the Ministry of Health and Child Care towards the dissemination of Operational and Service Delivery guidelines and the national ART guidelines to provincial and district health teams.

UNICEF's response to the humanitarian crisis included:

- Training of 44 national trainers and 194 health workers in HIV/nutrition integration in the supported 11 emergency districts;
- Revision of HIV/nutrition integration in emergencies guidelines with the support of UNICEF Regional Office;
- Provision of information, education and communication materials to ensure access to HIV services and adherence to treatment; and;
- Capacity development of village health workers for integrated response and messaging in flood-affected areas.

Technical support was provided to 23 low-performing districts to review local data and develop action plans for scaling up paediatric/adolescent HIV, and with the attachment of 150 health workers to strengthen the capacity to manage children and adolescents living with HIV. In addition, health workers were mentored to strengthen capacity to collect dried blood spots for early infant diagnosis, medicine stock management, and data collection and reporting.

UNICEF supported the Ministry of Health and Child Care in collaboration with other partners to conduct two successful initiatives in order to generate evidence to be scaled up at national level. The first study determined the feasibility of introducing Lopinavir pellets to improve ART adherence in infants. The second pilot, on a family-centred approach in two districts, demonstrated that identification of children and other family members living with HIV increases by 37 per cent through Index Case Testing and enables their initiation on treatment early. The qualitative assessment showed that this approach was acceptable among health workers and it can be replicated.

Technical support to the Department of Laboratory Services was provided to roll out point of care technologies to ensure access to EID for underserved populations.

UNICEF provided technical support to the national HIV programme through active participation to the various technical working groups, joint UN meetings. UNICEF supported and provided recommendations to the end-term evaluation of the HIV Treatment and Care Strategy.

OUTPUT 2 Strengthened leadership, commitment, accountability and capacity for evidence-based equity-focused planning and budgeting for scale-up of HIV and AIDS prevention and treatment interventions for children and adolescent girls and boys.

Analytical statement of progress

UNICEF Zimbabwe focused on ensuring that capacity, leadership and accountability for evidence-based equity focused planning and budgeting for scaling up of HIV response is strengthened.

UNICEF supported the Ministry of Health and Child Care to develop national and subnational 2017 workplans resulting in coordinated implementation and good monitoring of activities.

In order to strengthen the capacity of analysis and use of quality data to inform programmes at all levels, different activities including formal training, on-job training and mentoring were conducted during the year. Seventy-five health workers from 11 districts hit by the emergency were trained on data-capturing and on the updated registers for moderate acute malnutrition and severe acute malnutrition registers. In addition, partnering with the Clinton Health Access Initiative, 96 health workers were trained and oriented on developing HIV cascades, with improved bottleneck analysis and data utilization to identify gaps in service provision.

UNICEF supported the Ministry of Health and Child Care to conduct a situational analysis of patients who were lost-to-follow-up in Buhera district, which has a high number of such patients. The analysis showed that half were not lost, but were either in care, had transferred or died. About one-third of them could not be traced due to incorrect or missing contact details. The study concluded that timely and active tracking of patients-lost-to-follow-up can improve ART retention. This was particularly the case when combined with strategies to improve accuracy in filling patient records, verification of contact details and quality ART counselling, as well as coordinated tracking by facility-based and village health workers. Continuous quality ART counselling could also help to address knowledge and belief gaps identified for at least two thirds of the patients in this study.

UNICEF with the Coalition against Child Labour in Zimbabwe (CALCLAZ) and the National AIDS Council conducted a validation of the research on “young women in commercial sexual exploitation along two transport corridors in Zimbabwe” that showed the gaps in services tailored for the most vulnerable young women.

Financial and technical support was also provided in formulating elimination of mother-to-child transmission of HIV (eMTCT) plan (2017-2021). The plan is expected to result in accelerated implementation of the interventions that will eventually lead to Zimbabwe being validated for elimination of mother-to-child transmission of HIV by 2021.

Financial and technical support was provided to OPHID to conduct a study to identify bottlenecks and enablers in integrating HIV testing in integrated management of acute malnutrition services in four selected districts.

In addition, technical support was provided throughout the process of development of national HIV estimates as well as continuous quality check of the HIV/nutrition data.

OUTPUT 3: Enhanced capacity of children, adolescents and caregivers to adopt behaviours that empower them to prevent HIV and facilitate utilization of relevant HIV and AIDS services.

Analytical statement of progress

UNICEF continued efforts aimed at enhancing the capacity of children, adolescents and caregivers to adopt positive behaviours in order to access and utilize comprehensive HIV services, including in humanitarian situations. To achieve this, UNICEF supported districts' plans to implement a combination prevention strategy including different innovative HIV testing approaches. These approaches include use of information technology, provider-initiated testing and counselling, targeted community-based HIV testing, community mobilization for increased demand for services, peer adolescents' support and linkages with schools.

An increase of 24 per cent of adolescents (10-19 years) being tested for HIV was found compared with 2016. Overall, more women than men were tested, except for the 10-14 years group, probably because of mandatory HIV testing during male circumcision. In addition, 32,872 adolescents (19,766 females; 13,106 males) were retained in care, including in drought-affected districts.

During 2017, technical support was provided to develop the integrated key HIV, nutrition, child protection and WASH messages. Sixty-four community leaders (14 females; 50 males), 133 village health workers and people living with HIV (102 females; 31 males) were trained. About 20,400 people were reached through awareness sessions on these messages facilitated by trained community leaders, village health workers and people living with HIV in two districts as part of the drought response. In addition, nutrition and HIV communication materials (10,000 pamphlets and fact sheets, 200 floppy hats and 4,000 adolescent-friendly counselling and training tools) were distributed to health workers, children and adolescents. The tools were commended by children and adolescents for demystifying their fear, increasing HIV knowledge and focussing on the importance of ART adherence. As a result of UNICEF's advocacy on the need to integrate HIV in humanitarian responses, the Ministry of Health and Child Care and National AIDS Council facilitated emergency provision of ARVs in two flood-affected districts.

U-Report, an innovative social media approach, was functional most of the year, and 10 trained community treatment adherence supporters helped 2,576 young people (1,089 females, 1,487 males) in addressing issues like HIV testing, adherence and sexual and reproductive health.

In order to ensure provision of HIV-sensitive child protection services, the capacity of 191 health workers (145 females, 46 males) on HIV counselling and testing for children and adolescents as well as of 233 community treatment adherence supporters was built in collaboration with Africaid. During 2017, there was an increase of proportion of health facilities with trained community treatment adherence supporters from 15 per cent in 2016 to 46 per cent in 2017. In four supported districts, 120 supporters were provided with mobile phones to enhance data capturing and real-time reporting.

The capacity of 4,400 caregivers and village health workers was built on HIV information and the importance of treatment adherence. This resulted in improved relationships and communication among children/adolescents, caregivers and health workers, reduced stigma and discrimination and improved adherence among children/adolescents.

Capacity building was undertaken for 380 school teachers in 150 selected schools in UNICEF-supported districts. With the knowledge and skills gained, teachers were able to facilitate

activities to reduce HIV-related stigma and discrimination in their schools, to identify and refer children for HIV services or medical care.

OUTPUT 4 Programme Support Costs (Staff Salaries and Related Costs)

Analytical statement of progress

Payroll charges for five staff members were covered, and this included international and national staff members.

OUTCOME 3 By 2020, Zimbabweans have increased and equitable use of safe drinking water, sanitation and improved hygiene practices.

Analytical statement of progress

The WASH situation in Zimbabwe remained fragile. The country experienced above-normal rainfall at the beginning of 2017. The Government declared a State of Flood Disaster following the impacts of heavy incessant rains that were worsened by the effects of the tropical depression, Cyclone Dineo. The country experienced a typhoid outbreak which affected Harare city the most. Of the 3,806 cases reported nationally, 3,423 cases were reported from Harare. The typhoid outbreak claimed 19 lives, of which 15 were from Harare. The country also experienced 19 cases of cholera, with zero deaths reported nationwide.

UNICEF Zimbabwe continued to partner with the Government and civil society to respond to the emergencies nationwide, including the typhoid outbreak in Harare. Over the reporting period 341,998 people in humanitarian situations accessed safe drinking water while 453,334 people in humanitarian situations were reached with key hygiene messages through UNICEF support.

UNICEF also continued to support the Government in working towards the achievement of SDG 6 on clean water and sanitation. UNICEF supported the provision of improved water supply to six urban centres under its Small Towns WASH Programme through the rehabilitation of defunct water supply systems. The rehabilitation works resulted in a two-fold increase in water production in seven towns, from a baseline of 28.9 mega litres to 54.3 mega litres. It also improved the reliability of the water supply and distribution system by increasing the stand-by capacity from a baseline of 21 per cent to 90 per cent. Overall, 2,102 additional people (1,009 males; 1,093 females) now have access to water and 113,737 people (54,594 males; 59,143 females) now receive an improved level of service for water supply in these urban centres. The rehabilitation of 2,276 water points in 12 additional rural districts under the rural WASH project benefitted 614,670 people (295,042 men; 319,628 women).

The concept of 'open defecation free' is progressively taking firm root within the country. Implementing partners in civil society phased out of 33 districts leaving the Rural District Councils to implement and monitor Sanitation Focused Participatory Health and Hygiene of the Rural WASH Project. Over this period, 17,648 household latrines were constructed, benefiting an additional 117,889 people (56,587 males; 61,302 females) with access to adequate sanitation. An additional 536 villages were declared open defecation free across the 33 districts. Triggering was done in 894 villages in the 12 new Rural WASH Project districts. The rural district councils are supporting the post triggering activities to ensure that villages achieve the open defecation free status. The rehabilitation of the sewerage system in six towns also benefitted 28,271 people (13,570 males; 14,701 females) who now have improved sanitation service levels.

Hygiene promotion remained a key component, primarily through participatory health and hygiene education approach. Direct NGO facilitation of hygiene promotion came to an end during 2016 under an agreed exit strategy. Hygiene promotion is ongoing in 14 urban centres under the guidance of the local authorities, with support from UNICEF. A total of 207,538 people (116,892 females and 90,646 males) were reached with key hygiene messages in the 14 urban centres implementing the Small Towns WASH Programme.

OUTPUT 1 Enhanced support for children, adolescent girls and families leading to sustained use of safe drinking water, adoption of adequate sanitation and good hygiene practices.

Analytical statement of progress

UNICEF focused on building the capacity of government, implementing partners and community WASH stakeholders at different levels on the Sanitation-focused Participatory Health and Hygiene Education (SafPHHE) in 33 districts and rolling out the Rural WASH Project Phase 2 in 12 additional districts. The implementing NGOs phased out of 33 districts in October 2016 after ensuring that sustainability plans had been put in place to sustain the gains of the project.

Capacity building efforts done during implementation and the sustainability plans put in place for the government structures to implement SafPHHE proved effective. As a result, 17,648 self-sponsored household latrines were constructed after project phase out under the direct support of the Rural District Councils. The latrines provide adequate sanitation for 117,889 people (56,587 males; 61,302 females). A total of 536 villages were certified open defecation free (during the period under review).

In addition, training on SafPHHE in the new 12 districts has led to the triggering of 897 villages for open defecation free. To date, 3,008 households have constructed latrines without subsidy while 806 households were supported with a minimal subsidy. The new latrines benefit 178,959 people. No villages have been declared open defecation free in the new districts. The cumulative total from the entire project area is 3,091 villages. UNICEF is in the process of developing a sustainability check list to effectively monitor and support villages to retain the open defecation free status.

Borehole repairs commenced in August in 12 rural districts under the Rural WASH Project. Total of 2,276 water points and one piped water scheme were repaired which are benefitting 614,670 people (295,042 men and 319,628 women). To ensure sustainability of the water points, 2,710 water point committees and 1,076 village pump mechanics were trained.

Under the Small Towns WASH Programme, contracts for rehabilitation works of water supply infrastructure and sewer infrastructure in all Phase 2 towns (Bindura, Chipinge, Chiredzi, Karoi, Plumtree, Rusape and Shurugwi) were issued in 2016. The contracts for the works expired during the period under review and certificates for works satisfactorily completed have been issued by the consulting engineers for six out of the seven target towns.

The Phase 2 towns' interventions resulted in 2,102 additional people (1,009 males; 1,093 females) having access to water and 113,737 people (54,594 males; 59,143 females) receiving an improved level of service for water supply. A total of 28,271 people (13,570 males; 14,701 females) receive an improved level of service on sanitation.

UNICEF supported local authorities in 14 urban centres to conduct hygiene promotion through

community health clubs following the exit in June 2016 of the NGOs which had provided technical facilitation. A total of 207,538 people (116,892 females and 90,646 males) were reached through the health clubs with key hygiene messages.

OUTPUT 2 Enhanced national capacity and partnerships to provide equitable access to safe drinking water and adequate sanitation.

Analytical statement of progress

The community-based management strategy continued to guide the local level management of operation and maintenance system of WASH infrastructure in Zimbabwe. An additional 2,710 water point committees were trained in 12 districts. This brings the total of water point committees trained in 57 districts to 13,050 since 2014.

UNICEF supported the development of an investment case for the WASH sector in Zimbabwe. This was done following the participation of the Minister of Environment, Water and Climate and the Minister of Health and Child Care at the High Level meeting on Sanitation, Water for All. The investment case is meant to guide the WASH sector on prioritizing investments.

The development of the WASH Public-Private Partnership Framework was completed. However, the current economic challenges in Zimbabwe do not support economically viable investments. Thus, the private sector is hesitant to invest in WASH which poses a challenge to the implementation of the framework. In light of this, UNICEF continued to support the development of an SMS-based notification and response mechanism that connects private service providers such as village pump mechanics directly to the community. The system reports all waterpoint breakdowns to a village pump mechanic for a response and to make the necessary repairs. Service providers also have access to this SMS-based notification and response mechanism, which helps them to determine market requirement and available of spare parts.

OUTPUT 3 Strengthened national capacity to legislate, coordinate, plan and monitor scaling-up of rights- and gender-sensitive interventions to promote safe drinking water, adequate sanitation and good hygiene practices.

Analytical statement of progress

UNICEF supported the development of the National Sanitation and Hygiene Policy. The policy aims to guide the nation on sanitation and hygiene issues to promote an open defecation free nation by 2030, through ensuring universal access to sanitation facilities. The policy was finalized and endorsed by the National Action Committee for WASH. It awaits being presented to the Cabinet by the Minister of Health and Child Care.

The Government's capacity to legislate, coordinate, plan and monitor WASH services was also being built through:

- i. Supporting districts and provinces with critical supplies to deliver WASH services;
- ii. Training on various WASH issues such as SafPHHE, hygiene promotion; Promun (financial management information for the public sector; operation and maintenance of WASH infrastructure at the various government/ and local authority levels, and;
- iii. Supporting the Rural WASH Information Management System (RWIMS).

UNICEF supported improvements in the RWIMS system to address challenges of delayed updating of water points that have broken down, as well as lack of response to reported faults by service providers. The RWIMS SMS notification and response system capacitates the communities to play a more active role in reporting faults at their water points. Through the system, community members send messages through a free SMS to report any change in status of their water point. The messages which use the UNICEF-supported RapidPro system are simultaneously be sent to the Enumerator for updating status in RWIMS and the village pump mechanic(s) responsible for repairs on the water point. This system was successfully piloted in one district. Although funding constraints are affecting roll out, UNICEF continues with resource mobilization efforts to sustain the innovation.

UNICEF supported the resuscitation of national coordination structures in all provinces and districts. Working through the National Coordination Unit, UNICEF engaged the three remaining provinces for the resuscitation of their respective district structures. The structures were oriented on their terms of reference. Due to funding constraints, 12 out of the 27 remaining districts will be supported with critical supplies to improve monitoring of WASH services. UNICEF is therefore supporting all eight provinces and 75 per cent (45 of 60) of the districts of the National Action Committee subnational structures with critical supplies.

UNICEF also continued to provide technical support to the WASH Sector Information and Coordination Forum and the urban rehabilitation technical working group. These platforms provide a valuable means for coordination and information sharing, bottleneck identification and solutions by Government and implementing partners, as well as for discussion of emerging technical issues.

OUTPUT 4 Increased national capacity and delivery of services to ensure that girls, boys and women have protected and reliable access to sufficient safe water, sanitation and hygiene facilities in humanitarian situations.

Analytical statement of progress

Working with the Government and through the facilitation of civil society implementing partners, UNICEF responded to several emergency situations in 2017. A total of 341,998 people in humanitarian situations were reached with safe drinking water. This was achieved through the repair of 891 boreholes, rehabilitation of 23 piped water schemes (solar powered) and drilling of 52 new boreholes in drought, flood and typhoid affected areas.

Hygiene promotion was a key activity conducted in drought-affected districts. A total of 453,334 people were reached with key health and hygiene education during the various emergencies. Furthermore, 65,744 households received non-food item kits containing a 20 litre bucket with lid and tap, 20 litre jerry cans, 1kg bars of all-purpose soap, household water purification chemicals, and communication materials to promote safe hygiene practices. The implementation of the emergency WASH activities followed the rural WASH development programme coordination and implementing structures, which have proven to be effective in ensuring sustainability, rapid deployment and roll-out of the WASH emergency programme.

UNICEF supported the Government in coordinating WASH response in emergencies through the Emergency Strategic Advisory Group and also in partnership with the UN Country Team and implementing partner NGOs.

The country experienced floods during the 2016/17 rainy season which saw about 200

community boreholes being flooded resulting in the contamination of the borehole water. The Government, with support from its partners reacted by flushing the boreholes. A concept note was tabled before the Sustainability Sub-Committee of the National Action Committee to develop WASH infrastructure and systems which are resilient to climate change shocks and impact. This will be done through the development of Water Infrastructure Safety Plans. Water safety planning has been described as a preventive risk management approach for ensuring the safety, acceptability and durability of water supply infrastructure. Water safety plans seek to address the risks to water availability, quality and system functionality posed by climate-related hazards.

OUTPUT 5 Programme Support Costs (Staff Salaries and Costs)

Analytical statement of progress

Payroll charges for 13 staff members were covered and this included international and national staff members.

OUTCOME 4 Infants, young children and mothers have increased and equitable use of nutritional services and improved nutrition and care practices, with a focus on stunting.

Analytical statement of progress

Most of the indicators and planned activities progressed as expected during 2017. Capacity building of both facility-based and community-based health workers as well as members of multi-sectoral committees at district and ward levels targets were met. Training was successfully conducted in community infant and young child feeding (IYCF), baby-friendly hospital initiative (BFHI), active screening and the integrated management of acute malnutrition in the 15 multi-sectoral community-based model districts and 25 emergency districts. This resulted in early case findings, increasing by nearly 35 per cent the admissions of children with severe acute malnutrition from 16,423 last year to 22,100. This was an outcome of training of over 1,321 health workers on the updated management of acute malnutrition guidelines and 7,443 village health workers on how to conduct active case finding and referral of children with malnutrition.

To improve IYCF indicators, 45 hospitals providing maternity services received training in the baby-friendly hospital initiative. The BFHI monitoring was undertaken and the majority of hospitals are ready for assessment. Training of BFHI assessors and the subsequent assessments for these hospitals will be aim of BFHI certification. The country also developed a baby-friendly hospital initiative costed strategy which takes into account the 2017 global recommendations for implementation. The strategy will provide a framework for implementation of the programme, closing the gaps identified over the last decade of implementation and capitalize on available opportunities for improved programming. Of the targeted 6,750 village health workers, 5,415 (80 per cent) were trained in community infant and young child feeding. This resulted in the proportion of infants exclusively breastfed recorded as 73 per cent, surpassing the 2017 target of 50 per cent.

The year also saw the development of an integrated package for nutrition, HIV, WASH, child protection and early stimulation, targeting the caregivers of children aged 0 to 24 months through the mother support groups.

The establishment of mother support groups was also prioritized. A total of 2,061 mother support groups have so far been established, extending IYCF key messages to 53,672

caregivers with children below two years. The other key focus was establishing ward food and nutrition security committees and the development and implementation of micro plans in 19 multi-sectoral community-based model districts to strengthen coordination and implementation of Scaling Up Nutrition (SUN) interventions at community level. So far, 295 ward food and nutrition security committees have been established and have developed micro plans to guide activity implementation. UNICEF provided support to train 15 new district food and nutrition committees, adding to the existing four committees. Some 44 per cent of wards in the 19 districts have established a ward food and nutrition security committee. These committees coordinate multisectoral community-based approach to reduce stunting. Financial support from both DFID and the European Union enabled the scale up of the multisectoral community-based model for stunting reduction in 19 districts. This has resulted in strengthened coordination and governance of the food and nutrition activities as well as accelerating implementation of stunting reduction actions.

Through the DFID support to the Multisectoral Community Based Model programme, UNICEF supported a baseline survey in 15 districts. The baseline survey report is key in establishment of key drivers of stunting and better inform programming. Additionally, UNICEF supported Government's Food and Nutrition Council (financially and technically) and participated in the lean season Zimbabwe Vulnerability Assessment well as the urban vulnerability assessment, conducted early in the year. The findings from the assessments showed a decrease in the global acute malnutrition rate from 5.7 per cent in 2016 to 3.1 per cent in 2017 and improved food security.

In 27 nutrition emergency districts, UNICEF managed to support the Standardized Monitoring and Assessment of Relief and Transitions survey and Lot Quality Assurance Sampling assessment in 18 districts. They reported higher vitamin A coverage than captured in the National Health Information System, which could suggest that the quality of the routine data may be compromised. As a strategic response, data quality assessment of the routine National Health Information System data will be conducted to assess the quality of the data and appropriate actions taken to improve it. As a result of these assessments, new prevalence rates for severe acute and moderate acute malnutrition were established and some adjustments were made to the caseloads in the emergency districts.

UNICEF supported integration of nutrition activities into the Africa Vaccination Week which usually focuses on the expanded programme of immunization. This led to a realization of the need to integrate health and nutrition activities into national campaigns to increase access to these services. During the Week the following activities were carried out:

- i. Integrated active screening with 378,417 children under five years reached;
- ii. Growth monitoring with 406,962 children reached;
- iii. Vitamin A supplementation reaching 50 per cent of children;
- iv. Deworming of 321,567 children, and;
- v. Immunization.

Vitamin A coverage through routine services remained low in the country at 51.5 per cent. The first quarter meeting of donor organizations with the Ministry of Health and Child Care recommended the task shifting of to enable village health workers to administer Vitamin A.

In 2016, the Government gazetted the Food and Food Standards (Food Fortification) Regulation, SI 120 of 2016. The legislation was affected on 1 July 2017, and UNICEF actively supported advocacy and communication activities to prepare the country for mandatory food fortification of four staple food vehicles (wheat flour, maize meal, sugar and vegetable oils).

OUTPUT 1 Equity-focused national policies, legislation, strategies and plans adopted for scaling up of high-impact critical nutrition interventions.

Analytical statement of progress

Implementation of the different food and nutrition policies and strategies was strengthened during the year. The Zimbabwe Food and Nutrition Security policy and the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (national development blueprint) remained key strategic documents followed in implementation of both the nutrition emergency and the regular programmes. Four critical Ministries - Agriculture, Health, Social Services and Women Affairs - all have food and nutrition objectives incorporated in their 2017 plans.

Of the eight provinces, five developed costed multisectoral plans towards stunting reduction and food standards. About 295 wards out of the 585 wards targeted in 19 districts have established ward food and nutrition security committees, including all 19 districts targeted in 2017. This is expected to result in better coordination and implementation of stunting reduction programmes.

Following the passing of the legislation on Food Fortification Regulation (Regulations SI 120 of 2016, gazetted in November 2016), mandatory food fortification was affected in July 2017. Advocacy and communication to prepare for implementation of the legislation was intensified by UNICEF.

The integrated management of acute malnutrition guidelines were finalized, printed and disseminated. These are meant to standardize processes and procedures training and programme implementation. Technical capacity building on nutrition and HIV integration of nutrition managers was conducted. The first draft of integrated nutrition and HIV guidelines was finalized in the second half of the year and is expected to result in increased HIV testing of malnourished children.

UNICEF technically supported the drafting and finalization of the Baby-Friendly Hospital Initiative strategy. As a result, a stronger BFHI programme is expected, which will see more hospitals implementing the programme.

UNICEF, Save the Children, GOAL, and World Vision technically supported and mobilized resources to develop a strategy to implement and establish mother support groups in the community. These groups act as community support system for pregnant and lactating women. UNICEF supported the multisectoral community based model baseline assessment, and the will not only help direct the stunting reduction programme but also enhance monitoring and evaluation of the programme. The Standardized Monitoring and Assessment of Relief and Transitions survey and Lot Quality Assurance Sampling assessment were also conducted with support from UNICEF and the results widely shared.

OUTPUT 2 Strengthened subnational capacity to implement and coordinate multi-sectoral scale-up of services to protect, promote and support optimal nutritional status of boys, girls and women, including in humanitarian situations.

Analytical statement of progress

The effects of the 2016 El Nino induced drought were still felt in early 2017 and these were exacerbated by the floods that mostly impacted on the southern parts of the country. Due to this

emergency, UNICEF continued to fundraise for the nutrition emergency response in 25 districts.

UNICEF supported capacity building of 1,321 health workers in the 25 drought-affected districts. About 7,743 village health workers gained skills to conduct active case finding and referral of children to health facilities. This resulted in more children being screened and referred for treatment. Active case finding improved detection and identification of severe acute malnutrition and moderate acute malnutrition cases. Overall, the quality of the integrated management of acute malnutrition programme improved from 63 per cent to 68 per cent in cure rates compared to the same period in 2016.

A total of 5,415 village health workers were trained in community infant and young child feeding. This resulted in about 53,672 mother-baby pairs being reached with the appropriate IYCF messages and supported to use appropriate practices. To date, 2,061 mother support groups have been formed to strengthen dissemination of IYCF messages.

Expanded partnership for efficient delivery of planned activities was achieved through partnerships with international NGOs including Save the Children, World Vision, GOAL and Plan International. These partners supported implementation of emergency nutrition activities in the 27 priority districts in close collaboration with the Ministry of Health and Child Care at national, provincial and district levels, as well as with WFP and FAO. This called for a robust activity monitoring mechanisms involving field monitoring visits, spot checks and joint visits. Towards the end of the first half of the year, partnerships with local NGOs, the Nutrition Action Zimbabwe and ZVITAMBO, were finalized and they will be facilitating the scaling up of activities in the four multisectoral community based model districts. These partnerships are anticipated to improve coordination of activities and programme implementation.

Nutrition surveillance mechanisms included passive and active screening as well as various nutrition related surveys. As a result of the Standardized Monitoring and Assessment of Relief and Transitions survey and Lot Quality Assurance Sampling assessment, some adjustments were done in the caseloads for severe acute and moderate acute malnutrition and the requirements for 2017. The findings from these assessments led to improved targeting of children to be screened and treated. This provided better guidance to the quantification of the needs in the management of acute malnutrition.

There were no supply gaps reported during the year.

OUTPUT 3 Children, caregivers and communities in selected districts apply optimal nutrition and care practices, and seek preventive, promotive and curative nutrition services

Analytical statement of progress

It is increasingly accepted that the critical window of opportunity to prevent child stunting is the 1,000 days between conception and the child's second birthday (UNICEF, 2012; WHO, 2014). Beyond this period, interventions may not produce positive results in terms of catch-up growth for children (WHO, 2005). This output continued therefore to focus on creating demand for services among targeted population groups in the community. These services usually focus on women who are pregnant or lactating, as well as children 0-59 months old.

The first half of the year saw the initial steps toward rolling out of the nutrition communication strategy. It commenced with a capacity building workshop with health workers from the 15 districts supported under the DFID stunting reduction model being trained on standardized

information dissemination and how to influence behaviour change.

Community-based infant and young child feeding training for village health workers resulted in 53,672 mother/father baby pairs receiving counselling. However, 20 districts still need to be reached and resources are yet to be mobilized. Even if training was undertaken, it has been found that there is a gap in follow-up and monitoring support to community-based health workers. Complementary feeding demonstrations were established in 450 rural wards. During these demonstrations, mothers would be targeted with recommended and appropriate information on complementary feeding as well as on IYCF.

Vitamin A supplementation coverage among children six to 59 months remained low at 51.5 per cent (first half January to June 2017 coverage). During the Africa Vaccination Week, UNICEF supported the vitamin A supplementation programme to help improve the coverage. The results also showed low coverage, mainly because of the limited time for social mobilization activities. There is still much room to implement strategies that would strengthen the routine Vitamin A supplementation administration.

Documentation has also been cited as a possible cause for low reported coverage. A large proportion of children seen during the Africa Vaccination Week were not given Vitamin A supplements because records on the child health card showed that they had already received vitamin A within the six months' period and hence were not due for another dose. As a result, a data bottleneck analysis was conducted and findings largely point towards the discrepancies between national population data versus the local head count of children under the age of five years. This indicates that documentation for Vitamin A needs attention at health facility level, with adequate recording and reporting as well as strict reconciliation between facility-based supplementation and community-based supplementation by the district immunization team.

In some facilities, lack of demand for Vitamin A supplementation services was cited and evidence shows that information, education and communication resources and support for vitamin A are inadequate or unavailable. The use of village health workers in Vitamin A administration will be pursued in 2018.

OUTPUT 4 Programme Support Costs (Staff Salaries and Related Costs)

Analytical statement of progress

Payroll charges for six staff members were covered, and this included international and national staff members.

OUTCOME 5 By 2020, all boys and girls, including young people, have increased and more equitable access to, and completion of, quality, inclusive education, with improved learning outcomes.

Analytical statement of progress

The right of every citizen or permanent resident to access basic education is enshrined in the 2013 Constitution of Zimbabwe. Although efforts to align the Education Act with the Constitution are ongoing, a non-exclusion policy is in place to give effect to these Constitutional provisions.

The state's allocation to the education sector exceeds the international and regional norm of 20 per cent, but these budgetary allocations fall far below the sector's resource requirements.

Nevertheless, households have upheld the tradition of prioritizing investment in education, and this is consistent with the high demand for education that the country has exhibited over the years. As a result, literacy rates are high (92 per cent, MICS, 2014) and so are participation rates in basic education. Gross enrolment rates and net enrolment rates for the primary school level are 105.6 per cent and 85.1 per cent respectively, with gender parity.

While Constitutional and policy provisions and high social demand for education have been key drivers to improved access and participation, several socio-economic, geographical and gender-related variables explain the low participation rates at pre-primary and lower secondary levels. At the early childhood development level, the gross enrolment and net enrolment rates are 55.9 per cent and 32.0 per cent respectively. As many as 21.4 per cent of primary school graduates fail to transition from primary to secondary level, with a further 18 per cent dropping out before they complete the lower secondary education cycle. As a result, the gross enrolment rate for the lower secondary level is only 76.9 per cent. Although all measures of participation for all levels showed an increase from 2012 figures, gross and net enrolment rates for secondary education stagnated in 2017 while there was a decline in transition rates from primary to lower secondary level. Children with disabilities constitute a large proportion of out of school children. Only 73,625 children with disabilities (43 per cent female) of the estimated 900,000 were enrolled in school in 2017 (EMIS, 2017). However, this figure represents a 48.2 per cent increase over 2016.

The 2015 Assessment of Out-of-School Children and EMIS data for 2016 indicated that the main reasons for dropping out of school were failure to pay fees, pregnancy and early marriage. Additional contributing factors were the low appreciation of the value of non-formal education and of early learning, and a lack of age-appropriate infrastructure within walking distance.

UNICEF generated evidence on the magnitude of the bottlenecks to participation and used this information for advocacy and programming purposes. The service delivery strategies that UNICEF supported in 2017 through Education Development Fund, the Global Partnership for Education and its own resources were the School Improvement Grants and procurement of learning materials, the provision of potable water and construction of latrines in order to promote healthy school environments. These had a resilience component built in to enhance schools' capacity to withstand shocks in the face of natural disasters. All these interventions targeted the poorest schools and schools catering for children with disabilities. UNICEF, alongside partners such as the United Nations Educational, Scientific and Cultural Organization (UNESCO), Campaign for Female Education (CAMFED), and the Education Coalition of Zimbabwe used the platform of the Education Coordination Group to promote evidence-based policy debates on a variety of policy issues, with increasing focus on strengthening the Ministry of Primary and Secondary Education's accountability.

Quality, as measured by pass rates in public examinations, improved. Grade seven pass rates were 43 per cent in 2006 while for lower secondary the figure was 29.9 per cent. The low pass rates reflect the impact of a combination of factors, among them teachers' limited knowledge of subject matter and pedagogical skills, non-conducive learning environments, the shortage of teaching and learning materials, and the use of an outdated, excessively academic curriculum. The education budget for 2017 remained severely constrained, with over 99.8 per cent of expenditure supporting staff costs.

Evidence from field monitoring visits undertaken by the Ministry of Primary and Secondary Education, donors (particularly DFID), UNICEF, UNESCO and civil society organisations under the Education Coalition of Zimbabwe confirmed that the updated curriculum was positively

received by schools, and all schools are implementing it. In support of the adoption and use of the updated curriculum, UNICEF provided technical and financial assistance for the design and implementation of a communication strategy and for training of teachers in syllabus interpretation continuous assessment. The main bottleneck found was the lack of teaching and learning materials for the new learning areas. This will be the focus of UNICEF's efforts in 2018 and beyond.

UNICEF supported capacity building interventions targeted at strengthening the system in the areas of policy development, planning, research, sector monitoring and review. The evidence of enhanced capacity was found in the up-to-date operational plans available at school, district, provincial and national levels, and in documentation prepared in support of Zimbabwe's application of the Variable Tranche and the Multiplier Fund for submission to the Global Partnership for Education

For the second year in a row, the decentralization of web-based EMIS data collection, capture and cleaning progressed smoothly. Evaluation and review activities undertaken were the evaluation of the education programme, review of the curriculum implementation process and the longitudinal study on school dropout. Work on the holistic organizational development of the Ministry of Primary and Secondary Education was initiated and should enhance the Ministry's efficiency at all levels. Work on the school financing policy, early learning policy and inclusive policy commenced but was very slow.

In 2017, UNICEF strove to build broader, stronger and more productive partnerships within the framework of the Education Coordination Group and outside it.

OUTPUT 1 Strengthened political commitment, accountability and national capacity for evidence-based legislation, planning and budgeting for scaling-up quality and inclusive education.

Analytical statement of progress

Capacity building interventions targeted at strengthening the system included the provision of support for planning capacity at district, provincial and national level, mostly through Global Partnership for Education funding. All the 72 districts and 10 provinces have not only been able to develop, update and implement their own three-year operational plans for 2017-2019, but also conducted systematic performance reviews against these plans. The process has also enabled all levels of the Ministry of Primary and Secondary Education to focus on those indicators (access, learning outcomes and equity) and districts where sector performance is weak.

The Ministry of Primary and Secondary Education's research capacity was enhanced as part of the preparation of the documentation for Zimbabwe's application of the Variable Tranche and the Multiplier Fund that is due for submission to the Global Partnership for Education in February 2018. Such research focused on ensuring broader participation of stakeholders in the diagnosis of challenges faced by the sector at the local level, and in the generation of solutions using an evidence-based theory of change. Should this application be successful, an additional \$18 million will flow into the sector in 2019. UNICEF serves as the grant agent for both.

The decentralization of EMIS web-based data collection, capture and cleaning progressed even more smoothly in 2017 (the second year). This reflects the success of UNICEF's investment in building staff skills and connectivity at district and provincial levels and strengthened monitoring

by national level staff.

After some initial interruptions, the evaluation of the education programme commenced in July. While data collection and analysis are still on-going, headline findings that have been shared are already informing programming decisions.

Work on the holistic organizational development of the Ministry of Primary and Secondary Education that started in November offers immense opportunities for enhancing the Ministry's overall performance. Work on the school financing policy, early learning policy and inclusive policy were slow to commence due to a lack of consensus on the scope of work. As a result, work is still at the early stages, and will continue into 2018.

During the year, UNICEF placed an emphasis on building broader, stronger and more productive partnerships in support of the Ministry of Primary and Secondary Education within the framework of the Education Coordination Group. UNICEF continued to serve as the secretariat for this Group. New mechanisms adopted in early 2017 for more systematic participation in ECG by partners enriched the policy debate, including around the Education Act and policies and strategies for addressing schoolgirl pregnancy and early marriage.

OUTCOME 6 By 2020, more children in Zimbabwe, especially adolescent girls and children without appropriate family care, are protected from violence, abuse and exploitation and benefit from improved response systems.

Analytical statement of progress

In 2017, UNICEF was instrumental in evidence generation, policy advocacy, provision of integrated services within the framework of national case management system, and demand creation for child protection.

Strong progress was made in social welfare workforce strengthening, including development of proposals for the operationalization of the Social Worker Statutory Instrument, and engaging retired government social workers to carry out coaching and mentoring for junior social workers. Both proposals were accepted by the Ministry of Public Service, Labour and Social Welfare (and are being piloted in selected districts. This resulted not only in an additional social work capacity, but also in enhanced quality in dealing with statutory cases at the district level.

In September, UNICEF Zimbabwe supported a regional case management learning event in partnership with the UNICEF Regional Office, World Education Inc. and USAID with over 120 participants from 14 countries. The importance of making learning a continuous effort and improving evidence on the impact of case management on child protection and social protection was emphasized throughout the conference.

UNICEF supported capacity enhancement of administrative data generation and application in child protection. This was through the inception and pilot of a locally developed management information system for case management in four districts and six provincial sites. The successful pilot was subsequently followed by a rapid scale-up to reach all the 18 focus districts. With the new approach, case management business processes have been streamlined towards better efficiency and tracking of cases within the system, for ease of support supervision and accountability.

The development of the social protection single registry progressed well during the reporting

period, with government taking the lead. The WFP's SCOPE system was identified as a potential platform for the single registry due to its interoperability and scalability capacity. A pilot was subsequently initiated in Rushinga district to pay Harmonized Social Cash Transfer beneficiaries through the SCOPE system. A SCOPE and HSCT business process review is planned for mid-November to establish components that require adjustment both at programmes and systems level to facilitate full adaptation. In view of operationalizing the overarching National Social Protection Policy Framework, it is planned to incrementally add social protection programmes until the system can house all programmes under the Ministry of Public Service, Labour and Social Welfare. A single registry for the social protection sector will enable a more harmonized approach between HSCT and other social protection programmes addressing chronic deprivations and emergency programmes, such as drought relief.

UNICEF supported the drafting of the Children's Bill, provided input for the Marriages Bill, and the principles for the Child Justice Bill, which have been approved by the Cabinet Committee on Legislation. All three documents were benchmarked with international best practices.

UNICEF continued to provide financial and technical support to both the victim-friendly system and the pilot pretrial diversion programmes. Success of the pretrial diversion programme supported by UNICEF, resulted in the Ministry of Justice, Legal and Parliamentary Affairs taking it over and scaling it up by integrating in the Community Service Department. The pretrial diversion approach will be accessible in more than 40 districts in Zimbabwe pending training of the staff and constitution of sub-committees in the districts.

UNICEF continued building the knowledge base on child and social protection. In 2017, seven publications were produced and disseminated. These included a report on Social Norms underpinning Violence Against Children that was shared in an international conference in Bangkok, Thailand, and a document which redefined the theory of change for the HSCT to make cash work for child protection, which was presented in the Transfer Project Conference in Dakar, Senegal.

The harmonized social cash transfer 48-month impact evaluation is nearing completion with a dissemination workshop scheduled for late 2017. The programme is also implementing a qualitative study and comprehensive youth module to accompany the impact evaluation. Those two supplementary studies aim to explore relationships between the HSCT's Cash Plus model and child protection, particularly violence prevention. The findings are expected to be available by February 2018.

UNICEF initiated and maintained a schedule of monthly meetings with the Ministry's Operations Directors of Human Resources and Finance and Administration to address critical programme support bottlenecks. One of the key outcomes of these meetings was the drive towards decentralization of financial and accounting systems, with district offices for the first time participating in formulation of their budgets. With additional capacity training in financial and administrative systems, the districts have been asked to open bank accounts at district level and all 18 Child Protection Fund-supported districts are expected to have opened the accounts by December 2017.

The public-sector reforms initiated in 2016 resulted in the re-merger of the Department of Social Services and the Department of Child Welfare and Protection Services, back into the (former) Department of Social Welfare. Whilst this is a welcome programmatic development as it reduces a silo mentality that had pervaded operations, the leadership issues are not yet fully resolved. This has slowed down the pace of programme implementation.

OUTPUT 1 Increased capacity of Government and civil society organizations to provide safe access to quality comprehensive and coordinated child protection services that prevent and respond to violence, abuse, exploitation and neglect, and are sustained in humanitarian situations.

Analytical statement of progress

In 2017, UNICEF, partnering with civil society organizations, continued to support the Government in child protection systems strengthening, with a focus on the national case management system. A total of 57,596 children received child protection interventions (24,435 statutory and 33,161 non-statutory) in 18 districts.

The programme renewed the focus on nurturing the community-based child protection mechanisms (particularly the community child care workers) while addressing broader strategic and policy issues. It was based on the clear recognition that a functional national case management system requires community-based protective mechanisms to timely identify cases and refer to specialised services (state and non-state entities) who provide necessary care and support. UNICEF support for 2,911 community child care workers, including 480 who serve as Leaders, in 18 focus districts included provision of the standard tools of trade (t-shirts, hats, bicycles, airtime, mobile phone, smart phones) and re-fresher training on child protection, case management and reporting. A national training curriculum for community child care workers implemented in 2017 aimed at ensuring that their training is nationally standardized, organized and focused on child protection to contribute to the better management of statutory cases that enter the national case management system.

UNICEF also supported the acceleration of early detection and intervention for child protection case management, for which HSCT and humanitarian interventions for the health and nutrition sector were used as an entry point. As a result of the linkage between the HSCT and case management more households accessed child protection services. The system was strengthened with 160 health centre staff trained on psychosocial support and how to refer child protection cases to the national case management system. As part of the mother support groups, 12,599 young mothers were provided with parenting training and 13,758 received psychosocial support through the nutrition-initiated multi-sectoral humanitarian response implemented in 10 drought-affected districts. UNICEF and Childline supported partners to reach 3,676 children with psychosocial support, and 1,186 child protection cases were entered into the national case management system as part of the humanitarian response to Cyclone Dineo in three districts.

UNICEF and the Kapnek Trust developed a document on Adolescent Sexual and Reproductive Health Rights and Responsibilities for children with disabilities, as well as a sign language dictionary.

In collaboration with the Child Protection Society and SOS, UNICEF supported the Government to strengthen its foster care system, including development of guidelines for foster care which have been adopted.

OUTPUT 2 Increased capacity of communities and families in target districts to practise behaviours and demonstrate attitudes which protect children from violence, abuse and exploitation.

Analytical statement of progress

Solid progress was made during the latter half of the year towards the achievement of the planned results. Plan International and Childline were selected to implement interventions related to demand generation and violence prevention, especially targeting intimate partner violence among adolescents. Childline initiated work with the most-at-risk girls using innovative approaches such as moderated social media. A baseline survey on 'disclosure patterns' amongst adolescent survivors of violence was completed in October and the findings were closely aligned with the UNICEF global statistical analysis on violence (Familiar Faces). The baseline result was disseminated during Child Helpline International's global conference in September and is currently being prepared for publication.

Plan International worked with families and adolescent boys and girls using the 'Champions of Change Model' in five pilot districts. In early 2017, context-driven modifications were made to the Champions of Change (renamed as Champions of Child Protection) package based on the social norms study findings. These included adjustments to the modules on communication, decision-making, power and child marriage. A unique character of this programme is that interventions are tracked by the operational research element. A draft measurement framework was completed in October. Training-of-trainers was completed and weekly discussion sessions with adolescents (11 to 14 and 15 to 17 age groups) will start shortly in the five districts.

To accompany Champions of Child Protection targeting adolescents, UNICEF introduced a parenting orientation programme. It was developed based on the findings from the social norms study and Childline baseline survey, and pays special attention to disability, family structures, as well as gender and social norms.

OUTPUT 3 Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up quality rights- and gender-sensitive child protection services for vulnerable children and their families.

Analytical statement of progress

The performance of the national case management system is significantly affected by the current social welfare workforce capacity. This is particularly the case with statutory child protection cases such as sexual abuse of children. Even while the number of State social workers available to service statutory cases remains very low, stop-gap measures such as activation of the statutory instrument have been extremely slow. However, a ground-breaking decision in workforce strengthening was finally made in October, when the Council of Social Workers strategy for the implementation of the statutory instrument was finalized and a pilot project in five districts was approved. This includes operational modalities for the coaching, mentorship and supervision of statutory workers by retired government social workers.

UNICEF continued knowledge and evidence generation efforts including:

- Making cash work for child protection – redefining the HSCT Theory of Change;
- Baseline survey on parenting practice;
- Baseline survey on peer-to-peer support for adolescents affected by violence;
- Demographic and Household Survey secondary data analysis;
- HSCT 48-month impact evaluation with qualitative and quantitative components.

UNICEF and the Government, based on lessons learnt from the previous programme phase, took steps to reconfigure the Management Information System Secretariat in the Ministry of Public Service, Labour and Social Welfare to achieve better efficiencies. Management information system assistants were upgraded to specialised officers and two additional staff were engaged, a programmer and an assistant. This has enhanced technical capacity for the Management Information Systems for the HSCT and for case management, as well as the Web-based Asset Management System.. For the HSCT, the Management Information System team has since developed desktop problem-solving applications for change management that makes it easier for district level staff to administer changes and submit to the Head Office for updating in the central system. Such home-grown solutions had never been developed under the previous system where an international consultant was responsible for addressing all system challenges offshore. With the new approach, problem diagnosis and problem solving is much faster, more efficient and relevant to programme needs.

UNICEF supported Government in ongoing legislative reform including Principles of the Children's Bill, Child Justice Bill and the harmonised Marriages Bill. In addition, UNICEF in collaboration with the United Nations Office of Drugs and Crime (UNODC), supported ZIMSTAT to generate crime statistics data.

OUTCOME 7 Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data.

Analytical statement of progress

The successful implementation and completion of the National Poverty Survey (Including Child Poverty) was a major achievement in 2017. UNICEF played an instrumental role in mobilizing resources from other partners, providing technical input and quality assurance support throughout the survey period, and invested in strategic capacity building initiative to strengthen the national statistical system. The survey was undertaken in partnership with the Zimbabwe National Statistics Agency, government ministries, World Bank and UNDP. The results of this survey are critical for the new development plan, as well as measuring and monitoring progress in reducing child poverty. Funding challenges persisted throughout the survey period due to rising costs and lack of sufficient government funding, which resulted in some delays and setbacks along the way. These challenges were however overcome by renewed fundraising by UNICEF from internal resources that saw the project through.

UNICEF elaborated on its equity agenda through a focus on disability. In partnership with the Ministry of Health and Child Care, UNICEF conducted a Childhood Disability Assessment looking at factors and systems that affect onset of childhood disability. UNICEF provided technical and financial support towards this assessment in five of the country's 10 provinces. The results are now being used to support the development of UNICEF's cross-sectoral Strategy on Disability Strategy and the new National Disability Policy in partnership with the Ministry of Social Welfare, disabled persons organisations and other UN agencies. The draft Strategy and Policy have been produced and are being reviewed.

Good progress was made towards the strengthening of public financial management and child-friendly planning and budgeting. UNICEF, in partnership with the Ministry of Rural Development, Ministry of Local Government, UNDP and Local Authorities, invested in a budgeting planning, reporting and monitoring system to improve efficiency, transparency and accountability of resource flows at the local government level. This system enables easy access

to local government budgets, better monitoring and tracking of revenues and expenditures at local levels. It provides increased opportunities for advocacy at a local government level for expenditures on children. UNICEF provided the financial resources through a targeted fundraising campaign that yielded over US\$600,000 for the programme, which has now been rolled out in all 60 rural local authorities and in 12 of the 32 urban local authorities. From this programme, UNICEF conducted local government budget analysis that strengthened overall advocacy for more and better expenditures for children.

Given the increasingly uncertain and fragile socio-economic and political environment, UNICEF embarked on the production of monthly political economy analysis and monitoring, as well as weekly liquidity reports. These helped UNICEF Zimbabwe to monitor and manage risk associated with political deterioration and economic meltdown. These analyses are done internally, drawing on data sources from government partner institutions and media monitoring. In addition, UNICEF scaled up its national budget analysis and pre-budget advocacy work which promote the target of 30 per cent allocation of the national budget to social sectors.

In support of national awareness and capacity in child rights and child-sensitive policies and programmes, UNICEF partnered with Women's University in Africa and the Africa University to offer post-graduate programmes (Diplomas, Masters, PhD's) as well as research training and collaboration. UNICEF provided the technical guidance in developing the modules and provided the financial support to initiate the programmes that have already attracted interest from various sectors of society. The programme has also brought to the fore the importance of child-sensitive programming and providing numerous opportunities for a steady flow of child ambassadors in the country. The programme is also championing the advancement of child rights, and especially the movement to end child marriages and all forms of violence against children.

In the critical area of environment and climate change, UNICEF continued to trail-blaze with an emphasis on mainstreaming climate and environment within the core programming areas. This has involved: (i) embedding climate change and environment education within the new school curriculum and syllabus; (ii) supporting innovations by young people through a 'Green Innovations Hub' programme, and; (iii) integrating sustainable energy solutions at rural health facilities in Zimbabwe. In these initiatives, UNICEF is working with the Government, civil society partners, UNDP, and the private sector. UNICEF's specific role has been to provide technical assistance, programme management capabilities, resource mobilization, funds and risk management related to the three programmes mentioned above.

The MICS 2019 survey plan is complete, as well as the resource mobilization plan, and these are being used to fundraise in the development partner community.

OUTPUT 1 Increased national capacity to provide equitable access to inclusive systems that protect children, adolescents and women from poverty, promote social inclusion and resilience to climate change and humanitarian crises.

Analytical statement of progress

Under the Child Sensitive Social Policies Programme, UNICEF provided technical and financial support to Africa University and Women's University in Africa) to develop and launch masters' and PhD programmes in child rights and child-sensitive planning and policies. Over 80 students were enrolled in these programmes in 2017.

UNICEF, working with Government and disabled persons' organizations managed to influence

the government's approach on disability issues, and initiate a national disability policy process. The final policy document being has been presented to Government for Cabinet approval.

As part of the process to develop a UNICEF Zimbabwe strategy on disability, an intervention assessment framework checklist was shared with all programme sections. The checklist helped to identify current disability interventions, gaps and strategies. UNICEF widely consulted with disabled persons' organizations during the process of developing the internal strategy.

UNICEF worked with the Ministry of Environment, Water and Climate and the Ministry of Primary and Secondary Education in the production of child-friendly learning materials on climate change and the national climate policy. These are to be disseminated to all schools starting in 2018. Plans are underway to develop additional material on climate change and disaster risk management for use in all levels of primary and secondary education.

UNICEF collaborated with ZIMSTAT to develop the National Environmental Statistics report, which focused on water and waste. UNICEF Zimbabwe was part of an initiative to track budgetary allocations to renewable energy issues and submitted contributions towards the 2018 budget consultation process.

UNICEF successfully secured funding for a second phase of the 'Green Innovations Hub' from SIDA. This project will run from 2017 to 2019 supporting youth, schools and interns in the area of green jobs, environmental sustainability and sustainable energy. UNICEF is also mobilising additional resources for sustainable energy in health facilities that is set to be implemented in 2018.

The 2016 Environmental Footprint Assessment was completed. UNICEF Zimbabwe is currently conducting a Climate Landscape Analysis for Children to understand the overall climate, environment and energy landscape in terms of data, policy, programming, gaps and actors and how it relates to children and UNICEF planned results to identify priority areas for further analysis and integration.

OUTPUT 2 Strengthened political commitment, accountability and national capacity to legislate, plan, budget and fund inclusive social policies.

Analytical statement of progress

In public finance for children, UNICEF developed and disseminated analytical 2017 National Budget Briefs to understand the trends and implications of the allocations to social sectors. The briefs were then used for advocacy with Government, the legislature, civil society to protect and improve social sector spending. In addition, quarterly tracking of fiscal expenditures and revenues was completed.

UNICEF provided technical and financial support to the 2017 Open Budget Survey process conducted by the International Budget Partnership as an initiative to promote efficiencies in the national budgeting process, and promote transparency, accountability and inclusion.

UNICEF provided financial and technical support towards the Ministries of Local Government and Rural Development, for the implementation of a decentralized local government budget planning, reporting and management tool for local authorities. It enabled tracking, monitoring and reporting of revenue and expenditures at the local level. The support included software, cloud licenses and trainings on the software usage. Ten of the poorest rural district councils

were provided with donations of laptops from UNICEF's old stock, compatible with the budgeting software. To enhance monitoring and oversight, the Government was also supported with new laptops, software and capacitation in the use of the system in approving and monitoring rural district councils' budgets. All 60 rural district councils are now on the platform.

UNICEF completed the child-sensitive budget analysis of the 2017 budgets for the rural district councils. UNICEF also worked with Government to strengthen mechanisms for citizen participation in the local budgeting and planning processes. UNICEF Zimbabwe worked with civil society to advocate for effective citizen participation in the budgeting process, including children and improving budget transparency at both national and local levels, through the U-Report.

UNICEF undertook an analysis of the Auditor-General's report and launched an advocacy plan to push for the implementation and tracking of the findings and recommendations in the social sector. This work is aimed at ensuring accountability of the social sectors and a way of re-assuring that development assistance support is safeguarded.

UNICEF initiated and developed work to enhance the agency's understanding of vulnerabilities to impropriety in resource management in the social sectors. This led to the production of an analysis of vulnerabilities to abuse of resources in the health sector. Priority areas to help prevent and respond have been identified and shared with UNICEF partners. A communication strategy focusing on key messages was developed.

OUTPUT 3 Enhanced capacity of disadvantaged and marginalized children and families to use social protection systems and participate in decision-making processes affecting them.

Analytical statement of progress

The Ministry of Public Service, Labour and Social Welfare committed to developing an operational plan for the developed National Social Protection Policy Framework. In 2017, the implementation plan for the Policy Framework was integrated into the Ministry's Operational workplan and provided the platform that facilitated preparation of a budget advocacy brief for increased budgetary allocation to social protection interventions. The Ministry's plan provided an action-oriented blueprint that guided interventions and actions of all actors in transforming the social protection policy into tangible results for marginalised people.

The Ministry of Public Service, Labour and Social Welfare implementation of the National Action Plan for Orphans and Vulnerable Children (NAP III) is ongoing. To date, through the funding of the Child Protection Fund, child protection and social protection interventions were rolled in 18 districts. Under the social protection pillar, the HSCT payments since January were paid in eight Child Protection Fund-funded districts, four DREAMS districts, and 12 districts were supported through the provision of a once-off humanitarian cash transfer through the German Government. The support benefitted a total 14,000 households with 61,181 members. The support was part of an integrated drought response programme that included WASH, nutrition, education and child and social protection support.

Cumulatively, a total of 64,066 households were reached with the HSCT. From these households, 172,292 children (84,453 boys and 87,839 girls) were reached through the payments. Two Working Party of Officials meetings were convened which provided a platform for lobbying other Government Ministries to address social protection. Although the children do

not directly participate, discussions are informed by children's input through District Child Protection Committees contributions to the Working Party of Officials.

OUTPUT 4 Increased national capacity to generate and utilize data and knowledge on key human rights and gender equality dimensions of social inclusion.

Analytical statement of progress

UNICEF Zimbabwe's components of evidence generation comprised (i) technical and financial support to critical surveys that produce data on children, (ii) conducting disaggregated secondary data analysis ('digging deeper'), and; (iii) supporting administrative data systems and reporting.

UNICEF supported the Poverty Income and Consumption Survey, a major national poverty (and child poverty) Survey which was completed. The data analysis begins in 2018.

UNICEF supported the 48-month follow-up Impact Evaluation of the Harmonised Social Cash Transfers programme. Data collection and data capturing was successfully completed in August and September 2017, respectively. This work was done through a collaborative partnership between UNICEF, ZIMSTAT, Government of Zimbabwe and University of North Carolina.

UNICEF in collaboration with ZIMSTAT, the Ministry of Health and Child Care, academic institutions and international consultants is conducting a child equity-focused secondary analysis of the Zimbabwe Demographic Health Survey 2015. The draft papers are under review and this analysis will be finalized during the first quarter of 2018.

UNICEF facilitated UNODC support to conduct an assessment of the criminal justice system and is assisting ZIMSTAT to produce a criminal justice system statistics report which is expected to be finalised in the first quarter of 2018. UNICEF was also instrumental in brokering a relationship between Judicial Service Commission and ZIMSTAT.

UNICEF supported the production of a Vital Statistics Report focussing on birth registration using civil registry data. The draft Report is incomplete, but consultations have been held between ZIMSTAT and Registrar-General to avail the missing data needed to finalise it.

UNICEF supported the Ministry of Health and Child Care in undertaking a review of the At-Risk Surveillance System in use within Zimbabwe's public health facilities. This study evaluated the performance of the System in five provinces of Zimbabwe in order to help strengthen the detection system. The final draft report is under review.

UNICEF also initiated worked on a publication which will provide baseline information on the status of children in Zimbabwe in relation to the SDGs.

The MICS 2019 survey plan is complete, as well as the resource mobilization plan, and these are being used to fundraise in the development partner community.

OUTCOME 8 Country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.

Analytical statement of progress

To support programme planning, monitoring, coordination, advocacy and external relations efforts, the Deputy Representative's office, programme planning, monitoring and evaluation and communications sections played cross-cutting and catalytic roles. Planning processes were strengthened, leading to the timely development of high quality results-based annual workplans. This was achieved through technical support, tools, guidance and resources provided for effective programming and communication around child rights, gender and human rights to sections.

To demonstrate value for money, the automated Trip Management Information System was strengthened and there was improved utilisation of it. As a result, monitoring trips were focussed on removing bottlenecks and improving results delivery. At the same time, costs of travel are now being closely monitored and linked to results and the annual workplan.

The capacity of Government and implementing partners to manage programme assets and supplies was strengthened through end-user monitoring. Five end-user monitoring visits for four programme sections were conducted in 14 districts across nine provinces. Supplies and equipment monitored include LP gas, ready-to-use therapeutic food, blood coupons, vehicles and ICT equipment. This helped Government and vendors to ensure that all supplies and equipment reached the intended users in agreed quantities, were stored safely, used accountably and the assets managed sustainably. UNICEF established long-term agreements with two third-party service providers to assist with end-user monitoring in a cost-effective manner.

Follow-up mechanisms on the findings emerging from risk assurance activities were strengthened and resulted in improved risk management for UNICEF Zimbabwe. A streamlined HACT database that details the significant and high-risk findings enabled programme sections to effectively manage them. HACT-related capacity building activities were carried out for both staff and implementing partners.

Partnership management improved as result of quality assurance of programme documents. UNICEF Zimbabwe signed 48 programme documents in 2017 with a value of \$26,839,739.78 and 14 small-scale funding agreements with a value of \$357,816.48.

Capacity building was extended to all programme management team members during a training meeting on the management of partnerships using the new guidelines. Civil society partners were also reminded of their responsibilities in the management of partnerships with UNICEF during HACT-related trainings

Research and evaluation quality assurance mechanisms for UNICEF Zimbabwe were also strengthened through the Technical Research and Evaluation Group meetings. Through utilization of Evaluation Management Response tracking system, UNICEF Zimbabwe monitored and tracked implementation of management responses to evaluation recommendations. Strategies for national evaluation capacity strengthening were developed, including supporting the Zimbabwe Evaluation Association and social sector line ministries.

A results-based management culture was strengthened within UNICEF Zimbabwe and among partners. All workplans, budgets, programme documents and reports were reviewed from a results-based management perspective. Results-based management face-to-face trainings was organised in April with 36 participants from programmes and operations sections.

Under financial management and resource mobilisation, UNICEF Zimbabwe consistently scored highly on the Performance Scorecard. Resource mobilization efforts were intensified through the Resource Mobilization Taskforce and its five sub-groups: public sector, private sector, National Committees, diaspora and the 'BRICS'. UNICEF engaged members of the Arab states such as Kuwait on potential partnerships, and the Republic of Korea provided funds for responding to rapid onset emergencies caused by localized flooding.

UNICEF Zimbabwe continued to strengthen mainstreaming of human rights, especially child rights, and gender into national legal frameworks through providing technical support to Government ministries in aligning laws to the Constitution. Technical and advisory support was provided to the Ministry of Education in finalising the Education Bill principles; technical support was provided to the Inter-Ministerial Committee on legislative alignment in marriage laws reform. Memorandum of Principles for the Marriages Bill were developed and submitted to Cabinet. Planning is now underway to support consultations on the Marriages Bill. UNICEF also provided technical support to the Ministry of Public Service Labour and Social Welfare to review the draft Children's Bill, which is currently being finalised.

In the spirit of Delivering as One UN in Zimbabwe, UNICEF led the planning and monitoring of results for the Social Services and Protection Result Group. This included coordinating the timely review and finalisation of results-based Joint Implementation Matrix, 2017 annual plans for the four subgroups (education, health, social protection and WASH) and annual review of the Result Group. UNICEF, in partnership with the UN Resident Coordinator's Office, co-facilitated a results-based management seminar for about 15 UN agency staff who are focal points for the UNDAF.

National reporting of SDGs including child rights issues was strengthened through UNICEF technical support provided to the Government. This included assistance for the production of Zimbabwe's SDGs Voluntary National Review report and the SDGs perception data report presented at the July 2017 High Level Political Forum in New York.

Partnerships and coordination of SDGs for children was strengthened through the establishment of a knowledge-sharing platform of eight international NGOs working on child rights, with the support of UNICEF. The main objective of the partnership is to share knowledge and best practices, and where possible, jointly implement initiatives that contribute towards the achievement of the SDGs.

OUTPUT 1 UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes.

Analytical statement of progress

High quality results-based management-compliant annual workplans were produced for eight programme/operations sections. These were submitted to the UNICEF Regional Office and headquarters within the expected time frame.

UNICEF continued to support near-real time monitoring at national and community levels. Case studies on lessons learnt and data use were compiled. An evaluation of the project was conducted and resulted in an extension up to June 2018 with additional resources. Supplies and equipment valued at US\$339,000 were covered under end-user monitoring. Recommendations for improving supplies and asset management were developed and are being implemented by partners with the support of programme sections.

Field monitoring trips continued to be managed through an automated system, and three quarterly bulletins were produced. Consequently, trip planning, execution and reporting as well as monitoring of bottlenecks has improved. By end of October, 955 local trips were conducted and reported in the system. Going forward, the quality of reporting will be improved through training while the system will be adjusted to accommodate user feedback. With the forthcoming adoption of eTools, trip monitoring will be done through a specific module.

UNICEF developed a database of all social sector data using DevInfo software. A core team of staff was trained to use the system and transfer skills to government and civil society partners.

A capacity building plan for the Zimbabwe Evaluation Association was developed with the support of UNICEF. A concept note on strengthening the capacity of social sector line ministries on evaluation was developed, discussed and approved by the Office of the President and Cabinet, and this will continue in 2018.

Harmonized Approach to Cash Transfers assurance plan implementation rates were: micro assessments -100 per cent; programmatic visits - 205 per cent; spot checks -100 per cent and; financial audits 100 - per cent. The relatively lower achievement in financial audits was a result of delays in contracting the audit firms, due to the complexity of some of the contracts.

A mapping of SDGs directly relevant to children and UNICEF Zimbabwe was undertaken, including identification of data gaps. Recommendations for ensuring that all targets and indicators directly relevant to children are included in government priorities were provided to programme sections.

OUTPUT 2 UNICEF staff and partners are provided tools, guidance and resources for effective communication on child rights issues with stakeholders.

Analytical statement of progress

Advocacy brought visibility to UNICEF and donor-supported interventions, especially in the humanitarian response. The social media footprint continued to grow and advocacy messages on ending child marriages, violence against children, and child poverty were amplified. The visit of UNICEF Goodwill Ambassador Priyanka Chopra helped shine international spotlight on the issue of sexual violence against children.

UNICEF Zimbabwe continued to support the National Journalism, Arts, and Media Awards and through its partnership with the Zimbabwe Union of Journalists mobilized media to report on children's issues. A partnership with Media Monitors will enable UNICEF to analyse its share of voice and reporting of children in mainstream and social media.

A resource mobilization kit was finalised and four UNICEF National Committee visits were hosted in 2017.

Interpersonal communication and interactive folk media messages on nutrition reached 340,133 people, while 42 television and radio spots reached over two-thirds of the population.

UNICEF supported partners to develop HIV-sensitive social protection communication for development plans and materials on adolescent ART adherence. Over 20 workshops were conducted for 3,645 frontline workers with a view to equip them with enhanced interpersonal

communication skills for improving infant and young child feeding practices. A consultant is on board to develop the reproductive, maternal, newborn, child and adolescent health communication for development national strategy.

Technical assistance was provided during development of a GAVI proposal on immunization. The proposal, to be implemented for five years beginning 2in 018, includes communication for development support to the roll-out of campaigns on the human papilloma virus vaccine and routine immunization.

Capacity was provided to implementing partners in the humanitarian response. Dialogues were conducted with communities affected by the drought and floods and about 70,000 people were reached with integrated messages. Communication for development activities during the typhoid outbreak reached over one million people.

UNICEF participated in coordination mechanisms, including the advocacy and communication working group on nutrition and the Inter-Agency Coordinating Committee on Health.

A resource guide on ending child marriages is currently being finalized.

A new U-Report aggregator resulted in cost-savings of over 30 per cent. Two mobile service providers, Econet and Telecel, agreed to provide promotional messages for free. U-Report continued to provide information on HIV/AIDS through peer-to-peer counselling. Africaid, a civil society partner, was supported to set up an online information management system through which Community Adolescent Treatment Supporters are reporting on their work with minimal risk of exposing their clients.

RapidPro is integrated with the Rural WASH Information Management System and is institutionalized in the Ministry of Water as the SMS Notification and Response Service. RapidPro also continued to be used in the community-based nutrition programme to promote social accountability and the model will be extended to fifteen additional districts.

OUTPUT 3 Strategies to address cross-cutting issues related to child rights are developed and applied.

Analytical statement of progress

UNICEF strengthened the capacity of key national institutions to monitor and promote children's rights and gender. The Zimbabwe Human Rights Commission Thematic Working Group (on children's rights developed and finalised its terms of reference and developed its capacity building plan with the support of UNICEF.

The Zimbabwe Human Rights Commission and secretariat enhanced their knowledge levels on children's rights (including the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of Children) and their role in monitoring children's rights through UNICEF supported training. The Convention on the Elimination of All Forms of Discrimination Against Women State Party report was produced by the Ministry of Women Affairs, Gender and Community Development with the support of UNICEF and other UN agencies. It is now awaiting approval by Cabinet. UNICEF also contributed to the UN Country Team report on the Convention on the Elimination of All Forms of Discrimination Against Women, ensuring children's perspectives.

UNICEF supported the National Plan of Action Coordination Office in the Ministry of Health and Child Care to draft the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of Children recommendations implementation and monitoring plan.

The Ministry of Women Affairs, Gender and Community Development participated in the UN Commission on the Status of Women. In a side-event on ending child marriages, the Ministry presented a video on ending child marriages in Zimbabwe produced with the support of UNICEF and other stakeholders.

Six UNICEF Zimbabwe programme sections (WASH, child protection, education, health and nutrition and HIV/AIDS) were supported to develop sectoral and multi-sectoral workplans and are implementing humanitarian programmes in line with the Humanitarian Action for Children for 2017 primarily in response to drought, flooding and diarrhoeal disease hazards.

As part of humanitarian coordination, an emergency management team met on a weekly basis during the first half of 2017 and on a fortnightly basis during the second half of the year. It reviewed workplans and progress on the implementation of humanitarian programmes and provide timely backstopping technical and management support.

The Early Warning Early Action system was updated as part of emergency preparedness and UNICEF Zimbabwe transitioned to the Emergency Preparedness Platform as a pilot country in September 2017.

As part of its humanitarian response, UNICEF worked in collaboration with the Government, CSOs and other UN agencies to deliver critical life-saving health, nutrition, WASH, child protection, education and HIV and AIDS services to approximately 500,611 people, among whom 240,293 were children.

UNICEF provided technical and financial assistance to the Department of Civil Protection to conduct flood assessments, host the International Day for Disaster Risk Reduction commemorations, coordinate and conduct a review exercise of the flood response at sub-national levels as well as develop an action plan for the flood hazard.

OUTPUT 4 Programme Support Costs (Staff Salaries and Related Costs)

Analytical statement of progress

Payroll charges for 15 staff members were covered, and this included international and national staff members.

OUTPUT 5 Human Resource Management

Analytical statement of progress

Payroll charges for 47 staff members were covered and this included international and national staff members.

OUTPUT 6 Finance, ICT, Supply and Administration

Analytical statement of progress

Charges for office running costs - rent, security, maintenance were supported.

Evaluation and research

Title	Sequence Number	Type of Report
Baseline Survey for a Multisectoral Community Based Model (MCBM) for Stunting Reduction (2017)	2017/003	Survey
Prevalence of Acute Malnutrition in children 6-59 months in 25 selected districts in Zimbabwe, February 2017	2017/002	Survey
Evaluation of ESAR institutional strengthening support initiative on decentralised programme monitoring and response	2017/001	Review

Other publications

Title
Surviving Drought in Rural Zimbabwe: Video documentation of interventions to address food insecurity and malnutrition during the recent El Niño-induced drought
Ending Child Marriages Documentary
Ending Child Marriages Q & A
Ending Child Marriages Legal Brief
Ending Child Marriages Media Brief
Zimbabwe School Health Policy
Zimbabwe 2017 Social Protection Budget Brief
Zimbabwe 2017 National Budget Brief – An Overview Analysis
Zimbabwe Ministry of Primary and Secondary Education – 2017 Budget Brief
Zimbabwe Health and Child Care – 2017 Budget Brief
National Health Laboratory Strategic Plan
Guidelines for conducting on-the-job training of service providers in Reproductive, Maternal, Newborn, Child and Adolescent Health Services
Investing in Zimbabwe's Children: Building Resilience and Accountability for a Brighter Future
Factors Influencing Vaccine Hesitancy and Immunization Coverage in Zimbabwe: A Rapid Assessment
Leadership Engagement and Dialogue (LEAD): Working with Religious and Traditional Leaders to Improve Reproductive, Maternal, Newborn and Child Health (RMNCH) in Zimbabwe

Lessons learned

Document Type/Category	Title
Innovation	Decentralized Budget Monitoring and Tracking

Programme documents

Document Type	Title	Name
Country Update	Zimbabwe_Global Staff Survey Follow up action plan	Zimbabwe_Global staff survey follow up action plan_2017.pdf

