



ZIMBABWE
COUNTRY PROGRAMME
2022 - 2026

About UNICEF Zimbabwe

UNICEF has been at the forefront of upholding and protecting the rights and welfare of women and children in Zimbabwe since 1982. Together with the many donors, UN partners and international and national NGOs, UNICEF Zimbabwe focusses on strengthening social and health services to drive sustainably. We believe the future of Zimbabwe is in the hands of its increasingly empowered young people and we work hard to ensure they are engaged in every aspect – from policymaking to community – in the ongoing development of Zimbabwe. The programme delivers support to social sectors through pooled funding mechanisms in health, nutrition, education, water and sanitation and child protection.

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FOREWORD

UNICEF – Investing in Children for a Brighter and More Prosperous Zimbabwe

In the more than 40 years since Independence, Zimbabwe has made progress with social development, particularly in reducing maternal and under-5 mortality, and increasing primary school enrolment – while at the same time, facing economic challenges, the HIV/AIDS epidemic, climatic shocks, such as successive droughts, floods and cyclones, and health emergencies such as cholera outbreaks and the COVID-19 pandemic.

The political transition in the Country and the development of the National Development Strategy 1 (NDS1) (2021–2025) that aligns the National priorities with the Sustainable Development Goals, together with engagement with bilateral and multilateral partners and the private sector offers new opportunities for children in Zimbabwe.

The new UNICEF Country Programme (2022-2026) was developed within the context of the NDS1 (2021-2025) and as part of the United Nations Sustainable Development Corporation Framework (UNSDCF) to align issues of children within the broader development agenda in the Country. Together with the support of our donors and partners, UNICEF in Zimbabwe supports National efforts to advance results in maternal, new-born, child and adolescent health,

nutrition and HIV/AIDS; invest in climate-resilient water, sanitation and hygiene (WASH), promote inclusive and quality learning and skills development; protection children from exploitation, violence and abuse, and support child-sensitive social policies and social protection measures. As a life cycle approach, the Programme will focus on early years and adolescence, address gender inequality and inclusion for children living with disabilities.

Based on lessons learned from the previous Country Programme and the response to COVID-19 pandemic, UNICEF will drive five key, change strategies that include: (1) Governance and accountability through public financing, social protection and support to the devolution agenda of the Government to increase investment in the social sector and bolster local level capacity to deliver social services; (2) Institutional capacity strengthening to improve coverage of social services for children and engage with communities; (3) Address equity gaps by focusing on the most marginalized and vulnerable communities and those prone to climate shocks; (4) Humanitarian – development linkages and (5) Enhanced data and evidence generation and use.



Dr. Tajudeen Oyewale
Representative, UNICEF Zimbabwe

Every Child Survives and Thrives





HEALTH

KEY FACTS:

- 32 deaths per 1,000 live births = neo-natal mortality rate
- This is unchanged over the past 15 years
- Principal causes of non-neonatal child deaths: AIDS, pneumonia, malaria and diarrhoea
- Child-health interventions and immunisation coverage are lowest in remote and poor urban areas
- Women and children with disabilities tend to receive poor quality of care
- Employees in the health sector are insufficiently qualified and unmotivated
- Governance and accountability are weak in the health sector
- Demand for community-based primary health-care systems is also weak
- Harmful social norms, including religious beliefs and practices that exclude women and girls, persist
- 8 times more: adolescent mothers with only primary education vs those with higher education
- 50% higher: under-5 mortality rate for women with no primary education
- The poorest women have twice as many children as the richest

Above **90%** women (15-49 yrs) received **antenatal care**

UNICEF's development programmes focus on expanding primary health care services.

UNICEF supports the Ministry of Health and Child Care (MoHCC) including community-based health-care providers at grassroots level to achieve Universal health care coverage ensuring no one is left behind.

The key aim is to get the most vulnerable to demand and utilise high-impact health and nutrition interventions and to increasingly adopt healthier behaviours. Integrated communication for development (C4D) strategies and social norms programming to help improving demand to health-care – integrated with cross sector behaviour change activities including preventing violence and child marriage, promoting birth registration and upholding girls' education.

The strategies centre on improving access, for all children, to quality, primary-health-care interventions, so as to prevent and treat common childhood illnesses and non-communicable diseases and on promoting optimal child growth, development including in early childhood

Interventions range from: building capacity for scaling-up high-impact child survival strategies, strengthening immunization, use of innovative technology for health.



There is an increase in preparedness and resilience in the health system. strengthen capacity at community-levels; ensures gender-sensitive and disability-sensitive services are in place, work with communities and village health-care workers and leverage innovation and technology so as to accelerate results.

KEY OBJECTIVES IN BRIEF

- Reduction in maternal morbidity & neonatal mortality
- Strengthen referral systems and demand for essential health services
- Drive behaviour changes in health, while preventing violence and child marriage
- Promote birth registration
- Promote girls' education
- Achieve higher coverage on basic vaccinations for children



NUTRITION

KEY FACTS:

- 24% of children (0-5 yrs) are stunted, boys even more so than girls
- Poorest children twice as likely to be stunted as those in richest households
- 42% of infants (under 6 months) exclusively breastfed for the first six months
- Only 10% children (6-23 months) receiving a minimum acceptable diet
- Existing food systems do not comprehensively tackle the child malnutrition burden
- There is seasonal and chronic food insecurity across all the regions and increasing urban and peri-urban vulnerability

The nutrition situation for children and their mothers in Zimbabwe is of grave concern. Malnourishment leads to diminished likelihood of survival, development and cognitive capacities, as well as sensory impairments which later affect learning and lead to enrolment and retention losses at school.

Nutritional deficiencies in the population, together with insufficient, quality nutrition services, contribute to Zimbabwe’s biggest challenges, and create the largest burdens on the health system.

Amid such challenges, UNICEF supports Government and partners, through multi-systems to reach rural provinces and other population groups, which have high burdens of malnutrition. Interventions focus on improved services - including promoting higher-quality diets and practices - to ensure that more children, adolescents, and pregnant and lactating mothers secure optimal nutrition and development.

UNICEF provides leadership in a multi-stakeholder platform across Zimbabwe, enabling sustainable, integrated nutrition services including malnutrition treatments and nutrition-awareness-raising through C4D. UNICEF’s Nutrition programme uses a transformative ‘system-strengthening



approach’: leveraging other sections – Health, Social Protection, WASH and Education – as well as integrating Early Childhood Development (ECD) and promoting youth participation and entrepreneurship.

Essential nutrition supplies and services must also be more accessible in both development and humanitarian contexts. As such, UNICEF supports the Ministry of Health in strengthening the supply chain; mobilising finances for nutrition (domestically and externally) and advocating for fund allocations to provincial and district programmes.

Baby Luke Chipere (2), was admitted to hospital last May due to Severe Acute Malnutrition (SAM), which is life-threatening if left untreated. His mother Shupikai reports: “He was so fragile when I came here and I almost gave up, but the care that he has been getting has helped a lot. They have created a home away from home at the ‘Sally Mugabe Children’s Hospital Malnutrition Unit’. I am allowed to be here with Luke and that helps him settle. He is eating and gaining weight and very soon we will be going home.” Good nutrition provides children with the best chance to grow and develop to their full potential. This particular malnutrition unit has become the core site for the training of malnutrition management to capacitate other stabilisation centres around Zimbabwe. Support comes from the Pediatrics Association of Zimbabwe (PAZ), the staff at the hospital and UNICEF, and is co-funded by European Union Humanitarian Aid.

KEY OBJECTIVES IN BRIEF

- Reach rural provinces and other population groups which have a high burden of malnutrition
- Improve quality of diets particularly for young children and school age and adolescent
- Provide lifesaving treatments for severe acute malnutrition
- Ensure more children, adolescents, pregnant and lactating mothers access optimal counselling, nutrition, growth and development
- Sustain integrated-nutrition services
- Increase malnutrition treatments
- Create more awareness on good nutrition, including overweight prevention,
- Generate more evidence and new data on adolescent nutrition



ECD

KEY FACTS:

- Only 37% of young children engage in early stimulation and responsive care with a household member
- Only 71% of children (36-59 months) are developmentally on track
- Demand for pre-primary education is low
- Barriers to children accessing ECD = household poverty, abuse, remoteness, poor infrastructure & sociocultural norms

Given that a child's most optimal chance for a healthy and productive life starts well before the child is born, Early Childhood Development (ECD) is now tackled across all sectors in UNICEF programming, district service systems, community health services as well as in Government policy and planning.

The aim, across the board, is to create an environment where parents and caregivers register their childrens' births timely, ensure each child is stimulated and protected from birth, that early education is not only allowed for the child but demanded by parents or caregivers from the communities the child is living in.

Early Childhood Education, a major part of ECD, creates a learner who learns more easily during their school career. Immunisations, nutrition and health checks mean children stay healthier and therefore maintain regular attendance at school, for as long as possible (hopefully until the recommended school matriculation level). A well-attended school career means the child will develop life skills and be able to participate meaningfully in decision-making and policy formation – ideally – from the moment they become



a student. Such engagement and decision-making ability can encompass not only school governance but family life, communities and at a National level.

In order for this optimal course of a child's life, they must be protected from violence and abuse and benefit from inclusive social policies and social protection that promote resilience. Then they will have the best chance to fulfil their potential and contribute towards a better Zimbabwe.



Runako and Tino are not only best friends but they have a storybook written in their name! "Two Great Friends: Runako and Tino". This is because they are a wonderful example of acceptance and tolerance, whereby Runako is a child with albinism but for Tino it makes no difference whatsoever. And 12 other storybooks have been developed for children in rural Zimbabwe to support Early Childhood Development (ECD) and foster a love for reading from the very youngest ages. The release of these books is part of a catch-up initiative designed to redress the gap left by the COVID-19-induced school and ECD-centre closures. While 200,000 copies of the storybooks have been distributed to all communities there is a strong focus on the marginalised. The stories have also been developed as talking audiobooks and are available on 'The Internet of Good Things' and the Learning Passport – both being easily accessible websites for learning, and which can be shared and viewed through mobile devices. The

love of reading and the messaging learned through storytelling – some messaging such as tolerance normally learned in the classroom or playground - is a strong strategy for all, but especially some 29% of children aged 36-59 months who need to catch up developmentally.



HIV/AIDS & ADOLESCENT DEVELOPMENT & PARTICIPATION (ADAP)

KEY FACTS:

- Of Zimbabwe's population of 15 million, 54% are under the age of 20
- 1/3 of all new HIV infections are in Adolescents and Youth People (15-24yrs)
- 13% adult-HIV prevalence
- 90% maternal antiretroviral treatment (ART) coverage
- 8% mother-to-child-transmission rate, which is still high
- AIDS is a principal cause of non-neonatal child deaths
- Paediatric ART coverage is low
- Adolescent girls and young women are twice as likely to contract HIV than males
- Only 26% of the population access HIV-prevention programmes
- Stigma prevents adolescents accessing HIV/sexual reproductive health services
- There is limited space for meaningful participation of adolescents in decision making. Their views are seldom heard or acted upon



The situation of HIV/AIDS can be enormously improved through pregnant women, children and young people's access to strengthened and integrated sexual reproductive health, HIV and GBV prevention, treatment and other care services – that is, 'integrated services'. Under this umbrella programme there is also mental health and psychosocial support, sexual and reproductive health information and GBV interventions. On the other hand the situation of low participation of AYP can be greatly improved by creating policy frameworks and platforms that allow adolescents to meaningfully engage and participate in policy, programmes and activities that affect them and their communities.

The first priority is advocating for evidence-based legislation, policies, plans and budgets in support of these integrated services, particularly for adolescent girls and young women,

and those with disabilities and/or live in humanitarian contexts. UNICEF will support partners to expand space for the meaningful participation of adolescents in decision making.

Second, efforts focus on strengthening the capacity of service providers in delivering these integrated services, including paediatric HIV and mother-to-child-transmission-elimination services. UNICEF leverages delivery platforms within Health (and related) sectors, strengthening institutional capacity in, and increasing demand for HIV prevention.

Third, UNICEF promotes adolescent-friendly services through the Health, Education and social welfare systems to reach adolescents with information, life skills and services.

Interventions focus on strengthening service providers' capacity to offer comprehensive and integrated adolescent-friendly services; addressing negative perceptions and attitudes towards adolescents; scaling up the number of

'community adolescent treatment supporters'; mentoring mothers programmes and using innovation and digital platforms to help in strengthening all of these.

When Pindai, a mother of two, lost her daughter Jane to an AIDS-related illness, she turned to the Community Adolescent Treatment Supporters (CATS), a move that helped save her other child, a son. Pindai had always simply presumed Jane was born a sickly child: "It was only when Jane was 19 that she finally got tested for HIV, and tested positive," her mother said. Due to stigma and social norms, even after Jane tested positive, Pindai was in denial and opted for traditional healers, rather than the medical care encouraged by CATS. Regardless, CATS supported Jane and Pindai. A creation of the Zvandiri Programme ('As I Am' in Shona), CATS is funded by SIDA/UN through Africaid, an implementing partner of UNICEF. Its aim is to prevent the stigma of HIV, to encourage acceptance and be a support system, so that people have better HIV health and protection. It targets those aged 6-24yrs. CATS noticed how fragile and small John looked and alerted a Zvandiri Mentor, who advised Pindai to take her son for HIV Testing. John and Pindai herself are now benefitting from medical and counselling support, thanks to CATS.

KEY OBJECTIVES IN BRIEF

- Improve engagement and participation of adolescents in matters affecting them
- Improve access and utilisation of quality, integrated SRH/HIV/GBV/MHPSS prevention, treatment and care services by mothers and their infants, children and adolescents
- Advocate for legislation, policies, plans and budgets in support of integrated services
- Stronger focus and policies for children and adolescent girls and young women with disabilities, particularly those living in humanitarian situations
- Strengthen the capacity of all institutions and service providers in this field
- Address negative perceptions towards adolescents and make services more friendly
- Bring innovation and digital platforms in to help in strengthening all of these plans

Every Child Learns





QUALITY LEARNING AND SKILLS DEVELOPMENT

KEY FACTS:

- 28% attendance to Early Childhood Education – very low
- 9% Upper secondary school attendance
- 4.6 million children lost access to learning in 2020-21 due to the COVID-19 pandemic
- Only 6.8% of children had access to digital learning in 2020
- 89% of children complete primary school
- 15% complete upper secondary
- Access to learning opportunities for out-of-school children is limited

91% Primary school net **attendance**

Demand for pre-primary education is low. And although more girls than boys complete primary education, far too many girls drop out by Form 4. This is mainly due to poverty, teenage pregnancy, early marriage, school-related GBV, parents' prioritisation of boys education over that of girls, and insufficient gender-sensitive infrastructure in schools.

Intersectoral barriers to boys and girls accessing education include household poverty, abuse, remoteness, poor infrastructure and socio-cultural norms. Attrition, insufficient teachers and low capacity, and risks of violence and/or emergencies jeopardise both learning quality and continuity.

In response to such current realities, UNICEF Zimbabwe's 'Quality Learning and Skills Development' programme has shifted the emphasis from education to learning, focussing on services and inclusiveness for both children and adolescents, particularly the disadvantaged and those in humanitarian settings. The programme is about accessing equitable and quality learning opportunities in an efficient, effective and resilient education system.

The first priority, therefore, can be summed up as: access to inclusive, quality, basic education services and learning opportunities for all children.

UNICEF supports efforts to prevent student dropping out of school – particularly for of girls. It supports the reintegration of pregnant girls back into school, to enhance non-formal education options and to strengthen intersectoral collaboration on education for children with disabilities.

UNICEF will use social and behaviour change campaigns and community engagement to promote and increase demand for children's learning and adolescents' participation in skills development, and for ECD.

To improve learning environments, UNICEF is building upon two key innovations – the Learning Passport and GIGA – and expanding these initiatives. UNICEF will support the government in strengthening its ICT and remote teaching and learning and establishing device, procurement and distribution standards and procedures. Additionally, UNICEF



will support training of teachers in remote teaching and learning and help with fund mobilisation for increasing connectivity of the schools across the country.

Continuous professional development of teachers will be continued as well as the provision of teaching and learning materials especially during humanitarian situations. New areas of work include the training of teachers for psychosocial support to learners, as well as support to special needs schools. WASH in schools will continue to be supported, as will the implementation of the disaster risk reduction and resiliency plan at school level.

Another priority is to build capacity within the Ministry of Primary and Secondary Education in terms of planning, budgeting, resource management and monitoring. This also includes supporting the development of disaster-risk management and resiliency planning for the Education sector and building sufficient capacity to effectively implement such plans, at all levels of education.

During emergencies, UNICEF will support education and learning to continue, largely but not only, by ensuring community engagement.

EDUCATION

For Precious Maregere, Teacher-in-Charge at Chevanhu Primary, the provision of the School Improvement Grant (SIG) was a game-changer; not only does it create more COVID-safe learning environments - including in schools that cater for special needs - but builds confidence in learners by providing text books and some new desks (for the first time for many!) The grant is thanks to the Education Development Fund, a multi-donor-pooled funding mechanism supported through aid from the UK Government and the German Development Bank (KfW), which supports the Ministry of Primary and Secondary Education. UNICEF manages the funds and provides technical support.

Precious says: "Our pass rate for years was always 0% but since we bought these books, we hover around 17-20%. Thanks to UNICEF, we are changing our school one step at a time, by building the confidence of our learners to keep on fighting to pass." Although water still needs collecting from a borehole 3km away to fill the new buckets, the new desks and sanitation equipment not only provide dignity and ease but timely and essential social distancing for more students.

KEY OBJECTIVES IN BRIEF

- Boost and support access to inclusive, quality, basic education services and learning opportunities for all children
- Prevent drop-outs of children from school, especially girls, and support reintegration for pregnant girls
- Enhance alternative learning opportunities
- Strengthen intersectoral collaboration on education for children with disabilities
- Create more demand for adolescents' participation in skills development
- Boost teachers' capacity, motivation and ability to teach at potential, including using technology and connectivity

Every Child is Protected





PROTECTION

KEY FACTS:

- 1/3 women (aged 20-24yrs) married before age 18
- Child marriage rates driven by poverty and fuelled by social norms
- 1/3 girls experience sexual violence before their 18th birthday
- 35% of children (5-17yrs) in child labour
- 13% children working under hazardous conditions
- Children living in poverty are more likely to suffer from a disability

Over **51%** of children not **registered** at birth

The COVID-19 pandemic and the protracted emergency of Cyclone Idai (2019) aggravated existing and ongoing challenges across the board, but particularly heightened domestic and gender-based violence, violence against children, mental-health and psychosocial-support needs. Adolescents were – and are still – particularly at risk.

The capacity to provide child protection services in Zimbabwe, particularly in more rural areas, is already weak and inadequate, but worsened in humanitarian situations. In recent years these have also included climate-induced shocks, i.e., successive droughts, floods and cyclones, and then other health emergencies such as cholera outbreaks.

Despite significant progress in establishing a National Case-Management System (NCMS), the child protection sector remains fragmented, with shortages in the social service workforce; minimal investment in child-sensitive justice and social welfare systems, and limited implementation of policies and legislation. Again, these gaps are exacerbated during emergencies. While Zimbabwe ratified the Convention on the Rights of the Child, implementation of related laws and policies remains a challenge.

Grounded in a rights framework, UNICEF's Child Protection component aims to ensure that children, adolescents and young people (AYP) are better protected from violence, abuse and exploitation, have their births registered, and benefit from improved prevention and response systems in development and humanitarian settings.

In this area, the top priority for Zimbabwe is on developing a legislative framework around child protection, including on GBV, child marriage, access to sexual and reproductive health, civil registration, mental health, psychosocial support and access to justice. UNICEF advocates for: improving budget allocations; enhancing cross-sectoral coordination of services, including case management; strengthening victim-friendly justice and law enforcement systems and reinforcing human-rights monitoring. Partnering with disability organisations will strengthen institutional and normative frameworks on the rights of people living with disabilities.



The second key priority is strengthening social services and its workforces for the prevention of – and responses to – violence. Social welfare, justice, law enforcement and civil registration sectors urgently need good, gender-responsive protection services for children, with an enhanced lens on those with disabilities. Information management systems need to be much improved by using digital innovations and connectivity.

UNICEF enhances evidence-based interventions for different age groups, including adolescence and early childhood for health, nutrition, education, WASH and social protection.

Finally, UNICEF works to create a shift in societal attitudes around the acceptance of violence and harmful practices. The child protection section will use social mobilisation and community-based behaviour change strategies. Specifically, they will push for timely birth registrations; work on gender and social norms to build adolescent empowerment; reduce the condonement of violence and harmful practises and increase the demand for child-sensitive sexual and reproductive rights and protection services.

UNICEF strongly supports the coordination of humanitarian responses in emergencies and strengthen surveillance systems for protection-related risks.

CHILD PROTECTION

Agnes (13), had no idea what was happening to her body when changes started occurring with the onset of puberty. When she started menstruating, she felt a mix of shame and fear, and avoided going to school. She did not even confide in her mother. Agnes' story is an everyday story, however, as 76% of girls surveyed in a UNICEF study, in both rural and urban schools, reported they did not have the most basic knowledge on sexual reproductive health. In Zimbabwe, 'period poverty' (the struggle many females face in affording sanitary materials and information), as well as associated cultural stigma and shame is, unfortunately, a common problem. To effect real change, there is urgent need to commit resources to bring about awareness, the reversal of some religious/cultural norms and restrictions, including not being allowed to participate in socio-cultural events, and to bring about easy access to sanitary materials and hygiene education, to empower millions of women and girls in Zimbabwe. 'World Menstrual Hygiene Management Day', every May 28, is an annual opportunity to ensure that menstruation is eradicated as a cause for excluding girls and women from school and social and economic activities. UNICEF and partners work hard to play their part all year long. In 2020, the Government legislated the provision of free sanitary materials in schools. In addition, the Minister of Finance made a budgetary allocation for the procurement of sanitary materials for girls; this must become and remain a reality.

KEY OBJECTIVES IN BRIEF

- Ensure children and AYP are better protected from violence, abuse and exploitation
- Push for enabling all births to be registered, and timely
- Establish more prevention and response systems in development and humanitarian settings
- Developing a comprehensive, legislative framework around child protection
- UNICEF advocates for enhancing cross-sectoral coordination of case management
- Reinforcing human-rights monitoring
- Partnering with disability organizations strengthens institutional and normative frameworks on the rights of people living with disabilities.
- Strengthening social services and its workforces for the prevention of – and responses to – violence
- An enhanced lens on people women, children and AYP living with disabilities
- Improving information management systems using digital innovation
- Keep evidence and data forefront and centre, and utilised in interventions
- Work on gender and social norms to build adolescent empowerment

Every Child has Clean and Climate-resilient WASH





WATER, SANITATION AND HYGIENE

KEY FACTS:

- Access to basic water and sanitation has been declining in Zimbabwe over the last two decades
- Climate change is behind more frequent climate-shocks which risk drinking water supply with either too much or not enough water
- By 2020 only 63% of Zimbabweans use basic drinking water services; with only 51% in rural areas
- 54% of rural households spent more than 30 minutes to fetch water
- Only 35% of Zimbabweans use a hygienic toilet that is not shared with other households
- 45% of Zimbabweans have a handwashing facility with soap and water
- Over 1/3 of schools in Zimbabwe lack access to a basic water service
- Only 17% of health care facilities have access to basic sanitation

23.5% of people in Zimbabwe lack access to a toilet and defecate in the open

Zimbabwe's challenges to water, sanitation and hygiene are deeply entrenched. From regular and increasing threats from climate change to weak institutional coordination and capacity and the inability to maintain WASH infrastructure, to insufficient water supplies, contamination and distance to water points for much of the population.

Over one third of schools in Zimbabwe lack basic water services, 35% lack basic sanitation and only 58% of the schools have handwashing facilities with soap and water. Although statistics show that 80% of health care facilities have basic water services, only 17% of these have basic sanitation services and only 58% of the facilities are equipped with basic handwashing services (including soap and water).

The environment in Zimbabwe is rapidly changing, with children at a greater risk from external shocks and stresses and facing heightened vulnerabilities due to a deteriorating economic situation, threatened sources of livelihoods as well as extreme climatic events such as cyclones, floods and droughts that directly impact their lives. Urban migration, political instability and decreasing government fiscal space for social development all result in increasing needs of children and a rise in inequalities.

The impact of poor water and sanitation services falls disproportionately on women and girls who bear responsibility for all household water and sanitation related tasks such as cleaning, cooking, washing, caring for children and the sick. The burden on women and girls includes time and physical labour required to collect water from water sources and carry water home, often from long distances.

UNICEF's WASH programme supports the Government of Zimbabwe's efforts to increase the resilience of all children and their families against water and sanitation related

diseases at home, in schools and in healthcare facilities in ordinary times and during emergencies – particularly to increasing climate-related threats. The WASH programme localizes global solutions and innovations to the specific situation of children in Zimbabwe and applies a human rights-based approach which puts children, adolescents and adults at the centre. The programme will be specifically responsive to the needs of children with a disability, adolescent children and adolescent girls' needs, including for menstrual hygiene management in schools.

UNICEF works to empower parents, caregivers, girls and boys with increased knowledge and skills to adopt safe WASH practices and demand accountability from service providers. UNICEF uses social and behaviour change interventions to target local leaders, teachers and children.

UNICEF's climate-resilient water, sanitation and hygiene programme focuses on children and their families, particularly the most vulnerable, benefitting from adequate (equitable, affordable and climate-resilient) drinking water, sanitation and hygiene in line with Sustainable Development Goals. To advocate for water, sanitation and hygiene access for the most deprived communities, evidence-based policy dialogues can establish a foundation to improve WASH services at scale.

UNICEF helps to enhance multi-sectoral coordination, develop standards and systems, and support ministries responsible for Health and Education to streamline WASH services into projects, and create demand from the population through community engagement.

UNICEF Zimbabwe's own programmatic shift simultaneously promotes integrated interventions – from working with other United Nations agencies to rebuild Zimbabwe's devolution process with targeted geographical priorities to

embedding emergency preparedness and responses within every programme component, reinforcing humanitarian-development linkages. There is a focus on regions with the greatest deprivations and those that are particularly vulnerable to climate-related shocks, including the Manicaland and Mashonaland West provinces, and remote rural and urban poor areas and those hardest-to-reach children.

Innovative financing mechanisms are being explored to leverage resources from donors as well as the private sector to support the scale up of sustainable WASH services including through climate financing windows in conjunction with the empowerment of lower tiers of Government to manage resources and enhance social service delivery in line with Zimbabwe's devolution and decentralisation agenda.

One of the most critical of the challenges, amongst so many, that women and girls in particular continue to face in Zimbabwe, is the access to toilets, hand washing facilities and the safe and dignified disposal of sanitary waste. It is normal for women and girls to walk long distances, e.g., to collect household water for cooking and cleaning, and such journeys can also put them in harm's way in terms of GBV. Zimbabwe continues to face severe constraints in the Water, Sanitation and Hygiene (WASH) sector, with 70% of rural schools reportedly having neither water nor soap, according to a UNICEF-supported study. Most schools do not have lockable toilet compartments either, meaning no privacy for managing basic hygiene processes, nor are these facilities accessible to children with disabilities. UNICEF Zimbabwe urges the Government and other stakeholders to increase investments in water, sanitation and hygiene facilities, and for MHM commodities, especially in schools and other institutions. UNICEF will continue to support WASH in school interventions, especially in the most deprived communities.

KEY OBJECTIVES IN BRIEF

- Behaviour change is achieved, particularly on adopting safe WASH practices and demanding accountability from service providers
- More Zimbabweans have safe drinking water and adequate sanitation and hygiene
- Government-led systems enable community resilience and climate-resilient WASH services
- Needs of girls and women's menstrual hygiene management are addressed
- Toilets and handwashing facilities are installed and maintained in schools and health centres
- Capacitating local authorities to provide sustainable and climate-resilient WASH services through strengthened devolution
- Policy is informed by real-time monitoring and evidence
- Most deprived communities' needs are identified and responded to
- Emergency preparedness and responses are embedded within *every activity*

Every Child Has an Equitable Chance in Life





SOCIAL POLICY

KEY FACTS:

- Zimbabwe is the 22nd poorest country in the world
- The economy has contracted by -2.1% in the past five years, and witnessed a steep decline in 2020 of 10% due to COVID-19
- More than half of the population are under 20 yrs, and 61% of children endure multi-dimensionally poverty
- Government spending on social sectors is inadequate and dependent on donor funding
- The devolution agenda has been marred by weak local capacity to plan and manage resources
- The social protection system is insufficient to respond to increasing vulnerabilities
- Low social sector investment and fiscal instability is deepening inequality and poverty

72% of Zimbabweans live in poverty



The situation in Zimbabwe worsened by climate-induced shocks and successive droughts, floods and cyclones, including cyclone Idai in 2019, and health emergencies such as cholera outbreaks and the COVID-19 pandemic. Within this context the social policy sector seeks to ensure that more vulnerable children and adolescents, including those living with disabilities, are reached by services and protected from falling into poverty.

The first focus of social policy in the Country Programme for 2022-2026 is around public finance. UNICEF will help to strengthen the Government's capacity at National and local levels to plan for, mobilize, equitably allocate

and efficiently utilise resources to improve the situation for children and adolescents. This includes prioritisation; budget analysis; dialogue on inclusive policies in partnership with marginalized communities and population groups; institutional capacity development; and partnering with research organisations, CSOs, academia and the private sector to strengthen the knowledge and evidence base for the sector.

The second focus centres on inclusive, shock-responsive social protection, enhancing the capacity of responsible ministries at National and subnational levels; strengthening coordination mechanisms and ensuring clear policies;

enhancing delivery systems and their operability and supporting the Government to cover all vulnerable children and their families, and respond to increased needs during shocks.

The final and critical element is gathering and putting to use quality, disaggregated data - including the impact of climate change on children – to inform equity-based policies and programmes. Alongside the World Bank and United Nations

agencies, UNICEF helps to strengthen the capacity of the Zimbabwe National Statistical Agency measuring deprivations children and adolescents face under different dimensions as well as other critical surveys gauging the situation of households across the nation, as well as strengthening research and its analysis and ensure that it is shared and understood by those responsible for designing and implementing policies and programmes.

Shamiso (57), a widow from Gutu in Masvingo, was ecstatic when she became a recipient of the Emergency Social Cash Transfer programme (ESCT). Not only has she been living with HIV for 19 years but takes care of her children, grandchildren and two elderly relatives with disabilities. She now receives US\$48/month from the programme from which she buys food and school fees for her youngest. UNICEF, in collaboration with the Ministry of Public Service, Labour and Social Welfare and GOAL Zimbabwe is rolling out ESCT - funded through the generous support of the Government of Germany (KfW) and the Government of Sweden (SIDA) - to reduce food insecurity, improve dietary diversity, and maternal and child health in vulnerable households where the situation has deteriorated as a result of COVID-19. Shamiso normally knits for customers, a business that was severely affected by the COVID-19 lockdown. "For people with HIV in the community, things are not well. Other households are experiencing child malnutrition. The money I now receive has come at the right time," Shamiso says with relief. Traditionally, social protection responses in Zimbabwe were for rural households, but the pandemic has exacerbated urban poverty too and given rise to vulnerabilities. Cash transfers are very important in protecting the vulnerable in emergencies and currently targets households headed by the elderly (65yrs+), households with pregnant women or children under 2yrs, households with persons living with disabilities and child-headed households.

KEY OBJECTIVES IN BRIEF

- Enhance integrated UN work for the next four years
- Enable all Zimbabweans, particularly the vulnerable and marginalised, to benefit from:
 - equitable and quality social services and protection, especially women and girls
 - greater environmental stability and robust food systems in support of healthy lives
 - equitable, sustainable and resilient livelihoods
 - more inclusive and sustainable economic growth with decent employment opportunities
- more accountable institutions and systems for rule of law, human rights and access to justice
- Build on Zimbabwe's devolution process
- Focus on regions with the greatest deprivations and those that are particularly vulnerable to climate-related shocks, i.e., with the hardest-to-reach children, including remote rural and urban poor areas and the Manicaland and Mashonaland West provinces

Emergencies and Resilience Building



! HUMANITARIAN EMERGENCIES

KEY FACTS:

- Zimbabwe experiences cyclical climatic shocks and health emergency outbreaks
- 38,000 children with severe acute malnutrition (SAM) need treatment
- 2.2 million people in urban areas require social protection
- 1.7 million children need education
- As of 7th September 2021, Zimbabwe had endured three waves of COVID-19 with over 125,000 cumulative cases and over 4,500 deaths

2.8m children need **humanitarian assistance**

Emergency preparedness and responses are now embedded within each programme component of UNICEF's Country Programme; this approach consistently reinforces humanitarian-development linkages.

However, with limited Government funding, declining donor funding and a protracted pandemic or new crises, the situation is increasingly fragile. UNICEF will prioritise critical interventions and expanding priorities as funding permits.

By the start of 2020, Zimbabwe had already been hit by simultaneous and multiple humanitarian crises including climatic shocks (cyclones, floods, drought). This was followed by the COVID-19 outbreak, making one of the most fragile nations in the world even more vulnerable. These ongoing emergencies continued to displace families and forced them to flee their homes in search of food, shelter and safety.

The combined impact of these emergencies places a heavy toll on children: malnutrition threatens their lives, and many children were further exposed to domestic and gender-based violence. This was coupled with education disruptions due to COVID-19 lockdowns. Not only did children miss out on their education - with many dropping out of school for good - they were very often put into situations of increased risk of abuse, neglect, and violence, including sexual and gender-based violence and child marriages. Mental health issues were triggered and/or worsened, with long-term effects



often in turn triggering risky or anti-social behaviour and a reduced ability to contribute meaningfully to their families and communities.

To increase preparedness and resilience of the health system, UNICEF will promote a harmonised, cooperation framework and enhance capacity in multi-hazard risk surveillance, disaster risk mitigation, business continuity and early recovery, with a focus on accountability to affected populations.

KEY OBJECTIVES IN BRIEF

- Ensure education is continued throughout emergencies
- Embed emergency preparedness and responses within each UNICEF programme
- Reinforce humanitarian-development linkages
- Help build capacity in 'multi-hazard risk-surveillance'
- Focus on accountability to affected populations
- Boost integrated service coverage in both humanitarian and development settings

Cross-sectoral Programming





C4D & BEHAVIOUR CHANGE, ECD, GENDER, DISABILITY & CLIMATE CHANGE

KEY FACTS:

- Resilience-building interventions cannot be isolated from mainstream Development programmes
- Integrated, multisectoral approaches improve efficiency
- Enhanced, harmonised action with other UN agencies is also more efficient
- C4D/behaviour change, ECD, gender, disability and climate change are now embedded within each programme component of UNICEF's Country Programme
- Humanitarian and development work are linked through a cross-sectoral approach

Lessons learned from the previous Country Programme, as well as the COVID-pandemic response, showed that resilience-building interventions cannot be isolated from mainstream development programmes. Indeed, integrated, multisectoral approaches improve the efficiency of the Country Programme, by enhancing harmonised action, including with other UN Agencies.

To this end, C4D and behaviour change, ECD, gender, disability and climate change are now embedded within each programme component of UNICEF's Country Programme. This cross-sectoral approach consistently reinforces the linkages of humanitarian to development work.

Joint programming focuses on climate action and multisectoral community resilience; adolescent inclusion, addressing GBV and HIV/AIDS and sexual and reproductive health needs; mental health; and infection prevention and control, supporting the COVID-19 Vaccines Global Access facility.

Building on lessons from the pandemic response and other often concurrent opportunities to strengthen resilient systems, the programme's overarching theory of change is that if more children and adolescents, - particularly the



most disadvantaged - demand and access quality, equitable and resilient health, nutrition, WASH, HIV and sexual reproductive health services; if they learn, develop life skills and meaningfully participate in decision making; if they are protected from violence and abuse and have their births registered timely; and if they benefit from inclusive social policies that promote resilience, then they will have the opportunities to fulfil their potential.

UNICEF Zimbabwe has pledged to engage young people on developmental issues. On 'International Youth Day' this year, young people from various backgrounds interfaced with the UNICEF Zimbabwe Representative, Dr Tajudeen Oyewale, and called for greater engagement and more inclusive platforms to tackle issues around climate change, sexual reproductive health rights, education, arts and culture and entrepreneurship. These, and more, were called out as critical issues facing youth which they would like included in UNICEF's future programmes, to help ensure their rights are met. Dr. Oyewale equally absorbed the strong and recurring call for awareness-raising campaigns on mental health, fighting stigma and depression and providing support for well-being in youth, which, he said, was of paramount importance going into the new Country Programme. Disability discourse, information and policies will be another strong focus: "UNICEF has to assist people living with disabilities to get critical and helpful information." HIV programmes were also promised as being at the forefront, where fighting stigma and creating space for testing and treatment were standard. Dr Oyewale committed to UNICEF linkages for entrepreneurship, education and internship and emphasised working on opportunities around climate change and creating a Green economy.

KEY OBJECTIVES IN BRIEF

- Strengthen resilience in systems and in Zimbabweans
- Persuade more children and adolescents to seek out and demand health services more
- Focus more on the most disadvantaged children and adolescents so they too demand equitable, quality health, nutrition, WASH, HIV and sexual reproductive health services
- More children and adolescents learn and develop life skills
- More children and adolescents meaningfully participate in decision-making, at both community and Government policy level
- More children and adolescents are protected from violence and abuse
- More babies are registered at birth so as to benefit from inclusive social protection all their lives
- More children and adolescents fulfil their potential

Partners

UNICEF Zimbabwe is hugely grateful to the broad range of development partners, the Government of Zimbabwe, public and private sector donors whose support enables our wide-reaching programmes to support millions of children in Zimbabwe. As well as the funding partners described below, UNICEF Zimbabwe acknowledges and is grateful for all the support from United Nations Member States who contribute to the Regular Resources and core funding of UNICEF Zimbabwe.

Government of Zimbabwe



- Ministry of Environment, Tourism and Hospitality Industry
- Ministry of Finance & Economic Development
- Ministry of Foreign Affairs and International Trade
- Ministry of Health and Child Care
- Ministry of Higher and Tertiary Education, Science and Technology
- Ministry of Industry and Commerce
- Ministry of Information, Media and Broadcasting Services
- Ministry of Justice, Legal and Parliamentary Affairs
- Ministry of Public Service, Labour and Social Welfare
- Ministry of Lands, Agriculture, Water, Climate and Rural Settlement
- Ministry of Primary and Secondary Education
- Ministry of Youth, Sport, Arts and Recreation
- Ministry of Women affairs, Community, Small and Medium Enterprises

Donors

Australian Aid

Government of Canada

DANIDA

European Union

EDUCATION CANNOT WAIT
a global fund for education in emergencies

Gavi
The Vaccine Alliance

german cooperation
DEUTSCHE ZUSAMMENARBEIT

GLOBAL PARTNERSHIP for EDUCATION

Ambasáid na hÉireann
Embassy of Ireland

ITALIAN AGENCY FOR DEVELOPMENT COOPERATION

From the People of Japan

Kingdom of the Netherlands

The Government of the Republic of Korea

NORWEGIAN EMBASSY

The ROCKEFELLER FOUNDATION

Sweden Sverige

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra
Swiss Agency for Development and Cooperation SDC

UKaid
from the British people

USAID
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

THE WORLD BANK
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Child Protection Fund

EDUCATION Development Fund II
KFW, UKaid, unicef for every child, Ministry of Primary & Secondary Education

Health Development Fund
Supporting the National Health Strategy to improve access to quality health care in Zimbabwe
Gavi, unicef, UKaid, Sweden Sverige, Embassy of Ireland, UNICEF

UNICEF National Committees

- UNICEF Australia
- UNICEF Switzerland
- UNICEF United Kingdom
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UN Partners



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- Klorman Water Solutions



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