

UNICEF ZIMBABWE

CONSOLIDATED EMERGENCY REPORT 2021



Submitted March 2022

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Cover Photo: UNICEF Zimbabwe/2022/Rutendo Kambarami

Caption: UNICEF Staff conducting a rapid assessment of the Tropical Storm Ana

List of Acronyms

AIDS	Acquired immune deficiency syndrome
C4D	Communication for Development
CCWs	Community Childcare Workers
COVID-19	Coronavirus 2019
CPWG	Child Protection Working Group
DHIS-2	District Health Information Software version 2
ECD	Early Childhood Development
ESAG	Emergency Strategic Advisory Group
EMTCT	Elimination of mother to child transmission
GBV	Gender Based Violence
GAM	Global Acute Malnutrition
HAC	Humanitarian Action for Children
HIV	Human immunodeficiency virus
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
ICT	Information Communication Technology
IEC	Information, education communication
IPC	Infection Prevention and Control
IT	Information Technology
IYCF-e	Infant and young child feeding in emergencies
MAM	Moderate acute malnutrition
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
MoPSLSW	Ministry of Public Service Labour and Social Welfare
MUAC	Mid-upper arm circumference
NAC	National AIDS Council
NCMS	National Case Management System
NCMIS	National Case Management Information System
NGO	Non-governmental organization
PSEA	Protection from Sexual Exploitation and Abuse
PPE	Personal Protective Equipment
NFI	Non-Food Items
OFCDO	Foreign, Commonwealth and Development Office
PSS	Psychosocial support
SAM	Severe acute malnutrition
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs
VAS	Vitamin A Supplementation
VHW	Village Health Worker
VMAHS	Vital Medicine Availability and Health Services Survey
WASH	Water, sanitation and hygiene
ZimVAC	Zimbabwe Vulnerability Assessment Committee

Map of Targeted Districts and number of sectors per each district

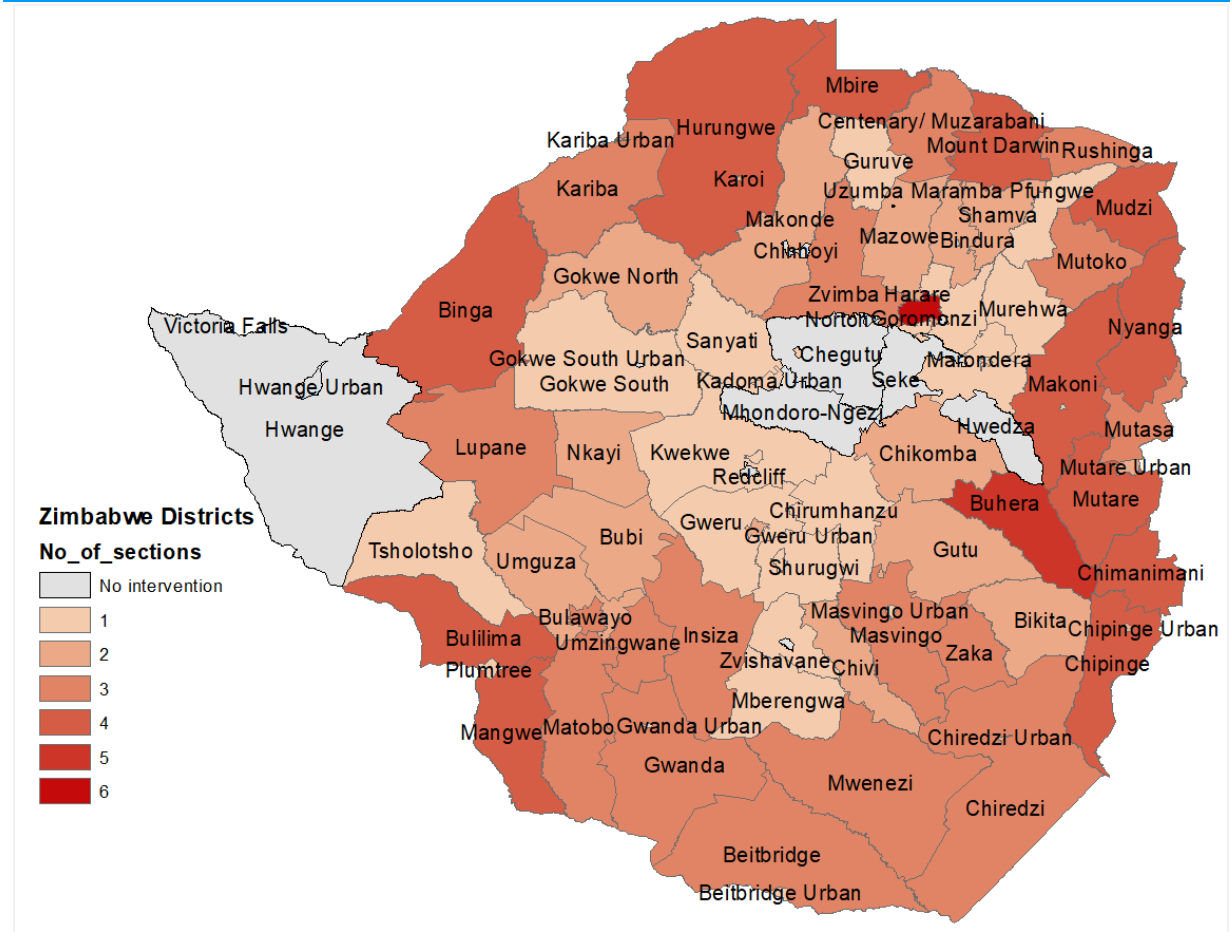


Figure 1: UNICEF Zimbabwe target Districts by Number of Sectors

1.0 Executive Summary

In 2021, Zimbabwe continued to face a complex humanitarian situation triggered by multiple hazards of COVID-19, flash floods, and the economic challenges. To address this complex humanitarian situation, UNICEF expanded outreach for emergency multi-sectoral services, including essential and life-saving WASH, health care, nutrition, child protection, and antiretroviral therapy, for crisis-affected children, adolescents and pregnant and lactating women, including those living with HIV and those with disabilities. The humanitarian interventions were effectively integrated with development programs across the sectors thus enhancing a smooth transition from response to recovery contributing to the humanitarian-development nexus.

Through UNICEF's technical and financial support in the 32 selected emergency response districts, a monthly average of 293,145 children aged 6-59 months (149,504 girls and 143,641 boys) were screened for wasting. Of the 13,800 children targeted for treatment of severe wasting, 11,079 children (6,226 girls and 4,853 boys) were admitted and treated. Between January and December 2021, UNICEF, in coordination with WHO, other UN agencies and the Ministry of Health and Child Care (MOHCC), prioritized implementation of emergency response activities in response to the second, third and fourth COVID-19 waves. UNICEF supported technically and financially, the Coordination, Risk Communication and Community Engagement (RCCE), Infection Prevention and Control (IPC), Case Management and the Logistics and Procurement response pillars of the COVID-19 response. Between January and December 2021, a total of 2,530,879 women and children were reached with primary health care services against an annual target of 2.7 million.

UNICEF supported strong WASH sector coordination through Emergency Strategic Advisory Group (ESAG) platform, which updated the WASH contingency plans for 2021 - 2022. A total of 809,208 people (428,886 females and 373,024 males including 7,298 people with disabilities) were reached with safe water, exceeding the annual target of 610,057. Furthermore, over 2.7 million people out of a targeted 1.5 million people were reached with key health and hygiene messages on the prevention of COVID-19 and water borne diseases.

In 2021, UNICEF, through its leadership of the Child Protection Sub-cluster under the broad coordination of the Protection Cluster, facilitated joint planning, resource mobilization, implementation, and monitoring of child protection and GBV interventions. UNICEF reached a total of 23,197 (61% female and 125% of the target) survivors of GBV with post GBV services against the annual target of 18,500. In addition, A total of 132,243 children (55% female with 10% being children with disabilities) received mental health and psychosocial support services. In response to the economic impact of COVID-19 and the economic crisis, UNICEF, in partnership with GOAL Zimbabwe implemented the Emergency Social Cash Transfer Programme (ESCT) in the three districts of Highfields, Gutu and Mufakose in Harare, directly benefitting a total of 9,851 beneficiary households (comprising over 41,650 people including 18,870 children) against an operational target of 8,250 households.

2.0 Humanitarian Context

In 2021, Zimbabwe continued to face multiple hazards dominated by three waves of the COVID-19 outbreak. Containment measures introduced in 2021, which included lockdowns, school shutdowns, and curfews severely affected service provision and business operations and had deleterious impacts on industry, and the informal sector and eroded the fragile livelihoods of the vulnerable population of Zimbabwe. Economic challenges manifested in increased prices of goods and services fueled by year-on-year inflation of 60.7% as of December 2021. The urban population was more impacted by the economic challenges with 2.4 million people in urban areas becoming food insecure (ZIMVAC, 2021). Despite a good harvest in the 2020 – 2021 agricultural season, some rural populations were also facing food insecurity, particularly during the lean season starting in October 2021. In the short term, therefore, given the economic impact of COVID-19, the economic outlook is hinged on public health and the evolution of the COVID-19 vaccination process.

As of 31 December 2021, Zimbabwe had recorded 213,258 COVID-19 cases¹ up from 134,625 recorded a month earlier. The epidemiological trend showed a sharp increase in infections, which was triggered by the fourth Omicron variant. A total of 5,004 deaths had been recorded by 31 December 2021. Harare continued to have the highest incidence per capita at 2,117, followed by Matabeleland North with 2,202 cases and Matabeleland South province at 2,031 cases per 100,000. The Government of Zimbabwe re-opened schools on 30 August beginning with examination classes with the rest of the classes reopening on 8 September 2021. In October, schools experienced a surge in COVID-19 infections with 1,882 school children (1,127 males; 755 females) and 204 teachers (78 males and 126 females) having tested positive cumulatively. More than 50% of the new cases were driven by 2.56% of the schools in the country. There was one death, 1,043 recoveries and 2,042 active cases.

The national COVID-19 vaccination campaign has continued to progress steadily between January and December 2021 with UNICEF at the forefront of providing support to the government. By 31 December 2021, a total of 4,124,102 people had received first doses of the vaccine while 3,135,175 people had received the second dose, and 5,195 had received the third 'booster' dose of the COVID-19 vaccine. Towards the end of 2021, with the general lax by the public to abide by the COVID-19 mitigation protocols, there was the need to continue to reinforce the general COVID-19 safety measures and intensify the national vaccination campaign going into 2022.

¹ Ministry of Health and Child Care Daily Sitrep, 31 December 2021

3.0 Humanitarian Results

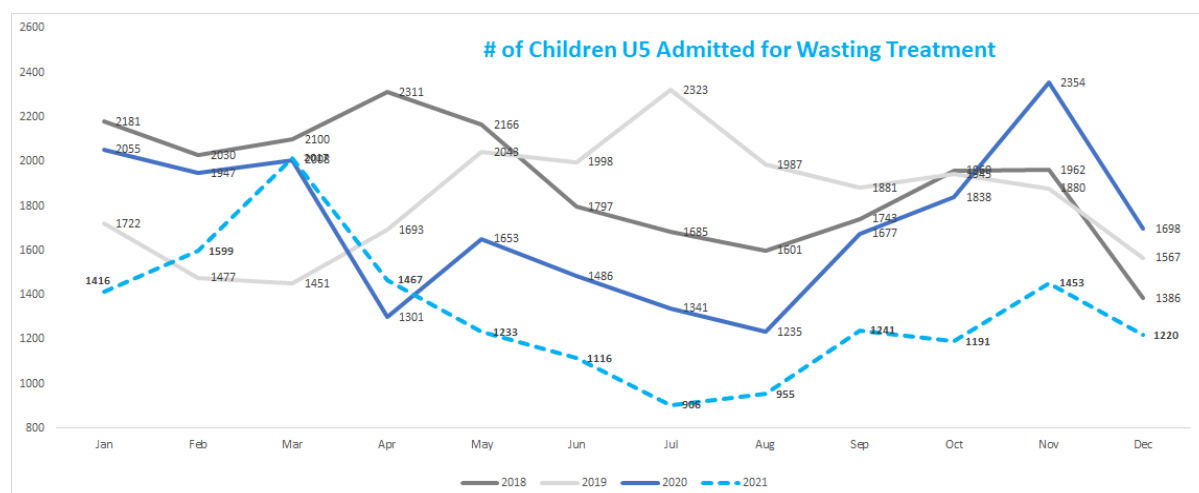
This section outlines the sectoral humanitarian results achieved in 2021.

3.1 Nutrition and HIV

3.1.1 Nutrition

Sector	Cluster/Sector Response*			UNICEF and IPs		
	2021 target	Total results	Change since last report ▲ ▼	2021 target	Total results	Change since last report ▲ ▼
Nutrition						
# of children aged 6 to 59 months affected by SAM and moderate acute malnutrition admitted to community-based treatment programmes	22,176	8,610	▲ 1,594	22,176	Girls	6,226
					Boys	4,853
					Total	11,079 ▲ 4,063
# of children aged 6-59 months receiving Vitamin A supplementation	476,926	774,610	▲ 388,764	476,926	Girls	199,024 ▲ 13,561

In 2021, UNICEF in collaboration with partners in the Nutrition Cluster supported the Ministry of Health and Child Care (MOHCC) to provide lifesaving interventions to children under the age of five years, pregnant and lactating women living in drought affected communities throughout the country. UNICEF engaged two national implementing partners (ZVITAMBO and the Paediatric Association of Zimbabwe (PAZ) to mentor health workers who manage children with complicated malnutrition as well as to improve the quality of the Integrated Management of Acute Malnutrition (IMAM) programme and raise the programme performance indicators to the level of SPHERE standards. The Paediatric Association of Zimbabwe (PAZ) mentored all 8 provincial hospitals on improved inpatient treatment of children with complicated malnutrition and supported the establishment of a centre of excellence for training of nurses and doctors in improved inpatient treatment of children with complicated malnutrition resulting in an increase of the cure rate from 46% in 2020 to 70% in 2021 and a reduction in the death rate from 46% in 2020 to 27% in 2021. The figure below compares the number of children admitted for treatment of wasting in 2021 compared to the previous three years.



Due to the impact of COVID-19, less children were treated for wasting in 2021. In 2021, 17,839 children (7,867 Boys; 9,972 girls)² received treatment for severe wasting, achieving 80% of the annual target of 22,175 and with a cure rate of 73%.

UNICEF provided technical, financial and commodity support for Vitamin A supplementation, health facilities and communities by village health workers resulting in 890,000 (53% of the target of 1,680,00) children aged 6-59 months receiving Vitamin A nationally during the Typhoid Conjugate Vaccine campaign. A total of 596,157 caregivers of children less than 2 years old were reached with messages on breastfeeding, young child feeding or healthy diets in the context of COVID-19 through national communication campaigns constituting 141% of the target. UNICEF technically supported the Nutrition Department in MoHCC in emergency preparedness and response planning for the 2022 emergency. Districts that are prone to cyclones/flooding were supported to develop preparedness and response plans. UNICEF will continue to support the Rapid-Pro Platform for near real time data collection and reporting which has resulted in the 32 emergency districts submitting weekly data on the nutrition response. The Covid-19 pandemic continued to negatively impact access to nutrition services with a decline in children admitted for severe wasting being evident during the months when lockdown restrictions were in place.

UNICEF procured and distributed lifesaving nutrition commodities to all public health facilities in the country. Over 99% of the health facilities that offer treatment of wasting in the country had adequate life-saving therapeutic feeds with no reported stock outs in 96% of the facilities³. Lessons learnt from establishing the centre of excellence at Harare hospital will be used to improve the IMAM programme in other institutions where children are treated. PAZ will be contracted in 2022 to explore ways of improving the nutrition treatment of children with disabilities. ZVITAMBO will be working on improved active caregiving and stimulation for children with malnutrition.

3.1.2 HIV and AIDS

Sector	Cluster/Sector Response*			UNICEF and IPs		
	2021 target	Total results	Change since last report ▲ ▼	2021 target	Total results	Change since last report ▲ ▼
HIV and AIDS						
# of pregnant and breastfeeding women, children and adolescents living with HIV who continue to receive prevention of mother-to child transmission and treatment services				6,000	Female	30,521
					Male	13,855
					Total	44,376
						▲2,414

² District Health Information System 2 (DHIS2)

³ VMAHS Q4, 2021

In 2021, UNICEF partnered with the National AIDS Council (NAC) and Ministry of Health and Child Care (MOHCC) department of AIDS & TB to integrate HIV services in humanitarian and emergency policy and plans. The current Zimbabwe National HIV and AIDS Strategic Plan 2021 – 2025 now includes HIV in disaster risk reduction and HIV-sensitive country-level disaster preparedness and response plan. Following the updating of the ART guidance in light of the COVID-19 pandemic, UNICEF provided technical support in the review of the HIV medicines and commodities stock status to ensure continuation of multi-month prescriptions for people living with HIV (PLHIV) as part of decongestion of health facilities and continuity of care for PLHIV within their communities during the COVID-19 pandemic restrictions.

UNICEF provided technical support to MOHCC to assess the overall impact of COVID-19 response to HIV care and treatment programmes. Key findings indicate a 45% reduction in clients tested for HIV and received results, a 36% reduction in clients initiated on ART, identification and of HIV positive clients and linkage to treatment across all age groups. The shortage of staff and inadequate PPE impacted negatively on health services including HIV service delivery. Hence testing is being scaled up via distribution of HIV self-test kits. In the first half of 2021 there was 51% increase in clients who received HIV self-testing kits compared to the same period in 2020. HIV also leveraged on the integrated health outreach services as part of measures to ensure increased access.

UNICEF provided technical and financial support to NAC to implement the HIV Community empowerment project in 15 districts which were identified as hotspots for COVID-19 and humanitarian crises. Community based workers, including those who are part of networks of people living with HIV were instrumental in the dissemination of information on how to access HIV services during the lockdown including promoting COVID-19 prevention and vaccination. A total of 400 cadres (298 females) were trained and 485 community leaders (340 females) were orientated. These trained cadres reached 84,488 community members of which 20,291 were children and adolescents. UNICEF supported elimination of mother to child transmission (eMTCT) activities towards keeping pregnant and lactating women in care via an intervention that tracks and traces mother baby pairs on an electronic platform. The electronic tracker is being implemented in 4 districts where there is a high loss of follow up and lower continuous service utilisation among women during ANC. MOHCC was supported in printing of IEC material promoting continued uptake of key services such as repeat HIV testing among breastfeeding mothers, early infant diagnosis for HIV exposed infants and decentralised services for pregnant and breastfeeding women.

UNICEF supported MOHCC to develop a standardized mobile phone application for Adolescents living with HIV (ADLHIV) on which they can access a minimum package of support services that include treatment adherence support, and treatment monitoring during the COVID-19 pandemic. There is ongoing work to incorporate the HIV prevention and care module onto the application. The MOHCC was supported to update messaging for infomercials on HIV, treatment and COVID-19 resulting in 44,364 children, adolescents, pregnant and lactating women accessing HIV services and treatment in 2021. Peer support mechanisms via Community adolescent treatment supporters (CATS) and young mentor mothers (YMM) were helpful in supporting adherence in children, adolescents, pregnant and lactating women living

with HIV and their continued access to medicines during the lockdowns. The COVID-19 pandemic restrictions, high cost of transport and facility human resources limitations prevented full access to health facilities for children, adolescents, pregnant and lactating women living with HIV. In the last quarter of 2021, a survey was conducted to determine the knowledge and practices including vaccination on COVID-19 among adolescents and young people reached by the various channels. The findings included lower levels of awareness in rural communities, whose main source of information were peers and the radio. Vaccination hesitancy remains significant as adolescents are not convinced that the vaccine is safe which underscores the need for more targeting social and behaviour change communication.

3.2 Health

Sector	Cluster/Sector Response*			UNICEF and IPs		
	2021 target	Total results	Change since last report ▲ ▼	2021 target	Total results	Change since last report ▲ ▼
Health						
# of children and women accessing primary health care in UNICEF-supported facilities				2,700,000	Female	1,888,059
					Male	642,820
					Total	2,530,879
						▲ 797,281

Between January and December 2021, UNICEF, in coordination with WHO, other UN agencies and the Ministry of Health and Child Care (MOHCC) through funding support from the Health Development Fund, prioritized implementation of emergency response activities in response to the second, third and fourth COVID-19 waves. UNICEF supported technically and financially the Coordination, Risk Communication and Community Engagement (RCCE), Infection Prevention and Control (IPC), Case Management and the Logistics and Procurement response pillars. UNICEF distributed IPC supplies (Soap bars, liquid soap and disinfectants) and PPE to health facilities and most affected schools across 9 provinces.

UNICEF supported the development of the National COVID-19 Vaccine Demand Strategy and Communication Plan, 235,000 posters printed in 15 languages and the National Vaccine Deployment Plan. UNICEF collaborated with Apostolic Women Empowerment Trust (AWET) and GOAL to reach 5,630,162 people (2,702,477 males and 2,927,685 females) of targeted 5 million with integrated messaging on COVID-19 prevention, vaccination, and continuity of essential services. Through AWET, 3,003 community volunteers were trained to support Behaviour Change in hotspot districts, 2,420 Community leaders and key influencers conducted interpersonal behaviour change communication on COVID-19 and essential service utilization. UNICEF supported implementation of mobilisation activities to address social norms and vaccine hesitancy in across 63 districts reaching more than 5 million people. Information to guide RCCE interventions was collected through 3 perception surveys using the U-Report polls to assess COVID-19 perceptions in schools amongst 6,215 VHW's, 3,890 teachers and 9,020 learners across 10 provinces. Key highlights indicate that 93% of the respondents were vaccinated while the main reasons for not getting vaccinated were access (33%) and lack of trust in the vaccine (15%). The findings point to the need to address pockets of vaccine hesitancy amongst objectors and the need to strengthen IPC in schools. As of 31 December, 3,135,175 people had received their second dose (33.4% coverage).

To strengthen COVID 19 case management, UNICEF supported, medical gas installation: and the procurement of 200 oxygen cylinders, incinerator repairs, and general refurbishment of hospital wards covering 14 COVID-19 isolation/treatment centres. Referral capacity was strengthened through rehabilitation of 105 ambulances and provision of fuel, covering all provinces. UNICEF also provided both technical and financial support for the initiation and rollout of the integrated outreach approach in all districts to mitigate declining coverage of essential services due to COVID-19 pandemic disruptions, reaching 411,721 children against a target of 453,326. Through integrated IPC and case management trainings, the target for HCW's trained to detect, refer, and manage COVID-19 cases was exceeded (613 against target 600). Cumulatively with providers trained in 2020 with support from UNICEF, a total of 20,212 VHWs conducted active case identification, reporting, and referral, reaching >2,000 pupils from school outbreaks. VHWs, reached more than 4.5 million children, women, and men (target 4.2 million). Technical support for developing child sensitive COVID-19 case management and IPC guidelines was also provided.

3.3 Education

Sector	Cluster/Sector Response*			UNICEF and IPs		
	2021 target	Total results	Change since last report ▲ ▼	2021 target	Total results	Change since last report ▲ ▼
Education						
# of children accessing formal or non-formal education including early learning	811,002	2,321,145	▲ 752,683	409,716	Girls	1,275,000
					Boys	425,000
					Total	1,700,000
						▲ 224,767

In 2021, UNICEF continued to co-lead the coordination of the Education in Emergencies (EiE) cluster response, advocated on behalf of the cluster and chaired meetings to strengthen the cluster response to the ongoing humanitarian emergencies. UNICEF also provided a dedicated information management officer to help the cluster monitor its inputs and ensure all affected areas and children benefit from emergency support. With the continuation of school closures in 2021, UNICEF increased its support to MOPSE in developing, recording and broadcasting 1,022 radio lessons and 40 TV lessons. UNICEF conducted a telephone survey with 3,525 respondents to establish the effects of COVID-19 on school going children aged 4-16 years (in pre-primary, primary and lower secondary school-age) in the 10 provinces of Zimbabwe. Up to 79.3% of the children had access to radio channels, while 20.7% did not have access to radio at all. A total of 78.4% of the children listened to the radio lessons during school closure and when the radio lessons were broadcast compared to the 21.6% that never listened at all.

UNICEF with additional support from FCDO provided technical and financial support to MoPSE for implementation of the Catch-Up Strategy. This is an initiative meant to support learners to catch up due to the loss of learning during the school closure. Key materials for learners and teachers are being printed and distributed to more than 3.7 million learners and 90,000 teachers. The School Improvement Grant innovation for WASH funded by Global Partnership for Education supported 946 schools to rehabilitate their boreholes and make them functional as part of pre-requisite for school re-opening. The schools used the funds for installing solar submersible pumps and acquiring 5,000 litre tanks on stands for water storage. According to

an SMS survey (RapidPro), 77% of schools responded the rehabilitation as complete by December 2021.

The Learning Passport (LP) in Zimbabwe is another UNICEF supported innovation collaborated with MoPSE and Microsoft. A total of 247 courses with 4,165 lessons from open educational resources and locally developed content have been uploaded on the LP site. To date 79,560 users have been registered. Communication campaigns to promote use of the platform were held and these included ongoing weekly social media posts, radio live broadcasts, infomercials and a jingle created by influencer Jah Prayzah, Zimbabwe's multi-award-winning musician accessible at <https://www.youtube.com/watch?v=wAMnLxFxG2g>. UNICEF has started the roll out of the offline version of LP to address the lack of internet for many schools.

With funding from World Bank, UNICEF supported 88,815 learners (43,410 Female) in 134 schools in 8 cyclone-affected districts with the provision of teaching and learning materials which included 500 school-in-a-box kits, 92 tents, 300 recreational kits, 400 ECD kits and 64,498 school bags. In response to Covid 19, UNICEF distributed hygiene kits to 89 of the 134 beneficiary schools. Loss of learning continues to be a critical challenge, especially during the COVID-19 pandemic as well as the threat of dropouts due to early marriage, teen pregnancies and economic insecurities. In its new country programme moving forward, UNICEF will be targeting and addressing adolescent challenges more widely.

3.4 WASH

Sector	Cluster/Sector Response*			UNICEF and IPs		
	2021 target	Total results	Change since last report ▲ ▼	2021 target	Total results	Change since last report ▲ ▼
WASH						
# of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	1,141,007	938,646	▲54,629	610,057	Female	428,886
					Male	373,024
					PLWD*	7,298
					Total	809,208
# of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services	125,000	359,012	0	125,000	Female	186,686
					Male	172,326
					PLWD	0
					Total	359,012

During 2021, UNICEF supported strong WASH sector coordination through Emergency Strategic Advisory Group (ESAG) platform, which updated the WASH contingency plans in line with the projected normal-to-above-normal rainfall season often associated with flooding and subsequent increase in diarrheal diseases in addition to responding to the fourth wave of COVID-19 during the festive season. Through UNICEF support, 27 solar powered piped water systems were commissioned, 1,025 boreholes were repaired, 26 new boreholes were drilled, 5 gravity fed water systems were established, and 3 springs were upgraded. These interventions reached a total of 809,208 people (428,886 females; 373,024 males; including 7,298 people with disabilities) with safe water, surpassing the annual target of 610,057. The targeted water points (boreholes and piped water schemes) served more people than those estimated using the SPHERE standards, especially in urban areas where there is a high

concentration of people per unit area thus contributing to an overachievement of the planned target.

A total of 2,737,243 people (1,423,366 females, 1,313,877 males including 35,654 people with disabilities) out of a targeted 1,479,245 people were reached with key health and hygiene messages on the prevention of COVID-19 and water borne diseases. This was achieved through conducting 10,957 hygiene sessions, establishing 1,061 community health clubs, and training of 1,716 community health workers as well as through hygiene behavior change communication using mobile trucks and radio messaging with private sector partners. In addition, 22,133 WASH hygiene kits⁴ were distributed to vulnerable households, reaching 359,012 people (186,686 females, 172,326 males) in vulnerable districts within Harare, Bulawayo, Manicaland, Midlands, Masvingo, Matebeleland South and North and Mashonaland East, and Mashonaland West provinces. A total of 18,500 menstrual hygiene management (MHM) kits were distributed to adolescent girls and vulnerable women. Furthermore, 17 public toilets were rehabilitated in high-risk urban areas. Five of these were converted into pay-toilets that are manned by community health clubs, serving an average of 200 people per day per toilet block.

A total of 340 schools (100% of the target) benefitted from group handwashing stations and girl-friendly latrines since January 2021 with 107 schools equipped with new boreholes and 233 schools through borehole rehabilitation. A total of 946 schools benefitted through the WASH School Improvement Grant mechanism, resulting in repairs, and upgrading of water points. Through these interventions, a total of 189,040 (98,300 males, 90,740 females) learners and teachers were reached. Furthermore, a total of 66 health care facilities (HCFs) were supported with improved WASH and Infection Prevention and Control (IPC) services among which 17 benefitted from repaired water points, 12 with improvements in sanitation facilities and 37 received cleaning materials and disinfectants. These HCFs serve a monthly average of 450 people. Healthcare staff at 100 HCFs in 7 districts (Harare, Bulawayo, Chitungwiza, Chimanimani, Chipinge, Mutema, Beitbridge) were trained on the Water and Sanitation for Health Facility Improvement Tool (WASHFIT) followed by data collection to enable WASH/IPC improvements in 2022. A trial on cash/voucher-based support for hygiene supplies benefiting vulnerable households was conducted in targeted suburbs in Harare with lessons learned to be utilized for further replication and upscaling

⁴ Each kit comprises: 20L buckets with tap and lid, 20L jerrycans, 1kg bars of all-purpose soap, household water treatment chemicals and IEC materials.

3.5 Child Protection

Sector	Cluster/Sector Response*			UNICEF and IPs		
	2021 target	Total results	Change since last report ▲ ▼	2021 target	Total results	Change since last report ▲ ▼
Child Protection						
# of children and caregivers accessing mental health and psychosocial support	160,000	177,393	▲77,995	90,000	Female	72,998
					Male	59,245
					PLWD	13,401
					Total	132,243
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or responses interventions				90,000	Female	14,274
					Male	8,923
					PLWD	-
					Total	23,197
						▲ 8,714
						▲ 3,553

Despite operational environments faced in 2021, a total of 132,243 (55% female) vulnerable, boys, girls and adolescents in humanitarian situations were provided with critical child protection services including Probation Officer/Social Worker assessments, care planning and implementation. Linkages included referrals for health, and justice services. Up to 2,379 (62% female) unaccompanied children were identified and provided with Family Tracing and Reunification services. A key lesson from the effects of COVID-19 was the need to address Mental Health and Psychosocial Support (MHPSS) needs of both adults and children. Under the reporting period, 132,243 (55% female) children, parents and primary caregivers were provided with community based mental health and psychosocial support (MHPSS). The attention on MHPSS was also partially informed by Zimbabwe being a MH Global Priority Country. The UNICEF Headquarters support on the subject, and UNICEF Regional Office guidance assisted in supporting partners to prioritize and deliver mental health (MH).

UNICEF provided technical and funding support to selected CSOs to reach a total 23,197 (14,274 females and 8,923 males) survivors of GBV with post GBV services against the annual target of 18,500. The GBV survivors received emergency shelter, counselling, MHPSS, and were referred to the Police Victim Friendly Unit (VFU) and Legal Resources Foundation (LRF) for justice services. A total of 5,167 children (1,972 boys and 3,195 girls) in contact/conflict with the law were reached with legal assistance. Furthermore, a total of 7,106 adults (6,332 women and 774 men) were reached with GBV and VAC prevention information.

In support of families who lost registration documents due to Cyclone Idai flooding in Bikita District and those in Tsholotsho District who lost registration documents in 2017, UNICEF supported Mobile Birth Registration in these two districts. The exercise was executed in partnership with the Government of Zimbabwe through the Registrar General's, and the Department of Social Development. A total of 6,645 Children were assisted to acquire birth certificates from both districts. Children who acquired birth certificates are now able to exercise

a broad range of rights, and enjoy access to essential services including social protection, education, health, and legal protection.

To foster accountability to affected populations, working with Child Protection Working Group (CPWG) partners, UNICEF strengthened community feedback mechanisms including reporting mechanisms resulting in 233,803 (127,928 female and 105,875 male) children and 56,833 (36,914 female and 19,919 males) adults accessing platforms for Sexual Exploitation and Abuse (SEA) reporting. The platforms were complemented with mass messaging including posters and flyers to create awareness of set-up SE reporting platforms. Additionally, UNICEF supported the training on CPWG members on online safety. The increased migration from face-to-face interaction, including online education lessons for learners called for the need to increase awareness of online risks. A manual on the subject was developed and will be integrated in the National Action Plan for Orphans and Vulnerable Children that will be developed in 2022.

3.6 Social Protection

Sector	Cluster/Sector Response*			UNICEF and IPs		
	2021 target	Total results	Change since last report ▲ ▼	2021 target	Total results	Change since last report ▲ ▼
Social Protection						
# of vulnerable households receiving cash transfers to support access to basic services				25,000	9,851	▲ 145

In 2021, UNICEF in partnership with GOAL Zimbabwe continued the implementation of the Emergency Social Cash Transfer Programme (ESCT) in the three districts of Highfields, Gutu and Mufakose in Harare, directly benefitting a total of 9,851 beneficiary households (comprising over 41,650 people including 18,870 children) against an operational target of 8,250 households. The programme introduced disability top ups in households with persons living with disability as from its June payment cycle, providing these households with an additional \$15 of support. A total of 2,282 households have received disability top ups for seven months in 2021.

The programme is also providing complementary child protection and nutrition support services. Cases of child abuse and protection were identified on a routine basis and handled by dedicated officers with close link to the National Child Protection Case Management System. Child Protection services were provided for all the reported child protection cases reported in the three targeted districts. During the last quarter of 2021, a new partner World Vision was brought on board and with additional funding the programme commenced preparations to bring a further 18,000 households into the programme in the five districts of Chitungwiza, Beitbridge, Bulawayo, Lupane and Binga. A large number of the beneficiaries during the expansion period will receive their first payment during the January 2022 payment cycle. During 2022 UNICEF will also be working closely with the Ministry of Public Service,

Labour and Social Welfare to support with transitioning the ESCT beneficiaries from Gutu and Highfields to Government's Harmonised Social Cash Transfer Programme.

3.7 Constraints, Challenges and Lessons Learned

Despite impressive achievement of targets across the sectors, the HAC appeal was grossly underfunded at 28 per cent of the total 2021 funding requirement. To mitigate this challenge, UNICEF, in 2021 integrated humanitarian response into the regular development programming thus enhancing efficient leveraging of resources while strengthening the nexus. The continued COVID-19-induced lockdown created challenges in both coordination, planning and response to the humanitarian situation across the sectors. Be that as it may, in the education sector, the pandemic has also spurred innovation and reiterated the importance of diverse delivery modalities, including Non-Formal Education. The creative learning materials produced in the response for the blended learning approach can now be used during any emergency to respond to children's learning. The closure of schools has reduced access to education among many children and increased loss of learning. Household poverty continued to be the key barrier to education resulting in inability of parents to afford school fees and other costs of education. Coordination, preparedness, and response planning were done on online platforms. However, efficiency became increasingly diminished as some members had connectivity challenges or logged on with limited participation.

One of the key lessons learned relates to the importance of pre-positioning supplies and establishing non-binding and non-exclusive Long-Term Agreements (LTAs) to reduce turnaround times. When supply chains were disrupted, prepositioned supplies enabled UNICEF to rapidly respond to the pandemic. LTAs not only contributed to administrative efficiencies and value for money, but also proved to be an important lesson for improving results.

In the HIV and AIDS sector, the COVID-19 pandemic restrictions continued in 2021 which reduced access to HIV and Health services. Community based work, including information dissemination and referrals, tracking and tracing of those lost to follow up, and peer support mechanisms, were curtailed during lockdowns. There was reduced access to health facilities by clients during the lockdowns and this was exacerbated by the high cost of transport; the staff attrition and inadequate personal protective equipment (PPE) impacted negatively on the quality-of-service delivery. Program implementation and monitoring was severely restricted and this necessitated frequent re-programming of activities to try and attain targets. Vaccine hesitancy is still quite high among adolescents due to misinformation spread via social media platforms.

Lessons learnt from 2021 were utilized to inform programming. There was continued utilization of the digital platforms to reach adolescents, and greater employment of information dissemination via the broadcasting channels. The messaging was continually updated to address the emerging issues. Community based workers were key in reaching underserved populations in hotspots with information updates particularly on outreach services, providing psychosocial support and referrals for care. Similarly, the main challenges experienced in Nutrition were associated with the burden on the health system posed by the COVID-19

pandemic, and the restricted movements of both health workers and caregivers of children identified to be wasted and needed to travel to health facilities for treatment and to collect nutrition supplies. The challenges resulted in reduction in optimal delivery of nutrition services and with some children brought for treatment too late to be saved. The ESCT managed to successfully deliver its programme in 2021 with 97% of beneficiaries redeeming their payment vouchers on time every month. The programme is implemented in partnership with the Government, implementing NGOs and private sector providers. These partners are key to the successful delivery of this programme and investing in these relationships and effectively coordinating them is a key takeaway for the programme.

4.0 Cluster / Sector Coordination

In 2021, UNICEF continued to lead and co-lead the Nutrition, WASH, Child Protection and Education clusters. In 2021, the Nutrition Cluster under the leadership of UNICEF and co-led by GOAL coordinated partners working in the cluster to prepare emergency preparedness plans and supported the transition of the cluster to working as a sector with increased government leadership at national and sub-national levels. Ten out of the 12 planned coordination meetings at national level were conducted virtually with participation of representatives from the sub-national clusters to provide feedback from lower levels and ensure timely response to issues affecting the districts. UNICEF was instrumental in capacitating the Nutrition Unit in MOHCC to take up more leadership roles like chairing meetings and supporting the subnational levels to produce preparedness plans.

UNICEF co-led the Education cluster together with Save the Children and supported the coordination of Education in emergencies. In 2021, 25 Cluster meetings were held, and new technical working groups (TWG) were set up with revised terms of reference. This increased the Cluster's accountability and reporting to the Cluster members. UNICEF strengthened the implementation of the COVID-19 response plan, and the multi-hazard response and preparedness plans contributing to the effective containment of the COVID-19 outbreaks in schools.

In 2021, UNICEF continued to provide co-leadership (with the Department of Social Development-Ministry of Public Service, Labour & Social Welfare) of the Child Protection Working Group (CPWG)- a subgroup of the Protection Cluster led by UNHCR. At the end of 2021, the CPWG assessment, using the Cluster Performance Monitoring tool showed that the group was meeting the needs of members and set out objectives. This, in part, was due to UNICEF's leadership, including a technical CPIE specialist hired in 2020/2021 to provide CPIE and GBVIE (Gender Based Violence in Emergency) leadership in coordination, preparedness, and response.

5.0 Case Study

Please see below Case Studies from Child Protection and Nutrition.

Child Protection Case Study- Building Capacity of District level emergency preparedness and response.

INTRODUCTION

Tredgold district office is an urban district within Bulawayo Metropolitan Province receiving support, through the Child Protection, Fund to implement the National Case Management System (NCMS) for the Welfare and Protection of Children. It is made up of 15 wards comprising 12 urban and three peri-urban wards. The district has a total of 51 Child Care Workers (CCWs), 19 males and 32 females. The district has 18 Lead Child Care Workers. The district office has five Social Development Officers of whom three are Probation Officers and there is one Case Management Officer (CMO). Over the years the district has also had Graduate interns to ease the huge case-load, and this has improved efficiency and effectiveness in service delivery. The district has not been spared by the socio-economic challenges affecting the country and children have been on the receiving end as caregivers are struggling to make ends meet. The COVID-19 pandemic has exacerbated the plight of the community since most household heads lost their income and became vulnerable overnight. During this emergency situation the main focus has been on social protection and survival. The district, on top of the effects of COVID-19 also experienced serious water challenges the past year and this increased the vulnerability of children as they would spend most of their time in water queues at water points making them prey to child abusers.

The Covid 19 pandemic came with closure of schools and most children were idle and this resulted in increased cases of truancy. The office has received cases of teenage pregnancies mostly in wards 13, 14 and 17 and cases of substance abuse in wards 13, 17, 19 and 29. The majority of the girls that fell pregnant were aged between 14 to 16 years of age. There are also increased cases of commercial sexual exploitation which result in increased cases of teen pregnancy with most girls being unaware of the exact person who impregnated them. Schools serve as a safe space for children where some cases are often identified but during the lockdown most cases went unreported and were difficult to identify. In addition, during the peak of lockdown CCWs also found it difficult to identify some of these cases of child violations due to movement restrictions. Furthermore, the mushrooming of unregistered beer drinking places within the communities created an opportunity for children to engage in drugs and alcohol as well as indulging in sexual activities. Cases of sexual abuse are on the rise and most of the perpetrators are actually people close to the children for instance cousins, uncles and core tenants. Sexual violation cases are most rampant in Wards 13, 14, 17, 19, 26 and 29.

INTERVENTION, STRATEGY, AND IMPLEMENTATION:

Coordination

A multi-sectoral approach to prevention and response of child protection concerns was adopted through the District Child Protection Committee (DCPC) that was coordinated by the District Social Development Office. DCPC meetings were consistently held on a quarterly basis with support from the Child Protection Fund. The DCPC meetings were quite instrumental in addressing critical child protection concerns in the district, especially to address the challenges that arose from the COVID-19 lockdown as well as water shortages in the district. A lot of children were spending the whole day queuing for water and these were slowly becoming child protection hotspots. The DCPC was quite instrumental in advocating for ward-based community COVID-19 taskforces to monitor and regulate these water points making sure that children were protected as well as making sure that Gender Based Violations are identified and dealt with.

At the peak of COVID-19 lockdown where only essential service personnel were on duty, the district office created a WhatsApp platform where district child protection stakeholders continued to engage on critical child protection issues as they arose. Joint community sensitization and awareness activities were also conducted for instance when the district was faced with a challenge of adolescents engaging in sexual activity through the 'VUZU' parties. The DCPC conducted awareness campaigns in schools and colleges on sexual and reproductive health rights issues as well as the effects of substance and alcohol abuse.

Workforce support

The establishment of community volunteer cadres i.e. CCWs enhanced early detection and referrals to appropriate service providers. Furthermore, the placement of CMOs and Graduate Interns at the district office eased the district caseload and improved efficiency and effectiveness in attending to cases; supervising CCWs as well as updating the management information system (MIS).

Continuous training, mentorship and supervision of CCWs as well as professional child protection personnel on HIV and disability sensitive case management; supporting children to access justice as well as delivering parenting programs as well as psychosocial support training.

Referral pathway

The district developed a referral pathway with a feedback mechanism that is functional and supported by an short message service (SMS) platform, WhatsApp, phone calls and tear off slips on referral forms.

Programme resources

The district received cash under the Emergency Fund support which assisted the timely response to cases of sexual violence as well as enhancing efficient and effective service provision to abandoned children and children in need of critical health services that may not be covered by the Government funded Assisted Medical Treatment Orders.

There has been a constant flow of resources that has aided in day to day running of the office and a lot of support from CPF supported Non-Governmental Organisations in terms of stationery and transport as well as technical support.

Technical backstopping and support of district staff from the province as well as the Programme Support Team immensely contributed to the successful implementation of the NCMS in the district.

The district received IT equipment and solar back up for National Case Management Information System (NCMIS) which ensured data analysis vital to inform programming. The solar panel and power bank assisted in times of electric power cuts.

Provision of PPE and CPiE training and SOPs enhanced disaster response. Furthermore, provision of specialist services and having stakeholders complementing each other ensured layering of services to identified children.

CCWs have been receiving support tools-of-the-trade which include bicycles, t-shirt, hats, and airtime. However, the support has been irregular. There is need for timeous disbursement of CCWs airtime and regalia.

OUTCOMES/RESULTS:

- Provision of funds for refresher trainings for CCWs resulted in a committed and dedicated community workforce.
Through the support from partners, the office has managed to conduct refresher trainings to all the 51 CCWs and 111 CPC members.
- Rolling out of the NCMIS made it easy to generate reports.
To date the district has managed to capture 779 cases on MIS. However, there is need for more laptops at the district to enable timeous capturing of cases on MIS.
- Availability of resources allowing for swift and timeous response to identified cases
The District has been receiving support to conduct home visits and case follow ups timely. The District also commends availability of partners who are assisting with transport to conduct home visits. These include Childline, Plan International, Africaid and REPSSI among others.
- Coordination of CPF and other partners thereby strengthening the referral pathway
The District has been conducting successful DCPC meeting with the support from Childline and SOS. In 2021 the district managed to conduct 6 DCPC meetings.

LESSONS LEARNED

Leveraging and strengthening the existing partnerships that have been fostered with CPF partners and other child protection players and DCPC meeting support to ensure continuous coordination of child protection players by the district is very crucial towards protecting our children in the society. More than ever, progressive use of the MIS in data generation and decision making at district level is crucial for case tracking and follow up thus consistent support on the MIS system in terms of laptops to use when capturing cases is critical.

A national Helpline is critical so that in the event the partners are working from home for instance during the COVID-19 induced lockdown cases continue being reported through the Department. Also, continuous community engagement to ensure optimal use of locally available resources and structures and continued support supervision to community level workforce is most important and has been working to strengthen child protection in communities. This has been ensured through training community workforce in terms of identification of cases and the referral pathway as well as community awareness by community cadres at various community forums and gatherings.

There is need for disaster preparedness so that the needs of children remain at the centre of all interventions. Apart from mainly focusing on social protection measures/activities that benefit the households there should be a dual process where resources are availed towards specific child protection activities – CPIE as well as existing parenting and adolescent groups facilitated by CCWs under the supervision of the district office.

Timeous and consistent disbursement of emergency fund and activity budgets is crucial towards being consistent as services are provided to children. Provision of non-monetary incentives to community volunteers and due to travel restrictions during the lockdown, CCWs needed identity cards so that they could continue to travel within their communities. However, CCWs during the Covid 19 lockdown would get child protection concerns through community referrals and individual case identification as they did, their day-to-day work and disbursement of PPE timeously is also important.



Figure 2: Training of CCWs in Chimanimani district

Credit: UNICEF Zimbabwe/2021

Nutrition Case Study – Luke at Centre of Excellence at Sally Mugabe Hospital

Top Level Results:

Luke Chipere, 2 years old, snuffles and fidgets restlessly, then hides his head behind his mother's shoulder as his mood shifts to playfulness upon being gently lowered to the toy-ridden floor of the playroom that is part of the Centre of Excellence at Sally Mugabe Hospital in Capital Harare. Luke was admitted to the hospital in May 2021 due to Severe Acute Malnutrition (SAM) a life-threatening condition if left untreated. His mother Shupikai who helps him play around with a dinosaur and car toy speaks with much hope and gratitude: "He was frail. 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 this 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."

Issue/Background:

The Centre of Excellence at Harare hospital has become the core site for training doctors and nurses on management of complicated malnutrition. The children are given inpatient treatment which includes treating underlying causes of malnutrition; play therapy and giving lifesaving therapeutic feeds supplied by UNICEF. This centre has now been equipped to best manage cases of malnutrition and to improve outcomes of children admitted with severe acute malnutrition. The children are stimulated through play therapy and given the best chance to grow, develop to their full potential and thrive as they recover from malnutrition. The malnutrition stabilization centre is one of the 120 inpatient centres for managing complications around malnutrition around Zimbabwe.

Resources Required/Allocated:

The Paediatrics Association of Zimbabwe (PAZ) with technical support and funding from UNICEF has trained health workers working at the malnutrition unit in Harare Hospital to establish a Centre of Excellence for treating complicated malnutrition. UNICEF used Thematic Funds to support the training of health workers, to supply toys, therapeutic feeds, air conditioning for the stabilisation centre. With technical support from UNICEF and MOHCC, PAC was supported to produce an e-learning package for use by health workers throughout the country and they manage and treat children with complicated malnutrition.

With the provision of the global thematic humanitarian funds, UNICEF was able to reach 293,145 children aged 6-59 months (149,504 girls and 143,641 boys) with active screening for severe acute malnutrition in the 32 UNICEF focus districts resulting in 11,079 (80% of target) children (6,226 girls and 4,853 boys) being treated for severe acute malnutrition with a cure rate of 73% and a defaulter rate of 12% (DHIS 2). Less children than the targeted 13,800 were reached mainly due to the COVID-19 movement restrictions which affected both caregivers and health workers. A total of 398,047 (96% of the target of 414,970) children aged 6-59 months (206,984 girls and 191,063 boys) receiving Vitamin A in the 32 emergency districts. UNICEF also supported community-based IYCF-e counselling for caregivers of children under 2 years reaching 596,157 caregivers in the 32 UNICEF focus districts.

Criticality and value addition:

Improving the IMAM program quality has been very critical for UNICEF because over the years, the program performance indicators were not meeting the SPHERE standards and UNICEF wanted to support the MOHCC to improve on the indicators by improving the actual quality of the treatment program as well as the understanding how the indicators are calculated. While the death rate in outpatient care of children with wasting is less than 5% nationally, the death rate at inpatient care units like the Harare Malnutrition centre has been unacceptably high. The centre of excellence, which admits over 500 children with malnutrition each year has managed to increase the cure rate of children treated at the centre from 46% in 2020 to 70% in 2021 and reduce death rate from 46% in 2020 to 27% in 2021. All these improvements resulted from the skills training provided by PAZ to nurses and doctors working at the centre and making the necessary adjustments like creating a playroom and teaching caregivers how to play and stimulate children as they heal and to make appropriate toys for children to play with during the healing process.

Dr Svitlana Austin, a paediatrician who is in charge of the Centre of Excellence speaks more on this:

“We decided, in collaboration with UNICEF and the Ministry of Health, to come up with a development of standard operating procedures, updating on the guideline to be disseminated to the rest of the country. We are the busiest and we have a high mortality, so we knew something had to be done.”

Training and improving conditions at the centre have also improved staff morale. At the centre of the playroom is Mudiwa Mupotsa who passionately provides psycho-social support for mothers, caregivers and keeps the children active and stimulated. *“I love this job because I go home knowing that I have brought joy to the little ones. My day is filled with upliftment of spirits in the room and I get to feel like a child again. I even have favourite toys. This playroom is a healing room – mentally, spiritually and physically,” she said.*

Moving Forward:

This is work in progress, we would like to continue with skills training for health workers until the death rate is below 5%. Furthermore, Harare hospital serves the population from the northern part of the country, in 2022 we would like to establish another centre of excellence in the southern part of the country to ensure ease access to specialised care for all children with complicated malnutrition.



Figure 3: Mothers and their Children in the playroom that is part of the Centre of Excellence at Sally Mugabe Hospital in Capital Harare

Credit: UNICEF Zimbabwe/2021

More pictures available on this [link](#)

6.0 Results Achieved from Humanitarian Thematic Funding

The Global Thematic Humanitarian Response funds contributed towards coordination of the Nutrition Emergency Response targeting 25 most vulnerable drought affected districts. UNICEF was able to engage three field-based consultants who worked with provinces to provide technical support for the emergency response, contribute to improved implementation and reporting of the response. The field-based consultants also strengthened the quality of data that was submitted from the field to the National level. A mobile-based data collection tool, RapidPro, was used in collection of data from community and health facility levels in the 25 emergency districts which allowed availability of timely regular nutrition information.

UNICEF focused on 32 most drought prone districts and provided essential nutrition commodities, technical and financial support for the IMAM program. A monthly average of 293,145 children aged 6-59 months (149,504 girls and 143,641 boys) were screened for wasting. Of the 13,800 children targeted for treatment of severe wasting, 11,079 (80%) children (6,226 girls and 4,853 boys) were treated for severe acute malnutrition with a cure rate of 73%

and a defaulter rate of 12% (DHIS 2). Less children than targeted were admitted for treatment of malnutrition due to the COVID-19 movement restrictions which affected both caregivers and health workers. A total of 398,047 (96% of the target of 414,970) children aged 6-59 months (206,984 girls and 191,063 boys) receiving Vitamin A in the 32 emergency districts. Most of the children received vitamin A supplements at the end of May 2021 during the Typhoid Conjugate Vaccine campaign. UNICEF continued to support community-based counselling and messages to improve infant and young child feeding in emergencies (IYCF-e) which remains a critical area to ensure that children under two years receive optimal feeding. A total of 596,157 caregivers of children less than two years old were reached with messages on breastfeeding, young child feeding or healthy diets in the context of COVID through national communication campaigns constituting 141% of the target. The CareGroup model where about 10 women with children under two years of age in the same village form a support group under the leadership of a trained volunteer to share experiences and learn from each other on how to feed and care for their babies and how to prepare balanced complementary feeds for the babies was initiated in all the 32 UNICEF focus districts.



Figure 4: Community Childcare Workers receiving working tools.

The Global Thematic Funds assisted UNICEF Child Protection to coordinate and monitor implementation of child protection in emergency (CPiE) and gender-based violence in emergency (GBViE) work in Zimbabwe. Strategic partnership was established with Civil Society Organisations to deliver critical child protection and GBV services. Partnerships were established with Farm Orphan Support Trust (FOST) (provision of psychosocial support (PSS)

and GBV prevention messaging, Roots (GBV response services and PSS) and Legal Resources Foundation (legal assistance). Cumulatively, through these partnerships, Thematic Funds enabled UNICEF, to reach 58,884 Children (53% girls) with critical child protection services, including PSS services. Further, the thematic funds supported coordination of services with UNICEF directly supporting the Ministry of Public Service Labour and Social Welfare (MoPSLW) to coordinate and deliver protection services.

7.0 Assessment, Monitoring and Evaluation

UNICEF worked with Government departments and implementing partners in the overall programme monitoring. In line with the Core Commitments for Children (CCCs) in humanitarian action, high frequency monitoring indicators using the UNICEF Humanitarian Performance Monitoring (HPM) system were used to monitor the programme through a weekly dashboard that was developed to monitor the progress. Key national and sub-national level indicators were monitored through the use of multi-sectoral Government supported near real time monitoring systems such as the Rural WASH Information Management system (RWIMs) which monitors the provision and availability of underground water from boreholes among other key indicators, the District Health Information Software (DHIS) which monitors key Nutrition, HIV and Health indicators, the Child Protection and GBV Helplines and the Child Protection National Case Management Information System (NCMIS) that monitors the incidence and prevalence of child protection violations and GBV cases and the U-report and Rapid Pro open source platform which were used for monitoring of Education, WASH, and Nutrition services. Due to COVID-19 restrictions, regular field monitoring was suspended, and UNICEF worked through local structures and supported remote monitoring through its implementing partners. Third party monitoring was also conducted through contractors engaged by UNICEF during the year. Regional advisors and technical specialists from the region were instrumental in assessing the progress against regional humanitarian programmes through remote meetings and technical backstopping support.

In Education, the telephone survey conducted to find out about the utilization of the radio lessons confirmed the fact that these radio lessons remain crucial and should be continued and even used in the classrooms when schools open as part of revision process. Education continued with its monitoring using the Rapid Pro and setting up key WhatsApp groups at provincial and districts to both channel information and get real time updates from the provinces especially on their status for re-opening schools.

A ZIMAC assessment with nutrition, (as well as food security, WASH, Protection, Health and Education) indicators was conducted at the beginning of 2021. Data from the same assessment guided the selection of the most affected districts with high levels of GAM and minimum acceptable diets to be selected as the UNICEF focus districts for 2021. The Nutrition sector continued with close monitoring of the 32 districts through monthly active screening and reporting through the RapidPro platform. This ensured that gaps in the program and supply needs were quickly picked up and attended to in a timely manner.

UNICEF provided technical and financial support to MOHCC to assess the overall impact of COVID 19 response to HIV care and treatment programmes. The findings of the assessment

informed the development of the Global Fund COVID-19 Response Mechanism (C19RM) US\$75 million Funding Request. In the last quarter of 2021, a survey was conducted to determine the knowledge and practices including vaccination on COVID-19 among adolescents and young people reached by the various channels. The findings highlighted lower levels of awareness in rural communities and identified the main sources of information as peers and the radio. It was noted that vaccination hesitancy remained significantly high as adolescents are not convinced that the vaccine is safe.

The ESCT has a robust M&E system that comprises of a baseline, routine post distribution monitoring, a text-based pulse survey managed through RapidPro that is complemented by routine monitoring visits, a functioning grievance mechanism and a well-established MIS system to enable UNICEF to review the performance of the programme. This information is being captured on a dashboard, selection of which will be publicly available in 2022.

8.0 Financial Analysis

As of 31 December 2021, funds totalling US\$ 18,435,953 (28 per cent of the total 2021 funding requirement) had been received from various donors that include China, ECHO, Germany, Japan, US Fund for UNICEF, CDC, USA (OFDA), FCDO, SIDA, Denmark, Danish Committee for UNICEF and UNICEF Global Thematic Humanitarian. Other donors, including, the Health Development Fund group (FCDO, Irish Aid, EU, SIDA, GAVI), as well as the Education Development Fund, including GPE have approved reprogramming of the development funds amounting to over US\$ 18.4 million to support the COVID-19 response.

**Table 1: Funding status against the appeal by sector in 2021
Zimbabwe**

Sector	Requirements for 2021	Funds Available			Funding Gap	
		Received Current Year	Carry Over	Total Available	\$	%
Nutrition	6,692,031	306,722	1,283,331	1,590,053	5,101,978	76%
Health	10,200,000	3,712,411	982,190	4,694,601	5,505,399	54%
WASH	14,848,252	5,963,054	1,320,278	7,283,332	7,564,920	51%
Child Protection	2,700,000	1,119,132	1,193,543	2,312,675	387,325	14%
Education	9,650,108	287,295	310,521	597,816	9,052,292	94%
HIV & AIDS	600,000	253,758	184,769	438,527	161,473	27%
C4D	1,600,000	669,660	363,691	1,033,352	566,648	35%
Social Protection	18,917,977	132,271	248,327	380,598	18,537,379	98%
Total	65,208,368	12,549,303	5,886,650	18,435,953	46,772,415	72%

**Table 2: Funding Received and Available by 31 December 2021
Zimbabwe**

Table 2 - Funding Received and Available by 31 December 2021 by Donor and Funding type (in USD)		
Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
See details in Table 3	SM/21/9910	590,226.00
b) Non-Thematic Humanitarian Funds		
Sweden	SM/21/0138	1,091,121.76
Japan	SM/21/0072	998,492.59
Germany	SM/21/0265	855,456.00
USA CDC	SM/21/0550	416,036.94
GAVI The Vaccine Alliance	SM/21/0562	205,000.00
USAID-BHA	SM/21/0648	5,555,555.56
European Commission / ECHO	SM/21/0782	840,786.00
USAID-CDC	SM/21/0715	165,000.00
Total Non-Thematic Humanitarian Funds		10,127,448.85
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
CERF	SM/19/0171	1,003.00

d) Other types of humanitarian funds		
Example: In-kind assistance (include both GRANTS for supplies & cash) Norway	n/a	n/a
Total humanitarian funds received in 2021 (a+b+c+d)		10,718,678
II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/18/9910	1,891,480.99
Thematic Humanitarian Funds	SM/20/9910	651,682.00
f) Carry-over of non-Thematic Humanitarian Funds		
USAID - CDC	SM/20/0715	178,200.00
DENMARK	SM/19/0105	67,853.54
CHINA	SM/19/0538	617,861.24
JAPAN	SM/20/0067	199,137.99
EUROPEAN COMMISSION / ECHO	SM/20/0149	1,352,709.60
BRITISH GOVERNMENT (DFID)	SM/20/0202	94,697.00
UNITED STATES FUND FOR UNICEF	SM/20/0204	999,727.93
USA (USAID) OFDA	SM/20/444	6,899.48
Total carry-over non-Thematic Humanitarian Funds		3,517,086.78
Total carry-over humanitarian funds (e + f)		6,060,249.77
III. Other sources		
n/a	n/a	n/a
Total other resources		0

**Table 3: Thematic Humanitarian Contributions Received in 2020
Zimbabwe**

Thematic Humanitarian Contributions Received in 2020 (in USD): Donor	Grant Number [1]	Programmable Amount	Total Contribution Amount
		(in USD)	(in USD)
Allocation from global Thematic Humanitarian*	SM/21/9910	590,226.00	590,226.00
Total		590,226.00	590,226.00
[1] International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. http://iatistandard.org/			

9.0 Value for Money

Economy: While the operating environment was difficult due to price instability as a result of high levels of inflation, unreliable supply chains due to COVID-19 global and national restrictions, and the liquidity crisis, the use of UNICEF procurement procedures with Long Term Agreements (LTAs), existing rosters for contractors, and partnerships within our supplies and logistics section, ensured that emergency supplies were procured at a lower cost. Procurement through the well-established UNICEF procurement systems and UNICEF's global procurement ensured cost effectiveness and value for money.

Efficiency: Given the current limitations in the context of COVID-19 the office upscaled recruitment of national staff for most of the response. Leveraging on local recruitments, and standby partners ensured efficiency in the delivery of critical interventions across sectors. The multi-sectoral approach and use of existing government of Zimbabwe and UNICEF structures for project delivery ensured leveraging of existing resources. To ensure duty of care, UNICEF supported partners to procure PPEs and boost logistical capacity through increased transportation, and procurement of ICT systems through UNICEF at reduced costs to the programme. Programming efficiency was improved through use of on online and remote of critical staff.

Effectiveness: Continued deployment of ICT equipment and technical support within key Government sectoral departments, proved effective in the timely set up of coordination mechanism and provision of lifesaving interventions to affected populations. Use of remote methods and third parties for service provision, monitoring and social mobilization, as well as upscaling of outreach services through community-based structures increased effectiveness of the humanitarian response.

10.0 Future Work-plan

1. UNICEF will continue to support the Rapid-Pro Platform for near real time data collection and reporting in all droughts affected districts in 2022.

2. The IMAM program quality improvement work started by PAZ in 2021 will continue in 2022 and a second centre of excellence for the treatment of complicated malnutrition will be established at Mpilo central hospital to cover the southern part of the country. UNICEF Zimbabwe will continue to support scale up of alternative learning approaches such as remote learning, through radio programmes and online learning through the Learning Passport. The roll out of the disaster risk management and resiliency to provinces, districts and schools will take place in 2022.
3. In 2022, while the other clusters were deactivated, UNICEF will continue leading and coordinating the CPWG. TORs will be reviewed to expand the group's scope to foster a strong humanitarian and development nexus.
4. UNICEF will continuously update and implement a preparedness and response plan for the multi-hazards in 2022
5. On social protection, the programme intends to expand the reach of its ESCT to a further 18,000 households in 2022. UNICEF will be further exploring the role of cash and voucher transfers as part of our response in our different sectors.
6. UNICEF will support the community-based HIV information dissemination work and provision of psycho-social support via peer support mechanisms.
7. UNICEF will continue to utilize the digital platforms for information dissemination, PSS and referrals for appropriate care.

11.0 Expression of Thanks

UNICEF would like to appreciate the generous financial contribution of our donors which facilitated delivery of critical humanitarian interventions in the challenging and complex humanitarian context in Zimbabwe. UNICEF appealed for US\$ 65 million to meet the increased humanitarian needs in the country in 2021 as a result of the multiple hazards of drought, residual impacts of Cyclone Idai and floods, diarrheal disease outbreaks, and economic crisis compounded by the current COVID-19 outbreak. As of 31 December 2021, funds totalling US\$ 18,435,953 (28 per cent of the total 2021 funding requirement) had been received from various donors that include China, ECHO, Germany, Japan, US Fund for UNICEF, CDC, USA (OFDA), FCDO, SIDA, Denmark, Danish Committee for UNICEF and UNICEF Global Thematic Humanitarian. Other donors, including, the Health Development Fund group (FCDO, Irish Aid, EU, SIDA, GAVI), as well as the Education Development Fund, including GPE have approved reprogramming of the development funds amounting to over US\$ 18.4 million to support the COVID-19 response.

Without this support, UNICEF and its partners would not have succeeded in achieving the level of reach highlighted in this report. The support has been crucial to advancing our shared commitments to protecting the rights and improving the well-being of the most vulnerable children affected by multiple hazards in Zimbabwe. As highlighted in this report, Zimbabwe still faces a serious humanitarian crisis driven by multiple hazards such as COVID-19, droughts, floods, and the economic challenges. UNICEF looks forward to continuing partnerships in 2022 for the benefit of populations affected by the on-going humanitarian situation.

Annex A: The Human-Interest Stories

<https://www.unicef.org/zimbabwe/stories>

Annex B: The Donor Feedback Form

Please return to UNICEF (email): zeadam@unicef.org and fmuparadzi@unicef.org

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

2. To what extent did the funds utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

3. To what extent does the report meet your expectations with regards to the analysis provided, including identification of difficulties and shortcomings and remedies to these

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

4. To what extent does the report meet your expectations with regards to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?
