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FY
15

World Vision Zimbabwe

Annual Child Well Being Report

Our Vision for Every Child, Life in all its Fullness;
Our Prayer for Every Heart, the Will to Make it so.

1.75 million children's lives being transformed in 2015.

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LIST OF ACRONYMS

ADP	Area Development Program	MDG	Millennium Development Goals
AIDS	Acquired Immune deficiency Syndrome	M&E	Monitoring and Evaluation
ANC	Antenatal Care	MG	Mother Group
ART	Antiretroviral Therapy	MICS	Multiple Indicator Cluster Survey
BCFs	Behavior Change Facilitators	MNCH	Maternal Newborn Child Health
BEAM	Basic Education Assistance Module	MoHCC	Ministry of Health and Child Care
BEEP	Bicycle and Education Empowerment Programme	MoGCW	Min of Women's Affairs, Gender and Community Development
CBDRM	Community Based Disaster Risk Management	MoPSE	Ministry of Primary and Secondary Education
CIYCF	Community Infant Young Child Feeding	MSIHLP	Matebeleland South Integrated Health and Livelihoods Project
CHIP	Community Health Infant and Young Child Feeding Promotion	NDMT	National Disaster Management Team
CLPP	Community Level Participatory Planning	NFI	Non Food Items
CSGE	Community Support for Girls Education	NGOs	Non-Governmental Organizations
CTP	Cash Transfer Project	NO	National Office
CWB	Child Well Being	ODF	Open Defecation Free
CVA	Citizen Voice Action	PAC	Productive Asset Creation
DEO	District Education Officer	PLAP	Performance Lag Address Programme
DLPD	Department of Livestock Production	PMTCT	Prevention of Mother to child transmissions
DME	Design Monitoring and Evaluation	PSIP	Public Sector Investments Programme
DPA	Development Programme Approach	PSS	Psychosocial Support Services
DRR	Disaster Risk Reduction	PST	Programme Support Team
EBF	Exclusive Breast-feeding	PW	Power Within
ECD	Early Child Development	SARO	Southern Africa Regional Office
EGRA	Early Grade Reading Assessment	SCM	Supply Chain Management
ENSURE	Enhancing Nutrition Stepping up Resilience and Enterprise	SDC	School Development Committee
ENTERPRISE	Ensuring, Nutrition, Transforming and Empowering Rural Farmers and Promoting Resilience in Zimbabwe	SLT	Senior Leadership Team
EOP	End of Project	STEP	Sponsorship Tracking Enhancement Programme
ERI	Early Reading Initiative	SRH	Sexual Reproductive Health
FAO	Food and Agriculture Organization	U5MR	Under 5 Mortality Rate
FGD	Focus Group Discussions	USAID	United States Agency for International Development
GBV	Gender Based Violence	UNICEF	United Nations International Children's Fund
GMB	Grain Marketing Board	VBS	Vacation Bible School
GoZ	Government of Zimbabwe	VCD	Value Chain Development
HH	Household	VHW	Village Health Worker
HIV	Human Immune-deficiency virus	VSL	Village Savings and Lending
IEC	Information, Educational and Communication	WASH	Water Sanitation and Health
IGATE	Improving Girls' Access to Education	WVZ	World Vision Zimbabwe
IGAs	Income Generating Activities	WFP	World Food Programme
IPL	International Poverty Line	YHBS	Youth Health Behavior Survey
IP	Information Provision	ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ISALs	Internal Savings and Lending	ZINASP	Zimbabwe National HIV/AIDS Strategic Plan
IYCF	Infant Young Child Feeding	ZNCWC	Zimbabwe National Council for Welfare of Children
LEAP	Learning through Evaluation Accountability and Programming		
LSA	Lean Season Assistance		
LQAS	Lot Quality Assurance Sampling		

EXECUTIVE SUMMARY

This is the fourth annual child well-being report for World Vision Zimbabwe which also marks the final annual achievements of the FY13-15 strategy. With this report, World Vision celebrates many achievements and applies existing evidence to further refine the strategy and program technical approaches as we launch into a new strategy from FY16-20.

A few of these highlights include:

- Over 309,000 people, including 123,776 children have improved access to safe water through WV's contribution of 168 new water sources and 1361 rehabilitated water sources.
- Over 3,000 Care groups are actively engaged in promoting the health and nutrition of young children
- Through the pd Hearth Program in Mutasa, 94.7% of malnourished children were rehabilitated through the communities efforts and locally available food.
- School Drop outs among registered children decreased by 13% in FY15
- A partnership between WV, rural district councils the MoPSE and the EC contributed to a 55% increase in enrolment in early childhood development programs in schools.
- Local capacity for supporting education has been increased in at least 702 schools with active SDCs and community groups
- Well over \$500,000 of savings and income has been mobilised by savings groups and producer groups participating in WVZ livelihoods programs
- 41,569 households have been engaged in the production of assets that improve local food security (PAC & ENSURE)
- More than 42,800 children and adolescents have participated in camps and clubs designed for life-skills and spiritual nurture.
- Five ADPs recorded a 13% increase in the proportion of adolescents with birth registration.

We also celebrate the steady improvement in WVZ's ability to monitor and report, particularly at output level as some of the highlights testify. Beyond these figures, significant strides have been made particularly in the area of child protection which emerged as a major focus in FY15.

Notably, the concerted effort in all ADPs to strengthen community child protection structures, when combined with the partnership with Social Welfare and the mobilising, equipping and training of 5 case care workers per ward in 1,162 wards in 27 districts has begun to yield sustainable change for children in the prevention, reporting and restoration of children subject to abuse and neglect. WVZ has also demonstrated increased engagement in policy dialogue and enforcement including in key legislation to end child marriages.

The table on the next page summarizes the key learnings and recommendations of the FY15 Annual child well being report. In addition to these findings, WVZ continues to learn from the CWB report writing process. Despite this being the fourth CWB report for Zimbabwe, it is constrained in ability to progressively compare statistics over time, largely due to an over-reliance on major baseline and evaluation processes in ADPs.

Annual outcome monitoring using LQAS was piloted in FY14 and scaled out in FY15 (12/18 programmes). This positions WVZ to better compare programmes year on year in future reports. For future reports to provide stronger analysis and contribute to evidence based programming, WVZ needs to improve the focus of its programming, streamline its DME systems and invest in capacity for capturing and utilizing data in a manner that is more meaningful for program learning and evidence.



Strategy Objective	Key Findings	Recommendations
Improve health and nutrition status of 400 000 boys and girls	While success has been registered in reaching over 300,000 individuals with safe water in FY15 and in reducing diarrheal disease where a full package of WASH activities have been implemented diarrheal cases remain unacceptably high, especially for children 6-23 months in some ADPS . Similarly, the indicator of skilled birth attendance has continually improved but Antenatal Care coverage in ADP areas remains far below global thresholds.	<ul style="list-style-type: none"> Target WASH interventions to 6-23 month children and their caregivers focusing on key behaviour gaps including hand washing after changing children or preparing baby food – such as the 'Baby-WASH' model. Technical Approach (TA) adaptation guidance for Maternal and Newborn Child health should focus increased uptake of ANC services in ADPs where Annual outcome monitoring results are well below the national average such as Chipinge, Chimanimani, Nyanga, Mutasa, Gokwe and Lupane
	Poor infant and young child feeding practice is pervasive with just over half (53.8% of children aged 6-23 months in WV operational areas surveyed receiving appropriate feeding). Preliminary successes have been observed in ENSURE promotion of Exclusive breastfeeding, and in pd-HEARTH programs in contributing to improved feeding practices.	<ul style="list-style-type: none"> Focus nutrition programming for children under 2 years through community led interventions such as -IYCF and pd-HEARTH.
Increase quality of and access to education of 350,000 girls and boys.	WVZ programmes have made significant investments in improving the access to and quality of education. IGATE in particular has contributed a host of models reaching 467 schools with multiple strategies to improve education. While there is growing evidence of achievement of intermediate outcomes of attendance, enrolment, engagement, and some small but promising improvements in literacy and numeracy in IGATE treatment schools, learning outcomes including functional literacy remain very low in WVZ program areas.	<ul style="list-style-type: none"> Upscale literacy focussed interventions. Leverage MoPSE programs including the Early Reading Initiative and Performance Lag Address Program (PLAP)
	The collective efforts by the government, the community and World Vision on reducing the school drop outs have had positive results, with the current dropout rates for primary schools standing at 1.5%. A gap, however, remains in ensuring continued access to school as nationally only 78.9% (2014) of the children transition from primary school to secondary schools. STEP data indicates 6.15% of registered children of secondary school age are not enrolled in education or vocational training.	<ul style="list-style-type: none"> Improve and concentrate efforts around ensuring continued access to learning and transition for primary school graduates. Unlocking the engagement of community and key stakeholders on local issues within their reach related to access to education is a building block towards improving education outcomes.

Strategy Objective	Key Findings	Recommendations
Contribute to food security & self-sufficiency of 70,000 vulnerable households	Rural farmers have limited access to formal micro finance services due to loan requirements. Only 3% accessed credit from micro-finance institutions in 2015 and 22% of farmers in 11 WV programs reported having access to credit. Savings groups provide a better alternative for rural farmers.	<ul style="list-style-type: none"> • More farmers should be mobilized into savings groups, existing groups should be supported to increase their portfolios and capacities • For smallholder farmers to progress from subsistence agriculture to Farming as a business, Value chain development programming should be scaled up and paired with improved access to formal and affordable credit.
	Less than a quarter of youth in ADPs have access to skills training. WVZ interventions deliberately targeting youth with skills that contribute to their economic development are at a very limited scale and the inclusion of youth in other economic development activities such as savings groups, Farming as a Business and value chain development is not deliberately measured or purposively targeted.	<ul style="list-style-type: none"> • The livelihoods and resilience technical approach adopted under the 2016-2020 strategy should more purposely target youth for economic development. • Youth economic development is particularly relevant in the current context of low secondary school access and pass rates and with extremely high rates of unemployment.
Advocate for and empower 100,000 children to participate in their own spiritual & physical care & protection	Evidence of cases of children with challenges of re-integration into their society after abuse have been realised, despite collective efforts by WVZ and the community structures to address Child Protection issues. Efforts have been mostly focused on reporting of Child abuse cases rather than restoration of abused children. Where a strong partnership network with the Police Victim Friendly Unit and community Care Workers exist, this has enabled children protection cases to be followed up and concluded effectively.	<ul style="list-style-type: none"> • WVZ should upscale restoration interventions like Psychosocial Support Services (PSS) and other Christian Counselling models. • All programmes should adopt the partnerships which have enabled Child Abuse cases to be followed up conclusively.
	The connection to caregiver for the majority of children surveyed in both IGATE districts and the ADPs is on average 61.4% and 35% respectively with both being well below the acceptable World Vision threshold of 80%. Across all the programs where YHBS was applied less than 50% of adolescent reported to be thriving on the ladder of life.	<ul style="list-style-type: none"> • These findings have been recurrent. Very few programming models deliberately engage adolescents or are designed to address the specific concerns and challenges of this age group. • The models that have life-skills objectives are reaching a very low proportion of adolescents. Thus, the scale and scope of models should be increased to meaningfully impact this target.

INTRODUCTION

Purpose of the Report

The Child well-being report demonstrates progress and key learnings made by WVZ towards attaining child well-being outcomes articulated in the NO strategic objectives.

The report assesses the effect of various programming approaches implemented across WVZ operational areas and where necessary makes recommendations to improve program quality and effectiveness.

The report presents progress on the following child well-being targets:



Children report an increased level of well-being.



Increase in children protected from disease & infection (0-5 years).



Increase in children well nourished (0-5 years).



Increase in children who can read by age 11.

During FY15 WVZ undertook a national strategy review process culminating in an updated and extended strategy for the 2016-2020 period. The new strategy built upon the previous one while providing greater focus on youth and child protection in light of the context, opportunities and evidence.



Strategic focus, progress towards outcomes and learning

The CWBR of FY14 informed and influenced several key processes and products in FY15. Notably, the strategic plan of 2016-2020 drew from the recommendations of the CWBR, including key strategic objectives level recommendations as well as reflections on the DME system capacity for generating sound evidence and learning. The 2016-2020 strategy emphasizes upon strengthening evidence-based programming, enhancing influence and integrating programs for greater child well-being impact, improving the focus on most vulnerable children and youth and amplifying our voice and influence through greater advocacy. Progress towards strengthening evidence based programming included increased efforts and investment on tracking and reporting intermediate results including standardized outputs and annual outcome monitoring using LQAS which was expanded from one pilot site in FY14 to 12 additional programs in FY15.

Recommendations specific to strategic objectives were incorporated into the Health, Education and Life skills, and Livelihoods and Resilience technical approaches designed over the course of FY15-16. The table overleaf summarizes the strategy objectives, key results and child well-being outcome evidence gathered up to FY14 which was applied to demonstrate progress toward the FY13-15 strategy targets. ■

Method

The FY15 Child Well Being report was compiled by a cross-organizational team comprised technical experts in sectors of Health, WASH, Education and Food Security as well as technical staff in DRR, Sponsorship, DAM&E and Operations. The report was drafted using the ten steps guideline to the compilation of CWBR. The NO child well-being authors, with the support of the Program Quality and Development Director led the process of developing a timeline and key deliverables in the CWBR journey, in alignment with the Southern Africa Region (SAR) guidance.

The initial step was the formation of the CWBR team, drawn from the different sectors listed above and charged with scanning all available data, populating and validating the data matrix, finding additional data and the compilation of the report. The team had a review meeting where lessons from the previous report writing process were drawn and recommendations and action items were crafted for the FY15 report. Following this, a core team was constituted with the 2 lead writers, technical specialists, communications team and a few specialised staff. The core team was involved in further mapping available data (including deciding which data to utilise), synthesis and analysis of findings and presentation of recommendations and key learning. To achieve this, a series of joint meetings and thematic reviews were done. Core team members linked with others in their departments to verify information, contribute to interpretation and fill gaps. The Program Quality and Development Director was part of the core team and shared key milestone products with the senior leadership team for validation and feedback.

Key results will also be shared widely in different fora for actioning of recommendations including the integrated operations review, PST face to face and in the development and review of technical approaches and program in FY16-17.

Data Sources

- The report data is derived from a combination of ADP and grant program sources.
- The report was formulated from a mix of quantitative and qualitative results and examples showing progress and limitation towards achieving NO strategic objectives.
- Two Baselines (Mzimuni and Nyanyadzi) and 3 evaluations (Chivi, NNN and Bolamba) were conducted in ADPs.
- LQAS data was also collected in 12 ADPs and these include Sikhobokhoba, Robert Sinyoka, Nyanga, Nkayi, Mutasa, Mabhikwa, Lupane, Gokwe, Dande, Chipinge, Chimanimani and Chihota.
- Results from grant funded WASH, Education, Health and Food security projects were also used for the CWBR to show holistic NO achievements these were derived from 2 baselines, 4 evaluations and various monitoring reports.

Progress toward the FY13-15 strategy targets

Strategy Objective & Key Results	Child Well-Being Outcome Evidence FY14	Fy14 CWBR Recommendations	Action/Results from Recommendations
<p>Improve health and nutrition status of 400 000 boys and girls</p> <div><p>356,000</p><p>girls and boys reached with health & nutrition programming interventions in ADPs & grants in FY13-15</p></div> <div><p>100,000</p><p>individuals reached with WASH interventions in FY13-15.</p></div>	<p>Areas reached with WASH recorded increased access to improved sanitation. Access to safe water varied, with some programs registering increases and others declines, in part due to seasonal variations, but also indicating challenges with the sustainability of water point management.</p>	<p>Continue investment in sanitation demand creation and low-cost, sustainable strategies for self-provision of improved sanitation facilities.</p>	<p>Demand led sanitation resulted in self-provision of improved household sanitation facilities with the majority of latrines constructed without subsidy. Ten communities have been declared and certified open defecation free in FY 15. Moreover, the technical program for WASH incorporates best practice in self-provisioning and zero subsidy community led sanitation, though progress is affected by years of subsidization and the depth of vulnerability in many communities.</p>
	<p>Though still below national averages, programs demonstrated increases in skilled birth attendance and antenatal care.</p>	<p>Sustain and scale up the gains in maternal and newborn child health indicators by addressing critical barriers in program areas. To more effectively complement the MoHCC, WVZ should increase emphasis on demand creation and behaviour change strategies.</p>	<p>WVZ provided financial resources and logistical support to build the capacity of health personnel and infrastructure (i.e. emergency obstetrics, waiting mothers shelters), strengthening of community health systems (care groups) and advocacy for leadership involvement and participation in maternal and newborn health. Breakthroughs have been observed by engaging religious groups and leaders, addressing a key barrier to MNCH services by women and children. A more robust and contextualized approach to health systems strengthening will be included in the Health Technical approach applying ADAPT.</p>
	<p>Though few programs measure stunting, national averages and the data available indicate persistently high rates of chronic malnutrition. Measurement of intermediate causes show generally poor quality of diet and low food access while diarrhoea prevalence remains high in program areas, despite some successes recorded through programs.</p>	<p>Concerted, multi-sectoral programming efforts should be pursued to address chronic malnutrition in children using community based, low cost, high impact interventions such as cIYCF and community care group models is a key to impacting nutrition within the first 1000 days of life.</p>	<p>WVZ has prioritized projects like the Mutasa Community Health and IYCF Promotion Project aimed at empowering communities to address root causes of both acute and moderate malnutrition through the use of locally available resources. The Care group model is being promoted by flagship programs ENSURE and ENTERPRIZE, while food security programs have deliberately applied nutrition-sensitive approaches to production and value chain development.</p>
<p>Increase quality and access to education of 350,000 girls and boys.</p> <div><p>>650,000 boys & girls reached with education programming</p></div>	<p>Functional literacy in FY14 was 36%, and is considered 'extreme risk' and below the SAR average of 46.3%. ADPs in transition had better functional literacy rates than newer ones. Though schools have high enrolment rates there is need for programming to focus more on reducing dropout rates as results show an increase with the onset of adolescence for girls and boys.</p>	<p>Education interventions should not only address access /improved learning environment but focus also on comprehension and functional literacy for improved learning outcomes. There is need to address low and declining literacy and pass rates by scaling up literacy boost or the early reading initiatives.</p>	<p>Literacy boost and early reading initiatives are steadily being rolled out in new ADP designs that incorporate education programming. One ADP established reading camps, while three others plan to adopt the full literacy boost model, with teacher training in foundational reading skills commenced. The IGATE project has also introduced the 'Happy Readers' initiative, as a model to more directly influence learning outcomes.</p>

Progress toward the FY13-15 strategy targets

Strategy Objective & Key Results	Child Well-Being Outcome Evidence FY14	Fy14 CWBR Recommendations	Action/Results from Recommendations
<p>Contribute to food security & self-sufficiency of 70,000 vulnerable households</p> <div><div>81,796 households</div><p>reached with interventions aimed at increasing food & livelihood security.</p></div>	<p>The average proportion of youth with sufficient access to food in WVZ programs in FY14 was 75%, below the threshold of 80% considered critical and the SAR average of 79%. The quality and quantity of children's diet is very low in most program areas. Most households consume only what is readily available through their own production. Programs increasingly focus on savings groups and local value chain development compared to previous strategy periods where crop and livestock production was emphasized.</p>	<p>Food assistance programming remains relevant but needs to be undertaken within a longer term resilience strategy.</p>	<p>WV has intentionally integrated food assistance with resilience and livelihood activities to the extent possible. Examples include the ENSURE food for assets program which established dams and weirs for new irrigation schemes and WFP Productive Asset creation projects which develop and rehabilitate assets within ADP areas as part of resilience programming. While responding to seasonal food insecurity with food/cash assistance programs, continual engagement with stakeholders (government, communities, donors) is being stepped up to advocate for policies and programs which address chronic food insecurity and its underlying causes in perennially drought affected areas.</p>
		<p>A technical specialist for food security and economic development should be secured and engaged to provide technical support, consolidate learning and evidence and represent WV to stakeholders.</p>	<p>The technical specialist for livelihoods and resilience was secured by FY16 and progress has been made towards development of a technical approach and strengthening evidence based programming in livelihoods and resilience as apparent in improved reporting on savings groups and local value chain development.</p>
<p>Advocate for and empower 100,000 children to participate in their own spiritual & physical care & protection Monitoring data demonstrates a range of spiritual nurture of children programming approaches directly reaching at least 25,000 children in FY13-15.</p> <div><div>25,000 children</div><p>reached with spiritual nurture programming approaches</p></div>	<p>Localized breakthroughs have been made in securing birth registration however this remains a critical challenge. Results of Youth Healthy Behaviour Survey indicate trends toward better connection to caregiver in older ADPs, while the generally low ratings of adolescents on their perceived well-being indicate much work to be done. Emerging results show progress in engaging religious groups in CWB issues including early marriage, girls education and maternal and new born child health. Contextually appropriate Citizens Voice and Action approaches are being adopted in Education, WASH and MNCH programs with potential to upscale.</p>	<p>WVZ should increase its support for contextually appropriate local and national level advocacy aligned to strategy, building upon learning in existing projects</p>	<p>CVA has been incorporated in new grant program designs and its application is being promoted within the design of technical approaches. WVZ is gaining more experience in local level advocacy, particularly on ending early marriages and gender based violence.</p>
		<p>More concerted efforts in child-led advocacy initiatives and other strategies to ensure meaningful participation of children and youth are needed to tangibly influence self-perceived well-being of children</p>	<p>Key initiatives including sponsorship integration were rolled out while a more systematic approach will be incorporated within LEAP3 adoption. Children participated in campaigns to end child marriage in a few ADPs.</p>
		<p>Promising approaches to the spiritual nurture of children need to be identified, measured and replicated.</p>	<p>Approaches for the spiritual nurture of children will be identified for measurement through the LEAP 3 approach. The issues will be addressed through an engagement process that will contribute to the development of the TA/TPs expected to be launched soon. In FY15, more ADPs adopted Vacation Bible School.</p>

CONTEXT

The factors highlighted in the diagram below describe the operational context factors affecting WVZ positively and negatively:

Dimension	Enablers	Disablers
Political	The organisation has continued to operate effectively by maintaining good networks and partnerships with government departments and line ministries across sectors which has been facilitated by a stable political environment in the country.	Investment averaging 15% of Gross Domestic Product (GDP), well below the 25% to 30% necessary to meet the Zim-Asset growth target of 6,1% annually, is held back by slow growth and excess capacity in some sectors, as well as by policy and political discord, especially over property rights and indigenisation.
Socio-economic	The country is still operating under its economic strategy – Zimbabwe Agenda for Sustainable Socio-Economic Transformation or ZIMASSET 2013-2018 with strategic clusters including Food Security and Nutrition, Social Services and Poverty Eradication, Infrastructure and Utilities, as well as Value Addition and Beneficiation and this has strong linkages with WV programming approaches	The harsh economic environment has led to a closure of more companies this year. The change in the labour law saw several economically crippled organisations downsizing by terminating thousands of employees. This increased unemployment with a ripple effect on rural households relying on remittances from urban relatives. The national budget continued to allocate limited resources to key sectors like education, health and agriculture leading to poor service delivery. Low liquidity affected livelihood options especially for those engaged in Savings Groups and those with an unmet need to access credit.
Environmental	Partnerships between WVZ and its partners with Government departments (LPD, Agritex, Social services) led to collaborative response to the drought and affected communities.	Erratic rainfall and prolonged dry spell reduced agricultural productivity leading to high food insecurity in Zimbabwe's four southern provinces.
Internal	Grant acquisition in FY15 met Targets. Funding was secured for the emergency response to the drought including a mobile cash transfer program funded by DFID, Productive Assets Creation and Lean Season Assistance by WFP. USAID provided additional funding to ENSURE to increase drought response programming. In a quest to strengthen outcome monitoring the office rolled out LQAS in 12 ADPs.	Major budget cuts to ADPs affected the ministry as some of the planned activities could not be funded.

Limitations

WVZ is submitting an annual Child Well Being Report for the fourth time. Despite this, the report is constrained in the ability to progressively compare statistics year on year. This is mainly the result of an inconsistent monitoring system and over-reliance on major processes, namely program baselines and evaluations, particularly in ADPs. To address this gap, WVZ adopted the LQAS methodology as an outcome monitoring approach applied to progressively monitor change over time of key indicators. However, since this is the first year of widespread adoption (12/28 ADPs) there is no comparative data from previous years making measurement of progress over time difficult and constrained to the use of baseline and evaluation data. There were few scheduled ADP baselines and evaluations conducted in FY15, in part due to anticipation of LEAP 3 alignment over the course of FY16 and 17.

In the 3 ADPs where evaluations were conducted, some child well-being indicators were not initially measured at baseline. Further, some baseline measurements were not as robust or clear in terms of units of measurement or in the phrasing of questions in data collection process. In such cases, comparative analysis was limited. The rigor of analysis, particularly the ability to conduct tests for significance and other exploratory analysis was also limited in such cases.

Using LQAS methods, coverage can only be ascertained when the sample size is above 95 for all the supervision areas. This sample ensures the validity of the data and hence the findings. In some indicators, especially those that filtered, the total sample required did not reach 95 and therefore coverage at ADP (catchment area) level was not possible. Where these indicators are reported, they are presented as trends and not necessarily percentage coverage.

ABOUT HEALTH & WASH IN ZIMBABWE

National
Health
Budget
2013-2015

GoZ National Health
budget allocation decline
last 3 years:

2015
US\$301 MILLION

2014
US\$337 MILLION

2013
US\$381 MILLION



NATIONAL SITUATION

15% HIV Prevalence
Rate

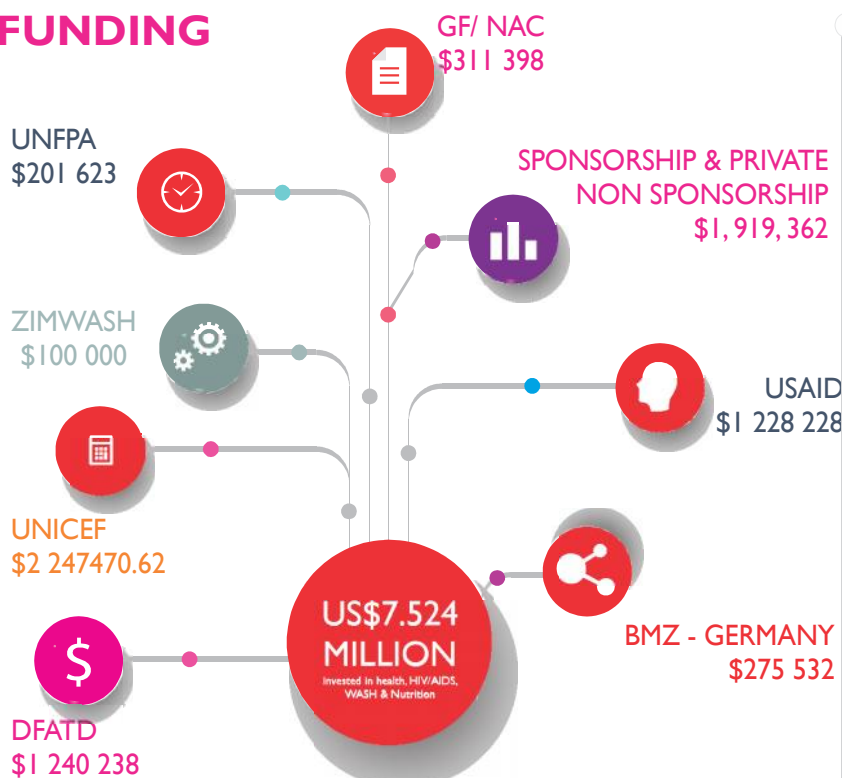
24% No access to clean
water

U5MR 75/1000 live births
vs
43/1000 MDG Target

581/100 000
VS
300/100 000 Maternal Mortality
MDG country specific target by 2015

WORLD VISION'S RESPONSE

FUNDING



ACHIEVEMENTS



1,663,111
BENEFICIARIES



pregnant & lactating mothers &
children received
supplementary feeding

51,009



referred for ART services across
Bulawayo & Matabeleland South
provinces. 4,143 pregnant women
enrolled for PPMTCT after triggering
sessions with WV BCFs.

5,092



individuals reached including 123776
children after the rehabilitation and
protection of 1361 water sources

309 439



young women (10-24) educated on SRH,
HIV prevention & gender based violence.
1121 gender based cases reported after
the trainings

19,759



individuals access improved
sanitation facilities

20,015

168

1 new water sources
developed

3,495

3 households without
subsidy

10

2 mother's waiting homes constructed

36

4 public latrines supported in irrigation
schemes

PROGRAMME APPROACHES

Health

Channels of Hope for MNCH+
Timed and Targeted Counseling
Behavior Change Communication on reproductive,
maternal & child health
Financial and logistical support for health services

Nutrition

Community-based Infant and Young Child Feeding roll-out
Positive-deviance Hearth (MoHCC model)

WASH

Community based water supply (new & rehabilitated water points)
Community led total sanitation
WASH infrastructure in Schools & Clinics
Participatory Health & Hygiene Education
Multi use water planning

KEY PARTNERS



HEALTH, HIV/AIDS, WASH AND NUTRITION



STRATEGIC OBJECTIVE	HEALTH, HIV/AIDS, WASH AND NUTRITION		
	OUTCOME	INDICATORS	
TARGET	Improve the Health and Nutrition Status of 400,000 Girls and Boys	<ul style="list-style-type: none"> • Number and percentage of households using improved sources of drinking water. • Number and percentage of households using improved sanitation facilities. • Increased knowledge of & sustained hygiene practices % children aged 0–59 months who have suffered a bout of diarrhoea in the past two weeks who were treated with oral rehydration therapy, zinc & appropriate feeding. • Coverage of Essential Vaccines • Proportion of infants whose birth was attended by a skilled birth attendant 	
	Increase in children protected from disease and infection (ages 0-5) Increase in children who are well nourished	<ul style="list-style-type: none"> • Mothers & children are well nourished • Children & care givers have increased access to primary healthcare • Increased access to safe water & sanitation • Increase in knowledge of sustained hygiene practices among children & communities 	

Situation Analysis

Maternal and child mortality in Zimbabwe continues to occur from easily preventable and treatable conditions that include HIV and AIDS, diarrhoea, acute respiratory infections, malaria, malnutrition, pregnancy and perinatal complications. HIV continues to be the major underlying cause of maternal and child deaths with an adult prevalence rate of 15% and an annual incidence of 0.98%. HIV among adolescents is concerning with prevalence among young women (15-24) being five times higher than men of the same age (MICS 2014).

Many women and children suffer from one or more forms of under nutrition that include low birth weight, anaemia, underweight, vitamin A deficiency and stunting which is unacceptably high at 27.2% (MICS 2014).

Global UMR has declined by more than half dropping from 90 to 43 deaths /1000 live births between 1990 and 2015 yet Zimbabwe is lagging with U5MR at 75/1000 live births (MICS 2014). 44% continue to practise open defecation compromising the power of sanitation and hygiene promotion.

As a result, Zimbabwe failed to reach the MDG targets of reducing child mortality, improving maternal health and improving access to safe drinking water and sanitation. Quality health systems require adequate resourcing, however, Zimbabwe has failed to align to the Abuja Declaration of 15% of annual budget for health care by 2015.

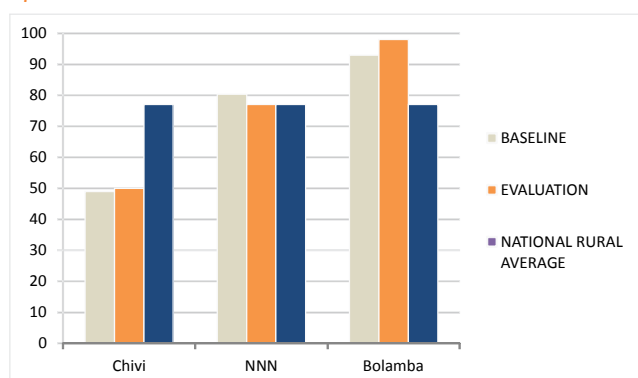
Achievements

CWB Target: Increase in children protected from disease and infection (ages 0-5)

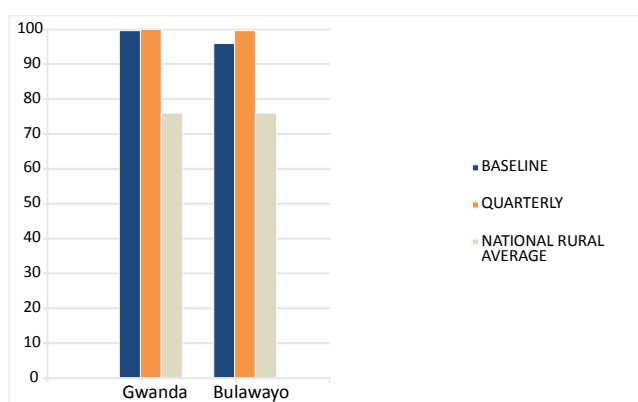
CWB Indicator : Number and percentage of households using improved sources of drinking water

Nationally, 76% of Zimbabweans have access to improved water sources, more in the urban areas at 98.4%, and less in the rural areas at 67.5% (MICS, 2014). In 2015, World Vision improved water access through developing **168 new water sources, rehabilitating and protecting 1361 water sources**, with an emphasis on upgrading and mechanizing schemes with for higher coverage and sustainability. A total of **309,439 individuals, including 123,776 children were reached with improved water sources** in FY15.

Figure 1: A comparison of access to safe water, before, during and after WASH interventions



ADPs (Rural) Sources : Chivi Evaluation , February 2015, n=355 HH
 NNN Evaluation , July 2015 , n=375 HH Bolamba Evaluation, March 2015, n=525 HH



Grants (Urban) n=640

Sources: CSO (Baseline 2014 Quarterly 2015)

Figure 1 indicates an increase in access to safe water in most rural and urban programming. The three ADP programs described in the first graph are in drought prone areas affected by receding water levels and limited community and GoZ capacity to maintain water points. Within this context, Chivi and Bolamba achieved slight increases, while Chivi and NNN remain below the national average.

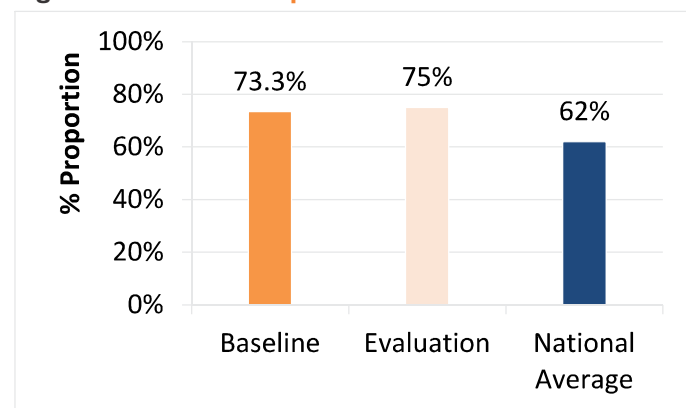
CWB Indicator: Number and percentage of households using improved sanitation facilities.

According to (MICS 2014), 62%, of the population of Zimbabwe live in households with improved sanitation facilities. Access to improved sanitation facilities was almost universal in urban areas (97.5%) compared to only half (48%) in rural areas.

The demand led sanitation activities implemented under the Rural WASH program led to 10 village communities declaring and subsequently being certified open defecation free (ODF) in FY15. This is 90% below target due to the slow uptake of self-sponsored latrine construction in a context where communities have become accustomed to

subsidies as well as challenges with the certification standard and process. However, a gradual increase in open defecation free (ODF) villages is expected due to acceleration in 2016.

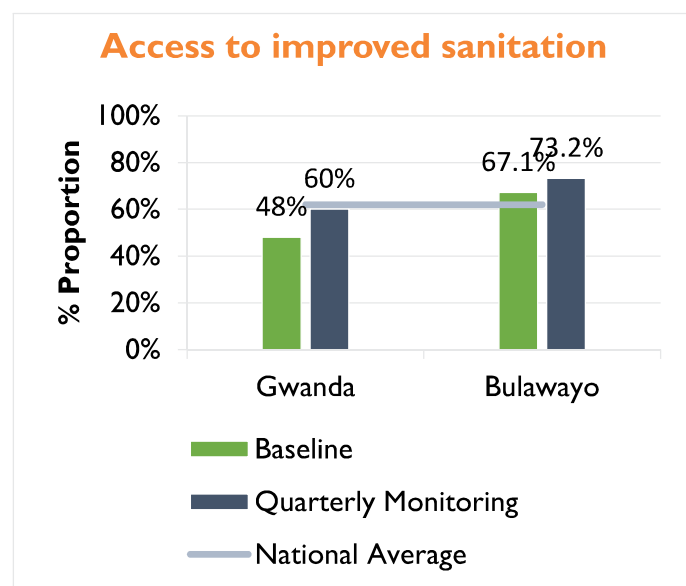
Figure 2: Access to improved sanitation



ADPs (Rural)

Sources : Chivi Evaluation , February 2015, n=355 HH

NNN Evaluation , July 2015, n=375 HH Bolamba Evaluation, March 2015, n=525 HH



Grants (Urban) n=640

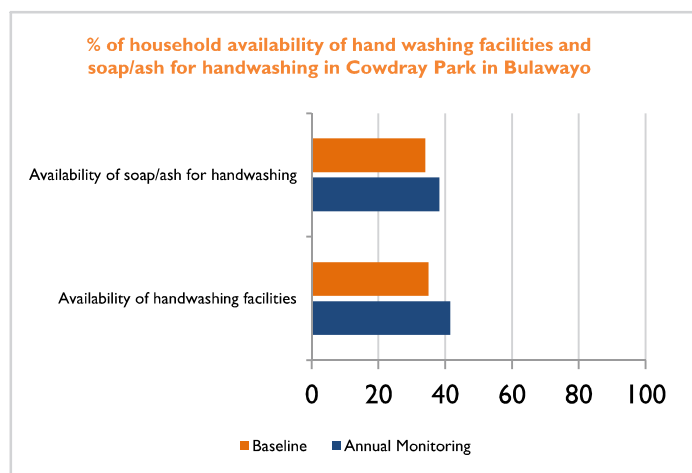
Sources: CSO (Baseline 2014 Quarterly 2015)

In Chivi there is progress towards the objective with access to improved sanitation facilities recorded at 73.3% at baseline and 75% at evaluation. The urban WASH programmes in Gwanda and Bulawayo are making progress toward an increase in access to improved sanitation facilities with progress from baseline to quarterly monitoring indicated with 60% accessing in Gwanda compared to 48% at baseline and 73.2% compared to 67.1% in Bulawayo. In Bulawayo, 7 standpipes were set up in Cowdray Park and 18444 people are now accessing safe water. Over 20,000 people in Gwanda are benefitting from sewer rehabilitation, water tanks, water mains renewal and public toilets.



CWB Indicator: Increased knowledge of and sustained hygiene practices

Figure 3: Availability of hygiene enabling facilities and commodities before and during WASH programmes implementation



Source: CSO (Baseline 2014 Annual Monitoring 2015) n=640

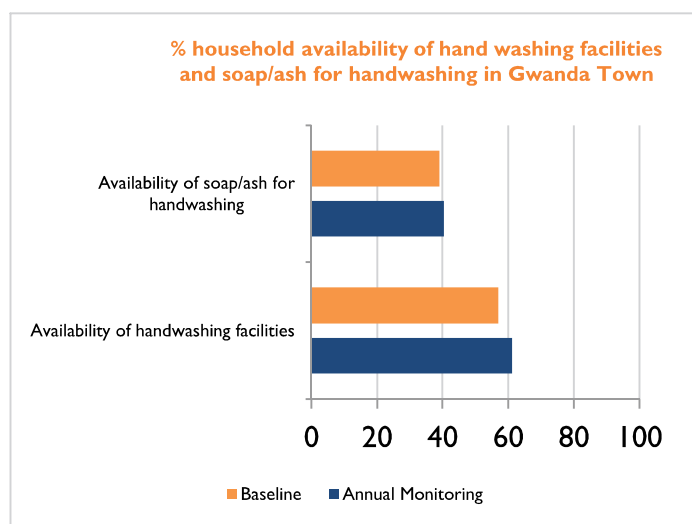
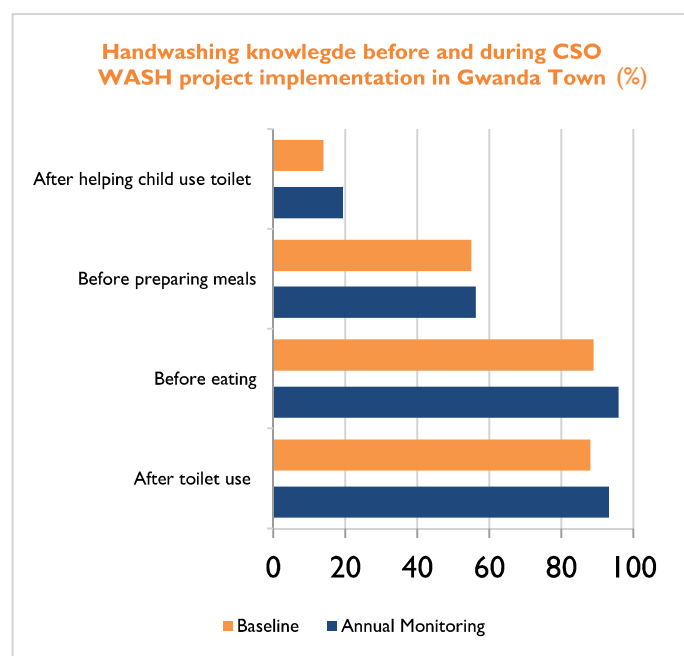
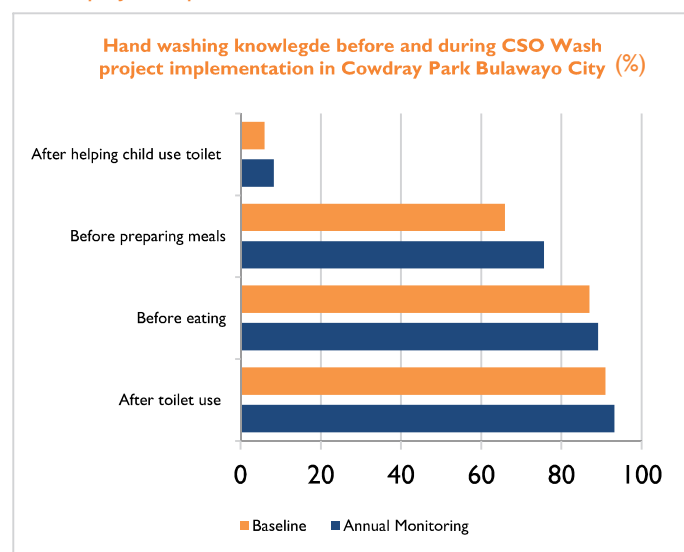


Figure 3 above shows that the proportion of households with access to hand washing facilities and to soap or ash is progressing according to monitoring data with 6.5% and 4.2% in Cowdray Park a peri-urban settlement in Bulawayo City and by 4.2% and 6.4% in Gwanda town between 2014 and 2015. 18,563 people were reached through hygiene message and 6,096 children in schools reached in Gwanda.

In Bulawayo City 48,348 people were reached on hygiene education 1,088 children in schools. Water and sanitation facilities are still a challenge in the two towns compromising the effectiveness of health education in the area. However, it is expected that from community health and hygiene education sessions, the information acquired translate to improved hand washing behaviours.

Figure 4: Hand washing knowledge before and during urban WASH project implementation



Source: CSO (Baseline 2014 Annual Monitoring 2015) n=640

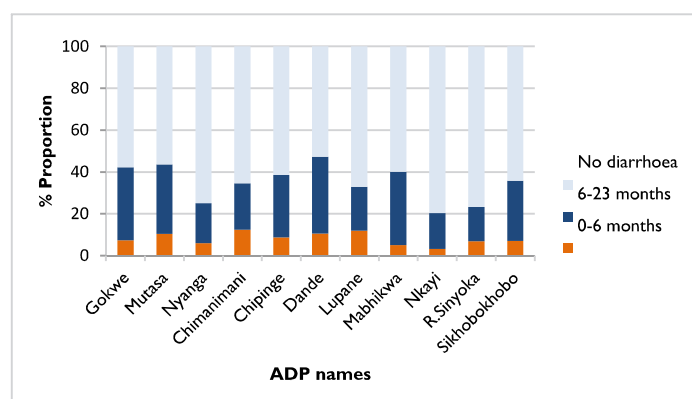
The figure 4 above shows that knowledge on the need to wash hands at critical times increased by 4% in Cowdray Park suburb and 5% in Gwanda Town after one year of project implementation although the level of knowledge of the need to wash hands after assisting children is still very low. Although the proportion of households in these two urban centres who wash hands at 3 or more critical times is more than half 58.7% in Cowdray park and 54, 7% in Gwanda, only a few households wash hands after helping child to use the toilet (19.3% in Gwanda and 8.3% in Bulawayo). Similarly, in 12 rural ADPs annual outcome monitoring results show that an average of only 42.9% households wash hands at 3 out of 5 critical times with soap/ash, suggesting the need to focus PHHE programs to the target key behaviours.



CWB Indicator: Diarrhoea Prevalence and Management: % children aged 0–59 months who have suffered a bout of diarrhoea in the past two weeks who were treated with oral rehydration therapy, zinc and appropriate feeding.

Annual outcome monitoring assessed average prevalence of diarrhoea by asking mothers or primary caregivers whether their child under the age of five years suffered from diarrhoea during the two weeks preceding the survey. The results show that of the n=1235 of under- twos sampled, 12.6 % had suffered an episode of diarrhoea in the two weeks preceding the survey. Of the 12.6% children who had diarrhoea, 55.1 % sought advice or treatment from a health facility or provider.

Figure 5: Prevalence of Diarrhoea in children under 2yrs disaggregated by age in months



Source :ADP LQAS results July-September 2015

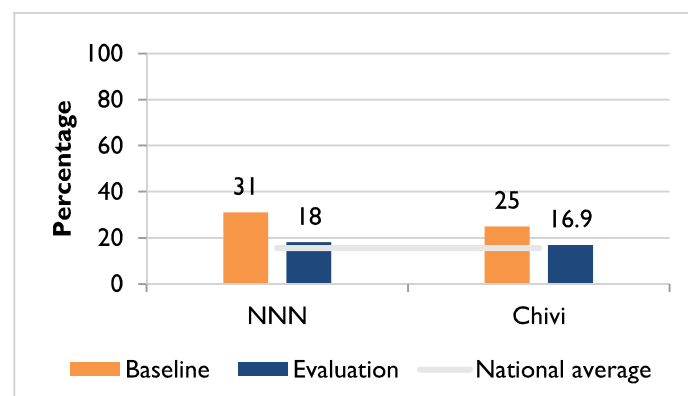
This data was further disaggregated for 0-6 months and 6-23 months. In eleven ADPS the incidence of diarrhoea cases are 4 times higher in the 6-23 range than in the 0-6 range with Mabhikwa recording the highest (7 times higher). Dande, Mabhikwa, Gokwe and Mutasa had the highest diarrhoeal cases in the 6-23 months range. Among these ADPs, Mutasa and Gokwe have low water access and low sanitation coverage, while Dande and Mabhikwa have relatively high water access but low sanitation coverage. All the ADPs have low knowledge on hand washing with soap and / ash at 3 of the critical times as shown in the table below.

Cross tabulation results between diarrhoeal cases, water access coverage and sanitation coverage

Indicator	Mabhikwa	Dande	Gokwe	Mutasa
Incidence of diarrhoea in children 6-23 months old	35	36.8	34.9	33.3
Access to improved sanitation	79	92.6	33	30
Access to safe water	33	89/93	39.3	23
Knowledge of hand washing with soap/ash at critical times	15.3	41/80	26	46.5

These findings indicate that access to safe water alone leads only to a minor reduction in the incidence of diarrhoea and the combined effect of improved access to safe water, improved access to basic sanitation facilities and the sustained adoption of hygiene practices has greater impact on the reduction of diarrhoea incidence. In NNN and Chivi, where a full complement of WASH interventions were undertaken, a significant decrease in diarrhoea prevalence was observed from baseline in 2011 to evaluation in 2015 (figure 6).

Figure 6 : A comparison of the prevalence of diarrhoea in USs before and after WASH interventions



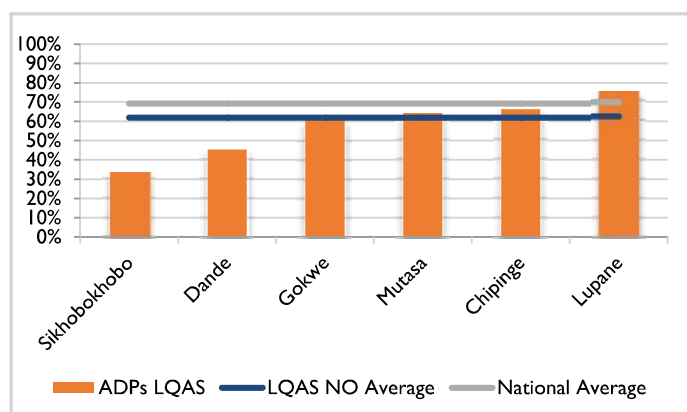
Chivi Evaluation , February 2015, n= 355 HH MICS 2014 report
NNN Evaluation , July 2015 , n=375 HH

CWB Indicator: Coverage of Essential Vaccines

World Vision provided logistical support to the Ministry of Health and Child Care support outreaches. 7,466 children were immunised during EPI outreaches in Robert Sinyoka, Buhera, Mangwe Umzingwane, Gwanda and Matobo.



Figure 7: The status of full immunisation coverage in selected World Vision ADPs



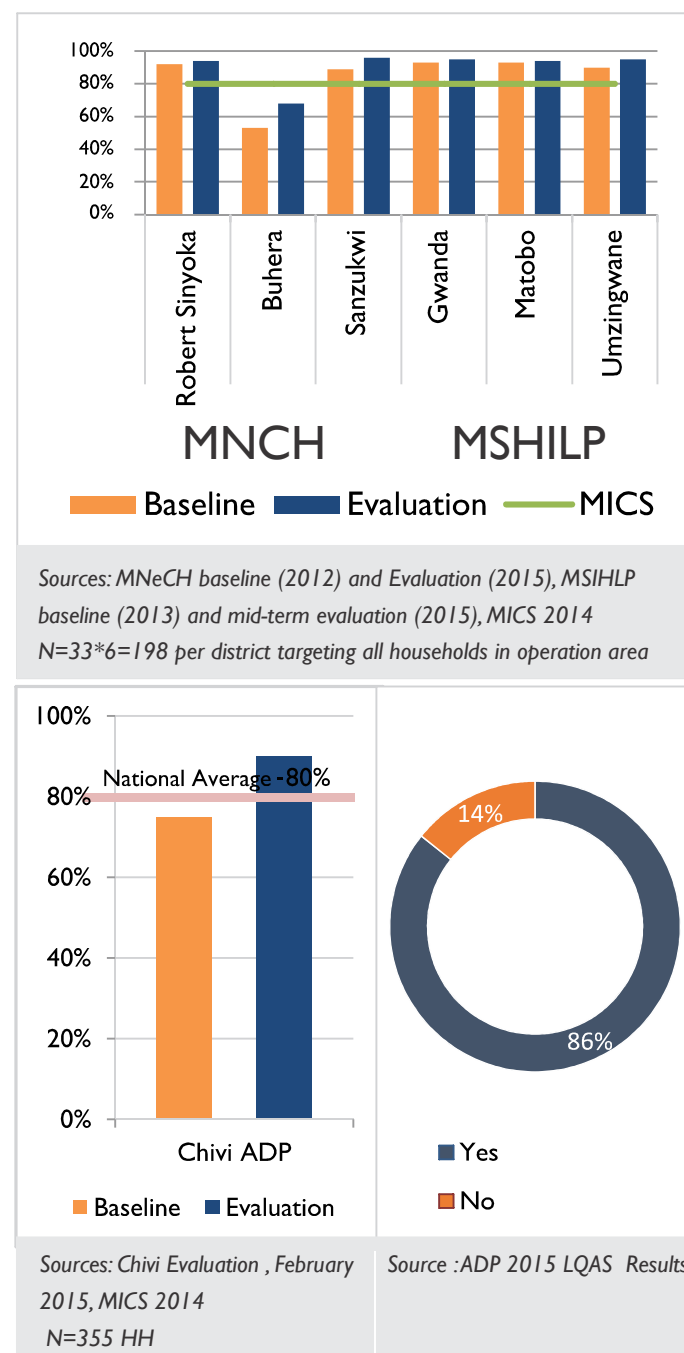
Based upon annual outcome monitoring, an average of 61.9% of children aged 12-23 months in 12 ADPS had full immunisation for age. This is below the national average of 69.2 (MICS 2014) and also falls within the global unacceptable immunisation coverage level of less than 75% coverage. This was attributed to periodic stock outs of vaccines at rural health centres due to logistical challenges such as transport affecting outreach and routine immunization as well as religious beliefs within communities that discourage the uptake of conventional medicine.

CWB Indicator: Proportion of infants whose birth was attended by a skilled birth attendant

Poor access to a skilled birth attendant during delivery of a new-born baby is one of the major causes of maternal mortality. Despite a decrease from 960 (2009) to 614 per 100,000 (2014), the maternal mortality rate remains unacceptably high owing to a grossly underfunded health sector. In complementing government efforts to reduce maternal and child mortality, World Vision Zimbabwe partnered with MoHCC and local communities and constructed 10 mothers waiting homes across the national office.

Additionally, health care workers were trained on emergency obstetric and essential new-born care services. Of note were 30 primary care nurses who were supported on a mentorship programme attached to district hospitals to aide exposure to basic emergency obstetric care. Various community groups that include VHWs, mother care groups, men and church leaders were trained on maternal, newborn and child health to promote the uptake of these services. Medical equipment, drugs and other supplies were donated to various hospitals.

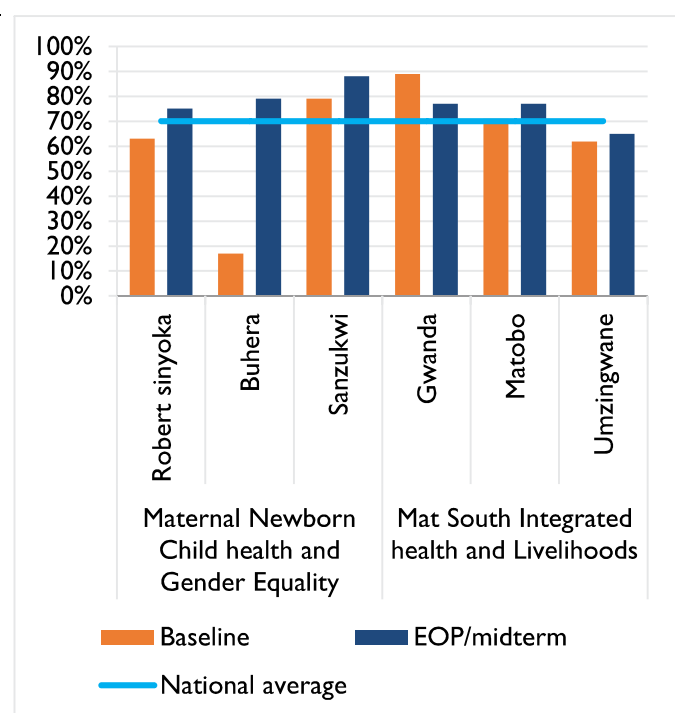
Figure 8: Percentage of infants delivered by Skilled Birth Attendant



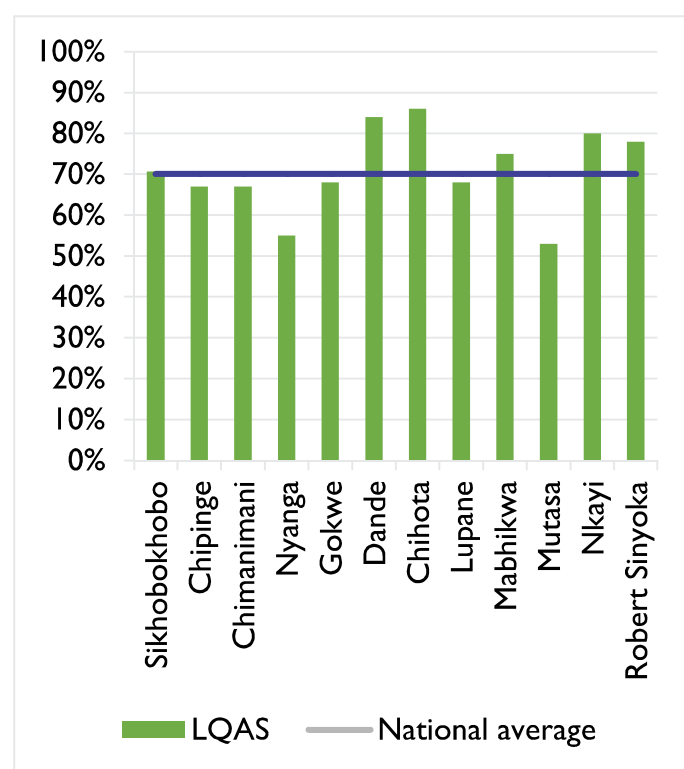
There has been an increase in skilled birth attendance by all programs that tracked this indicator from baseline to evaluation. Baseline and Evaluation data for the MNCH districts ($p=0.117781$) show that the difference is significant. All program districts are above the national average of 80% (MICS, 2014) with the exception of Buhera where there is a large population of apostolic religious groups who object to the use of conventional health facilities. The MNCH project together with ENSURE in Buhera has made progress in transforming the health behaviour of the apostolic members as communities indicated that through the project's initiative of dialogue with the church leaders, the leaders had begun influencing their members to use MNCH services. Annual outcome monitoring data obtained from 6 ADPS have also shown a high coverage average of 86%.

Access to Antenatal Care (ANC) from a skilled health provider is important to monitor pregnancy and reduce the risk of maternal and child mortality at delivery and is a key entry point to a broad range of health promotion and preventative services. The major activities undertaken by WVZ were provision of financial resources and logistical support that promoted capacity building of health personnel, strengthening of family and health systems and advocacy for leadership involvement and participation in ANC.

Figure 9: Proportion of mothers who reported 4 or more ANC visits in the last pregnancy



Sources:
MNCH Evaluations, MSIHL Evaluations $n=198$ (33 x 6) district



Source: LQAS 2015 $n=95/ADP$

MNeCH and MSIHL results reflect an average increase from (63.5%) at baseline to (76.8) in the proportion of mothers who utilized ANC services and had at least 4 or more ANC visits. The Evaluation average is higher than the national average of (70.1% (MICS 2014). Baseline and Evaluation data for the MNeCH districts ($p=0.930735$) show that the difference is significant. At baseline Buhera recorded the least proportion (17%) of mothers who accessed 4 or more ANC visits, a pattern observed in Buhera in skilled birth attendance indicators.

The positive changes across districts on the uptake of ANC services can partly be attributed to the WVZ interventions where community education on health care and services was intensified. In all districts Village Health Workers were equipped with skills to communicate effectively about MNCH issues and a total of 198VHW and 150 nurses were trained in both projects. The interventions further established clusters in villages where lead mothers received training and education from trained health workers and further disseminated information within their cluster to their peers.

Results from annual outcome monitoring show that deliberate programming focusing on ANC uptake should be strengthened in Chipinge, Chimanimani, Nyanga, Gokwe, Lupane and Mutasa as findings show that the uptake of ANC services is below the national average.



Risk and vulnerability to new HIV infections reduced for mothers and children



World Vision continued to implement Behaviour Change Programmes in an effort to contribute to the adoption of safer sexual behaviour and increased utilisation of integrated HIV, SRH and GBV services among men and women at district and community-level with the overall goal of reducing the incidence of HIV from 0.98 to 0.43 by 2015 (ZINASP 2). Covering 9 districts, 2 in Bulawayo and 7 in Matebeleland South, BCFs conducted household health education sessions targeting members between the ages of 15-49.

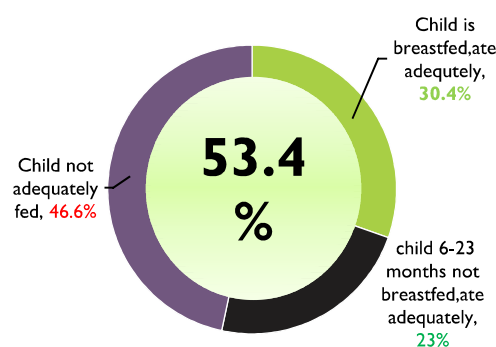
Through the household visit approach a total of 19,759 young women 10-24 years were exposed to Sexual, reproductive health, HIV prevention and Gender based violence education. As a result, 1,121 cases of gender based violence and child abuse were reported to traditional courts, child protection committees and were resolved at community level. 4,143 pregnant women were enrolled for PMTCT after triggering sessions from the BCFs. Additionally, 5,092 people were referred for ART services across Bulawayo and Mat-South.

Additionally, 5,092 people were referred for ART services across Bulawayo and Mat-South. These volunteers are widely accepted in their communities as they complement village health workers in delivering community level health information and serving as community counsellors on sensitive issues such as gender based violence and child abuse. 16,966 participated in community dialogues organised by community leaders across Mat-South to address barriers to the uptake of SRH, GBV and HIV prevention services. This has facilitated improved access to ART, PMTCT and GBV services.

CWB Target: Increase in children who are well nourished

Chronic malnutrition is a challenge in Zimbabwe. ZIMVAC 2015 data indicates the prevalence of poor diets with 58% of household eating two meals a day and only 18% of children reaching minimum dietary diversity, 8% consuming minimally acceptable diets and less than half (47%) receiving meals in the frequency recommended for their age. These consumption indicators also reflect the deterioration in the food security situation due to drought. Annual outcome monitoring reflects this trend with less than a third of children aged 6-23 months receiving the recommended breast feeding, meal frequency and dietary diversity. For those not breast fed, only 23% received adequate feeding frequency and quality. In total, **53.6% of children aged 6-23 months received adequate feeding.**

Child Feeding Practises



Source: LQAS 2015

Adequate diet for breastfeeding: Breastfed, ate solid/semi solid foods at least 3 times and received minimum dietary diversity in past 24 hours

Adequate diet for non-breastfeeding: Ate solid/semi solid foods at least 4 times and received minimum dietary diversity in past 24 hours

WVZ's contribution to child nutrition in FY15 included ENSURE, ENTERPRIZE and ADP programs. Through ENSURE, a total of 51,009 pregnant and lactating women and children received supplementary feeding and 21,341 women were exposed to key messages on optimal nutrition. 2,763 Care Groups for nutrition training and counselling have been formed. A few of the key successful results captured in the ENSURE beneficiary-level outcome monitoring survey (July 2015) include:

- 61% of ENSURE beneficiary infants (0-6 months of age) were exclusively breastfed for the first six months of life compared to the population-level baseline of 36%.
- 49% of beneficiary children 6 – 23 months received the minimum meal frequency, exceeding the target of 40%.
- 77% of beneficiary women consumed iron rich foods, exceeding the FY15 target of 40%.

The Community health and IYCF promotion project in Mutasa trained 89 VHWs and 27 Nurses in the Positive Deviance Health model, and the program rehabilitated 761 malnourished children out of 804 recording a 94.7% success rate.

Fy15 and 105 care groups were established following training of community health workers in the two program districts. Bio-fortified maize seeds (high in Vit A) and sugar beans (zinc and iron fortified) were also promoted through the program.

Efforts in the ENTERPRIZE program to improve nutrition began in

Most Vulnerable Children

Who are they?	Vulnerability & evidence	Why are they vulnerable?	How is WV responding/ Actions decisions made to address
Children with disabilities	Children with disability are not able to enrol in school due to inaccessible facilities	Toilets and water facilities are not inclusively designed.	Working with local authorities, ramps and low stand pipes were designed and 50 disability inclusive toilets constructed through CSO WASH: "Before having accessible toilets I used to be lifted into the toilet by my friends but now I can wheel myself into the toilet without assistance like everybody else and am happy about that." Mthandazo, Jahunda Primary School, Gwanda
Children deprived of rights due to cultural religious practices	Children born from members of the apostolic sect cannot access health services due to deterrent religious belief systems	Members of the Apostolic Sect do not believe in modern health depriving children access to primary health care.	Engagement of the Apostolic faith communities on social mobilisation and demand creation for the uptake of maternal and child health services. eg through the MNCH project, 97% of children were immunized for age.
Children living with caregivers who are affected by chronic illnesses	Children born to HIV positive parents are deprived of early infant diagnosis due to poor health seeking behaviours.	Their health is dependent on their caregivers access to healthcare.	Community prevention of mother to child transmission to HIV. Economic empowerment through VSL to facilitate access to healthcare through MIHLSP, HIV and SRH programme.
Children living with negligent care givers	Inappropriate child care and feeding practices by caregivers.	Poor feeding practices due to caregivers negligent behaviour	PD-Hearth sessions in Mutasa and other ADP areas to curb poor nutritional practices using locally available resources. In Mutasa 804 children less than 5 years were enrolled and recorded a 94.7% success rate.

Disability inclusion: *Testimonial*

WorldVision is deliberately partnering with the Federation of Organization of Disabled Peoples Zimbabwe to implement the CSO WASH project. The story below is one of the testimonies of the benefits of inclusive WASH programming in FY15

"I am a 40 year old paraplegic, using a wheel chair and residing in Cowdray Park Garikai segment 3 area that is not serviced but has been allocated to people with disabilities. I stay with my five year old grandson. I and other community members used to fetch water from a stand pipe 1 km away. I have no toilet and there are few people with Pit latrines. Many people defecate in the open. Segment 3 was allocated to persons with disabilities by the City Council and houses the majority

disabled in the Garikai area. Before a stand pipe was placed in our segment I used to have a very challenging time when it came to accessing water. The path leading to the water source was very uneven making it difficult for me since I use a wheel chair to ferry a bucket of water. If there was no water, we then travel to another stand pipe which was 2 km away hence I would pay for up to US\$4.00 for a 100 litres of water per day. I would then use the water sparingly to avoid paying for more water. This was putting a strain on me as it is difficult for raise money to buy food for my grandson and me. A stand pipe was then installed nearby and that was when my life changed. The standpipe is user friendly as its height of 60cm from the ground makes it easy for me to fetch water whilst on my wheelchair without assistance from anyone. I no longer have to pay anyone to fetch water for me. I can now channel my money for other things that include food. My disabled colleagues who used to rely on their children to fetch water for them no longer have to wait for long hours until their children come back from school to collect water.





Sustainability

PARTNERING

LOCAL OWNERSHIP



LOCAL & NATIONAL LEVEL ADVOCACY



WVZ collaborated with key ministries mandated to deliver various services such as MoHCC, MoLG, MoGCW & the MOYDEC on Health, Nutrition & WASH.



Health and Nutrition programmes complemented Government efforts to ensure children and their caregivers accessed primary health care



WVZ constructed mothers waiting shelters & refurbished the HIV laboratory for Mpilo hospital in Mat South.



Communities conduct education & engagement sessions voluntarily & create groups to support each other.



Men's groups formed to promote male involvement in MNCH & nutrition. Care groups also formed in the MHLSIP.



ENTERPRIZE and ENSURE projects to promote the uptake of maternal, child health and nutrition through care groups.



Behaviour Change facilitators conduct community sessions on HIV Prevention and create demand for services.



School & community health Clubs created or revived to promote health & hygiene.



Sanitation action groups revitalised to sensitise community members on community led sanitation.



Water point user committees & pump minders trained on community maintenance of water points.



Gender & Social Inclusion Champions trained to promote construction of disability sensitive WASH infrastructure.



Health and WASH projects continued strengthening capacity of community leaders to hold service providers accountable to their constituencies.



Community leaders organised dialogues on barriers to the uptake of WASH and Health services.



Financial constraints continued constraining service providers in their quest to deliver services to the general populace.



Ward health centre committees were capacitated to hold community level advocacy that ultimately feeds into national policy.



WV engaged key stakeholders including the Minister of Health on issues raised by the community needing national or policy level action. eg the ruling on ending child marriages in Zimbabwe that is envisaged to have positive impact on decision making for health uptake.

Children are our life blood and at the heart of World Vision operations. Our programming seeks to ensure they enjoy quality life....

- Programmes Intern, World Vision Zimbabwe - Lonah J. Mikonga



Key Learnings and Recommendations

Learning

Diarrhoeal cases are unacceptably high in some ADPs especially for children 6-23 months old despite WASH interventions. In ADPs such as Chivi and NNN where a full complement of WASH programming was implemented (water source, sanitation facilities, hygiene behaviours) there has been a significant decrease in the prevalence of diarrhoea among children under five.

While programs continue to record gains in proportion of infants delivered by a skilled birth attendant, ANC coverage and uptake in ADP areas remains far below the global thresholds. Programs such as MSIHLP and MNeCH have contributed to statistically significant ($p = 0.930735$) increases in mothers who accessed 4 or more ANC visits in their last pregnancy, with evaluation results showing program areas achieving 6.7% above national average and a 13.3% improvement from baseline.

Poor infant and young child feeding practice is pervasive with just over half (53.8%) of children aged 6-23 months in WV operational areas surveyed receiving appropriate feeding. Preliminary successes have been observed in ENSURE promotion of EBF, and in PD-Hearth programs in contributing to improved feeding practices.

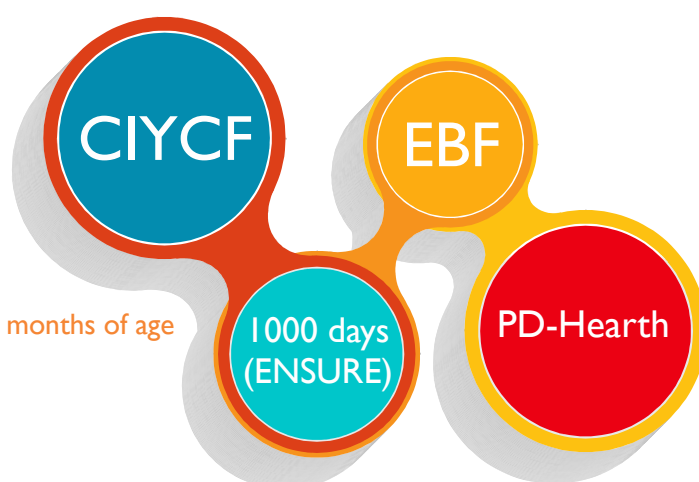
Recommendation

This calls for implementation of activities targeting the 6-23 months old children and their caregivers on food handling and hygiene practices. WVZ intends to pilot the evolving “Baby-WASH” approaches. Hygiene promotion strategies should address key behaviour gaps including the need to wash hands after assisting children to the toilet or changing babies and strengthen baby-related hygiene practices. Care groups reaching mothers of young children provide an opportunity to strengthen this messaging.

Results from the LQAS survey shows that deliberate programming focusing on ANC uptake should be strengthened in Chipinge, Chimanimani, Nyanga, Gokwe, Lupane and Mutasa as findings show that the uptake of ANC services is below the national average.

As mentioned in previous CWB reports, programs should deliberately address nutrition challenges for children under 2 years through community led interventions such as CIYCF and PD-Hearth.

Recommended programmes for children under 24 months of age



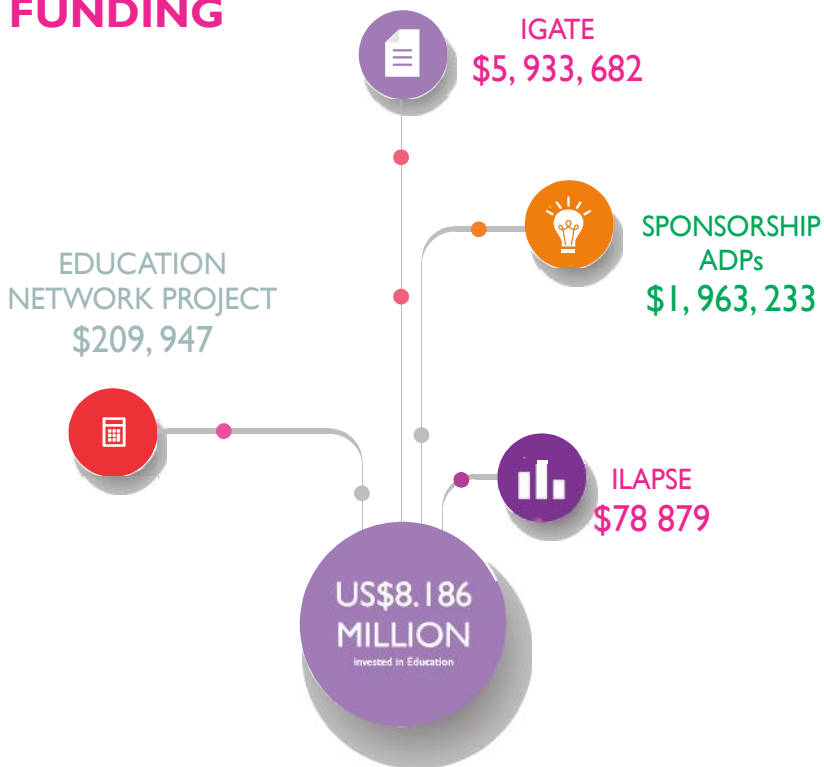
STRATEGIC OBJECTIVE	INCREASE ACCESS TO AND QUALITY OF EDUCATION FOR 350,000 BOYS AND GIRLS.	OUTCOME	INDICATORS
TARGET	INCREASE IN CHILDREN WHO CAN READ BY AGE 11	<ul style="list-style-type: none"> Children are educated for life 	<ul style="list-style-type: none"> Proportion of children currently enrolled and attending a structured learning institution Proportion of children who have dropped out of school in the last 12 months Proportion of children who can read with comprehension

1

WORLD VISION'S RESPONSE

ACHIEVEMENTS

FUNDING



650,000

BENEFICIARIES



children benefiting from sport programmes

40,859



drop outs prevented by fee payment

835



mother's groups formed

7,343



SDCs trained on sound governance 452 trained on WASH for girls

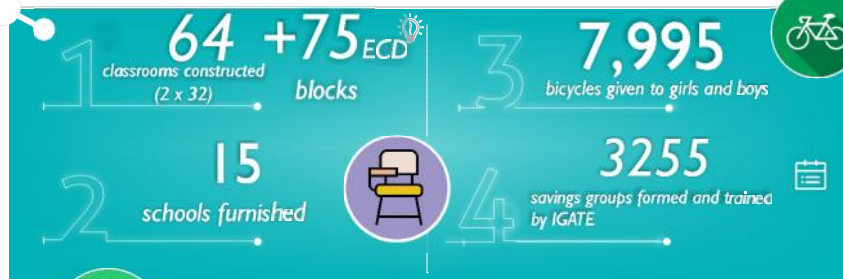
702

teachers trained on literacy initiatives

246

PROGRAMME APPROACHES

Bicycle Empowerment	Mother's Groups
Happy Readers	Construction & Rehabilitation of structures
Male Championship	
Channels of Hope - Gender	Communities in Support of Girls Education
WASH in Schools	
Power Within & Girls Club	



15 169 books distributed to 14 community libraries

KEY PARTNERS



EDUCATION



ABOUT EDUCATION IN ZIMBABWE

Education situation in Zimbabwe

2,056 additional school required

Primary School competition @ 78.9%

Pass rates increased from 20.1% in 2009 to 43.1% in 2014



92.8% Education budget goes to salaries

25% teachers unqualified to diploma level

74% of 8 000 pri schools need major repairs

18.9% children between 3-16 yrs not in school

Situation Analysis

Zimbabwe's education system continues to improve since a near meltdown in 2008. Funding towards education in 2015 was erratic with the traditional funders having reduced their allocations. Salaries, including teachers and ministry staff, constituted the biggest expenditure at 92.8% of the allocation to Ministry of Primary and Secondary Education (MoPSE) resulting in inadequate funds to meet non-salary costs. Per capita grants, building grants in aid and Public Sector Investments Programme (PSIP) disbursements to schools are minimal, leaving schools to seek funding from other sources. Even though such challenges characterized the reporting year; the resilience of parents, teachers and education managers, and education aspiration of the population is remarkable.

While seriously constrained by funding, the current policy environment is enabling with prospects for accelerated progress. The Teacher Capacity Development Programme by the MoPSE was established to address skills shortages identified in Information Communication and Technology, Early Childhood Development, Science and Mathematics, and Indigenous languages with the first intake of 1600 teachers in five Universities in 2015. In 2015 the MoPSE enforced Circular 209 of 2009 which stipulates that schools cannot send away children because of failing to pay school fees. While this policy effectively removes school fee payment as an access to education barrier, the impact

of this at school level in the absence of additional funding may be felt in a decline in quality and effectiveness of learning in resource-poor communities.

Nationally, school attendance has increased from 3.5 million (2013/14) to 4.1 million (2014/15) of the estimated 5.3 million children aged 3-18 attending school. Funding of the Basic Education Assistance Module (BEAM) that was providing school fees payment for vulnerable children is erratic since donors pulled out, resulting in only 16.7% of the targeted 1 million children securing assistance.

Distance to the nearest school is still a challenge facing children across the country

BEEP

7,995 bicycles given to pupils

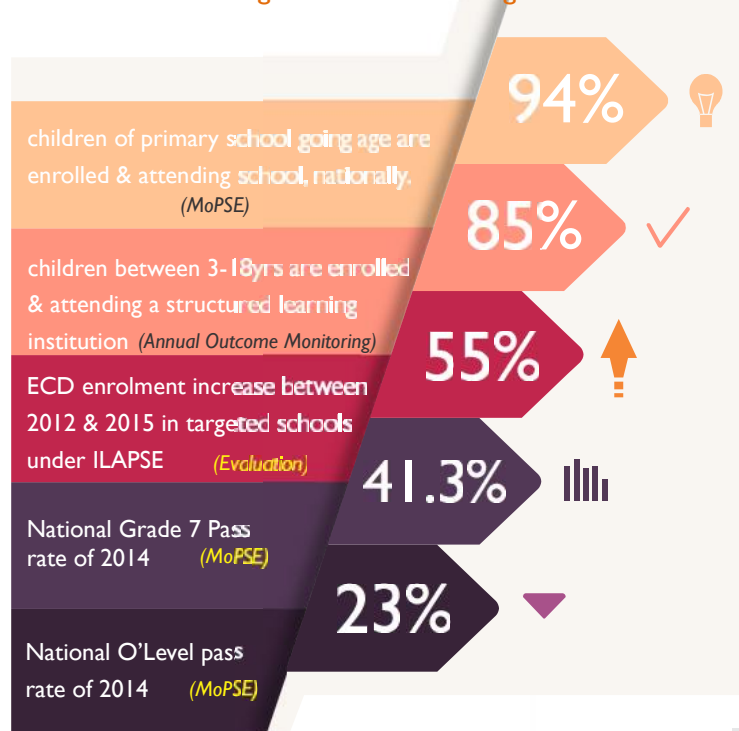
This deficit is predominantly in newly settled areas and rural areas, particularly among satellite schools that currently have no formal structures; schools needed to decongest mega schools or reduce distances. (UNICEF-WV 2013 Annual Schools Assessment Reports; EMIS – March 2015).

Despite these challenges, the primary school completion rate for 2014-2015 was 78.9%. Pass rates remain low though improvements noted, progressing from 20.1% in 2009 to 41.3% by 2015. Of the estimated 100,000 teachers deployed across the country, 25% do not meet the minimum qualifications of a teaching diploma. MoPSE, has adopted a strategy of teacher qualification upgrading working

in partnership with local universities. The strategy, though noble, is affected by the ministry's inability to do in-service training and provision of supervisory support once teachers are deployed. Motivation of teachers is affected by accommodation shortages and poor service facilities, especially in remote locations. Furthermore, a serious lack of provision for teaching and learning materials had the combined effect of a decline in students' learning outcomes and attendance. There remains a substantial loss of expertise, especially in high demand subjects (science and mathematics).

The MoPSE has embarked on a number of programs including the Early Reading Initiative (ERI) and the Performance Lag Address Program (PLAP) in order to address these challenges. A review of curriculum, particularly at Ordinary level, has been undertaken, in part to address the low O'level pass rates (23% in 2014).

CWB Indicator 1: Proportion of children currently enrolled and attending a structured learning institution



Group/Characteristic		Observations		Mean Attendance Rate		
		Control	Treatment	Control	Treatment	T statistic
Baseline	Total	566	710	0.954	0.924	2.208**
	Primary grades	502	657	0.948	0.921	1.843*
Midline	Secondary grades	61	49	1.000	0.959	1.596
	Poorest quintile	114	138	0.939	0.877	1.666*
	Quintile 2	116	135	0.948	0.896	1.517
	Quintile 3	98	154	0.939	0.942	-0.091
	Quintile 4	111	140	0.973	0.950	0.922
	Richest quintile	115	128	0.974	0.953	0.855

IGATE Midline (2015)

*** p<0.01, ** p<0.05, * p<0.1

Nationally, 94% of children of primary school going age are enrolled and attending school. Sub-nationally, a province such as Matabeleland North where WV has many ADPs, attendance and enrollment is 85%. Annual outcome monitoring in 12 ADPs indicated that *85% of children aged 3-18 years, are enrolled and attending a structured learning institution*. This is below the national average, partly since WVZ sampled children aged 3-18 whereas the MoPSE measures children from age 5-18. While the GoZ is making policy implementation moves towards improvement of ECD in rural areas, with distance cited as the major reason children aged 3-4 are not enrolled.

Quantitative data from the IGATE midline (June-Sept 2015) suggests very high attendance rates in IGATE districts. Comparing households according to wealth quintiles highlights a significant improvement in mean attendance rates among poorest households for treatment schools. Qualitative evidence from the IGATE midline report reveals positive impacts of the Power Within model, Mothers Groups, Village Saving and Lending schemes, and BEEP on improving attendance by addressing barriers to girls' (and boys) education.

Power Within club members described how PW and MG help to make school more girl-friendly including addressing issues of GBV. District Education Officers (DEOs), school heads, teachers, community members, and parents described how participating in VSL has helped families pay for their children's school-related costs. DEOs, school heads, teachers, community members, parents, and girls described how having received a bicycle through BEEP has not only reduced girls' travel time from home to school but also has made that daily journey safer.

Savings groups enabled families to pay school fees in some IGATE program areas, as demonstrated by the following quotes from the midline report:

“IGATE taught us about VSL and this reduced irregular attendance of girls and boys. If a child is chased away from school for not paying school fees then if his/her mother is part of the VSL group that parent will come and borrow money from others who are also in VSL. She will then rush to go and pay the fees and the child will keep on going to school with others.”

The ILAPSE grant in 40 schools across four districts recorded notable growth of ECD, where **ECD enrolment increased by 55%** in targeted schools from baseline in 2012 to project end in 2015. The program contributed to improved facilities available for ECD pupils, training of paraprofessionals, as well as the promotion of ECD education through engagement with communities and the MoPSE in strong partnership with rural district councils.

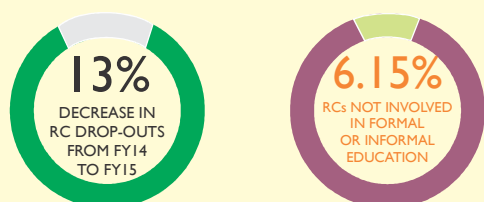
CWB Indicator: Proportion of children who have dropped out of school in the last 12 months

World Vision Zimbabwe worked with partners towards reducing school drop outs. Through IGATE, Mothers groups comprised of community members who follow up cases of drop out, truancy and abuse, reached out to 14 999 marginalized children, while 2183 children reached by Male Champions. This engagement contributed to a re-enrolment of at least 135 girls who had dropped out in IGATE treatment schools.

ADPs continued to support retention of children in school through interventions such as education awareness campaigns, SDC support and IGAs targeting schools.

According to the Sponsorship Tracking Enhancement Programme (STEP) data, out of the 33,093 RC who are of primary school going age, only 229 (0.71%) of them are not involved in any form of formal or informal education. Of the 29,034 RCs of secondary school age 1,785 (6.15%) are not involved in any education or vocational activity.

Drop outs among RCs reduced by 13% from FY14 (6,373 or 19%) to FY15 (2,010 or 6%). This aligns with trends at a national level, with a decrease in dropout rates from 10% in 2012 to 1.5% in 2015. Inasmuch as there is a drastic decline in school dropout at primary level nationwide, dropout rates for secondary children are concerning, declining from 34% in 2012 to 21% in 2014.



The IGATE midline captured how participants viewed the interventions bringing the most significant change in their communities. These quotes testify to contributions towards reducing drop out and increasing attendance:

“VSL is the most significant change because, besides talking about keeping girls in school, VSL came in as a vehicle to drive that initiative. The girl would require school fees, VSL will ensure that happens, the girl will require uniforms and we will get the money from VSL. This is an important part of the IGATE programme.”

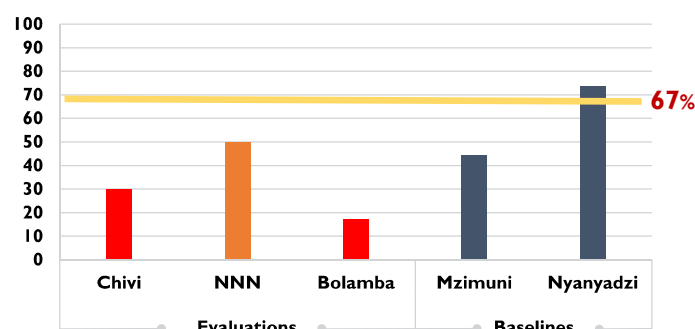
“The BEEP programme, it has caused a lot of positive change... Because of the new-found eagerness of students to go to school unlike before. They now have the bicycles. That's the major change.”

“The Mothers Group... can approach a parent and convince them to change their mind when it comes to educating their child. The group is able to bring back children to school”

CWB Indicator: Proportion of children who can read with comprehension

Recent statistics on literacy highlight that national functional literacy (ability to read with comprehension) is at 67%. National interventions such as Performance Lag Address Programme (PLAP), which started in 2013 and Early Reading Initiative (ERI), which started in 2015 have not yet contributed significantly towards reading with comprehension.

Figure 10: Proportion of children who can read with comprehension



Zimbabwe Early Learning Report 2015

Sources: FLAT Results Baselines and Evaluations 2015

Chivi Evaluation, February 2015, n=200 HH

NNN Evaluation, July 2015, n=200 HH

Bolamba Evaluation, March 2015, n=200 HH

Mzimuni Baseline, March 2015, n=200

Nyanyadzi Baseline, September 2015, n=200



ADP evaluations and baselines show that reading with comprehension in WVZ program areas is low, with the exception of Nyanyadzi ADP (as shown in the graph). The Nyanyadzi ADP area has better infrastructure and livelihood options compared to most ADPs and thus schools are better able to attract and retain qualified personnel.

Low rates of functional literacy, a finding also of the 2014 CWBR, reflect the poor quality of primary education, particularly in rural and remote areas of Zimbabwe.

Similarly, the IGATE midline report recorded average reading scores (using EGRA) of 27.3% for IGATE treatment schools. This finding is consistent with the results of the UNESCO funded Zimbabwe Early Learning Assessment report 2015 which shows that student achievement at or above the grade-appropriate level in English has not significantly improved, having moved gradually from 46% in 2013 to 49% in 2014.

Most ADP programming has focused upon improving education access. In 2015, literacy boost was introduced in one ADP as a model to address learning outcomes. The 'Happy Readers' initiative by the IGATE program began in July 2015, having reached a total of 21 teachers and distributing 540 reading kits by the end of FY15.

According to the IGATE midline report, both treatment and control group girls showed improved learning from baseline to midline. However, controlling for differences between the control and treatment groups, the IGATE

interventions implemented to date, taken as a whole, have not had statistically significant effects on literacy and numeracy assessment scores. IGATE has achieved approximately 22% of the literacy target set for the program by midline.

Girls from wealthier households and those with access to school books performed significantly better on all literacy tests in the IGATE midline. It is worth noting that for three of the literacy/numeracy outcomes, the presence of the girl's mother in the household significantly increased scores. The MG model of IGATE had a significantly positive effect on one reading subtest, oral reading fluency 2 ($p < 0.01$). Power Within treatment significantly increased girls' performance ($p < 0.01$) on several of the numeracy subtest scores. There is also qualitative evidence provided by girls who are PW club members that participation in the club has helped them to be better students, as described by FGD respondents in Chivi:

Helped me to be able to read well. (Respondent [R]10)
I am not shy anymore. (R4)
It helped me to be a well-behaved child who listens. (R9)
Taught me to work hard in school and strive to finish school. (R5)
We are taught that when we do not know something we should ask our teachers. (R9)

The IGATE midline data indicates that higher grades lack foundational reading skills expected for age/grade. Findings from teacher interviews showed that the use of a second language (English) as language of instruction, seems to limit potential gains in learning until students acquire a minimum level of fluency in the language they are being taught.

Most Vulnerable Children

Who are they?	Vulnerability and evidence	Why are they vulnerable?	How is WV responding/ Actions decisions made to address
Children with disability	Nationally, only 7% of disabled children access education & only 2.7% of schools have facilities for children with disabilities.	Schools do not have adequate numbers of special classes leading to low levels of enrolment of children with disabilities.	The 2014 CWBR highlights Chipinge, Insiza and Nkayi ADPs proactively addressing needs of disabled children. In FY15, 8 additional programs provided assistive devices to 22 children, 50 inclusive toilets were constructed & 75 classroom blocks redesigned to make them inclusive.
Child-headed households	Many children have been deprived of education opportunities because of guardians' inability to cover educational expenses the low coverage of BEAM. Girls from poorer households are vulnerable to early marriage.	Child-headed households mostly struggle in access suitable livelihood activities or social assistance to pay for education and health needs.	Orphans continue facing challenges in accessing school. In the interim, WVZ paid school fees for 835 orphaned children. Medium term, social funds from IGAs & community groups such as the 6 schools in Chimanimani ADP who injected poultry project proceeds to assist >100 orphaned children.

Sustainability

LOCAL OWNERSHIP



HOUSEHOLD & FAMILY RESILIENCE

LOCAL & NATIONAL LEVEL ADVOCACY

cementing of community structures to build awareness & capacity to educate children

10

district CSGE working groups trained on improving access of the girl child to education.

467

schools hosted training of communities by working groups on key policies & practices related to girls education.



communities establishing structures responsive to children's education & follow up on school dropouts.



communities paying school fees for the most vulnerable & assisting children to read.

21

ADPs & through IGATE, capacity of households & SDCs built on Savings Groups.



Savings Groups contributing to improvement of access to education by increasing household incomes.



Capacity enhancement of SDCs through CVAs



SDCs are lobbying for alignment of Minimum Functionality Standards policy on standards of running a school.

Key Learnings and Recommendations

Learning

Reading with comprehension- WVZ programmes have made significant investments in improving the access to and quality of education. IGATE in particular has contributed a host of models reaching 467 schools with multiple strategies to improve education. While there is growing evidence of achievement of intermediate outcomes of attendance, enrolment, engagement, and some small but promising improvements in literacy and numeracy in IGATE treatment schools, evidence suggests that learning outcomes including functional literacy remains very low in WVZ program areas.

School drop outs - Evidence suggests that the collective efforts by the government, the community and World Vision on reducing school drop outs have positive results, with the current dropout rates for primary schools standing at 1.5%. A gap however remains in ensuring continued access to school at all levels, as nationally only 78.9% (2014) of the children transition from primary school to secondary schools. STEP data indicates 6.15% of registered children of secondary school age are not enrolled in education or vocational training.

Parent and Community Involvement- Mothers groups, SDC strengthening and CSGE have registered success in monitoring and intervening locally on cases of drop-out, truancy, abuse, and school standard improvement.

Recommendations

Up scaling of literacy focussed interventions such as literacy boost must be enhanced by all partners in the education sector. There is need to work with government in similar programmes in order to leverage resources especially in areas where MoPSE programs such as ERI and PLAP are underway. Also, a further exploration of findings of factors influencing learning outcomes identified within the IGATE midline will help inform future focused programming targeting literacy and numeracy.

WVZ, the community and government to improve and concentrate efforts around ensuring continued access to learning and transition for primary school graduates.

Unlocking the engagement of community and key stakeholders on local issues within their reach related to access to education is a building block towards improving education outcomes.

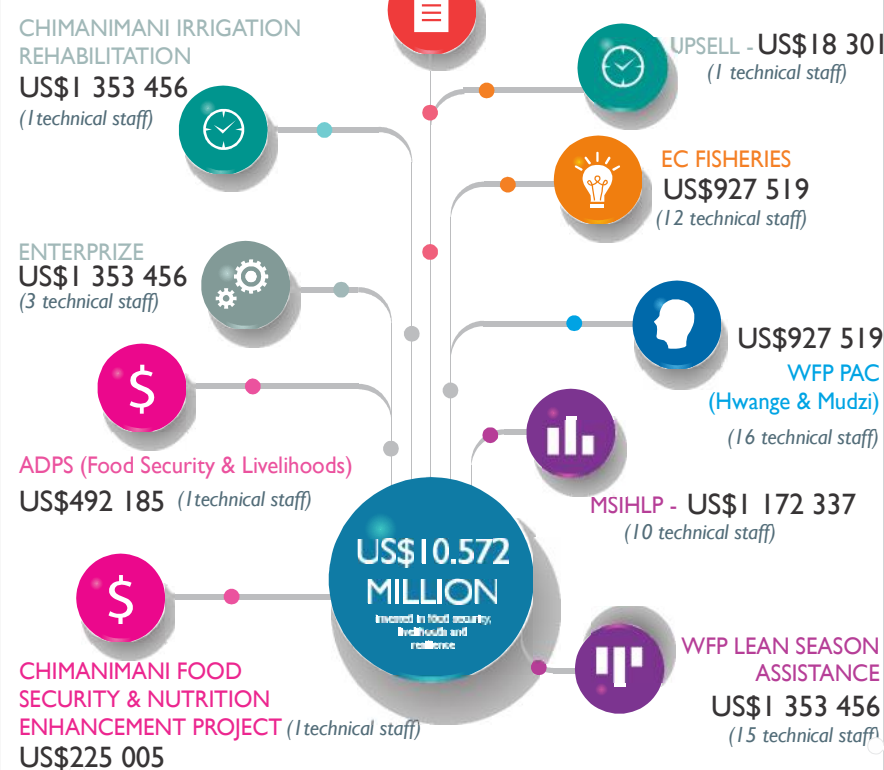
FOOD SECURITY

STRATEGIC OBJECTIVE	OUTCOME	INDICATORS
Contribute to Food Security and self-sufficiency of 70,000 vulnerable households	Parents and caregivers provide well for their children	<ul style="list-style-type: none"> Proportion of Households with 1 or more Hungry months in the previous 12 months Proportion of households with an acceptable diet Proportion of households where one or more members earn a consistent income
TARGET	Increase in children who are well nourished	

WORLD VISION'S RESPONSE

ACHIEVEMENTS

FUNDING



157,863
BENEFICIARIES



PROGRAMME APPROACHES

Food/Cash for Work/Assets	Conservation Agriculture
CBNRM	Savings Groups
Agricultural Development	Citizen Voice Action
LVCD	FMNR
Local Value Chain Development	

1316 farmers trained on seed multiplication for bio fortified seed, small grains & legumes with ENTERPRIZE | **529** producer groups formed throughout WVZ operating areas | **3713** fish farmers trained in Integrated Aquaculture under EC Fisheries | **901** farmers trained in Healthy Food Harvesting under ENTERPRIZE

KEY PARTNERS

Sources:

The World Bank, September 2015
World Bank, 2015

The Reserve Bank of Zimbabwe, 2015
World Bank, September 2015

Poverty and Poverty datum line analysis in Zimbabwe (Zimstat)- 2011/12
The Ministry of Agriculture, Mechanization and Irrigation Development, July 2015



FOOD SECURITY, LIVELIHOODS & RESILIENCE



Food & Economic situation in Zimbabwe

Cereal production
40% lower
than 5 year average

Food Poverty Line
@ US\$1.07/ person/day
in July 2015.

Country's Human
Development Index
ranking fell to 156
out of 187 countries.



ABOUT FOOD SITUATION IN ZIMBABWE



76%

Strategic Grain
Reserve levels



50%

Cereal production



76%

population living below
International Poverty
Line of US\$1.90/day.



95%

unemployment rate

Situation Analysis

National economic indicators continued on a downward trend with growth rates falling from 4.5% in 2013, 3.2% in 2014 with projections that 2015 will end at 1.5% or less. Key context statistics indicated in the text box demonstrate a general increase in poverty indicators in 2015.

Household food insecurity was localized to areas of low production and in response WFP and USAID provided food aid for approximately 112,000 individuals in Masvingo, Manicaland, Matabeleland North and South provinces in 2015.

Cereal production in 2015 was approximately 50 % below the 2014 output and 40 percent lower than the five-year average. The steep decline is mostly the result of an extended dry period in January-March 2015 that resulted in crop losses and a reduction in yields. The less productive southern and western provinces of Midlands, Masvingo, Matabeleland North and South, were the worst affected areas, with maize harvests decreasing between 66 and 84 percent compared to 2014.

The Grain Marketing Board's (GMB) Strategic Grain Reserve levels were 76 percent below their minimum required 500,000 MT as of July, 2015, with deliveries at 29% compared to the previous season.. Undersupply of maize led to price increases of 38-46% above 2014 averages.

Approximately 70 percent of the country's population is dependent on climate-sensitive livelihoods such as arable farming and livestock production. In April 2015, when the effects of a poor season, particularly in the Southern region of the country were apparent, WVZ embarked on two key exercises to prepare a response, a rapid food security assessment (led by WV including CARE) and contributing to a discussion paper on response principles to food insecurity (co-authored with Mercy Corps) on behalf of the Heads of International NGOs forum. Assessment findings, including market analysis, were applied towards the design of the Cash-First Food Security Response concept and proposal to DFID, led by CARE, and the discussion paper shared with key donors and stakeholders through the Food Aid Working Group outlining the following principles:

- Engage with government on policies impacting food supply, importation pricing and marketing;
- Increase food supply and reduce prices by improving market functionality.
- Support vulnerable households to access the food available on the market.
- Objectively targeted interventions based on locally derived, available and actionable data.
- Decouple humanitarian assistance for rural households from support to the agriculture sector.



CWB Indicator: Proportion of households with one or more hungry months in the previous 12 months

There was a general decline in cereal production in WVZ's ADP areas during the FY14/15 farming season. The average cereal production at household level in ADPs for the 2014/15 agricultural season was used to estimate months of food self-sufficiency from own production.

In ADPs where LQAS was conducted, the proportion of food insecure households was high with 10 ADPs recording greater than 50% of households with one or more hungry months in the previous 12 months prior to the survey. Nkayi ADP had the highest proportion at 100% followed by Chihota with 94%, Chipinge with 93% and Lupane 92%. These ADPs fall within natural regions III, IV and V which are characterised by low rainfall, high temperatures and frequent seasonal droughts. Overall, food insecurity is high in WV program areas with 7 out of 10 ADPs with 80% or more households experiencing one or more hungry months.

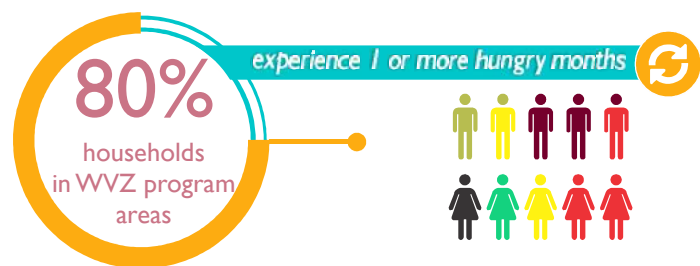
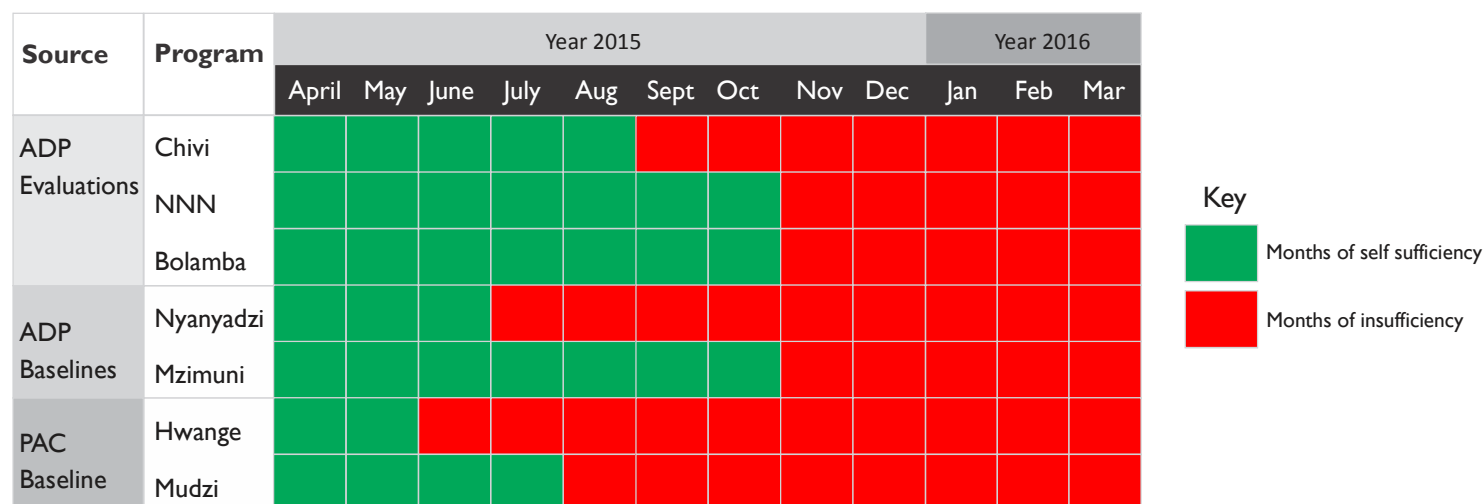


Figure 11 below shows baseline and evaluation data indicating months of food self-sufficiency in 7 ADPs. Hwange, Nyanyadzi and Mudzi ADPs have the least number of months of self-sufficiency from their cereal harvests.

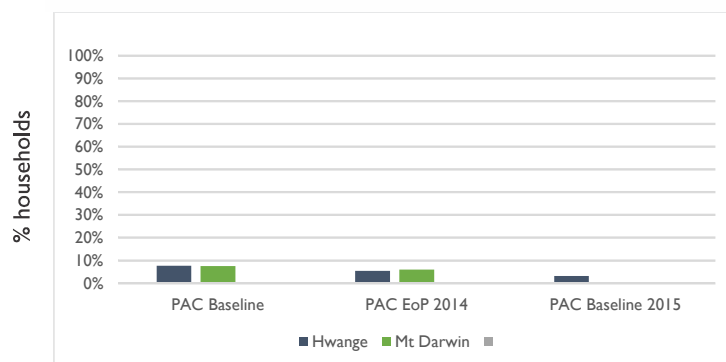
Figure 11: Months of food self sufficiency



Source: ADP Evaluations and Baselines (n=378) and Productive Asset creation reports, 2015 (n=160)

Cereals in Hwange ADP on average lasted 2 months from harvest period. These trends are consistent with ZIMVAC estimations of food insecurity in these areas, which led to targeted food assistance in all the districts (Hwange and Mudzi with WFP LSA; Chivi, NNN, Bolamba and Mzimuni with DFID funded cash-first drought response and Nyanyadzi with ENSURE additional seasonal resources)

Figure 12: Household hunger scale in PAC projects



Source: PAC Evaluation 2014 n=120 PAC Baseline 2015 n=160

Through WFP support, WVZ implemented a Productive Asset Creation (PAC) project in Mt. Darwin and Hwange districts which aimed to increase immediate household access to food while building community assets to build resilience. Figure 12 shows a small decrease in households reporting severe hunger in Mt. Darwin (7.6% to 6.1%) and Hwange (7.7% to 5.5%) in the proportion of participating households with high food insecurity as measured by the household hunger scale.

The PAC contributed to this change through food ration distribution to targeted households who also work on asset creation projects. Post-distribution monitoring data indicates that all targeted households had sufficient access to food through-out the project implementation period.

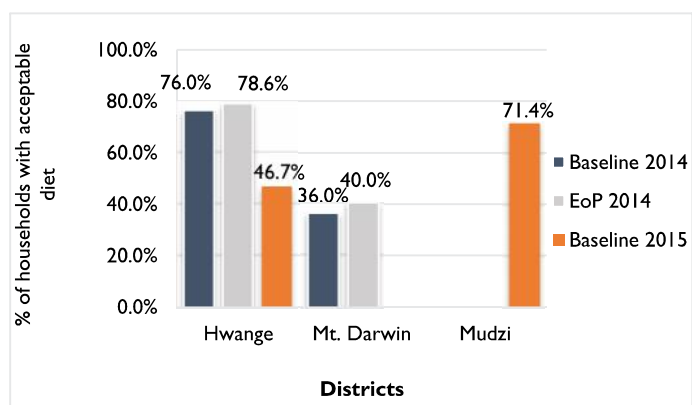


CWB Indicator: Proportion of households with an acceptable diet.

In an effort to increase dietary diversity at household level, 3,713 farmers in Kariba, BeitBridge, Umzingwane, Insiza, Hwange, Binga, Masvingo and Mwenenzi districts received training in Integrated Aquaculture under the EC Fisheries Project. Refer to annexures 2 and 3 for stories outlining the impact of the EC fisheries project. The project is also supporting farmers with the establishment of fish, poultry, piggery and beekeeping projects aimed at improving targeted households access to increased income and improved diets. WorldVision supported the establishment of nutrition gardens in 17 ADPs resulting in 10735 households being involved in nutrition garden activities in 2015.

World Vision partnered with WFP to provide Seasonal Targeted Assistance aimed at increasing targeted households' access to acceptable diets. In Mt Darwin district, there was an increase in the number of households with access to an acceptable diet from 34% to 75% from year 2013 to 2014 and a decline to 71.4% in 2015. This could be a result of the high food insecurity levels within communities. Data collected from Post Distribution Monitoring activities shows that beneficiary households were sharing some of their rations with those that were not benefitting thereby compromising the effect of food rations at household level.

Figure 13: Proportion of households with an acceptable diet



Source: WFP PAC Evaluations 2014 n=120 PAC 2015 n=160

In 2015 a total of 3807.335MT (cereals, pulses and oils) were distributed to 16073 households under the WFP supported PAC and Seasonal Targeted Assistance projects in Mt Darwin, Mudzi, and Hwange districts. Figure 3 presents the changes in the proportion of households with an acceptable diet through PAC baseline and endline surveys in 2014-2015. In Hwange, at baseline in 2014 76%

Figure 14: Food distributed to households under PAC & ENSURE projects

Programme	Food Item	Qty	# of
		Distributed	Beneficiaries
PAC 2014	Cereals	332.85	5469
	Pulses	66.6	2802
	Vegetable Oil	25.061	2667
PAC 2015	Cereals	519	14 086
	Pulses	103.8	7354
	Vegetable Oil	38.955	6741
	Corn Soya Blend	43.55	
ENSURE	Sorghum	1 348	26 483
	Vegetable Oil	477	
	Corn Soya Blend	1 590	

of households participating in PAC had an acceptable diet, which increased to 78.6% by end of project. However, the 2015 baseline findings indicate a drop to 46.7% indicating a worse season at the start of 2015. Trends in Mt. Darwin followed a similar pattern from baseline to endline, though overall acceptable diets are lower in Mt. Darwin than Hwange.

Despite concerted efforts by WorldVision and partners' to improve the food security and access to acceptable diets for targeted communities, food insecurity remains a major concern. While there are seasonal variations in magnitude and geographic distribution of food insecurity, virtually every year since 2002 WVZ has participated in a 'humanitarian' food security response in many WV operational areas throughout the country.

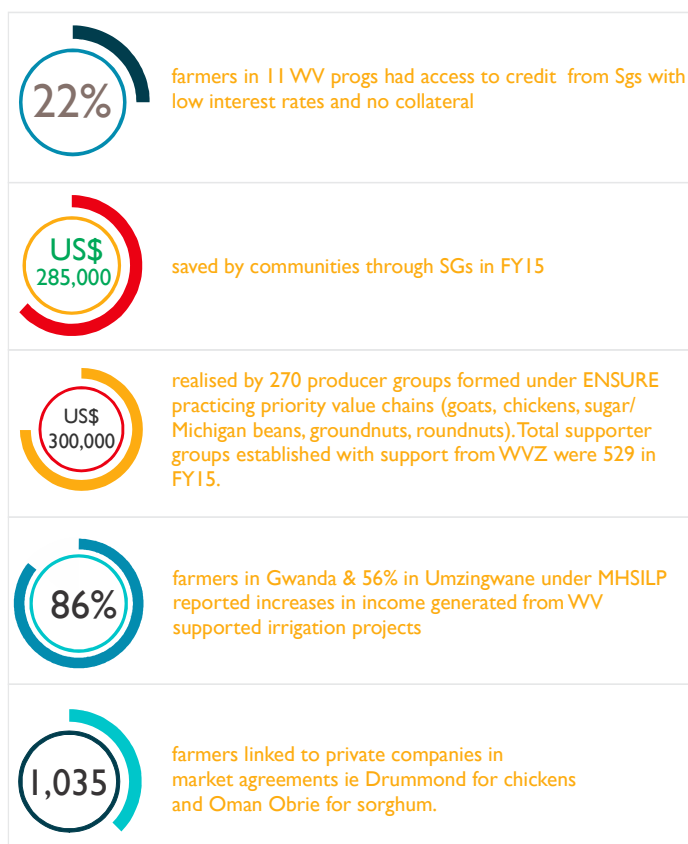
Most of the areas in which WVZ operates are located in Natural regions IV and V which are characterised by high temperatures and erratic rainfall of less than 650mm per year. As a result, crop yields in these regions are extremely low and the risk of crop failure is high. Climate change which is characterised by rising temperatures and extreme weather conditions also continues to have a negative effect on the food security situation for rural communities.



CWB Indicator: Proportion of households where one or more members earn a consistent income.

WVZ contributed to improving the incomes of vulnerable Households through facilitating and building the capacity of Savings Groups, supporting Income Generating Activities on and off farm, Training in Farming as a Business and local value chain development targeting smallholder farmers. Rural Small holder farmers lack the knowledge and financial capacity to take on farming as a business at a larger scale and mostly practice farming for subsistence. In addition, rural households have little or no access to formal financial markets or micro-finance services with only 3% accessing credit from micro finance institutions in 2015.

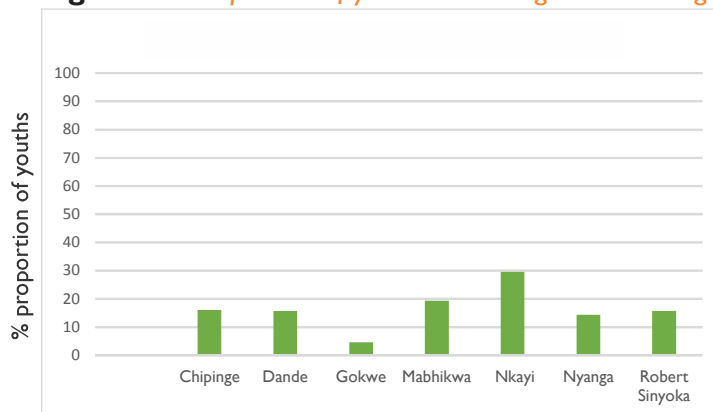
WVZ's contribution to improving the incomes of vulnerable Households



For the poultry farmers, moving from a state of no income to having a project that generated some income for them was a positive as this assisted them in the payment of school fees and buying staple food for their families. 77.6% in Umzingwane and 58.5% in Matobo reported increased income due to the poultry project.

Findings from the MSIHLP Mid term evaluation indicate that 50.7% households who are part of the Savings Groups reported increased income. ADPs invested in trainings and start-up support in small businesses such as sewing, candle making, carpentry, bee keeping and mushrooms, as well as small livestock production.

Figure 15: Proportion of youths accessing skills training

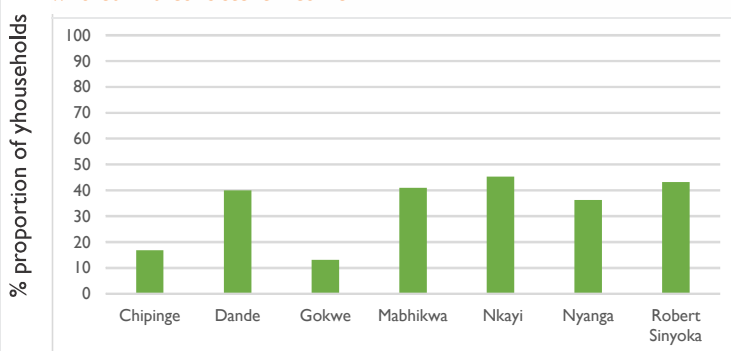


Source: WVZ LQAS, 2015 n=95/ADP

ADP

Figure 15 outlines the proportion of youth accessing skills training as measured by LQAS. Overall, a low proportion of youths are accessing skills training with Nkayi and Mabhikwa having the highest reach at 29.5% and 19.4% respectively. This is due in part to the lack of skills training facilities and programs in many rural areas. In FY15, WVZ reached 200 youths in 6 ADPs with trainings ranging from sewing, candle making, beekeeping and mushroom production in FY15. The scale of such training needs to be increased to affect coverage of youth with skills training as the MoPSE lacks resourcing to extend vocational and technical programs to most rural secondary schools.

Figure 16: Proportion of households with one or more members who earn a consistent income



Source: WVZ LQAS, 2015 n=95/ADP

ADP

There was an increase in household income in 2014 compared to 2013 and 2015 attributable to a more productive 2013/14 agricultural season compared to the other seasons. Matabeleland North region where Nkayi district is located had the lowest average household income of US\$55 in 2015 in comparison to other districts. LQAS data was collected to measure the proportion of households with one or more members who earn a consistent income in 7 ADPs. All 7 ADPs had less than 50% of households with one or more members earning a consistent income. This likely reflects the limited sources of income in these ADPs. The table to the right shows the average household income trends for provinces in which the 7 ADPs are located.

Innovations



Most Vulnerable Children

Who are they?	Vulnerability & evidence	Why are they vulnerable?	How is WV responding/ Actions decisions made to address
Children who in low income households (unable to meet basic HH Food requirements)	Children in households that earn an income that is lower than the Food Poverty Line	Household income does not meet the required basic household needs.	WVZ has 6 programming models in response to low household income: <ul style="list-style-type: none"> ▪Cash transfers program ▪IGAs/ ISALs ▪Savings Groups Model ▪Vocational Skill Training ▪Farming as a business ▪Market Linkages promotion
Children from HH with poor access to farming implements and inputs	Low yield and crop production.	Due to low yields children become susceptible to high food insecurity & malnutrition.	WVZ under the WFP PAC and LSA project aimed to increase immediate HH access to food during peak hunger seasons so as to prevent HH from selling their productive assets. Distribution of seed and fertiliser is also being done through the MIHLSP.
Children in disaster prone areas	Children living areas that are prone to natural disasters that affect Food insecurity.	Natural disasters negatively affect food security situation by reducing access.	The WVZ NO has invested in capacitating Government line ministries and communities on Climate Smart Agriculture and development of DRR preparedness plans.

Sustainability

HOUSEHOLD & FAMILY RESILIENCE


FY14 - FY15

sustainable agricultural and farming business trainings

2,714

smallholder farmers trained & involved in value chain development in crop and animal husbandry

690

Farmer training using appropriate, low cost and sustainable community oriented methods

4,828

4,828 farmers involved in training and sharing experiences in post-harvest technologies and seed management

6,620

households benefited from the rehabilitation and establishment of new micro irrigation schemes in 8 ADPs

PARTNERING



Crop production interventions training & monitoring by AGRITEX



livestock production interventions by DLPD & Department of Veterinary & Field Services (DVFS)



technical support in rehabilitation & establishment of irrigation schemes by department of Mechanisation and Irrigation Development



ADPs updated Community Disaster Preparedness Plans after community trainings by the Civil protection Unit



Trainings on climate smart agriculture, business skills & participatory extension approaches

Key Learnings and Recommendations

Learning

Rural farmers have limited access to formal micro finance services due to loan requirements. Only 3% accessed credit from micro finance institutions in 2015 and 22% of farmers in 11 WV programs reported having access to credit. Savings Groups have proved to provide a better alternative for rural farmers.



of rural farmers accessed credit from micro finance institutions in 2015

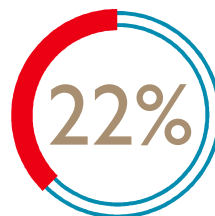
Less than a quarter of youth in ADPs have access to skills training. WVZ interventions deliberately targeting youth with skills that contribute to their economic development are at a very limited scale and the inclusion of youth in other economic development activities such as savings groups, FaaB and VCD is not deliberately measured or purposively targeted.

Less than a quarter of youth in ADPs have access to skills training.

-25%

Recommendation

Savings groups are meeting a gap in credit access. The use of savings mobilized is contributing to HH resilience and productive capacity. Therefore more farmers should be mobilized into savings groups, existing groups should be supported to increase their portfolios and capacities. In order for smallholder farmers to progress from subsistence agriculture to Farming as a business the key capacity gaps need to be addressed. These include Value Chain Development which should be scaled up and paired with improved access to formal and affordable credit.



of rural farmers in 11 WV programs reported having access to credit from Savings Groups.

The livelihoods and resilience technical approach adopted under the 2016-2020 strategy should more purposely target youth for economic development. Existing economic development activities can more intentionally include youth as a target group while evidence based models that specifically focus on youth are also adapted the context of Zimbabwe. Youth economic development is particularly relevant in the current context of low secondary school access and pass rates and with extremely high rates of unemployment.

CHILD PROTECTION

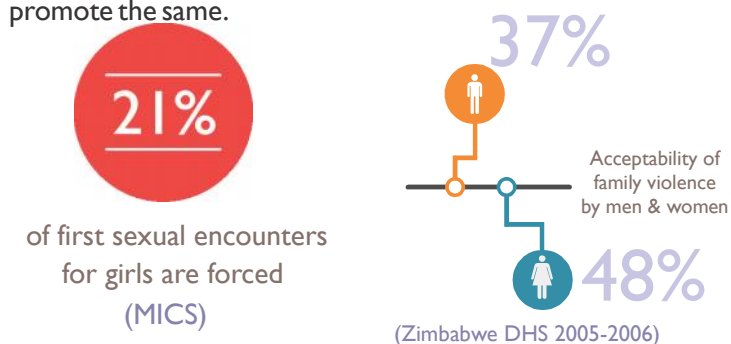


STRATEGIC OBJECTIVE	Advocate for and empower 100 000 children to participate in their own spiritual, physical care & protection	OUTCOME	INDICATORS
TARGET	Children report an increased level of well being	Children are cared for protected and participating	<ul style="list-style-type: none"> Proportion of children who secured birth registration documents in the reporting period Proportion of community members who would report a case of abuse and can identify an appropriate reporting mechanism Proportion of adolescents with insufficient access to food Proportion of adolescents with a strong connection to a caregiver Proportion of adolescents who reported thriving on the

Situation Analysis

The national social protection system is eroded leaving children extremely vulnerable to exploitation, violence and abuse and with little access to justice and social protection services. A number of practices and belief systems that are prevalent in the operational areas are detrimental to children.

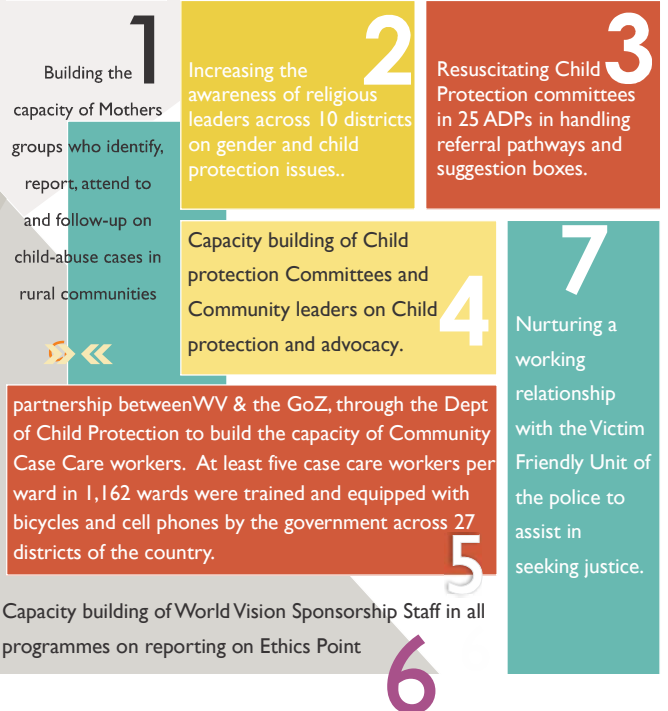
The most prevalent of the child protection concerns are child marriages, sexual abuse, child labour, early pregnancies and neglect. There has been an increase in child marriages in rural areas, especially among communities whose faith systems encourage early and polygamous marriages (Nyandiya-Bundy & Bundy 2013). Such practices based on religious beliefs are compounded by cultural practices that promote the same.



FUNDING
\$ 10,000.00

funding sources:
15 ADPs rolling out CPA (Child Protection & Advocacy)
partners:
Dept of Social Services & Victim Friendly Unit (Police)

7 MAJOR CHILD PROTECTION INTERVENTIONS RESULTS





Awareness campaigns by WVZ are contributing towards increased level of reporting of cases of child abuse. Comparing to the past 11 years where only 3 cases were reported in total, an average of 2-3 cases were reported and monitored across the ADPs per month in the 2014 to 15 reporting period (World Vision Ethics report 2015). With the evidence shown above, child protection became a top priority for World Vision Zimbabwe in 2015.

CWB Indicator: *Proportion of children under 18 who have birth certificate.*

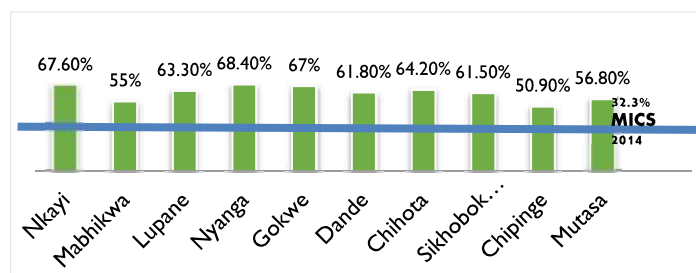
Birth registration continues to be a national child protection priority for WVZ.



The annual outcome monitoring results shown in the figure below are higher than the national average particularly because the indicator was measured for all children under 18 years of age in annual outcome monitoring while the MICS measured children under 5 years of age. As shown later under Target 1 reporting using YHBS results, more adolescents (towards and above grade 7) have birth certificates compared to younger children as parents and caregivers become more deliberate to obtain birth certificates for their children as they prepare to sit grade 7 and Ordinary Level examinations.

Reasons for lack of birth certificates include parents who separated, parents that relocated to other countries and leave their children in the custody of grandmothers and general lack of interest among others. Some without birth certificates struggle to meet conditions that are set by the registry department.

Figure 17: *Proportion of children with Birth registration*
(Annual outcome monitoring, 2015)

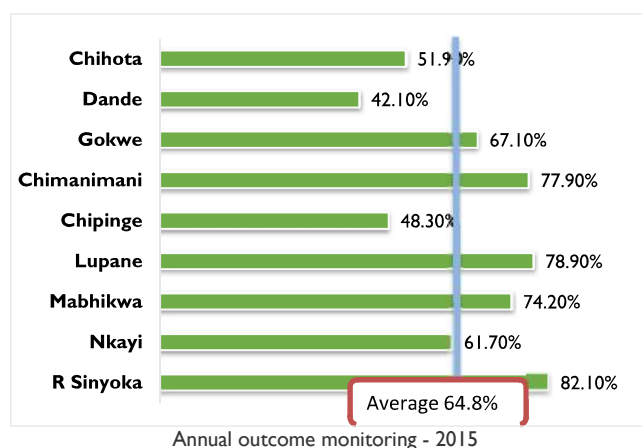


Source: MICS, 2014, ADP Evaluations n=378

CWB Indicator : *Proportion of community members who would report a case of abuse and can identify an appropriate reporting mechanisms*

In the past years, WVZ has made significant strides to increase community awareness on child abuse issues. Annual outcome monitoring suggests that on average most ADP communities are now better positioned to report child abuse cases and can also identify appropriate reporting mechanisms. Though there is no comparative data on this indicator, WVZ infers its contribution at local level is making a difference. National engagement was directed towards the Ministry of Gender Community Development and Women Affairs, together with partners including UNICEF and PLAN, crucial for facilitating awareness programmes on policies and to lobby to align marriage laws to the new constitution whose discord was manipulated to the disadvantage of children. WVZ also used Day of the African Child commemorations to lobby government to take a stance on early marriage.

Figure 18: *Proportion of community members who would report a case of abuse and can identify an appropriate reporting mechanisms*



Source: LQAS 2015 n=95/ADP

Child parliamentarians from Hwange and Muzarabani programmes took their lobbying to the junior parliament to raise awareness on child protection issues after being assisted to attend an international conference on child protection by the two respective programmes. Training of Church and Faith Based Organisation leaders on gender based violence focusing on early marriages was conducted across the 27 ADPs and through a Prevention of GBV grant. A collaborative working partnership with Case Care workers who were resourced by the Social Service department (5 per ward in 1162 wards) has contributed immensely towards follow up on child protection issues.





Policy Changes

Section 22(1) of the Marriages Act (Chapter 5:11) is inconsistent with provisions of the Constitution of Zimbabwe, which sets the minimum age of marriage at 18 years old. The discussion in 2015 influenced by the Child Protection Coalition chaired by ZNCWC (in which WVZ is a member) to align these conflicting pieces of legislations has resulted in the Zimbabwean Constitutional court outlawing early marriage and realignment of the legal age of marriage, a positive step to protect children from abuse.

Target 1 specific reporting (YHBS indicators): *Children report an increased level of well being*

World Vision Zimbabwe seeks to contribute to an environment that promotes children's participation in their care and protection, including spiritual well-being. Zimbabwe is generally a patriarchal society where women and girl children are disadvantaged.

Findings from the IGATE Midline report highlight the challenges of addressing difficult and sensitive issues such as Gender Based Violence (GBV). Some community members deny the existence of GBV so as to justify the inaction against perpetrators. Evidence also shows that many people, especially women, are afraid to approach older men in the community who are abusing school girls to try to stop them from doing so. The discriminatory practices related to victim-blaming were also evident.

While Zimbabwe has very good laws in place to protect children and ensure equitable access to resources, the issue of patriarchy, which transcends culture militates against progress in gender equity affecting children's rights and access to critical social services. The bulk of the programming for adolescents thus is skewed towards the girls in order to address the imbalances.

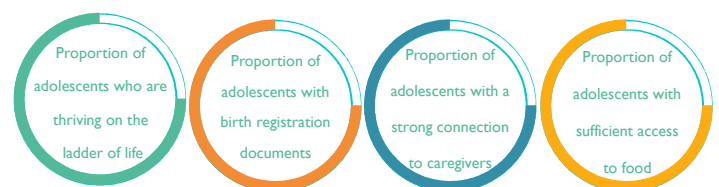
The IGATE project, which is centred on improving girls' access to education uses a number of models which promote the children and their caregivers' capacity on education related outcomes. Other models employed in the reporting period are listed in the table aside.

The interventions targeting children aged 12-18 in FY15 were a mix of both grant and sponsorship funded. In some instances, the target group extends beyond the identified age groups, for example the IGATE PowerWithin model

Model/ Approach	Activity	ADPs /Districts Participating	Children reached
Vocational Bible school	Camps	17 and IGATE Program	10 646
VBS in WASH	Camps - using Jesus the source of Living Water Guide	3	113
Child Prayer Bands	Prayer meetings, scripture reading and socialising	6	4500
Sister to Sister	Girls Club-mentoring, psychosocial support, Life and economic skills	3	23 547
IGATE Power within	Camps-mentoring, psychosocial support, Life skills training	10	3997

Figure 19: Summary of Interventions for Target 1

reached girls as young as five. For this reporting section, data was filtered for girls and boys of ages 12 to 18 years, where self-reporting was possible using the YHBS tool. The following indicators were measured in 5 sponsorship funded projects (2 baselines and 3 evaluations) and the IGATE project midline which covered 10 districts.



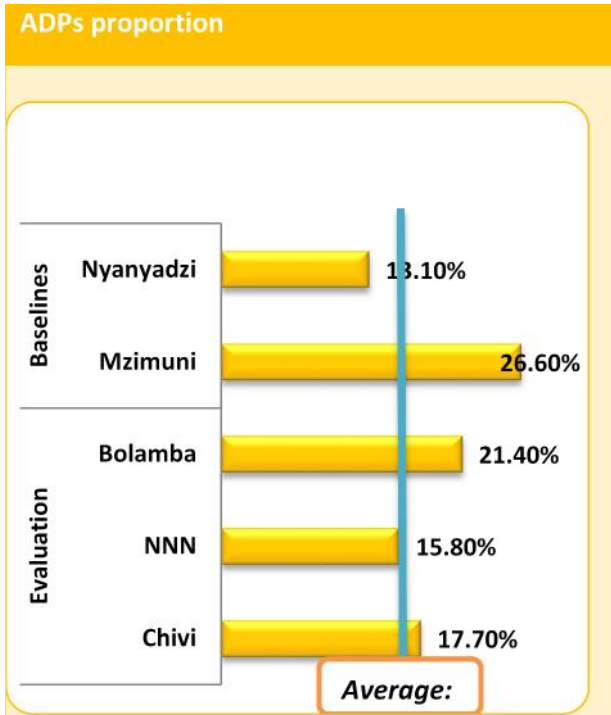
CWB Indicator - Proportion of adolescents with sufficient access to food

The indicator was measured in 5 ADPs with scheduled baselines and evaluations in 2015 and in the IGATE project. Respondents were asked whether they had gone to bed hungry in the month preceding the survey and the proportions illustrated in the Figure 4 represent those that had gone to bed hungry 'often'. On average, about **81% of the adolescents in the surveyed ADPs reported sufficient access to food**. The data is reflective of the general food security situation in Zimbabwe as confirmed by Annual outcome monitoring in ADPs where the proportion of households with one or more hungry months ranged between 60 and 100%. This macro level situation seems to be affecting adolescents who are dependent on households to provide for their food needs. Mzimuni (new ADP) and Bolamba

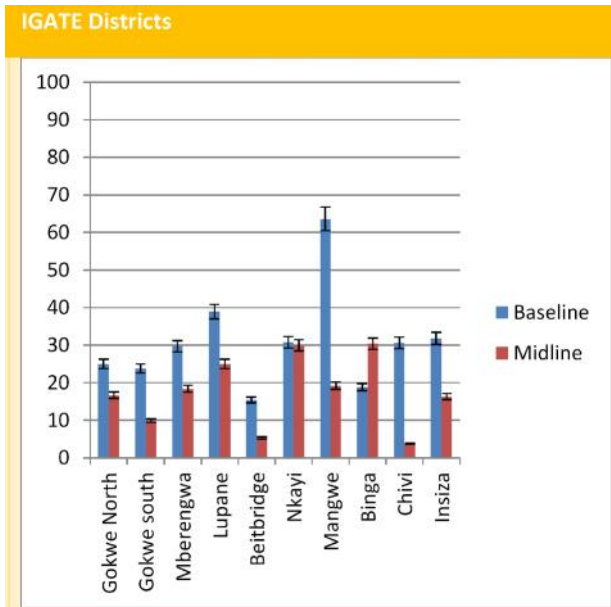


which are in Matebeleland South, one of the most drought prone regions, have higher proportions of adolescents with insufficient access to food. NNN and Chivi have been implementing food security projects over the past 10 years and would have been expected to have lower proportions in their evaluations. However the evaluation reports for the 2 ADPs show that consecutive droughts have eroded the gains from the food security projects. Where the ADPs have irrigation the scale and coverage is low and the capacity of the irrigation schemes is affected by water yield and other maintenance.

Figure 20: Proportion of adolescents who went to bed hungry often in the past 4 weeks



Source – FY15 Baselines and Evaluations, YHBS survey n=600/ADP



Source – IGATE Baseline, FY12 and Evaluation, FY15 n=450

IGATE data for Baseline and Midline was collected in June to July in 2013 and 2015 respectively. This period is soon after harvest and Households are still consuming food from their own production. In all districts with the exception of Binga there is a decrease in the proportion of adolescents reporting that they go to bed hungry. This may be a result of the Savings Groups that are being implemented under the IGATE project in these districts.

Results from qualitative data collected from IGATE stories of change are indicating that Savings Groups are applying savings to buy food instead of investing in Income Generating Activities. This is currently cushioning households from food insecurity in the short term. IGATE implementation in Binga district started later (2014) than other districts. The uptake of the Savings Groups methodology has not been very successful in the district this may explain the high number of adolescents reporting that they go to bed hungry.

CWB Indicator – Proportion of adolescents with a strong connection to caregiver

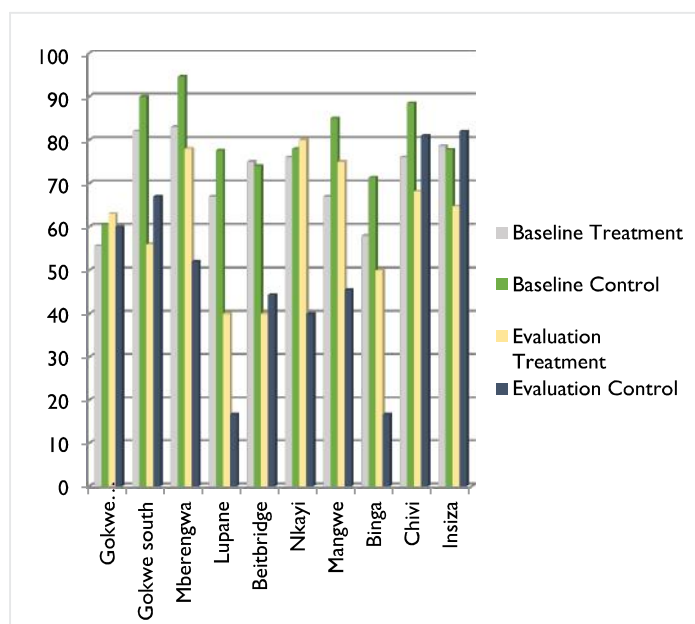
The indicator is based on 15 attributes where respondents are asked about their relationship with their caregiver in terms of care and protection issues. The results as presented below show that generally adolescents in IGATE operational districts scored a higher strong connection to caregiver than those in the ADPs.

However, it is important to note that in all except one district (Chivi) the proportion is below the 80% acceptable threshold. Connection to caregiver is based on many different aspects and the IGATE project models particularly the Power Within and Mothers' Group which increase parent to child contact through mentoring, as well as other models may have contributed to the relatively higher connection to caregiver status in the IGATE districts.

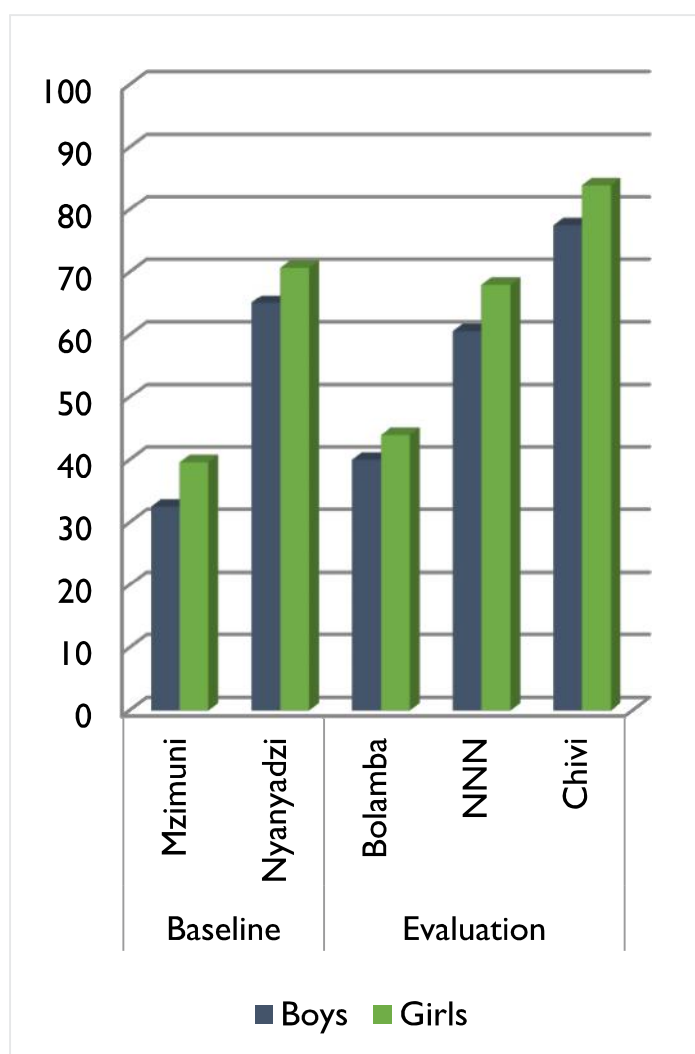
Chivi ADP, which hosts IGATE in all its 3 wards, reported high connection status (81.2%) consistent with the very high average (85%) for the whole district in IGATE. The IGATE midline survey reports a higher proportion of girls in the control group have a stronger connection to caregiver compared to girls in the treatment cohort group. It is important to note that at baseline the Treatment and Control groups started at different levels and the control group was scoring higher on connection to caregiver.



Figure 21: Proportion of adolescents with a higher connection to caregiver



Source: IGATE Baseline (FY12) & IGATE Midline (FY15) N=450



Source: ADP Baselines and Evaluations (FY15) n=378/ADP

District	Proportion of girls with high connection to caregiver in treatment group	Proportion of girls within treatment with high connection to caregiver & participating in power within
Gokwe North	63	18.2
Gokwe South	56	7.4
Mberengwa	78	9.5
Lupane	40	5.4
Beitbridge	40	8.5
Nkayi	80	8.5
Mangwe	75	3
Binga	50	1.9
Chivi	68.2	8.8
Insiza	64.7	5.5

Cross tabulation results in table above indicate that the proportion of girls in the treatment area with a stronger connection to caregiver and at the same time participating in Power Within is low with the highest proportion being 18.2% in Gokwe North. In an ideal scenario, the proportion should be higher as Power Within model focuses on creating an enabling environment which develops girls leadership skills and knowledge and understanding of girls rights.

The model enforces confidence and builds relationships based on mutual trust. The design of the model is such that one Power Within Club is established per school with a maximum of 50 participants. Considering that enrolment is on average 400 pupils per school, the design expects to have 12% of the treatment group participating in Power Within Group per school. This would then explain the low proportion of girls with a stronger connection to caregiver who are participants in the Power within Clubs as illustrated on the table above.

The IGATE baseline recorded a high rate of migration with 13% of households having one or more children leave home in the last year. A qualitative study of the two highest regions reporting this deduced the main reasons children and families reported child migration included poverty, not having enough food and inability to pay school fees, as



reasons children migrate to look for work. Children were also described as 'running away', either from excessive chores, abuse in the home, neglect or from being disciplined. Orphans were frequently described as particularly vulnerable to these dynamics. However, the main reason given for migration was for schooling. Comparatively, more children appear to move for educational reasons in Zimbabwe than other countries. It seems education aspirations and the poor coverage and quality of secondary schooling leads adolescents to migrate for better opportunities.

“It was not a good thing that she moved but we have no choice, we have to try and make a better life for her. At least she can get a better education and maybe a better job after that.”

This qualitative analysis of the extreme case of children migrating, points to underlying issues of why few adolescents report a strong connection to caregiver in the current context.

CWB Indicator – Proportion of adolescents who reported thriving on the ladder of life

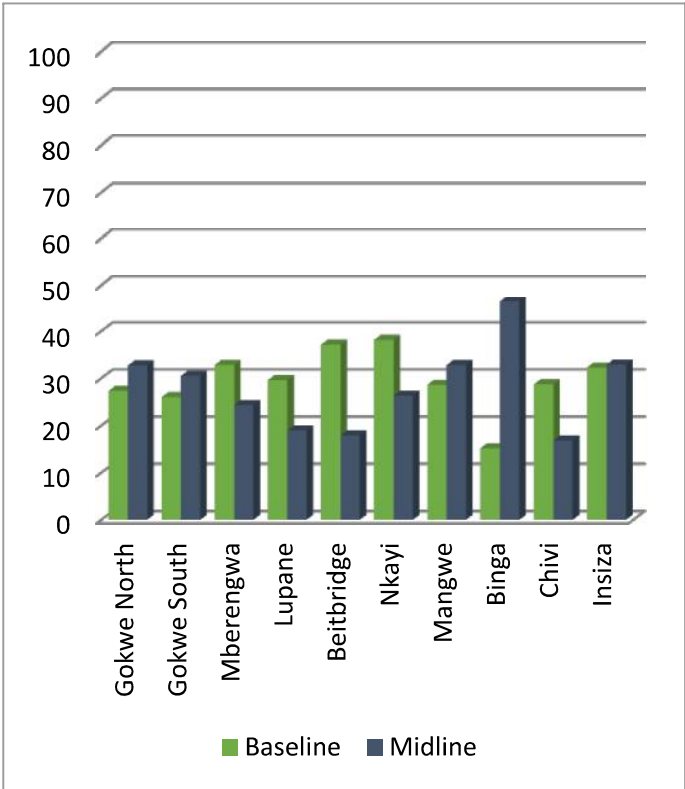
The YHBS tool asked adolescents to rank themselves on a ladder with 8 rungs, of which the top 2 rungs represented the best possible life or thriving. Results from both the ADP and grants surveyed show that in all of the districts except Nyanyadzi less than 50% of adolescents reported thriving on the ladder of life. Lupane, Beitbridge, Nkayi and Chivi witnessed considerable decline in this indicator from the time of the IGATE baseline to midline.

Looking specifically at Chivi where the ADP operations in 3 wards overlap with IGATE, the ADP evaluation measure of this indicator had a higher proportion of adolescents who reported thriving on the ladder of life compared to IGATE midline which sampled ADP and other wards. In addition to IGATE, the ADP sponsorship programming included VBS where a total of 568 children participated. This together with sponsorship activities over the past five years may have contributed to a higher ranking among girls in the ADP area.

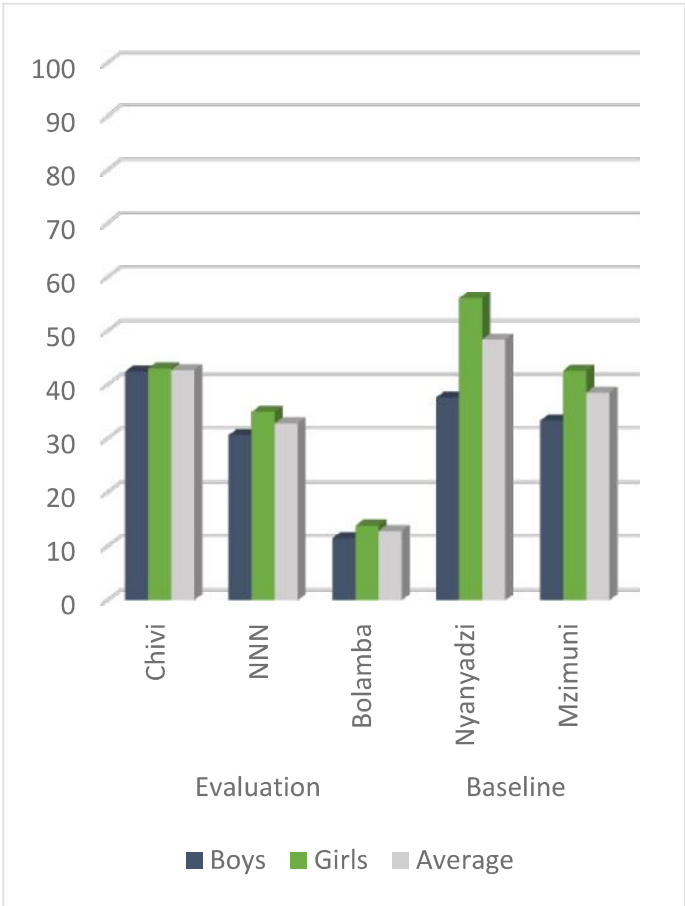
568

children participated in VBS programmes in the Chivi ADP that attracted both girls and boys

Figure 22: Proportion of adolescents who reported thriving on the ladder of life



Source IGATE Baseline 2012 & Midline 2015 n=450



Source ADP Evaluations 2015 n=378/ADP



The analysis further investigated the relationship between orphanhood status and the ranking on the ladder of life for children who reported thriving. The table below gives an illustration of the results. It is observed that in NNN, Mzimuni and Bolamba, the proportion of orphans in the YHBS consists of almost half the sample, that is, 46.9%, 49.7% and 45.3%, respectively. However the cross tabulation reveals that the proportion thriving on the ladder of life is concentrated in households where both parents are alive. The situation is worse when the adolescents are either double orphans or single orphans with father alive. This could be a result of the fact that in Zimbabwe, the entrenched patriarchy allocates the caregiver role mainly to the mothers.

A cross tabulation for IGATE Power Within against status on the ladder of life did not show any significant differences on the ladder of life indicator between children participating in Power Within Clubs and those not participating. Further analysis by gender showed no significant differences between girls and boys.

Figure 23: Proportion of adolescents thriving versus orphanhood status crosstabulation

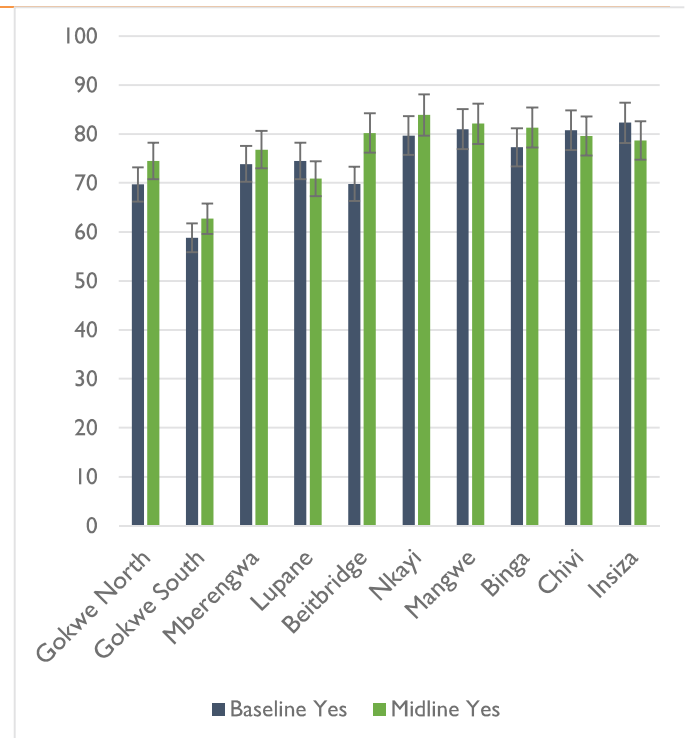
Proportion Thriving Cross Tabulation					
Orphanhood Status	Chivi	NNN	Bolamba	Nyanyadzi	Mzimuni
Mother & father alive	28.5	20	6.1	34.4	18.1
Only mother alive	6.6	6	4	7.1	12.3
Only father alive	3.2	2.4	0.6	1.9	2.9
Neither father nor mother alive	4.1	3.4	1.7	3.1	3.6
Don't Know	0	1	0.2	1.8	1.3
Total proportion Thriving	42.4	32.8	12.6	48.3	38.2

CWB Indicator - Proportion of adolescents with birth registration documents

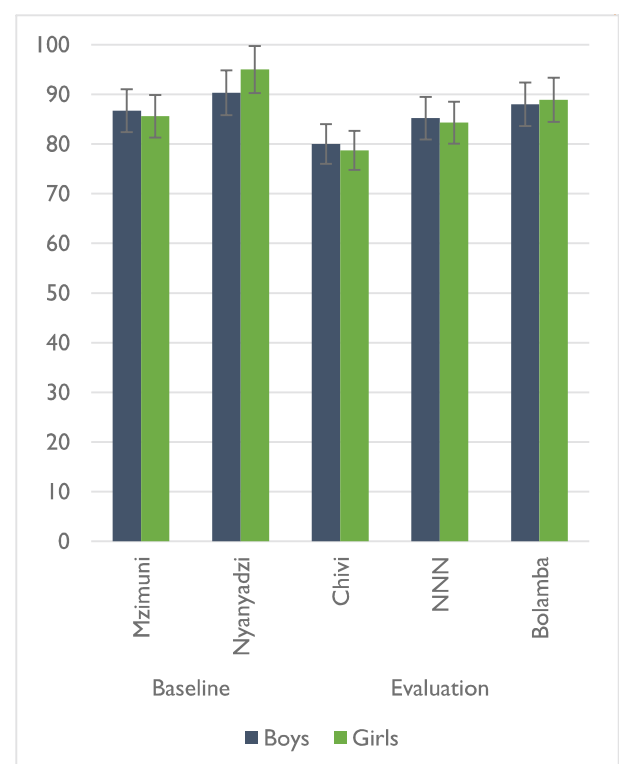
The YHBS also asked respondents on their birth registration status in both the IGATE Girls and ADP adolescents. Results show that on average in IGATE districts there was no significant change from baseline (73.5%) to midline (75.3), though the proportion is relatively high when viewed in relationship to the MICS 2014 results, which showed that about 32% of children under the age of 5 had a birth certificate. ADPs seem to be doing better than the IGATE districts probably because of the efforts deliberately supporting children in their catchment area to acquire birth certificates. In the ADPs, the change from FY14 (73%) to FY15 (86%) averages for the 5ADPs (a subset of the total that reported last FY) is considerable. Cross

tabulation for birth registration against parental status showed that there was no significant difference in terms of birth registration for orphans and non – orphans. It must be noted however that the issue of birth registration has continued to be on the WVZ advocacy agenda and the advocacy team approached the Registrar General's office with limited successes. Efforts continue to be made for increased local level advocacy.

Figure 24: Birth registration statuses of adolescents



Source: HH Caregiver Survey n=378/ADP



Source: IGATE Baseline n=1,849
IGATE Evaluation n=1,900



Most Vulnerable Children

Who are they?	Where they live	Vulnerability & Evidence	Why are they vulnerable?	WV response/ Actions made to address
Children deprived of their rights due to cultural or religious practices	Rural and Urban areas- notably higher in some regions including Mashonaland Central and parts of Manicaland	Low levels of birth registration, high levels of early marriage. 22.4% of women aged 20-24 had a child before age 18 (MICS,2014) 19.9% of women age 15-19, and 17.5% of women age 20-24 years married or in union with a spouse 10 or more years older MICS,2014)	Birth registration is a basic form of identity required for education and future employment. Early marriage increases risk of GBV, HIV, education drop out etc.	In areas where early marriages have been prevalent (e.g. in Mashonaland Central), WV has embarked on community awareness raising through Child Protection leadership meetings, staff awareness workshops and child led campaigns to disseminate information on child protection. A total of 31 workshops were conducted on child protection; 4 under the Gender Based Violence project and 27 under ADPs targeting the community, church and FBO (Faith based organisation) leaders aiming at increasing awareness on child abuse, gender based violence and early marriages.
Survivors of sexual abuse	No trend related to geography but high proportion of sexually abused are living within a household or village with the perpetrator	Under reporting and weak case management of sexual abuse cases; qualitative evidence that sexual abuse is difficult to confront within communities and households.	Weak local child protection systems, poverty status of households makes pursuit of justice challenging due to associated travel expenses/ opportunity costs.	There has been strong support for reported cases involving child survivors of abuse to get the necessary support such as medical attention, psychological support as well as support to enable them to enrol back into school through direct ADP support. Of the 17 cases that were reported across WVZ programmes, ADPs facilitated provision of medical and counselling services for 15 of these victims. To this end, WVZ has refocused its attention from reporting abuse cases to facilitating restoration and rehabilitation of victims through such models as Celebrating Families and Vacation Bible School (VBS) that focuses on restoring victims of abuse's self-esteem and self-assurance.

Sustainability

PARTNERING



Collaborative partnerships established at both the National & district levels to ensure that the needs of the most vulnerable children are met.



Partners at national level include the (ZNCWC), the Police Victim friendly Unit, and the Department of Social Welfare.



Partners at local level these include local government and councillors.



Current depressed economic environment likely to affect progress & sustenance of interventions by present partners



Need felt to fully capacitate partners especially government ministries to enhance project sustainability.

TRANSFORMED RELATIONSHIPS



Traditional, church & FBO leaders trained on Gender Based Violence & Child protection issues through the Gender Based violence project



Through community oriented IGATE models structures have been setup to support educational interventions & ensure access by all children.

HOUSEHOLD & FAMILY RESILIENCE



Capacity enhancement of SDCs & Savings Groups to enhance income generating activities & ensure support to children's access to education.

Key Learnings and Recommendations

Learning	Recommendations
Evidence of cases of children with challenges of re-integration into their society after abuse have been realised, despite collective efforts by WVZ and the community structures to address Child Protection issues. Efforts have been mostly focused on reporting of Child abuse cases rather than the restoration of abused children.	For a holistic approach, WVZ should upscale restoration interventions like Psychosocial Support Services (PSS) and other Christian Counselling models
A strong partnership network with Victim Friendly Unit and the Community Care workers has enabled Child Protection cases to be followed up and concluded effectively.	All programmes should adopt such partnerships which have enabled child protection cases to be followed up conclusively.
Partnership with NGOs, traditional and FBO leaders enabled WVZ to access to a wider community, resultantly improving programme impact and reach.	There is need to form coalitions with like-minded organisations on key topical Child Protection issues.
The connection to caregiver for the majority of children surveyed in both IGATE districts and the ADPs is on average 61.4% and 35% respectively with both being well below the acceptable World Vision threshold of 80%.	This has been a recurrent finding from the past CWB reports. While the ADPs and grants are working on promoting child care and protection, there are glaring gaps on the children's perception of their connection to the caregivers. It could be possible that the current approach is not holistically addressing key attributes that affect the connection to caregiver
There is a low proportion of adolescents reporting that they are thriving on the ladder of life. Across all the programs where YHBS was applied less than 50% of adolescents reported to be thriving.	Similar to the finding on connection to caregiver this issue is recurring. Among programming models currently applied very few deliberately engage adolescents or are designed address the specific well-being concerns and challenges of this age group. Even the 'power within' model and VBS, the two currently used that have lifeskills objectives relevant for this target, are reaching a very low proportion of adolescents, relative to other programming.

Disaster Management

The country continues to face humanitarian challenges including recurrent drought exacerbated by the poorly performing economy. In 2015, the situation was worsened by massive job losses where 20,000 workers lost their jobs - follow link:

(<http://www.reuters.com/article/us-zimbabwe-employment-idUSKCN0QL0ID20150816#KWbIFmqBr3sHPgvS.97>).

According to Resilience Workshop Report (2015:3,7) the country's hazards remain high, and these include 'drought, mid-season dry spells, floods, cereal and livestock price spikes, HIV/AIDS, epizootic diseases, crop pests (army worm, quelea and larger grain borer), land mines, diarrhoeal diseases, hailstorms, malaria, veld fires and wild animals that cause human-wildlife conflict.

Food insecurity remained high, with 564 599 (ZimVac Report 2015:87) predicted to be food insecure during the 2014/15 consumption year. According to the World Vision assessment funded by NEPRF, Matebeleland North and Matabeleland South were found to have high food insecurity in July to August of 2015.

World Vision Interventions

Response to Slow On Set Disaster

In 2015, WVZ had food security response programming in multiple districts including Chipinge, Chimanimani and Buhera (ENSURE), Mudzi and Hwange (PAC), Hwange (CLSA), Insiza, Matobo, Lupane, Nkayi, Mguza, Mzingwane, Gwanda & Beitbridge (Cash Transfer). WVZ also has operations in Chiredzi, Hwange, Bindura, Gwanda & Plumtree (Small Towns – WASH) as well as in Gwanda, Chivi and Beitbridge (FAO – Food Security). The total spending for response by WV was USD 13 539 786.

Project	Number of People reached
PAC	14, 085 individuals
CLSA	61, 850 individuals
CTP	22, 760 HH
WASH rural	260, 401 Individuals
WASH small town	62, 674 Individuals
CSO	68, 768 Individuals

Response to Sudden On-Set Disasters

WVZ collaborated with other humanitarian organisations in responding to cholera outbreak in the country, xenophobia attacks in South Africa. Muzarabani, Limpopo and Dande ADPs directly responded to floods through distribution of Non-Food Items (NFIs) in collaboration with the local humanitarian organisations. NNNADP successfully responded to the repairing of a storm damaged classroom block. The year witnessed a number of evictions from farms, as well as demolitions of illegally built houses. Touched by the plight of children and their parents

left in the open cold weather, WV managed to respond to people evicted from MacDonald Farm through distribution of 77 blankets and 300 laundry soap. Limpopo and Mudzi ADPs responded to local cholera outbreak by rising awareness with the local authorities.

Capacity Building

Staff competence in DM is a priority and this resulted in NDMT and SLT staff members training. At community level, 23 out of 27 ADPs were trained in GERANDO (Gestão de Risco a Nível da Comunidade or Community Based Disaster Risk Reduction), a community – based disaster risk reduction approach that builds capacity to understand early warning systems, prepare, mitigate and respond to disasters at a community level. The roll-out of Gerando enabled Communities to prepare Disaster Preparedness Plans and also inform programming at ADP Level.

Through ENSURE participatory community risk, vulnerability and capacity assessments (RVCAs) were adopted as the basis of all sustainable community-based initiatives for disaster preparedness. ENSURE disaster management plans in all 66 wards were drawn and approved by the GoZ's Civil Protection Department.

Course Title	Target Participants	Total Trained
Disaster Management	NDMT	30
Disaster Management	SLT	5
GERANDO ToT	CPD Members, ADP Staff, Community members (24/27 ADPs trained)	194
Disaster Preparedness	Community Members from 66 Wards.	3,426

Pre-Positioning of NFIs

In order to respond timely, effectively and efficiently to emergencies, the office pre-positioned Non-Food Items (NFIs) in the warehouse maintaining a package for a minimum of 50 households.

Collaboration Heightened

WVZ collaborated well with UN agencies, GoZ and other humanitarian organisations at all levels of disaster management. WV's visibility remained high both in terms of collaboration, co-ordination and actual response in the field, for example, during cholera assessments in Mudzi and Muzarabani ADPs.

Key Learnings & Recommendations

- The Gerando process was successfully launched. Beyond conducting trainings, WVZ needs to pursue an understanding and documentation of impact of the methodology. This will involve tracking to confidently claim results beyond training in community based disaster risk reduction (CBDRM).

WV Development Programming Approach – Accountability Framework

Information Provision	Consultation
<p>All grant funded projects intentionally provided information to stakeholders and beneficiaries through the use of community meetings during programme activities, distribution of information provision products that include posters and pamphlets about the project. IEC was done through project officers, implementing partners and group discussions with communities.</p> <p>In the ADPs existing community structures are used to provide information to communities. Development facilitators, councillors, traditional leaders, volunteers and government line ministry stakeholders work with WVZ staff to provide information about program activities.</p>	<p>Consulting communities in developmental processes in all WV led projects was aimed at enhancing community ownership and sustainability of project interventions. Under the WFP PAC project communities and government stakeholders are consulted under the CLPP (Community Level Participatory Planning) process to identify assets for creation and rehabilitation. Communities are consulted on the complaints and feedback mechanisms to be used in new projects basing on the communities experience and preference. An example is the carrying out of accountability assessments for the CHIP project in Mutasa district and CSO Wash project in Bulawayo. The assessments are a consultation platform used to get the preference in terms of the feedback and complaints mechanisms. The Accountability strategies for these projects were developed in line with the assessment results from the community. The use of the suggestion boxes in these projects is a result of this consultative process.</p>
Participation	Collecting and acting on feedback
<p>Hwange, Rushinga, Mukumbura, Chipinge, Chivi and NNN are ADPs that redesigned in FY15 and DPA processes were used to design these programmes. Government stakeholders facilitated the sharing of evaluation feedback for these ADPs to community members. Gaps were identified using knowledge from community to come up with problem trees then translated to objective trees and finally logical frameworks were developed.</p> <p>In ADP program (re)designs children were engaged by starter group members using participatory tools like 'Take a Step', 'What makes children thrive' and Mapping the most vulnerable children. In other programs, depending on the school calendar, children themselves constituted and led the starter groups. Baselines and Evaluations in ADPs deliberately targeted children as key respondents in the various surveys.</p> <p>One of the exciting observations realised in Matobo-Kezi was the partnering with local businesses and the children of community members which live outside the country. Through this collaboration, the Ngqindi clinic was constructed with funds mobilised by the community and Matobo-Kezi ADP came to partner.</p>	<p>All grant funded projects implemented by WVZ made use of local Leadership, project committees, suggestion boxes and complaints registers to gather beneficiary concerns and feedback. A toll free platform was also used under the Cash Transfer Project by project beneficiaries. Feedback to the project beneficiaries was provided through these established and functional local project committees.</p>

Challenges	Key learning on operationalizing DPA	Recommendations for improvement
Operationalization of level 3 stages in the PAF framework especially on Information provision is one of the key setbacks especially in grant funded programmes due to budgetary constraints. For example the sharing of evaluation results after project completion to the communities is limited to only those attending Learning events and is rarely cascaded to the rest of community members.	DPA is a good model as it provides a good platform for children to participate and learn, however it has been noted that for ADP in the second and third cycles it is good to only adopt relevant aspects which do not conflict with LEAP 2, such as volunteerism. A comparative assessment of Greenfields and DPA was undertaken in FY15 though findings are not yet available. Preliminary observations indicate the depth of community engagement in Greenfields is a standard to aim for and learning will be incorporated through reflection and adaptation of the DPA process for LEAP 3 roll-out in FY16. DPA has enhanced child monitoring through use of integrated monitoring plans by ADPs.	To integrate the accountability framework and DPA training for all ADPs as part of the LEAP 3 adaptation process.

Conclusion

World Vision Zimbabwe continues to draw lessons from developing the child well-being summary report.

- While progress has been made in better tracking, aggregating and reporting program inputs and outputs, particularly through the use of standardized output indicators, the utility of these indicators would be improved by focusing on fewer, more strategic indicators and investing in assuring the quality and accuracy of reporting. The lack of a harmonized monitoring system, coupled with highly localized designs and M&E plans, and wide diversity of interventions and variable program time frames challenge aggregation and learning at a program-wide scale.
- Despite this being the fourth CWB report for Zimbabwe, it is constrained in ability to progressively compare statistics over time, largely due to an over-reliance on major baseline and evaluation processes in ADPs. Annual outcome monitoring using LQAS was adopted in FY14, however with FY15 the first year of scale out (12/28 programs) there is no comparative data from previous years. For future reports to provide stronger analysis and contribute to evidence based programming, WVZ needs to improve the focus of its programming, streamline its DME systems and invest in capacity for capturing and utilizing data in a manner that is more meaningful for program learning and evidence.

National Office

59 Joseph Road
Mt Pleasant
Harare
Zimbabwe

Sub Office

32 Park Road
Suburbs
Bulawayo

Relief Office

109 Dulys Building
J. Moyo St/11th Avenue
Bulawayo

www.wvi.org