

World Vision®

Zimbabwe

CHILD WELL-BEING REPORT



Building a better world for children

2016

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ADAPT	Analysis, Design and Planning Tool	RMNCH	Reproductive, Maternal, New born and Child Health
ANC	Ante natal care	SAR	Southern Africa Region
ADP	Area Development Programme	SEANER	Southern Africa El Nino Emergency Response
AP	Area Programmes	SRH	Sexual and Reproductive Health
BCC	Bulawayo City Council	SG	Savings Group
CWB	Child well-being	TA	Technical Approach
VHW	Village Health Worker	TOR	Terms Of Reference
CA	Conservation Agriculture	TP	Technical Program
CBO	Christian Based Organisation	VHW	Village Health Workers
CDPP	Community Disaster Preparedness Plans	VS&L	Village Savings and Lendings
CSB	Corn Soya Blend	WVZ	World Vision Zimbabwe
CSGE	Communities in Support of Girls Education	ZDHS	Zimbabwe Demographic Health Survey
CMAM	Community-based management of acute malnutrition	ZIMVAC	Zimbabwe Vulnerability Assessment Committee
CERF	Central Emergency Response Fund	ZUNDAF	Zimbabwe United Nations Development Assistance Framework
CVA	Citizens Voice and Action		
CMAM	Community Management of Acute Malnutrition		
DME	Design Monitoring and Evaluation		
DPA	Development Program Approach		
DRR	Disaster Risk Reduction		
ECD	Early Childhood Development		
EVAC	Ending Violence Against Children		
FBO	Faith Based Organisation		
FY	Financial Year		
GAM	Global Acute Malnutrition		
GIK	Gift in Kind		
GIS	Geographic Information System		
HBC	Home Based Care		
IGA	Income Generating Activities		
INGO	International Non-Governmental Organization		
IYCF	Infant and Young Child Feeding		
HBC	Home Based Care		
LEAP	Learning through Evaluation with Accountability and Planning		
LVCD	Local Value Chain Development		
LQAS	Lots Quality Assurance Survey		
MDG	Millennium Development Goals		
MICS	Multiple Indicator Cluster Survey		
MOHCC	Ministry of Health and Child Care		
NO	National Office		
ODF	Open Defecation		
OVC	Orphan and Vulnerable Children		
PAC	Productive Asset Creation		
PD Hearth	Positive Deviance Hearth Methodology		
PNC	Post Natal Care		
PWD	People Living with Disability		

Fiscal Year 2016 (FY16) saw the operationalization of the revised NO strategy (FY16 – FY20), which had been earlier revisited for clarity and intentionality on its key strategic pieces. The office pursued the development and finalization of Technical Approaches (TAs) in preparation for the LEAP 3 transition. The process had already been started in FY15 when core teams were constituted to work on different TAs. The exercise was running concurrently with the Technical Programs (TP) development by the same core teams. Key to note is the fact that the process produced 3 TAs namely Health, Education and Resilience and livelihoods based on the landscape. Under Health TA, key focus was on access to maternal and child health and nutrition issues.

This was also to be complemented by the protection of children from disease and infection mainly under WASH programming. The Education TA comprised mainly of issues of access to and quality of education with a focus also on children's life skills. The Resilience and Livelihoods TA sought to build household resilience to shocks through increased production and increased access to income. TP designs were guided by these sector prioritization framework. Models and outcomes of the TPs were adopted cognizant of the required depth and breadth to realize sector focus. FY16 also saw the NO contextualization the Development Program Approach (DPA) process to ensure a thorough community engagement exercise that would inform the LEAP 3 transition process. This culminated into a NO DPA contextualization plan which will form the basis for community engagement even at the Area Program (AP) level in the coming years.

The NO, in this FY joined the Global Partnership to prevent violence against children and protect them through the End Violence Against Children (EVAC) awareness campaigns to staff and stakeholders. Partners from the Government, UN agencies, NGOs and faith based groups have been sensitized on EVAC and given platforms to contribute solutions to achieve ending child marriages and sexual abuse which are key problematic areas affecting children in Zimbabwe.

The El Nino induced drought saw the partnership declaring a disaster for Southern Africa, and Zimbabwe had a CAT III (Category 3) NO response. The response, which fell under the umbrella of Southern Africa El Nino Emergency Response (SAENER) came with a number of interventions mainly focused on resilience and livelihoods but also addressing such components as nutrition and water, sanitation and hygiene (WASH). Interventions in the response also included cash transfers, productive asset creation (PAC), and lean season targeted assistance, among other interventions.

Reporting Processes

The Zimbabwe FY16 Child Well Being (CWB) output report mainly relies on the Southern Africa Region (SAR) standardized output indicators which the NO's Area Programs have been tracking regularly (semi – annually). Noting that the SAR standardized output indicators may not clearly give a full reflection of the NO contributions, the CWB core team also ensured that other localized but standardized indicators (indicators that are used in specific grants but standardized by the NO to allow reporting), particularly representing the major grants (ENSURE, IGATE and ENTERPRISE) were included.

Based on these indicators, which were mainly output indicators, a template was sent out to all APs and grants to populate the indicators and submit to the Knowledge management coordinator for quality checks, where queries were sent back to the programs. A populated data matrix was developed by the knowledge management coordinator and submitted for consideration by the CWB core team. The team also raised queries and followed up with concerned programs and grants resulting in a revised data matrix that was submitted to the region.

Figures from the various programs and grants across the NO were aggregated (mainly addition and averaging) and presented as one NO figure for the indicators. While the process was fairly manageable, there were challenges with aggregation where Lot Quality Assurance Sampling (LQAS) data was concerned, mainly due to inadequate sample sizes in other APs. In most areas where major grants operate, there is an overlap between the grants and APs and this could lead to double counting especially in cases where concerned indicators may be from the same target population, e.g. with Village savings and lending (VS&L) in Manicaland APs where ENSURE operates. To mitigate the probability of inaccurate reporting, the TAs and respective D, M&E coordinators sent clear instructions on reporting procedure and followed up with careful analysis (verification) of data submitted by such areas.

One of the limitations for the data was also the absence of standardized monitoring tools. Data validation exercises also revealed that in some cases there were differences between the units of measurement between the programs. This was mitigated by the validation and follow up exercises with projects, where in some cases, some data had to be revisited and corrected.

Limitations of data collected

The most noted limitation is that the National office has not yet fully standardized its output indicators, so the contribution to some outcomes were given at different levels, that is, instead of aggregating the same output indicator under a given outcome, two or more indicators were reported yet in a normal situation (standardized) there could just be one. The lack of standardization had an effect on aggregation for the NO and resultantly some of the indicators are only reported for one grant (ENSURE) and in other cases aggregation was not possible. In outcome monitoring (Lot Quality Assurance Sampling) there were some APs that were failing to reach the desired sample size of 95, which is the minimum sample required to report on coverage. Reporting for these outcomes were only done where the minimum

required sample was reached and future LQAS will try to address this issue at design level. Another limitation faced in the presentation of the data was the lack of disaggregation of expenditure within specific sectors effected by the financial coding systems applied. For example, in Wash the coding of activities lumped together all the sectors activities making it difficult to separate the cash spend on water access and that spent on sanitation. The LEAP 3 financial coding system will in future help standardize the coding systems across APs within a particular sector.

IMPROVE THE HEALTH & NUTRITION STATUS OF 400,000 BOYS AND GIRLS

Outcome 1: Increase in children protected from disease and infection

Outcome 2: Increased adoption of HIV risk reduction practices among adolescents

Outcome 3: Increase in children who are well nourished

Context

Health has been incorporated as part of the food security & nutrition cluster and social services delivery cluster of the government blueprint strategy.¹ Outcomes under the social services delivery cluster have been adopted which range from service delivery, client satisfaction, specific diseases such as HIV and TB, health care financing and maternal and child health outcomes.

FY 16 was characterized by an El-Nino induced drought that had a severe effect on the health and nutrition outcomes. Malnutrition remains high as the effects of the drought and other food preparation, storage and dietary diversity affect families and children. The national prevalence of Global Acute Malnutrition (GAM) was at 4.4% against an acceptable threshold of 3% according to WHO standards (June ZimVAC 2016)² with boys more affected than girls. Stunting prevalence is at 27% (ZIMVAC 2016) against an acceptable threshold of 20%.

Interventions addressing emergency nutrition are low as indicated by MoHCC reports and local health structures such as Village Health Workers (VHWs) who are expected to screen children for malnutrition have limited capacity (Nutrition meetings 2016).

WVZ ADAPT report for health showed that there was little and irregular supervision of community health workers. Incentives are deemed to be low and not provided for the new VHW. Furthermore there is a weak referral system between VHW and primary health care centers. VHW kits are not replenished regularly and lack essential supplies. Refresher trainings are limited.

In the area of Maternal health the high skilled birth attendance (80%)³ is not resulting in low under 5 mortality as there are concerns with the quality of services. This could be a result of underfunding, skills drain or other institutional factors. Under five mortality rate was at 75 per 1000 live births.⁴ Maternal mortality rate is 614 per 100 000 live births.⁵

Despite high postnatal care for newborns (85%), neo natal deaths are still high (34 per 1000 compared to the Africa average of 28 per 1000, and global average of 19.2 per 1000).⁶

Adolescents remain to be among the underserved population when it comes to their sexual and reproductive health needs. Only

50 % adolescents access Sexual and Reproductive Health (SRH) services (ZUNDAF 2016-2020).

Driven by deep rooted cultural practices pregnancies occurring among girls less than 18 years elevate the risk of sickness and death during pregnancy, delivery or post natal period. Child marriages stand at 23% (ZUNDAF 2016 -2020).

Nearly three out of five babies of 0-5 months who are not exclusively breastfed are at increased risk of infection and malnutrition which in turn limit their potential for optimal growth and development. Only 41% of children are exclusively breast fed against the global WHO threshold of 75% (ZDHS 2016).

Less than a third of children 6-23 months are receiving the acceptable minimum type of foods required for children to enjoy optimal growth. According to ZDHS 2015 the Minimum dietary diversity score for 6-23 month children was 28%.

Among the HIV positive adult population less than 50% know of their status. This prompts more effort for uptake of HIV testing services. As per MICS 2014, 40% of men and 50% of women living with HIV were aware of their HIV status.

The predominance of unprotected sexual practices pose risk for resurgence of HIV infection among the general population. The fact that over 50% of men and women failed to use condom in their last sexual intercourse attest there is need for intensified behavior change communication. Condom use among sexually active persons with more than one partner in the last intercourse was reported at 33%, 49% and 78% for women, men and sex workers respectively (DHS 2015 and Sex Worker RDS survey).

The pressing need to increasing access of ART to HIV positive children is explained by the fact that only 40% of Children with seropositive results are on Anti Retro Viral drugs (ZUNDAF 2016-2020).

Utilization of maternal health services is on the rise: 70% ANC+, 80% skilled birth rate and 77% PNC care (MICS 2014). However the quality of service requires strengthening in terms of provision of comprehensive services and the being user-friendly.

1. Zimbabwe Agenda for Sustainable Socio Economic Transformation (ZimAsset)

2. Zimbabwe Vulnerability Assessment Committee Report, June, 2016

3. Zimbabwe United Nation Development Assistance Framework (ZUNDAF) 2016-2020

4. ZUNDAF 2016-2020 (op cit)

5. ZUNDAF 2016-2020

6. WHO 2016 Statistics

Current Status

INDICATOR	LQAS	EVALUATIONS	BASELINES	LOCATION	REMARKS
Maternal Health and Nutrition					
Infants whose births were assisted by Skilled birth attendants during their last delivery			91%	Matobo	Above the national average which is at 80% (ZDHS 2015)
Infants whose births were assisted by a skilled birth attendant	88.4%			11 APs in the NO	
Children received minimum meal frequency	47%			13 APs	
Percentage of children who completed full immunization course		89.1%		CHIP project area (Mutasa AP)	surpasses the national average of (73%), (ZDHS 2015)
Percentage of new born children with birth weight above the threshold of 2.5kg		91%		CHIP project area (Mutasa AP)	Live birth weight for new born children below 2.5kg expose children to the risk of early childhood death.
Healthy Behaviours					
Early initiation of breastfeeding in the first one hour		86.5%)	80%	CHIP Project area (Mutasa AP) Matobo AP	
Rate of exclusive breast feeding among 0-5 month children		80%	39%	CHIP project area (Mutasa AP) Matobo AP	
Minimum dietary diversity			9.3%	Matobo AP	
Minimum meal frequency			27.6%	Matobo AP	
Minimum Acceptable Diet			32.2%	Matobo AP	
Prevalence of diarrhea amongst the < 5 years children	11.7%			15 APs	
Percentage of caregivers who provided Zinc when child had diarrhea	58%			15 APs	
Community Health System					
Percentage of households receiving visit from VHW on IYCF			63%	Matobo AP	
Percentage of caregivers who sought treatment from VHWs			16.6	Matobo AP	
Percentage of households who have been visited by VHWs at least once a month			46.5	Matobo AP	

Health and Nutrition Project Approaches & Key Outputs

Strategic Outcomes	Increase in children protected from disease and infection	Increase in children who are well nourished	Increased adoption of HIV risk reduction practices among adolescents
Key Outputs	Children receive age appropriate immunization Pregnant women & caregivers receive malaria prevention	Children 6-59 months reached with CMAM Children enrolled in PD Hearth training	Religious and influential leaders promote RMNCH services Communities mobilized for RMNCH and Nutrition Peer/Community groups strengthened in SRH
Project Models & Approaches	IYCF, Care group and PD Hearth		
	Health Systems Strengthening and CVA		
	CHANNELS OF HOPE-MNCH+	Sister to Sister	PMTCT

Achieved RMNCH outputs in FY16

Output Indicator	FY16 Achievement	Number of Programs
Number of pregnant women and mothers/caregivers who received nutrition education (Infant & Young Child Feeding Practices) through community based health volunteers supported by WV	3744	14
Number of PD Hearth Sessions that have been successfully completed.	46	6
Total number of children enrolled in PD Hearth programs	2297	6
Number of children enrolled for PD Hearth sessions who have gained weight (normal weight) and successfully weaned off	161	6
Number of children and youth 15-24; training provided by WV or by WV supported implementers for FY16 in the areas of Sexual and reproductive health and Peer support.	14013	8
Number of chronically ill/HIV-positive children receiving home-based care (HBC) or other type of care and support through WV -supported programming efforts for in FY16.	794	3
Number of children referred for and received HIV testing through WV supported programs	1000	1
Number of Village Health Workers (VHW)/Community Health Volunteers (CHV)/Home Visitors (HV)/Peer Educators (PE) who are trained by standardized curriculum covering the full range of 7-11 and providing services for pregnant women and women/caretakers with children under two years old according to standards developed in consultation with Ministry of Health for a given reporting period by gender	574	5
Number of OVCs who received OVC care and support during reporting period	2740	17
Number of children aged up to 12 months who have received DPT3 and measles for a given reporting period	50859	17
Number of pregnant women who slept under an insecticide treated net during at least half of the pregnancy	195	1
Number of children 0-23 months who and pregnant women who received insecticide treated net through WV supported programs (to be disaggregated by category, children and pregnant women.)	600	1
Number of health facilities in WV targeted areas with a functional Health Management Committee	132	13
Number of documented meetings by CVA around child health issues	5	2
Number of severely malnourished children who have been reached through CMAM - Community based Management of Acute Malnutrition	817	4
Number of households reached with nutrition information	15142	1
Percentage of beneficiary children 6–23 months of age who receive foods from 4 or more food groups	31%	6
Percentage of beneficiary children 6 – 23 months that receive the minimum meal frequency	100%	6
Percentage of beneficiary women consuming iron rich foods	100%	6
Number of pregnant and lactating women receiving food rations	17110	6
Number of children 6-23 months receiving food rations	27081	6
Number of households receiving food rations	38453	6
Percentage of recipient households sensitized on food storage and refuse disposal	100%	6
Number of people trained in child health and nutrition through USG-supported programs	62835	6
Number of children under five (0-59 months) reached by nutrition-specific intervention through USG-supported nutrition programs	58617	6
Number of children under five whose parents/caretakers received BCC interventions for essential IYCF behaviours	58617	6
Number of Care Groups established	3074	6
Number of Care Group Leaders and Care Group Clients reached through behaviour change promotion activities	28238	6

Progress Description

Successful implementation of key outputs hinged on strong partnerships that involved both local and national level partners as well as external funding partners. Outputs related to community and stakeholder trainings were conducted at large scale due to support received from UNICEF, MoHCC as well as community willingness to attend. More than sixty thousand community health volunteers were successfully trained on 7-11 curriculum this was part of a nationwide training supported by MoHCC which saw many men being trained as VHW/Home visitors and thus bridging the gender gap in male involvement. Furthermore 15 142 households were reached with nutrition information through the ENTERPRISE grant where a total of 2799 males and 12 343 females participated in a community that was previously traditional and would only have women being the main recipients of nutrition information. Age appropriate Immunization was also successfully attained with more than fifty thousand (50 859) children aged up to 12 months having received DPT3 and measles and this was achieved in 17 program areas.

Ministry of Health and Child Care (MOHCC) was the implementing partner in most of the projects, while various WV support offices, (CERF) UNICEF, multi-lateral donor institutions such as Australian government and UNFPA were funding partners. Local level advocacy was conducted in two area programmes where CVA model was used to engage on child health issues. National level advocacy was led and facilitated through the PD Hearth model that was showcased reflecting the impact on moderate malnutrition using the case of Lupane that has reported a cure rate of 78%. WVZ successfully engaged and reflected on the standardized way of forecasting caseload for management of moderate malnutrition programs together with key emergency partners. WVZ contributed to standardization of the caseload estimation process for moderate acute malnutrition program using case studies from other countries.

The ENSURE grant realized great achievements in nutrition interventions as the grant targeted 12 259 pregnant and 4851 lactating women and children under 5 years: (58617) disaggregated by sex/gender: boys 27599 girls 31018 with food aid. The food aid package included 0.9litres vegetable oil and 3kgs Corn Soya Blend (CSB). Furthermore the grant reached men and women separately with nutrition education whereby

men were taught on nutrition education from when a woman is pregnant and for the 1000 days post-delivery during the men's forum. While the rest of the household members were targeted using the care group model on nutrition education.

Under the ENSURE grant a total of 5501 men were trained on equitable participation and decision making in household consumption of nutritious foods, although more women (65489) were reached it is a huge milestone to reach the five thousand given the barrier analysis report findings that showed cultural factors that limited pregnant and lactating mothers access to nutritious foods.

WVZ has taken the lead role in developing TOR for the national emergency nutrition cluster led by MoHCC and UNICEF and the TOR has been adopted as a living document by the cluster.

WVZ has contributed to successful integration of emergency nutrition assessment questions in the biannual ZIMVAC survey through participation in design of training curriculum and caring out the TOT for ZIMVAC assessment team.

Disability mainstreaming in the Health and Nutrition outputs was attained in various Health sub-sectors. Under WASH, construction of latrines which are disability-friendly through inclusion of access ramp and well as rails for access using wheel chairs was done at institutions and household levels. Though not necessarily disability mainstreaming, the Health and nutrition sector was deliberate in ensuring that GIK resources were leveraged on and hence the provision of wheel chairs for mobility of the disabled. Some APs conducted awareness raising to health workers on disability and the need for social inclusion in programming. The WASH program has been supporting with inclusive sanitary latrines to schools in WV project areas. The main component was ensuring that latrines would cater for menstrual hygiene facilities.

A total of 2740 vulnerable children in 17 Programs were reached with value-based life skills training which aimed to enhance both their protection as well as spiritual nurturing.

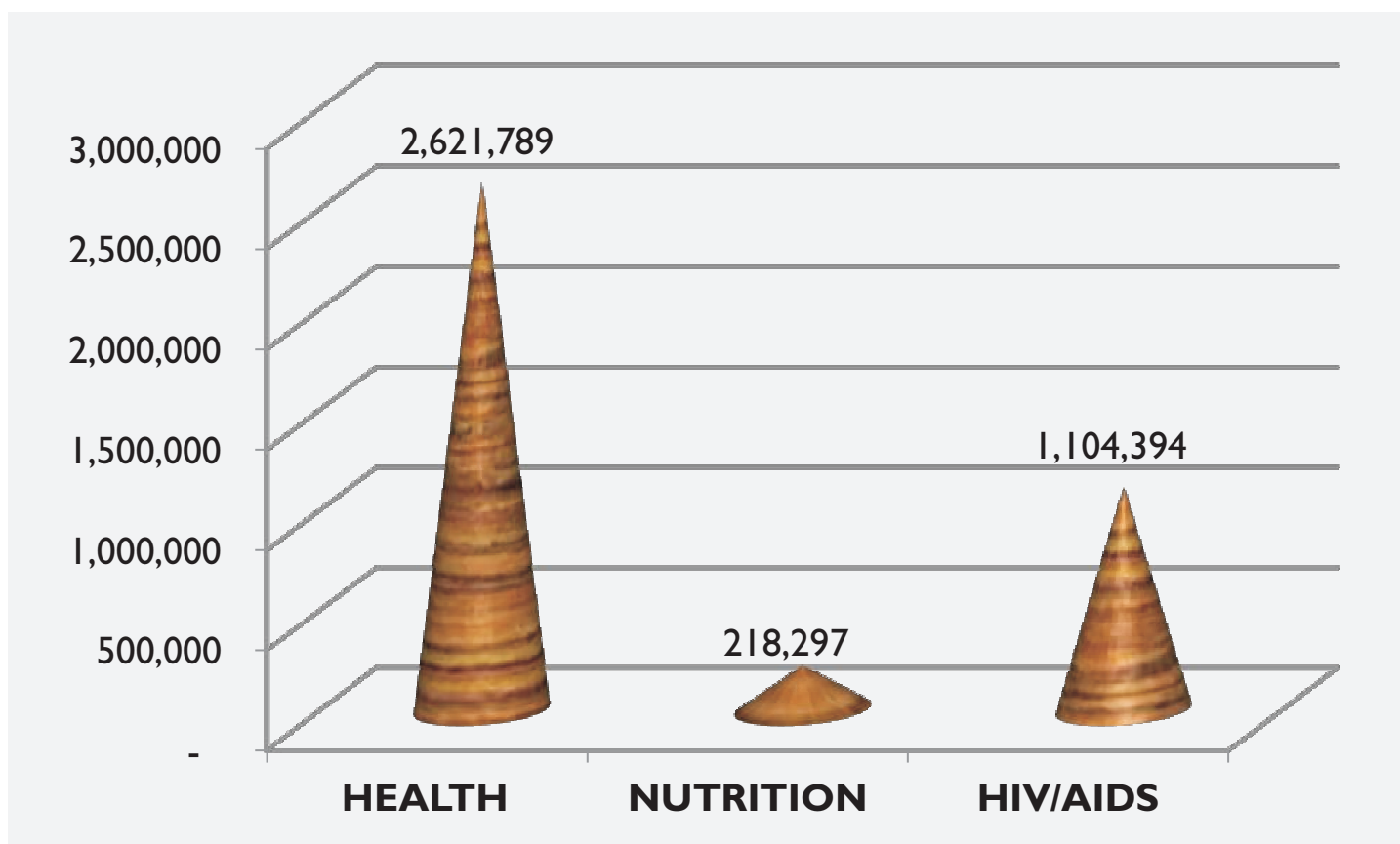
Investment across funding streams

Health investment in FY16 was \$3.944.480 and this included Health, HIV and AIDS and Nutrition interventions. The table below shows the spread of Health HIV & AIDS and Nutrition expenditure.

Due to a protracted drought that was experienced in FY16, most programmes redirected 20% of their funds towards the SAENER response hence some budgeted health outputs were not accomplished.

Based on the above expenditure analysis there is need for WVZ to be more intentional in programming for nutrition interventions given the landscape shared earlier. There seems to be under reporting especially for HIV and AIDS given that there are only two key outputs reported yet there is almost 2% of the total expenditure that went towards this programming category.

Figure: Health HIV & AIDS and Nutrition financial expenditure FY16



Source: Wvz FY16 Annual Expenditure Analysis By Programming Category

IMPROVE SUSTAINABLE ACCESS TO SAFE WATER & SANITATION AND PROMOTE HYGIENE PRACTICES FOR 400,000 BOYS AND GIRLS.

Outcome 1: Increase access to safe and adequate water for children and their caregivers.

Outcome 2: Increase access to improved sanitation facilities

Outcome 3: Increase in hygiene practices at critical times

Context

► Zimbabwe did not meet its Sanitation MDG targets; - Only 60% of Zimbabwe's population has access to improved sanitation facilities, and in rural areas this proportion is much lower at only 43% (MDG Report 2015). MICS results add on that about 31.7% of the rural population practiced open defecation (MICS Report, 2014), while 47% in urban areas used improved sanitation facilities that are not shared. This has been contributed to by inadequate budget allocations for WASH programming. As a result 75% of the rural health facilities in Zimbabwe do not have the enabling WASH environment or access to safe and adequate water services for them to provide a wide range of essential health care services and to effectively play their frontline role of treatment, advocacy for hygiene and prevention of diseases.

► The El Nino induced drought of 2015/2016 has negatively affected rural population by increasing proportion of households without access to safe and adequate water from 27% to 35% due to the drying up of protected sources that became seasonal. Inevitably, 29% of households in rural areas changed their main source of water in the past 3 months, with 53.7% indicating this is due to drying up of sources. (ZIMVAC 2016).

► The average distance to Water source is 1.07 km in rural areas (UNICEF's national Rural WASH Baseline Survey, 2014)

► A National Sanitation and Hygiene Policy to guide delivery of safe sanitation and hygiene services in Zimbabwe was developed through a consultative process in 2016 thus creating an enabling environment for community and Institutional WASH

► Hygiene practices are enablers for positive results of water and sanitation interventions. Only 3.7% of households used treated water sources while the rest are exposed to untreated waters. Handwashing at critical times is also critically low. UNICEF's National Rural WASH Baseline Survey (2014) showed that:-

- 88.5% of rural household members washed hands before eating.
- 67.2% of rural household members washed hands after eating.
- Only 31.9% of the household members washed hands before cooking or preparing food.
- Only 7.7% of the household members washed hands before breastfeeding or child feeding.

- 74.2% of the household members washed hands after defecation or urinating
- Only 10.9% of household members washed hands after cleaning a child or changing a dirty nappy.
- Only 4.2% of household members washed hands using running water and soap or ash

► 48.9% of household members washed hands using running water without soap or ash. As a result of these findings, UNICEF has devised a fund for rural WASH interventions and WVZ is one of the key implementers.

► UNICEF's National Rural WASH Baseline Survey (2014) investigated the WASH environment in schools and results show that:-

- 55% of schools in Zimbabwe do not have access to adequate sanitation facilities and
- 38% of schools in Zimbabwe do not have access to hand washing facilities.
- 55% of the schools have no access to menstrual hygiene facilities;
- Only 2.4% of girls access lockable latrines;
- Only 31.9% of the schools have School Health Masters trained in menstrual hygiene
- 45% of primary schools have no provision for Menstrual Health Hygiene Support.
- 35% of secondary schools have no provision for Menstrual Health Hygiene Support

The UNICEF Snapshot of WASH in Schools in eastern & Southern Africa Report 2013, showed

- 53% of schools have access to adequate water supply.
- 45% of schools have access to adequate sanitation.
- 13% of school provide hand washing facilities.

The situation in schools calls therefore for interventions to increase the water supply, facilitate access to adequate sanitation.

Furthermore Hand washing facilities are limited in schools as well as poor menstrual hygiene. Limitation in access to menstrual hygiene further exacerbates absenteeism for girls in school due to lack of privacy and poor access to menstrual hygiene.

Current Status

A recent analysis of access to WASH infrastructure and services in World Vision Zimbabwe's operational area (WASH Business Plan FY16-20) has shown that:-

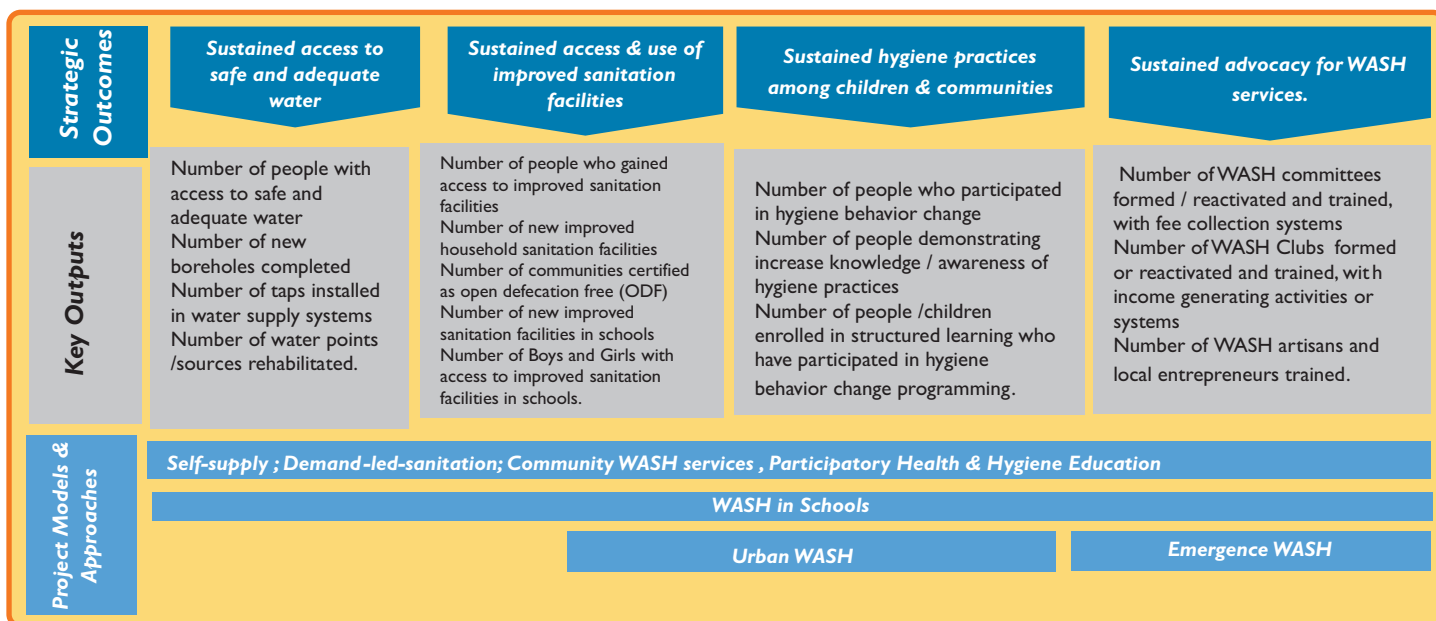
45.2 % of the ADP population have no access to safe water and

57.9% of the ADP population has no access to appropriate

dignified sanitation facilities. The table below shows the current status of WASH indicators measured at LQAS, Evaluation or Baseline. The Evaluation was conducted in Buhera AP and the baseline in three districts (Binga, Kariba and Mbire) under the OFDA ZAMVEL grant.

Indicator	LQAS	Evaluations	Baselines	Location	Remarks
Outcome1: Increase access to safe and adequate water for children and their caregivers					Sufficient & adequate drinking water was limited in FY16 by the El Nino induced drought.
Proportion of households with sufficient drinking water	63%	58%	64%	8 APs collected LQAS, 1 Evaluation, and 1 Baseline survey.	
Proportion of households using an improved drinking water source	99%	69%	64%	9 APs collected LQAS, 1 Evaluation, and 1 baseline survey.	
Outcome2: Increase access to improved sanitation facilities					
Proportion of households having access to improved sanitation facilities	55.8%	41%	*Not measured	6 APs collected LQAS, 1 Evaluation, 1 Baseline survey	
Outcome3: Increase in hygiene practices at critical times					
Proportion of households practicing hand washing at critical times	-	70%	41%	1 Evaluation, 1 Baseline survey.	
Proportion of households with soap and water at a hand washing location.			19%		
Proportion of households who store their drinking water safely in clean containers.			93		

Project Approaches & Key Outputs



Outputs Achieved in FY16

Output Indicator	FY16 Achievement	Number of Programs
Water		
Number of people who gained access to safe and adequate water all year round	194273	19
Number of new boreholes completed and commissioned	85	10
Number of taps installed in piped water supply systems (new & rehabilitated)	175	8
Number of water points /sources rehabilitated	467	15
Number of educational facilities with functional basic (improved) drinking water source	81	16
Number of health facilities with a functional and accessible basic (improved) water source on premises	28	14
Sanitation		
Number of people who gained access to improved sanitation facilities	126570	13
Number of new improved household sanitation facilities	8143	8
Number of communities certified as open defecation free (ODF)	351	6
Number of new improved sanitation facilities in schools	92(includes 6 public latrines in Gwanda)	2
Number of people with access to improved sanitation facilities in schools	34038	15
Hygiene		
Number of people who participated in hygiene behavior change	291327	14
Number of households sensitized that have hand washing facilities installed	14914	12
Number of people enrolled in structured learning who have participated in hygiene behavior change programming	29204	10
Advocacy		
Number of WASH committees formed / reactivated and trained, with fee collection systems	425	4
Number of WASH Clubs formed or reactivated and trained, with income generating activities or systems	133	3
Proportion (%) of beneficiary households storing water in safe storage containers	62	1
Proportion (%) of beneficiary households with a hand washing facility with a cleansing agent and water at/by the latrine	10	1
Proportion (%) of beneficiary water point user committees that are functional	99	1
Number of WASH artisans and local entrepreneurs trained	221	7
Number of faith (and or traditional leaders) who participated in hygiene, sanitation, or behavior change programming	281	7
Number of people gaining access to basic drinking water services as a result of USG assistance	1950	1
Number of water management committees trained on environmentally-sensitive water and sanitation practices	468	1

Progress Description

The successful implementation of WASH interventions was attributed to support by various partners ranging from International, National and local. Strong partnerships have been forged with EMA, FODPZ, BCC, MoG and various government ministries. Under CS WASH World Vision Zimbabwe partnered with Federation of the Disabled People of Zimbabwe (FODPZ). They provided technical support in areas of disability. World Vision Australia also partnered with CBM Australia who provided technical back stopping to FODPZ and World Vision Zimbabwe. EMA and government have supported and enhanced WASH projects through partnerships and education awareness on Citizen Voice and Action.

As a result of this partnerships our partners provided trainings in various aspects of disability to City of Bulawayo and Municipality of Gwanda among them Universal accessible designs, sign language. They also helped in formulating a disability policy which is now at draft stage and also supported the drafting of the disability module that is being used in the trainings of Community and School Health Clubs. A paper on Disability Inclusive WASH within City of Bulawayo and Gwanda was presented as a poster in Brisbane in May 2016 at the WASH Futures conference. A paper on Disability titled Creating Environments to Support Participation of People with Disabilities in Public Service Delivery were presented at the WEDC conference in Ghana and published on the WEDC website.

Under the Rural WASH project World Vision Zimbabwe partnered with UNICEF and the Government of Zimbabwe in implementing the project in the 5 districts. UNICEF was the fund manager of the project and also gave backstopping technical support to all the project stakeholders. The implementation of the project was done by the National, Provincial, District and sub district level government structures. The role of World Vision in this partnership was to provide a facilitator role and technical support to the district and sub district level structures.

Advocacy was done through Citizen Supporting service delivery also known as Citizen Voice and Action. Communities were equipped with knowledge on how and why they should contribute to proper service provision and how the Municipality should also do their part provided the citizens pay the rates on time and regularly. Communities were trained on their rights as residents and how they should support service provision, among them include payment of rates, cleanup activities, throwing litter in the bins and not littering everywhere, reporting leaks and bursts as they see them.

Another component of advocacy was done through triggering sessions, capacity building trainings and Participatory Health and Hygiene sessions. Through the use of existing community level structures and local leadership the project advocated for open defecation free communities through construction of latrines using locally available materials. Sustainability was enhanced through the development and agreement of village based constitutions that were endorsed by the local traditional leaders during FY16. Furthermore the district level leadership are in support of this as they have established by-laws.

Capacity building was the focus of WASH interventions in terms of sustainability. Capacity building was enhanced through training of change agents in hygiene promotion, Provision of computers and software for GIS, Income generating projects such as waste recycling and exchange visits. The Rural WASH project had a strong emphasis on sustainability component. The design of the project focused on establishing and or reviving of the WASH governance structures from the grass root level up to the National level structures. Capacity building trainings aimed at establishing and strengthening the WASH Governance structures were conducted during the course of the project. The project also established community based WASH supply chains (WASH outlets) through Public Private Partnership. In addition to that the project facilitated the development of community level and district level sustainability strategies which aimed at preserving the outcomes of the project. These were developed through ward level consultative meetings to create ownership of the strategy. To strengthen sustainability WPC that were established have fee

collection systems and WASH clubs that were trained and reactivated have income generating activities. Furthermore VPM that were capacitated were equipped with a kit and one pump minder for 5 water points.

The CS WASH grant conducted an assessment in BCC/MOG and results showed that few women are in leadership positions. A 50-50 gender equality campaign was done for Bulawayo and another will be done in Gwanda mainly to advocate for women in leadership roles. It was also realized WASH committees comprises more than 50% of women. BCC and MoG have both conducted a gender analysis survey based on project recommendations and are in the process of developing gender mainstreaming policy and plans. Furthermore the project has completed mapping the scope of PWD in Gwanda, Cowdray Park and Robert Sinyoka, as well as mapping infrastructure and services for people living with disabilities in these areas. Sanitation facilities within schools were constructed with a disability lens as they were designed in a way that would allow those with physical disabilities to access, through ramps and rails. However, the inclusion component was not comprehensive as it did not cater for all forms of disability.

Inclusion of women, girls and boys through inclusive designs on both hardware and software components was pursued in FY16. Issues of menstrual hygiene were mainstreamed through the construction of girl friendly sanitation facilities and in the School health clubs curricula. The project realizes that inclusion of women in influential roles for WASH-related activities and committees contributes towards improved sustainability as these bear the most burdens in situations where WASH services are scarce. As well, women sustain WASH activities and infrastructure more than their male counterparts do because the former do not usually move from one place to the other in search of livelihood options in a country where the economy has made a greater part of the community vulnerable to daily necessities. Furthermore, the mapping exercise for PWD and infrastructure/services has helped measure degree of accessibility of these services by PWD.

In FY16 WASH started piloting the use of Jesus the Source of Living Water material. School children, teachers and pastors were trained on the material in order for them to influence other members of their communities with the same messages. These have started cascading these messages and more will be established in the next evaluations in terms of impact. The needs of the vulnerable households were addressed through the establishment of groups such as building brigades and latrines construction groups. In these groups community members teamed up to provide materials and labor required for latrine construction. The most vulnerable (included orphaned, child headed households and elderly and households with disabled and the chronically ill) provided labour where possible and were provided the one bag cement subsidy. As the project advocated for open defecation free communities, community members also assisted the most vulnerable to construct their latrines in order for the community to attain an Open defecation free status. WVZ uses a selection criteria developed by the WASH sector at national level that specifies how to identify and rank the most vulnerable. This criteria starts by selecting the most vulnerable province, district, ward, village, household down to a water point.

WASH interventions in FY16 were supported by multilateral grants that included UNICEF, DFID, USAID and WV support offices including US, Germany, Australia, Hong Kong and Canada. FY16 WASH investment stood at \$2,786,761 and was 4% of the annual expenditure for WVZ. This fell short of our expectation for the year in order to meet the targeted activities in the business plan. As a result some key outputs were not achieved thus the WASH Business plan for FY17-20 will be revised. Furthermore the WASH team will increase their fund raising efforts in order to meet the funding requirements in FY17.

EMPOWER 100,000 VULNERABLE HOUSEHOLDS TO BE MORE PRODUCTIVE AND RESILIENT

Outcome 1: Parents and caregivers provide well for their children

Outcome 2: HH's and communities have increased capacity to adapt to risks, shocks and disasters

Outcome 3: HH's have improved sustainable incomes

Outcome 4: Improved crop and livestock production and productivity

Country Context⁹

During the reporting period, the country continued to grapple with tight liquidity, lack of capital formation and unemployment. The cost of finance remained prohibitively high and as a result the majority of farmers could not access any forms of finance. On the other hand the prices of livestock (cattle) remained low as an average beast was sold for \$300 in most parts of the country, down from \$450 in 2015. Resultantly efforts centered on savings mobilization, productive investments and income generation remained subdued with initiatives such as the savings groups, village savings and loans, internal savings and loans not yielding much returns despite increase in the number of groups involved.

The economic situation was further exacerbated by the enunciation of the introduction of the bond notes towards the last half of the year resulting in uncertainty in the economy thereby further restricting business transactions. As such the availability of inputs and commodities on the market was temporarily compromised. The government however continued to ensure an enabling environment for production, exports and agriculture activities. An export incentive policy that was launched towards the end of the year coupled with the aggressive use of plastic money saw a substantial improvement in the economy.

Rural food insecurity was projected to rise to approximately 30% (2.8 million people) from the 16% (1.5 million people) initially estimated in May 2015. Against this background, the Government declared the drought a State of Disaster and subsequently launched the 2016-2017 Drought Disaster Domestic and International Appeal for Assistance, totalling USD1.5 billion.

The majority of the districts benefitted from the Government input support programme such as the vulnerable and the Presidential input schemes. While this was a good initiative, the preceding long dry spells belittled such efforts. As a mitigating measure and going forward the government has come up with a command agriculture system which will be launched and rolled out in FY 17. This is one initiative by the government to support small holder and large scale farmers to produce food for the nation.

The accumulated rainfall totals for the period October 2015 to January 2016 for the 2015/2016 rainfall season showed that the greater part of the country had received less than 300mm by the end of the period. Most of the country received at least one dry spell of more than 10 days. Areas in the southern part of Masvingo, southern part of Manicaland, Matabeleland South and Matabeleland North experienced dry spells of more than 20 days. Areas in the southern part of Masvingo, southern part of Manicaland, Matabeleland South and Matabeleland North experienced dry spells of more than 20 days.

Across the country, grazing was generally poor and inadequate. About 25 districts mainly in the southern parts of the country had critically inadequate pastures in January 2016. Livestock condition ranged from very poor to fair with only 11 districts indicating that livestock condition was good. The highest livestock deaths due to drought were recorded in districts in Matabeleland South province followed by those in Matabeleland North province i.e. Tsholotsho (1,145) and Binga (993) as well as Manicaland province i.e. Chipinge (2,600) as well as Masvingo province i.e. Mwenezi (1,993) and Chiredzi (2,638).

Foot and Mouth Disease (FMD) which was widespread in Matabeleland South, Midlands, Masvingo provinces, parts of Manicaland (Chipinge South) and Mashonaland West (Ngezi) had been contained. However, the existence of quarantine in the areas impacts negatively on the price for livestock. Other livestock disease occurrences were tick borne diseases, black leg and new castle.

On average, 35.1% of households had inadequate water supply for domestic use and of these, 31.3% cited that this was abnormal for this time of the year compared to other seasons. Masvingo and Manicaland provinces had the highest proportions of households with inadequate water for domestic use; 41.7% and 40.4% respectively. Nationally, 81% of households reported unavailability of water for agricultural purposes (irrigation schemes and gardens).

Current Status

In FY16 WVZ's contribution towards the child well-being was measured across the areas of operations through the annual outcome monitoring (Lot Quality Assurance Sampling) alongside other measures such as baselines and evaluations. Data reported in the narrative was mainly drawn from four¹⁰ references.

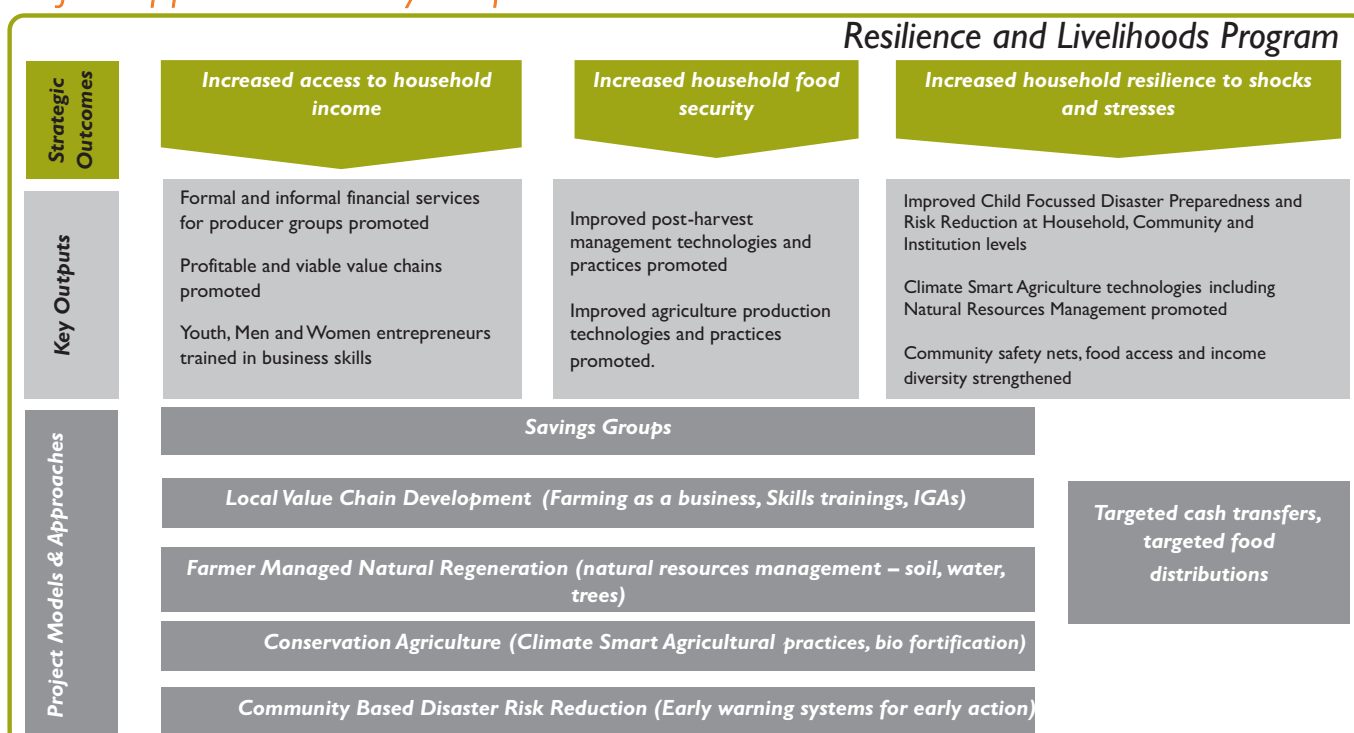
Captured indicators are as follows:

- Proportion of households who report having access to sufficient credit – Ranges from 5% - 50.5% (FY16) across Area Programs, FY16 LQAS. The respective NO average was 15.5% (FY16) down from 15.8% in FY15
- Proportion of youth accessing skills training capacity building for economic activity – Ranges from 5-50.5% across Area Programs, FY15-16 LQAS
- Proportion of Households where one or more adults are earning a regular income – Ranges from 19% - 42.1% across Area Programs, FY16 LQAS
- % poor women and men with increased incomes – 48% of the sorghum farmers, 74% of poultry producers and 50.7% of the households that are part of SGs reported that their household income had increased, (Matabeleland South Integrated Health and Livelihoods, April 2016)
- % of poor women and men who gain access to agricultural technologies – 75% of the interviewed farmers in Matobo, 9% of the respondents in Umzingwane and only 32% in Gwanda district are practising CA on their land (Matabeleland South Integrated Health and Livelihoods Project Annual Evaluation Report, April 2016)
- Proportion of HHs with increased diversity of crops at HH level – 52% of the households had adequate diets, whilst 31% were on the borderline and 17% had poor diets (Matabeleland South

Integrated Health and Livelihoods Project Annual Evaluation Report, April 2016)

- % of farmers farming diversified crops: 85% of the interviewed project farmers indicated that they have diversified crops in their land (Matabeleland South Integrated Health and Livelihoods Project Annual Evaluation Report, April 2016)
- Proportion of HH using appropriate 'Climate Smart'/environmentally sound practices – Ranges from 24.3% - 90% across Area Programs, FY16 LQAS
- Proportion of HH engaging negative coping mechanisms that anticipate or mitigate major risks – 17.1% of children working for food in Mudzi, 14.6% of children working for food in Hwange
- Productive asset ratio depletion is at 16.3%, (Productive asset creation, February 2016)
- Proportion of households with one or more 'hungry months' in the previous 12 months or Prevalence of households with moderate or severe hunger (Household Hunger Scale – HHS) – Ranges from 5.3% - 100% across Area Programs, (FY16 LQAS). The respective NO averages were 85.6% in FY15 and 47.6% in FY16
- 3.3% of households in severe hunger in Hwange, PAC February 2016
- For the four districts (Mbire, Hwange, Kariba and Binga) 38.4% of the stocks will last for less than a month, 20.4% 1-3 months, 11.8% 4-6 months, 3.1% 7-12 months and 0.5% beyond 12 months
- 51% of households had little or no hunger whilst another close half (46%) had moderate hunger and a few households (2%) had severe hunger, (Matabeleland South Integrated Health and Livelihoods Project, April 2016)

Project Approaches & Key Outputs



10. Lot Quality Assurance Sampling, FY15-16, Productive Asset Creation (February 2016), ZamVELW 2016 and Matabeleland South Integrated Health and Livelihoods Project, (April 2016)

Resilience & Livelihoods Outputs achieved in FY16

Output	Achievement in FY16	Number of grants & APs contributing to the output
RES-1: Number of Savings groups established in the last reporting period through WV supported programs	0 ¹¹	16
RES-2: Number of farmers trained and participating in the selected value chains	2563	17
RES-3: Number of farmers (HHs) with increased agricultural production and productivity in the production season (relative to the preceding season) due to WV's interventions	3344	19
RES-4: Number of households who practice water saving/management techniques (Climate Smart Agriculture technologies)	9768	15
RES-5: Number of farmers trained or participated in demonstration event of basic post-harvest & seed handling knowledge and skills	81381	16
RES-6: Number ADPs practicing CDPPs with updated current plans	17	17
RES-7: Number of functional cooperatives, IGA and other forms of associations (including producers groups)	2884	21
RES-8: Number of households farmers that are supported with farming materials in the reporting period	25679	15
RES-9: Number of households receiving humanitarian assistance from WV as a result of an emergency/disaster	153 278 (919669 individuals)	17

Progress Description

Savings groups have gone a long way in improving the capacity of parents and guardians to provide for the needs of their children including improved access to medical care and education. Most groups also shared out their savings during the month of September 2016 to facilitate the purchase of agricultural inputs for the 2016/17 farming season. The El Nino induced drought that was experienced in the country in FY16 made it difficult for community members to establish new Savings Groups during the reporting period in addition to existing ones experiencing a high average dropout rate of 3.4% due to limited amounts of cash at household level to contribute towards the established Savings Groups. During FY16, refresher training in Savings Groups was conducted for key project staff from 20 ADPs. The training focused on the key strategies used to establish SGs in addition to strengthening new ones and how to enter and update SG data into the SG MIS platform, SAVIX. Trained WVZ staff identified Village Agents in respective operational areas and these were instrumental in the sensitisation of community leadership and community members on the SG concept in addition to the establishment and monitoring of SGs. The National Office ended FY16 with a total of 2695 SGs with 20509 members (88% of them being Female) worth total savings of USD 831,378.00

Fish, piggyery, horticulture (vegetables), potatoes, mung beans, sesame, poultry and beef value chains were supported in FY16. A total of 15 identified market facilitators from fish, piggyery and poultry producer groups were trained in the LVCD model. Focus of the trainings was on creating vertical linkages focusing on input and output markets in

addition to horizontal linkages that promoted farmer to farmer learnings and agricultural support from Government extension workers and private entities. Following these trainings, producer group members developed constitutions and business plans for their producer groups in addition to brokering deals with players within the input and output market circles such as profeeds, National Foods, Irvines, Surrey meats, M&C meats, Green trade and IETC Zimbabwe. World Vision Zimbabwe also facilitated farmers' access to contract farming opportunities and affordable credit from Micro Finance Institutions. A total of 2563 smallholder farmers were trained and participated in selected value chains.

Due to marginal rainfalls received between October 2015 and January 2016 for the 2015/2016 farming season, World Vision Zimbabwe continued to support Agricultural Extension workers through facilitating Training of Trainers sessions led by Government Extension Workers as well as field based trainings led by Lead Farmers on Climate Smart Agricultural practices with a focus on Conservation Agriculture and improved post-harvest management technologies and practices. Identified para-veterinarians received training in the identification and management of livestock diseases in an effort to enhance the capacity of smallholder farmers in improved animal husbandry practices. Pamphlet and mobile platforms, in particular Eco farmer, were used to share climate and weather forecasts in addition to appropriate planting times and sustainable agricultural practices with targeted small holder farmers.

11. During the reporting period more effort was put into reviving and strengthening already existing SGs and not on the establishment of new ones. Staff trainings in the SG model, monitoring of existing SGs and reporting into SAVIX took priority during the reporting period following the realisation that most APs were not doing so well in the monitoring of existing SGs and this was exacerbated by limited financial resources to be invested in SGs by targeted HHs due to a prevailing harsh economic environment characterised by serious cash shortages.

Progress Description..continued.

Vulnerable small holder farmers were supported with small livestock, agricultural implements and drought tolerant seeds to improve their crop and livestock production. A total of 25679 small holder farmers were supported with farming materials in FY16 aimed at increasing agricultural production and productivity. In addition project start up materials in the form of construction materials for piggery, fish, poultry pen fat fattening and small irrigation projects were given out.

In an effort to improve community ownership and enhance the sustainability of project interventions, World Vision Zimbabwe facilitated trainings for small holder farmers in producer groups in community assets management in addition to the establishment of community structures such as dip tank and irrigation management committees. In addition to giving out start-up materials for new producer groups and income generating projects for community members, WVZ strengthened existing groups through trainings in LVCD, Organisational Capacity Building, skills training and financial literacy. Established and strengthened groups focused on horticultural production, beef, poultry, piggery and fish production resulting in a total of 2884 functional cooperatives, IGAs and producer groups. A total of 3344 small holder farmers reported increased agricultural production and productivity in the 2015/16 agricultural production season (relative to the preceding season).

World Vision Zimbabwe worked in close collaboration with the Ministry of Agriculture, Mechanization and Irrigation Development and facilitated farmers' access to improved farming practices and weather forecasts via mobile platforms and flyers. Livestock and crop production demonstration plots were established for Smallholder Farmer learning purposes using the Field Farmer School and the Lead Farmer approaches. A total of 9768 households reported that they were practising water saving/management techniques and making use of one or more Climate Smart Agriculture technology or practice in FY16. WVZ facilitated trainings for 81381 small holder farmers by Government Extension workers in improved post-harvest management techniques (harvesting, processing and storage).

Trained farmers also participated in at least 1 demonstration event on post-harvest technology or practice. Under the auspices of the EC Fisheries in collaboration with Fisheries and Aquaculture Working Group (FAWG) a position paper on the need for a harmonised Fisheries and Aquaculture policy was submitted to Government. As a result the Government is planning for national meeting on policy framework development. The organisation has been working with the Ministry of Environment Water and Climate (MECWC), Ministry of Agriculture Mechanisation and Irrigation Development (MAMID), Department of Livestock Production Department (LPD), Ministry of Women Affairs, Gender and Community Development (MoWGD), University of Zimbabwe Research and Development Unit as well as Lake Harvest.

WVZ and local Government agencies staff from 26 ADPs received ToT trainings in DRR using the GERANDO toolkit. The ToT trainings were followed by community members' trainings in disaster and risk mitigation and management. Community trainings resulted in the preparation of updated Community Disaster Preparedness and

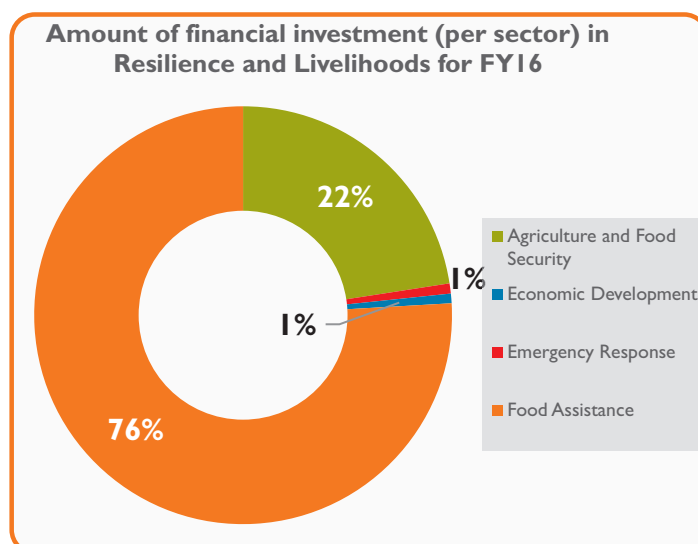
management Plans in the 26 ADPs. Community trainings in disaster preparedness and management will enhance the resilience and capacity of targeted communities to respond to and recover from man-made or natural disasters which can be a result of extreme weather patterns such as droughts, floods and others.

A total of 919669 households received humanitarian assistance from WVZ in response to the El Nino induced drought that resulted in poor crop yields for the 2015/16 farming season in addition to approximately 25 000 livestock deaths across the country due to water and pasture shortages. Households benefited from several emergency response interventions that included cash transfers, seed (small grain and legumes) distributions and targeted food assistance through Food for Assets projects that involved community members participating in projects that rehabilitated or created productive assets within their communities including dip tanks, roads and weir dams. Programming interventions in response to the drought were deliberate in ensuring that short term relief interventions build on the long term resilience of targeted communities.

WVZ worked closely with Government line Ministries/agencies, FBOs, CBOs, other NGOs, Donor Agencies, UN agencies, Private firms, farmer organisations, research institutions, targeted community members and interest groups in the design, monitoring and implementation of all project interventions. The involvement of Government agencies and community based partners will enhance the sustainability of project interventions.

The actual amount spent across agriculture & food security, economic development, emergency response and food assistance interventions in FY16 was US\$43 300 347 against an annual budget of US\$45 527 926. As indicated in figure 2 below, 72% of the investment was used for food assistance, 22% for Agriculture and Food Security, 1% for Economic Development and 1% for emergency response interventions. Considering the vulnerable and food insecure populations in our operational areas, as indicated by the huge investment in food assistance, the level of investment in Resilience and Livelihoods was not sufficient and did not meet the sector needs.

Figure 2: Amount of investment in Resilience and Livelihoods for FY16.



OBJECTIVE 4: IMPROVED AND EQUITABLE LEARNING OUTCOMES FOR 400,000 GIRLS & BOYS

OUTCOME 1: Increase in children who complete basic education

OUTCOME 2: Increase in children who achieve age appropriate learning outcomes

Context

► El Nino induced drought affected caregivers capacity to meet school requirements as food was prioritized ahead of other household needs.¹²

Harsh economic conditions within the country, coupled with the aforementioned drought and other harmful social factors like child pregnancy and marriage are affecting school attendance and enrolment.¹³

► Low government funding for education, 99% of the Education budget goes to employment costs servicing the wage bill. The bulk of the education funding is coming from development partners (eg. UNICEF, Global Partnership for Education (GPE) and NGOs). These funds support literacy and numeracy initiatives such as Early Reading Initiative (ERI) and Performance Lag Address Programme (PLAP).

► Increase in number of trained staff across the majority of schools in the country.

► An annual budget allocation of \$787 million in Ministry of Primary and Secondary Education (MoPSE) in 2016, spending is 99% is going to employment costs.

► Schools capacity for infrastructural and other developments is

affected by lack of resources, particularly as the bulk of the school fees for rural children is from the government sponsored Basic Education Assistance Module (BEAM) which has been struggling to pay the schools. For instance \$7 million was disbursed through BEAM in 2014 and BEAM is in arrears for 2015 and 2016 and 40% of learners who are on BEAM had claims still outstanding in all provinces.¹⁴

► There is an increase in Education funding from other non-governmental players, as MoPSE got \$20,585 million from GPE for the next three years from 2017 and 20,030 million from EDF for 2017

► Introduction of a revised education curriculum that seeks quality and relevance, whose implementation started in FY16.

► National literacy rate is at 92%, Grade 7 and Ordinary level national pass rate still low but have improved from 29% in 2010 to 42, 9% in 2016

Current Status

In WV programming areas, the average proportion of children enrolled and attending a structured learning institution¹⁵ changed from 81.4% in 2015 to 80.9% in 2016.

Project Approaches & Key Outputs

Strategic Outcomes	Increase in children who complete basic education	Increase in children who achieve age appropriate learning outcomes	
Key Outputs	Number of children currently attending a structured learning institution in the reporting period (ECD, Primary, Adolescent Life Skills)	Teachers' literacy methodology improved is this the only key output under this outcome? Is there nothing on the community side? This picture looks lopsided The community action bit started FY17	
Project Models & Approaches	Savings Groups	School Construction	Literacy Boost
	Mothers Groups	Male Champions	Girls Power within clubs
	Bicycle Education Empowerment Programme	CVA Groups	
		Channels of Hope	SDC Support

¹² WVZ Resilience Study Preliminary Findings

¹³ Ministry of Primary and Secondary Education Annual Report 2016

¹⁴ Ministry of Primary and Secondary Education EMIS Report 2014

¹⁵ LQAS 2015 and 2016 comparisons for 8 Aps

Outputs Achieved in FY16

Output Indicator	FY16 Achievement	Number of Programs
Number of boys and girls currently attending a structured learning institution in the reporting period (ECD, Primary, Adolescent Life Skills)	223595	24 ¹⁶
Number of male and female teachers trained in WV-facilitated literacy methodology	1072	13
Number of trained community literacy volunteers who supported activities that enhance learning outcomes	981	9
Number of boys and girls who have dropped out of school during the last six months	837	13
Number of school management committees (SMCs/SDCs) trained to implement basic education improvement plans	786	18
Number of locally relevant reading materials developed and distributed in the last six months	6160	6
Number of functional cooperatives, IGA and other forms of associations (VS&L)	1636	10 districts ¹⁷
Number of functional CVA groups focused on Education	87	3
Number of adults trained in local level Advocacy - CVA for Education	11675	10 districts ¹⁸
Number of boys and girls participating in children's clubs or groups that are supported through WV	2031	10 districts ¹⁹

Progress Description

In 2016 World Vision Zimbabwe (WVZ) implemented education projects in 24 ADPs including 10 IGATE districts. Its accomplishment was a result of great partnership between World Vision Zimbabwe and the community, children and their families, government ministries/departments, CBOs, FBOs and INGOs. Another major highlight of FY16 was the partnership with Higher Life Foundation in addition to other already existing partners.

The partnership sought to increase enrolment for children from the most vulnerable families into school. Furthermore, 2016 goes in memory lane where World Vision was part of the Education Coalition of Zimbabwe (ECOZI) which advocated for presentation of education partners in finalization of the curriculum and its implementation in schools, drafting of the Education Sector Strategic Plans (ESSP) 2016-2020, being a strategic partner in supporting access to and quality of education in WV areas of operation in Zimbabwe. World Vision Zimbabwe education programming has mostly been focused around supporting the access to education and quality.

Education Access

There are 24 Area Development Programmes in FY16 and 10 IGATE districts that implemented education activities and reached

to 223595 boys and girls.²⁰ Dande had the highest number of boys and girls reached with 20165 followed by Buhera with 19 454 children. Most Education programming has been focused around strengthening the capacity of the School Development Committees to participate in school construction activities, enhancing community ownership, through mobilizing community groups and involving community members as they are build their capacity in basic life skills mostly including building. There has been a gradual increase of boys and girls reached in ADPs since 2013 despite the decrease in education grant funded projects with 2 of the projects ending in 2015. In total 196063 were reached in Area Development Programmes. Through an innovative mix of 9 model interventions,²¹ the largest education grant in Zimbabwe; the IGATE project has significantly contributed in ensuring girls enroll, retain and complete school with equal opportunity as their male counterparts in the past 4 years with 27532 boys and girls reached by IGATE in its 10 districts²² of implementation. A key aspect to mention in the IGATE project over the year 2016 has been the successful achievement of immediate outputs, however the functionality of models especially Savings groups and other community structures has greatly been hampered by harsh economic conditions which have not facilitated a conducive environment for socio-economic thriving.²³

¹⁶ Including 10 IGATE districts
¹⁷ Figure for FY16 IGATE grants
¹⁸ IGATE districts
¹⁹ Figure for FY16 IGATE grants
²⁰ Item ECD to Secondary education
²¹ Including Home visiting girls' clubs, Savings Groups, Mother groups following on girls' literacy and abuse, SDCs more sensitive to girl-friendly school environment, CBR models mainstreaming gender. More percentage of girls equipped with bicycles to travel to school. Community leadership and religious structures empowered on understanding gender issues
²² Excluding children in ADP schools where IGATE is implemented
²³ IGATE Annual Report - 2016

Progress description...continued

Furthermore 578 boys and 793 girls (total 1371) from 17 ADPs were supported with school fees payments while 23 classroom blocks, 6 teachers' houses, 234 squat holes were constructed in 17 ADPs. However despite these projects making significant strides in increasing enrolment, there has been minimal success realized in ensuring sustainability since most school fees support has been through school fees payments from direct support like bursaries and Sponsorship funds.²⁴

In addition, access to education was also enhanced through 4432 Bicycles which were distributed in 10 IGATE districts adding to the already 25,097 bicycles²⁵ which were distributed in 231 schools by midline of the project. The original target number of bicycles was 22 800 bicycles. BEEP monitoring reports highlight that this intervention has tangible impact as evidenced by the projects' ability to empower girls with ease of access through enhanced attendance to school and enabling the girl's recognition in the society as they bring and increase the assert base for the household. It is mentioned in one of the project's beneficiary sites that, "due to long distances to schools; the parents of school children used not to participate in school development issues. However with their children now benefiting from the BEEP project, the parents have since been more active in school development issues." The girls as well are reported to have improved their technical skills as they can now mend bicycles on their own something which was known to be done by boys only.

Among the children enrolled in school in the last 6 months of the year FY16, 837 boys and girls were recorded across 13 ADPs areas to have dropped out of school with highest recorded in Gokwe North with 178 and Limpopo with 212. According to the Sponsorship Tracking Enhancement Programme (STEP) data there was no change in dropout rates in 2016. The dropout rate remained at 6% for secondary RCs and 0.71% for RCs in primary school. Insiza and Dande recording the highest with 59 and 32 RCs dropping out of school respectively.

The WVZ Education sector invested in the capacity development of 321 School development committees across 8 programmes and 465 SDCs in all 10 IGATE Districts. The immediate achievement, according to monitoring reports, is that the SDCs are now properly synchronising their existing five year development plans, annual plans with plans coming out of the CSGE score card and planning sessions. IGATE is continuing to promote this integration as a sustainability strategy for CSGE and SDC activities. However, the implementation of SDCs initiatives is slowing down due to the negative effects of drought. With parents/guardians prioritising food provision (for survival) over education (fees) payment, revenue to schools for SDC access has reduced. To address the barrier of insufficient school fees payment, 1636 functional IGAs were established under VS & L in the IGATE project. In a survey conducted in July 2016, additional

analysis of self-reported data shows that in the 6 months prior to the survey 78.3% of VSL members who have children in school used income generated as a result of VSL to pay for the school fees, 65.4% reported having purchased learning materials for their children, 36.5% purchased sanitary wear for their girls. Judging from these figures the endline target for this particular indicator will be exceeded. However, despite the difficulties presented by the drought and depressed economy, it is clear from the statistics that VSL members are faring better than non-members. Actual school fees payment records support this affirmation. School records show that 40.3% of VSL members with at least one child in school had their term 1 school fees paid compared to 33% of non-participants; 9.1% VSL participants were partly paid up compared to 7.6% non-participants and 50.6% VSL members had not paid their school fees for term 1 compared to 59.1% of non-participants. The data shows greater resilience for households participating in VSL.

Part of Zimbabwe's education programming has also been focused on strengthening local level advocacy systems and structures, with about 3 ADPs had 87 Citizens Voice and Action functional groups and IGATE had 11675 in 10 districts. Data under IGATE shows that CSGE managed to set up abuse reporting mechanism in schools. For example IGATE quarter 14 report states that 28% (131/467) of the schools had at least one abuse reporting mechanism. A total of 51 schools were monitored in that quarter for the functionality of Abuse reporting mechanisms). Of the 51 schools, 50 had functional child abuse management committees, 48 had the Guidance and Counselling Department, 35 had school based child protection policy documents in place and 47 had suggestion boxes. As a result of the existence of the Child Abuse Prevention and Management Committees in the schools, the number of reported abuse cases have been going down in Quarter 13 had 21 cases reported, in Quarter 14, 13 cases, and Quarter 15, 7 cases. The downward trend indicates the awareness on the evils of child abuse is getting better with time.

A total of 11675 adults were trained in local advocacy in the 10 districts of IGATE. The adults trained were all the CSGE community working groups. The sensitization of the adults resulted in their empowerment and awareness on issues that affect children on a day to day bases. Communities are now able to articulate policy issues and standards which has positively contributed in them taking up responsibility to improve their schools making them a better place for their children positively contributed to them. Furthermore, the district CSGE working groups for the 10 districts were responsible for these trainings. This created ownership of the programme and was also used as a sustainability issue were the district working group would continue to implement and monitor plans even after closing of IGATE.

24. Gift Notification funds for Registered children have proven to be one of the major sources of School fees payment across ADPs with education projects – ADP Annual Reports Summary 2016
25. In the 1st phase for FY16, 8848 boys and 16150 girls received bicycles making it to 24998

ADP	# of schools	BENEFICIARIES		TEACHERS TRAINED	READING CAMPS ESTABLISHED	VOLUNTEERS TRAINED	PARENTS ENGAGED	BOOKS/MATERIALS PRODUCED	CHILDREN IN READING CAMPS	
		boys	girls						Boys	Girls
Bolamba	16	702	700	2	24	46	0	13	461	361
Nkayi	14	1333	1261	14	60	67	120	10	1333	1261
Hwange	20	2003	2052	2	0	15	163	2	0	0
Lupane	8	1034	1077	12	44	88	527	3	723	754
Sikhobokhobo	10	2287	2210	22	35	24	30	2	0	0
Mzimuni	17	655	798	2	9	10	50	13	84	54
	85	8014	8098	54	172	250	890	43	2601	2430

Funding streams and level of investment

Ten districts under IGATE had 2031 children participating in children's clubs or groups supported by WV in various activities i.e. in Power within clubs, junior parliamentarians, school rallies under spiritual nurturing and as members of the school development committee. The management committees each had 2 students representing the interests of children, and the Committee members were elected by the students as guided by Circular policy 27 of 2008. The participation of children in management committees gave another perspective in terms of prioritizing projects done in schools and also in the best interest of the children.

Quality of education

During the reporting period 269 teachers managed to undergo a training on WV literacy methodologies. The capacity building initiatives have gone a long way in complementing the MoPSE in-house capacity building programmes such as the Early Reading Initiative and the Performance Lag address programme. As evidenced by project monitoring reports, in all the schools that were targeted, the teachers have noted improvement in the reading levels of children with a majority of schools recording a reduction of non-readers in the early grades. In some schools the teachers have expressed appreciation of the trainings as having equipped them to better develop the core reading skills in the learners.

Nine ADPs including IGATE districts have mobilised more than 1040 community volunteers who actively support education activities (eg. Village reading clubs) that enhance learning outcomes at least once per week in the past 6 months with Gokwe and Limpopo being highest with 300 volunteers each.

In ADPs where Education projects have supported literacy in addition to the Literacy boost project which started in FY16 across 6 ADPs, over 4800 titles of locally relevant reading

materials have been distributed in schools the last six months. 1425 community libraries were established and supported. The provision of reading materials and the establishment of libraries have helped to foster a reading culture both in-school and out of school. The last 36 months have seen concerted effort by World Vision and other partners to support schools with reading materials. The pass rates for 2015 in most districts compare favorably to those of 2014, something which could be attributed to the support towards education by World Vision Zimbabwe and partners. The table below summaries LB achievements in the 6 ADPs.

Funding streams and level of investment

The Education and Life Skills projects both in ADPs and grants had an annual budget of \$9,779,860 and of this amount, \$9,265,437 was spent which is 14% of the total FY16 annual budget for the office. Out of this investment, the amount invested across Area Development Programmes has mostly been infrastructural investment in developing the learning environment; with the IGATE project having a significant expenditure in support of community structures which includes, school management trainings for school development committees, monitoring and building the capacity of Community savings groups, education advocacy working groups, lifeskills clubs in schools and support to the Ministry of Primary and Secondary Education; with the only hardware component being the distribution of bicycles to school going children²⁷ focused at retaining them in school. Despite these gains, there is still a huge infrastructural burden to the learning environment with most schools²⁸ being satellite schools. Software aspects focused on building the financial capacity of communities to meet education costs have not been effective to expected levels since El Nino effects have also been compounded by shortage of cash in Zimbabwe, which has negatively affected school fees payment by parents as well as functionality of schools.

²⁶ This investment mostly being classroom construction, disability friendly spaces and menstrual hygiene facilities

²⁷ 70% of these being marginalised girls since they are the more vulnerable within the programming areas

²⁸ 888 satellite schools established in resettlement and remote areas in 2015; - Education for All 2015 Report

CONTRIBUTE TO A SOCIAL AND SPIRITUAL ENVIRONMENT WHERE 2 MILLION CHILDREN ARE VALUED, NURTURED, PROTECTED AND THRIVING.

OUTCOME 1: Increase the proportion of children with birth registration

OUTCOME 2: Mobilise and support communities, churches and children to act on issues of injustice affecting the well-being of children

OUTCOME 3: Increase the proportion of adolescents who report themselves as thriving on the ladder of life

OUTCOME 4: Contribute to increased opportunities for children and youth to explore or express the love of God in their lives

Context

► Zimbabwe has more than one million children who have lost at least one parent.³⁰

► 33% of children in Zimbabwe have experienced sexual violence before the age of 18 years and 25% of children have been abused by care givers.³¹

► Between 30% and 40% of girls under 18 years of age suffered from sexual abuse and violence in their lives.³²

► 67% of children reported that teachers routinely inflict corporal punishment.³³

► Child sexual abuse is on the rise in Zimbabwe. With the Zimbabwe Republic Police reporting that more than 100 girls are sexually abused every day in Zimbabwe – more than at any other time in the history of the country – it is likely that development workers will encounter children who have been sexually abused in their day to day activities.³⁴

► Zimbabwe celebrated the landmark Constitutional Court (ConCourt) ruling which was passed on 20 January 2016 outlawing child marriages in line with the Constitution of Zimbabwe.

► Zimbabwe has comprehensive domestic, regional and international laws that provide for the rights of children, with the new constitution guaranteeing considerable enjoyment of rights by children. However the slow harmonization of the current laws to

the new constitution and other social and cultural factors hinder the achievement of full access to rights by children.

Presence of a wide range of service providers at the district level such as the District Social Welfare department, Zimbabwe Republic Police (ZRP) Victim Friendly Unit (VFU), district youth and child protection committees etc is a positive. However this is also affected by distance issues by children to service providers (associated with costs though government assists) and the general lack of knowledge on the services and the service providers.

Current status

► Reported cases of child abuse in WVZ programming areas has risen from 1-2 cases reported per month in the past three years to an average of 5-6 cases. From the 40 cases reported in 2016, 95% are child sexual abuse cases.

► The organization successfully facilitated the Union of the Development of the Apostolic and Zionist Churches in Zimbabwe Africa (UDACIZA) in crafting a gender policy for their organization.

► 8.6% increase in the proportion of children with birth registration across Aps³⁵

► Minimal average change from 62.7% in FY15 to 57.9% in FY16 in the proportion of community members who would report a case of abuse and can identify the correct reporting mechanism.³⁷

Project Approaches & Key Outputs

Strategic Outcomes	Increase children with birth registration	Contribute to increased opportunities for children and youth to explore or express the love of God in their lives	Mobilise and support communities, churches and children to act on issues of injustice affecting the well-being of children productive lives	Influence for effective policies and practices to promote and protect the wellbeing of children, in part by increased partnerships with the church and engagement with the GoZ.
Key Outputs	Adults trained in child protection issues in the reporting period # of children who secured birth registration documents in the reporting period	Children participating in children's clubs or groups that are supported through WV	Church and Faith leaders trained in theology and children's ministry	Adults trained in local level Advocacy Child abuse cases reported to law enforcement or community led child protection bodies
Project Models & Approaches	CPA CVA	VBS and Scripture Unions	CoH for Gender CoH for Child Protection	CVA CPA Community conversation

³⁰ https://www.unicef.org/zimbabwe/overview_12918.html
³¹ UNICEF Report 2016
³² UNICEF National report https://www.unicef.org/zimbabwe/child_protection.html
³³ ChildHelp Line International report
³⁴ https://www.unicef.org/zimbabwe/child_protection.html
³⁵ Ethics Point
³⁶ From 62.7% in FY15 to 57.9% in FY16 (Q&A averaged across 9 Aps)
³⁷ Comparison from Q&A FY15 and FY16 (Aps averaged across 9 Aps)

Outputs Achieved in FY16

Output Indicator	FY16 Achievement	Number of Programs
Number of children participating in spiritual nurturing activities that are supported by WV programs	38001	25
Number Of Church and Faith leaders trained in theology and children's ministry	680	12
	1,747	10 districts ³⁸
Number of adults trained in local level Advocacy e.g CVA	793	6
Number of Spiritual Nurture related Material Distributed (these include study books and bibles)	39719	21
Number of Churches and FBOs involved in holistic ministry	427	21
Number of adults trained in child protection issues in the reporting period	6630	27
Number of children who secured birth registration documents in the reporting period	3579	26
Number of children participating in children's clubs or groups that are supported through WV ²	14594	17
Number of child abuse cases reported to law enforcement or community led child protection bodies	377	16

Progress Description

On the advocacy front WVZ crafted an Advocacy Strategy which is being reviewed and is expected to be operationalized in FY2017. The organisation is part of the National Child Protection Coalition, coordinated by Zimbabwe National Council for the Welfare of Children (ZNCWC). Since 1973 the WVZ has been fighting for the well-being of children, where they are protected, cared for and given the opportunity to live up to their God-given potential.

The organization continued to engage the Registrar General's office on the need to come up with policy that allows the decentralization of birth registrations in order to increase access of the service in rural communities. UNICEF and other civic organizations namely Justice for Children Trust among others also joined the cause. At National Office level, Citizen Voice and Action (CVA) was rolled out reaching out 281 schools through Improving Girls Access through Transforming Education (IGATE) and 28 047 community members. A total of 30 staff were trained including 33 government officials. CVA is a local advocacy approach designed to improve the relationship between communities and government, in order to improve services, like health care and education that impact the daily lives of children and their families.

The organisation successfully catalyzed the process of self-crafting a gender policy for the Union of the Development of the Apostolic and Zionist Churches in Zimbabwe Africa (UDACIZA). The policy seeks to discourage adverse religious beliefs and practices, thereby encouraging faith based communities to be more gender sensitive and responsive to gender equality and the GBV needs of their respective communities. Also a Gender Analysis Gap for Theological Institutions study was conducted to incorporate gender and gender based violence issues into their curricula. Six out of eleven theological institutions had

indicated willingness to adopt gender aspects into their syllabi.

World Vision Zimbabwe works with a number of partners to prevent, protect and restore children who have been abused, neglected and exploited through a systems approach. World Vision defines a child protection system as a set of coordinated formal elements (for example, national legislation or social welfare services) and informal elements (for example, families and churches) working together to prevent and respond to abuse, neglect, exploitation and other forms of violence against children (World Vision International website). Among these partners is the media which had instrumental in covering the activities of the organisation across the country. In FY16 there were 63 articles in the print media in which WVZ was featured. Some of the organization's work was also featured in radio and television stations.

Funding streams and level of investment

The expenditure of the office on Child Protection and advocacy specific issues has been limited over the years. On the FY16 WVZ expenditure analysis, only US\$342, 403, which accounts to only 1% of both Grants and Programmes total expenditure in the office, was specifically channeled to child protection. About US\$56, 681 which is less than 1% was channeled to Christian commitments programming,⁴⁰ US\$1 631, 995 went to sponsorship programming services and only US\$195, 904 which is less than 1% of the total budget was used for spiritual nurturing programmes. Overall, the expenditure in Advocacy, Community Engagement, Christian commitments, Sponsorship activities and Child protection accrues to only 4% of the office total investment in FY16. The level of Child protection funding is expected to also increase in order to complement the increase in government expenditure in social protection over the past 5 years.⁴¹

38. IGATE districts

39. These include children in Child Protection committees, school clubs, Scripture union etc which are not IGATE Power within clubs

40. For both grants and ADPs involving all spiritual nurturing models

41. https://www.unicef.org/zimbabwe/ZIM_resources_protectionfund.pdf

Description of Disaster

During FY16 Zimbabwe was faced with an unprecedented food insecurity humanitarian emergency, caused by successive droughts. The El Niño phenomenon, a complex weather pattern resulting from variations in ocean temperatures in the equatorial Pacific, is characterised by erratic, unpredictable and suppressed rainfall. This resulted in severe drought in many parts of Zimbabwe and was compounded by yet another drought which occurred as a result of below average rainfall during the 2014/2015 season. This led to reduced access to safe water and reduced livelihood (crop and livestock) capacities, which was worsened by a rapid decline in basic service provision, economic services and cash liquidity. The government of Zimbabwe declared a state of disaster in February 2016 and at that time it was estimated that 2.8 million⁴² people required food assistance. However, in mid-March 2016, the situation had worsened and the government of Zimbabwe revised the number of people requiring emergency humanitarian assistance to approximately 4 million.

Zimbabwe has been declared a Category III Emergency & Response under the Southern Africa El Nino Emergency Response (SAENER), which is running for 18 months ending in March 2017. According to the World Vision Zimbabwe SAENER National Office situation report (11 October 2016), a total of 4 million (ZIMVAC report) people were affected of which 2 829 159 are in World Vision operational areas. In these World Vision operational areas, 300 602 registered children were affected.

The government of Zimbabwe introduced the Command Agriculture farming programme, a strategy to increase food production in the country, against a backdrop of severe food insecurity. According to the World Vision Zimbabwe SAENER National Office situation report (11 October 2016), at the time of reporting the government of Zimbabwe had registered 300 000 farmers and targeted 400 000 hectares of land under the programme and a total of \$500 million US dollars had been made available for agricultural inputs and related costs for the programme. Identified farmers were being given inputs, irrigation and mechanised equipment and were required to commit five tonnes per hectare to government as repayment. The government aims to produce two million tonnes from the 400 000 hectares of land.

World Vision's response:

World Vision Zimbabwe's response spans across various sectors. According to the World Vision Zimbabwe SAENER National Office situation report (11 October 2016), a total of 767 865 beneficiaries (Table 2 below) out of the targeted 840 580 beneficiaries were assisted across the nutrition, food security, livelihoods, WASH, health, DRR and child protection sectors. The total funding secured in USD was for GIK - \$12 192 433 and cash is \$10 071 116 against a target of USD46 320 841.00. Table 2 below depicts the number of beneficiaries reached.

Table 2: Beneficiaries Reached

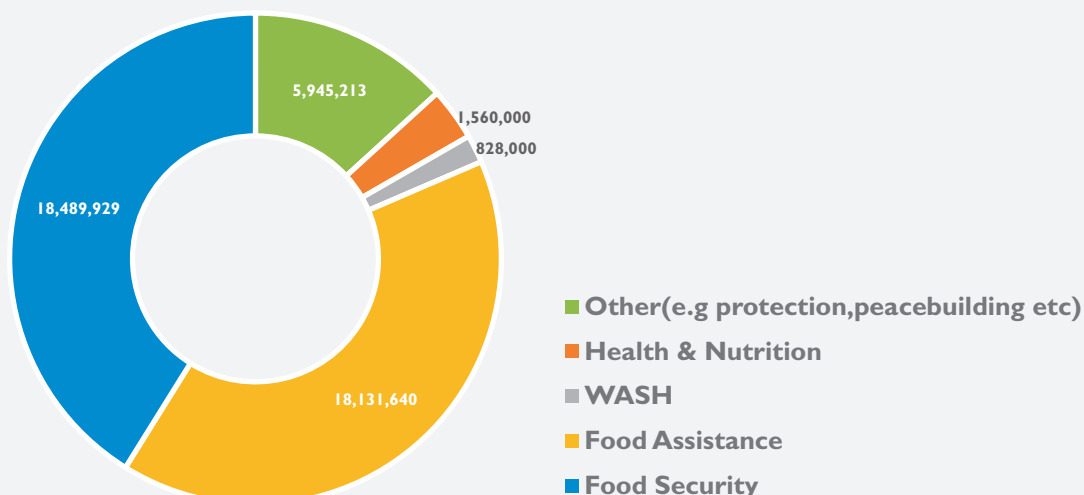
Girls	Boys	Adult Men	Adult Women	Total
77 277	74 706	295 661	320 221	767 865

A total of US\$44 954 781 (Table 3 below) in funding was received across the health/nutrition, WASH, food and food security sectors with the food security sector receiving the highest

amount of US\$18 489 929.

Table 4 below depicts the funding by donor received as at end of September 2016.

Funding by Sector



42. Based on ZIMVAC Lean Season Assessment, January 2016.

Contribution to resilience

Drought has both direct and indirect impacts. Drought directly affects production, lives, health, livelihoods, assets and infrastructure that contribute to food insecurity and poverty. However, the indirect effects of drought on environmental degradation and reduced household welfare through its impact on crop and livestock prices could be larger than its direct effects. The communities managed to save their livestock as they had employed coping strategies which included selling of other kinds of assets so that they can get money for livestock supplementary feed, food and other immediate needs in the household. Response enabled the most urgent needs which include access to water, food, cash relief, emergency livelihood support, nutrition and health services to reduce morbidity and mortality to be met in many districts in Zimbabwe.

According to OCHA (2016) Regional Outlook for Southern Africa(Recommendations for Humanitarian Action and Resilience

Response, p. 14)retrieved on June 9, 2016 from http://reliefweb.int/sites/reliefweb.int/files/resources/south_africa_humanitarian_outlook_5may2016.pdf) more than 6,000 children had dropped out of school because of lack of energy to walk to school and concentrate, and/or because they needed to help their families sustaining their livelihoods. This is particularly true for girls. After the response however like the school feeding project children could now attend school.

It is also noted that affected children's nutrition status had gone down but now household food consumption score has since shown that households are having more than 2 meals a day and have a diverse option of food groups to choose from. Parents could now afford to buy food for their children and reported cases of malnutrition became fewer by the day.

REFLECTIONS AND CONCLUSIONS

Concerted effort and investment has gone towards Health and Nutrition by the national office and this has seen the shift towards RMNCH as a technical program. The RMNCH TP⁴³ is about reproductive health issues that have to do with adolescent health, maternal health aspects ranging from pre-pregnancy period to postnatal period, the new-born health until the child is one month old, child health issues which extend up to 5 years and Nutrition issues ranging from preventive nutrition to management of malnutrition in children and mothers with emphasis on the first 1000 days. There has been good progress in the health component which has seen skilled deliveries and coverage of health services increasing in FY16. However, little progress has been observed in improving nutritional status of under-fives. There is generally poor nutrition status hence the need to redirect WASH and Livelihood interventions to impact nutritional status. Redirecting here means being more intentional and strengthening WASH, Nutrition and R&L integration as well as providing water for productive use in nutrition gardens and Income generating activities.

Nutrition interventions seem to have been under reported in the office in terms of investment as WVZ has two grants (ENSURE and ENTERPRIZE) that have a fairly big budget for nutrition yet only \$218,297 was expensed. There is need to include output and outcome indicators being tracked by grants although this report included them as their outcome indicators are different from the ones being tracked by CWB report. In terms of improvement in quality of services, progress has been noted in the increase skilled birth attendants with 90% deliveries reported to be conducted by skilled persons, there is need to scale up quality of services and New born care. Furthermore traditional awareness raising models need to be scaled down as they are not very effective as there is need for targeted skill based behavior change models. Ward health committee are an opportunity to strengthen community participation and accountability for better uptake of services and behavior change.

The key strategic focus of the Education and Life-skills strategic view in FY17 is to support the rollout of the new Education Curriculum in Zimbabwe. Key in line with improving access is the construction of specialized classrooms, which includes Science laboratories, E-learning facilities and Practical subjects' workshops. In addition to the access initiatives, Non-Formal Education has also been key in the government education strategy and is an area for further investment in education access. With the advent of LEAP 3, the Education and Life Skills Technical Programme is preparing to conduct Early Learning Assessments in Programme areas during the TP Baseline and support Education, Child protection and Life-skills, advocacy initiatives in-order to strengthen education outcomes. In addition, there has been growing need to strengthen Grant acquisition in Education related projects post the IGATE project and improve planning with MoPSE together at all levels at the same time working closely with the Education Coalition of Zimbabwe (ECOZI) in providing joint implementation Monitoring, adoption and Learning visits.

The proportion of households earning a regular income is relatively low across area programs and this ranges from 19.1% to 42% as gathered from the FY16 LQAS reports. Against this, the NO needs to consider expanding income generating activities and Savings Groups for targeted households. To note is that this is aligned to tier I of the approved NO programming focus areas which focuses on increased household income. More resources need to be channelled towards supporting Women, Men and Youth skills development, increased access to affordable sources of credit, profitable markets and productive assets. Deliberate efforts also need to be made towards strengthening the gains realised through emergency/response interventions such as Productive Assets Creation activities. Community resilience enhancing interventions need to be focused on improving the capacities of communities in sustainable asset management, improved agricultural practices and climate change adaptation

43. RMNCH TP 2016

CHILD WELL-BEING REPORT 2016



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