

CHILD WELLBEING
REPORT 2017

World Vision
ZIMBABWE



**Deepening Our Commitment to the
Most Vulnerable Children**

Foreword



Evidence, impact and learning have become critical to the work that we do. Not that it wasn't important before, but like many peer organizations we were satisfied with nice stories and pictures and focusing on all the good things we were doing and all the activities we had accomplished, and so were our donors. Times have changed. As we continue to invest time and resources to better understand results and impact of our work, or lack of, we are getting a truer picture of the state of the communities we work in and the level of well-being children are at. We now have a better assessment of the state of health and nutrition, access to clean water, livelihood and level of learning for children in the regions where we work. We also have a better idea of what our programs have accomplished to date, beyond activities, and where we have fallen short, and why. This is critical for us to ensure we focus on the right sectors and activities and adjust some of our interventions as well as where we work. It is also important that we have evidence to back up our work, for our staff to understand what we have done as an organization but also for our stakeholders, including donors, to better appreciate the work we are doing even when we fall short of our objectives and results. I am grateful for our team that has spent many hours

reviewing reports, data and information and painting a picture of what we have accomplished over the past year as World Vision Zimbabwe. We know where we need to improve and where we can do better, but we are confident that we have contributed to the well-being of thousands of children and their families in partnership with other organizations and through strong involvement of the communities we work in.

Emmanuel Isch

World Vision Zimbabwe, National Director

List of acronyms

AP	Area Development Programme	IYCF	Community Infant Young Child Feeding
AP	Area Program	LB	Literacy Boost
AIDS	Acquired Immune Deficiency Syndrome	LQAS	Lot Quality Assurance Survey
ANC	Antenatal Care	LVCD	Local Value Chain Development
ART	Antiretroviral Therapy	LCIP	Life Course Immunization Project
BCF	Behaviour Change Facilitator	MDG	Millennium Development Goals
BEAM	Basic Education Empowerment Programme	MICS	Multiple Indicator Cluster Survey
BEmONC	Basic Emergency Obstetric and Neonatal Care	MNCH	Maternal New-born Child Health
CDP Programme	Community Development	MoHCC	Ministry of Health and Child Care
CHAT	Congregational Hope Action Team	MoPSE	Ministry of Primary and Secondary Education
CHIP	Community Health Infant and Young Child Feeding Promotion	MVC	Most Vulnerable Children
CoH	Channels of Hope	NO	National Office
CLPP	Community Level Participatory Planning	ODF	Open Defecation Free
CSGE	Community Support for Girls Education	PD Hearth	Positive Deviance Hearth
CSO	Civil Society Organisation	PWD	People with Disabilities
CTP	Cash Transfer Project	RMNCH	Reproductive Maternal New-born Child Health
CWB	Child Well Being	SDG	Sustainable Development Goals
CVA	Citizen Voice in Action	SG	Savings Group
DPA	Development Programme Approach	UNICEF	United Nations International Children's Fund
DRR	Disaster Risk Reduction	VSL	Village Savings Loans
EOP	End of project	WASH	Water, Sanitation and Hygiene
EPI	Expanded Programme on Immunisation	WFP	World Food Programme
FY	Financial Year	WHO	World Health Organisation
GAM	Global Acute Malnutrition	WVZ	World Vision Zimbabwe
GAVI	Global Alliance for Vaccines and Immunisations	ZEWaN	Zimbabwe Emergency WASH and Nutrition
		ZimVAC	Zimbabwe Vulnerability Assessment Committee

Executive Summary

This is the fifth annual child well-being report for World Vision Zimbabwe which also marks the first annual achievements of the F16-20 strategy. With this report, World Vision Zimbabwe celebrates some achievements and applies existing evidence to further refine the NO strategy in alignment with Our Promise 2030 and to inform programming as the office rolls out LEAP 3. A few highlights include:

SO 1: Improve health and nutrition status of 400,000 girls & boys.

- A total of 151,042 children and mothers were reached through vaccination and access to basic treatment services.
- 19,626 malnourished children with Severe and Moderate Acute malnutrition were reached in 11 emergency districts, with over 4199 children rehabilitated, with a cure rate of 80%, defaulter rate of 10% and a death rate of 2%. The PD-Hearth programs in 5 districts successfully rehabilitated 2,341 children in FY17.
- Over the past three years, the percentage of pregnant women who delivered in health facilities has steadily increased in most WVZ operational areas with all evaluated AP achieving more than 80% on this indicator.

SO: 2 Increase sustainable access to safe water and sanitation and improve hygiene practices for 400,000 girls & boys.

- There was a marked increase in the number of people reached with safe water as the target was surpassed by 57%. A total of 215,688 people have access to a basic drinking water source, with 26,916 children reached in school facilities. WVZ was able to drill 92 new boreholes and rehabilitate 544 boreholes since FY16 which saw more households accessing

- portable water with children benefitting further through reduced walking distance as is discussed in this report.
- A significant decrease in open defecation was realized with 35,218 households accessing basic facilities and 154 village communities declared open defecation free.
- Outcome monitoring results show an improvement in access to basic sanitation facilities over a 3 year period especially in Nkayi where communities continued to self-provide sanitation facilities as a result of the demand led approaches introduced under the Rural WASH program that ended in FY16. Nkayi sanitation coverage significantly improved from 23% in FY15 to 31% in FY16 and 47%

SO: 3 Empower 100,000 vulnerable households to be more productive and resilient.

- In FY16 3344 and FY17 (28817) households realized increased agricultural production and productivity
- A total of 5352 Savings Groups ended FY17 with total savings of USD\$3 294 982. Savings Groups as at end of FY17 were comprised of 9433 Males and 29,676 Females.
- 153 278 households (FY16) and 88,442 households (FY17) received humanitarian assistance from WV as a result of an emergency/disaster.

SO: 4 Improved and equitable learning outcomes for 400,000 girls & boys.

- In FY16 a total of 223595 children (111789 boys and 111806 girls) and in FY17 235531 children (117735 boys and 117796 girls)
-

were attending a structured learning institution.

- There was a 5% increase in the number of boys and girls reached owing to the robustness of the models employed such as the Literacy boost.
- A total of 1636 functional IGAs were established under VS &L in the IGATE program to address the barrier of non-school fees payment. School records show that 40.3% of VSL members with at least one child in school had their term I school fees paid.
- A study done in 2016 on Bicycle Education Empowerment Programme (BEEP) established that students reduced their commute-time to school by 47% with bicycles, from 77 minutes to 41 minutes on average. At peak impact, students with bicycles had a 96% better attendance rate than those without bicycles. Over all school terms, there was a 5% difference between students with bicycles and students without bicycles missing more than (or equal to) 10 days of school

SO: 5 Contribute to a social and spiritual environment where 2.5m children are valued, nurtured, protected and thriving.

- A total of 23 860 children were reached through the various church led programs that were conducted by trained church leaders and the CHATs in the target districts.
- The NO received 102 child protection incidents in FY17, 93 (91%) of which were sexual violence in nature.
- AP reports indicate that in FY17 a total of 2300 children accessed birth certificates, this is a decline from the 3579 who accessed birth certificates in FY16.

WVZ celebrates the steady improvement in ability to monitor and report particularly at output level. In spite of the improvement in monitoring the NO experienced limitations in conducting planned evaluations due to the anticipated TP baselines that were planned for the first quarter of FY18. In addition to these findings WVZ continues to learn from the CWB report writing process. Despite this being the fifth CWB report for Zimbabwe, it is constrained in ability to progressively compare statistics over time, largely due to an over reliance on major baseline and evaluation processes in APs.

INTRODUCTION

Overview

WVZ Child well-being report articulates the progress, impact and key learnings that have been attained and continue to guide WV operations in achieving the FY16-20 NO strategic objectives. WVZ worked with partners and vulnerable communities towards the sustained wellbeing of 2.5 million most vulnerable children. The strategy aimed to achieve the following targets:

1. Children report an increased level of well-being.
2. Increase in children protected from disease & infection (0-5 years).
3. Increase in children well nourished (0-5 years).
4. Increase in children who can read by age 11.

The office successfully developed and finalised Technical Approaches and Programmes which have been approved and adopted for implementation in the last quarter of FY17. LEAP 3 alignment led to the standardisation of implementation models, indicators and their measurements.

World Vision Zimbabwe has been working towards improving the well-being of children since 1973, guided by the following aspiration: “Our vision for every child life in all its fullness our prayer for every

heart the will to make it so”. The approach towards Child Well Being has evolved from the Community Development Program to the Area Development Program approach and is now using the Development Program Approach in engaging communities for the sustained wellbeing of children, especially the most vulnerable through equipping local level staff. In FY17 WVZ spent \$223,483 in community engagement processes for CWB, this culminated in the adoption of Technical Programmes and in the NO being LEAP 3 aligned.

The report intends to show impact and provide evidence of Health, WASH, Livelihoods, Education and Spiritual Nurture projects implemented in Zimbabwe from FY16-17, both in APs and Grants as the NO worked towards achieving child well-being outcomes. Good progress has been shown during the period under review and these will be discussed per Strategic Objective (SO).

Learning

The FY15/16 CWBR was informative in programming as it influenced the implementation and rollout of some programs and approaches as illustrated in table below.





Table 1: Learning from previous CWBR

Learning from previous CWWBR(FY15)	Progress on learning for FY17 CWBR
WASH: Diarrhoeal cases were reportedly high among children 6-23 months in the FY15 CWBR. It was recommended that there be implementation of activities targeting the age group and their caregivers on food handling and hygiene practices.	The team strengthened its approaches and reached out to 281956 people on hygiene messages in FY17 alone.
Health and Nutrition ANC coverage and uptake in AP areas remains far below the global thresholds. Results from the LQAS survey shows that deliberate programming focusing on ANC uptake should be strengthened	The global threshold of 60% was surpassed notably in APs like Nyanga and Chimanimani where there was an improvement from 55.2% to 72% and 67.4% to 70.2% respectively (LQAS 2016 report). This has been through the intensification of behavioural change approaches.
Education: A gap remains in ensuring continued access to school at all levels, a few children transition from primary school to secondary schools.	The proportion of children enrolled and attending structured learning increased from 80.9% in FY16 to 88% in FY17, this being attributed to LB model
Livelihoods: Farmers have limited access to formal micro finance services due to loan requirements. Only 3% accessed credit from micro finance institutions in 2015 and 22% of farmers in II WV programs reported having access to credit. Savings Groups have proved to provide a better alternative for rural farmers.	All NO technical programmes have incorporated the Savings Group concept as compared to II programs in FY15 leading to a total 667 groups formed so far throughout the NO office.

Context

In FY17, the Zimbabwe socio-economic landscape continued to be challenging with the country experiencing drought, floods and cash shortages which have resulted in price increases of food and other commodities thereby affecting the performance of all sectors. Despite this WVZ continued to work with partners to reach out to the most vulnerable in the communities. To improve the community health system WVZ capacitated community health workers and volunteers in different areas such as IYCF, IMAM, PD-Hearth, Interpersonal communication and management of childhood diseases. The education sector was not spared in terms of constraints as evidenced by the lack of quality education and increased school dropout due to unaffordability of school fees and other school related requirements. At least 61% of Zimbabweans have access to improved sanitation facilities whilst 30% of the rural population practiced open defecation (ZIMVAC 2017)

Table 2: Zimbabwe context analysis

Dimension	Enablers	Disablers
	<p>The political environment was relatively stable despite the visible tensions within and among the main political players.</p>	<p>Some key political processes such as reshuffling of the cabinet led to Government line ministries structural changes. Lack of smooth transitions lead to disruption of key processes which were led by WVZ. Of particular note is the EC Fisheries policy meant to be finalised by the 1st quarter of FY17 but has not yet been finalised to date</p>
<p>Socio-Economic</p> 	<p>Zimbabwe is conducive for policy dialogues aimed at improving the wellbeing of the citizens and children. For example, the legal age of marriage was changed from 16 years to 18 years in response to lobbying by civil society and NGOs.</p>	<p>Zimbabwe is going through a liquidity crisis since 2016¹. The cash crisis evoked a three² tier pricing system which fuelled inflation. Poor rural households' access to agricultural inputs, farmer produce marketing was constrained. Limited disposable income, reduced employment opportunities negatively affects caregiver support to children.</p>
<p>Environment</p> 	<p>The El Nino induced drought culminated in the disaster declaration by the Government of Zimbabwe and subsequently launched the 2016-2017 Drought Disaster Domestic and International Appeal for Assistance totalling USD 1.5 Billion. WV also declared (CAT III) multi country climate change induced food insecurity and water shortage emergency, which culminated in the SAENER response which brought in a number of intervention focused on livelihoods, nutrition and WASH</p>	<p>El Nino induced drought affected caregivers capacity to meet school requirements, limited access to safe & adequate water and increased food insecurity. The prevailing situation affected the health status of children as the national prevalence of Global Acute Malnutrition (GAM) was at 4.4% against, an acceptable WHO threshold of 3% and stunting prevalence was also high at 27% against an acceptable threshold of 20 % (June ZimVAC 2016). The national situation also compromised Agro-business transactions, availability of inputs and commodities on the market leading to the highest food insecurity prevalence experienced since 2009. Rural food insecurity for the period April-June 2016 was estimated at 6% and was projected to reach 42% during the peak hunger period (January –March 2017)</p>
	<p>In an effort to enhance evidence, learning & programming, the NO rolled out Horizon 3.0, TFE and LQAS. Financial resources were secured through grants and AP funds to complement response.</p>	<p>Budget cuts during the reporting period affected the organization as some of planned activities could not be funded and therefore implemented.</p>

¹ FEWS NET, 2016

² There was a price for cash ,a different price for mobile money and a different one for bank transfers

Data gathering process

A multi-disciplinary team comprising of the technical working groups³ led the CBW compilation process. The reporting process was guided by the FY17 CWBR guide. The first step entailed population of output and outcome data matrix by the respective sectors. A workshop for the core teams was conducted to peer review sector contributions leading to the compilation of the sector drafts. The report compilation involved a rigorous, interactive process between the compiling team, AP teams and government stakeholders to ensure quality data management.

Data used for this report was derived from APs and grants baselines, monitoring and evaluation documents. Qualitative and quantitative data was used to show progress and limitations towards attaining the NO strategic objectives. Ten baselines and nine evaluations were used to compile the report. LQAS results from 19 APs in FY16 and 13 APs in FY17 were used to show outcome progress. Evaluations used for this report were population based with a margin of error of 5% and a sampling

confidence level of 95%, see annex I for a complete list of data sources.

The limitations of data used in this report include the lack of standardisation of monitoring & evaluation systems between grants and area programs. In APs monitoring data is drawn from LQAS results whereas in grants, grants specified monitoring and evaluation guidelines are used. For some projects such as the WFP funded, donor sampling requirements are used for evaluations making it difficult to compare results with other WVZ data. LQAS data gaps in APs made it difficult to conduct a trend analysis of results over three years as only three APs had consistently collected the data. Furthermore some APs had budgetary constraints while others that are transitioning were not able to generate measurements. National Office LQAS data could not be averaged to produce trends since 4 APs⁴ measured LQAS over the last three years. WVZ in FY17 was transitioning into LEAP3 and most indicators reported on were not standardised as the office was using LEAP 2 hence the challenges with lack of standard indicators across programmes.

³ Health, WASH, Education, Livelihoods, DRR, Sponsorship, Advocacy & Gender and F&D.

⁴ 4 APs conducted LQAS in FY17 including Chimanimani, Nkayi, Sikhobokhobo and Nyanga.

Strategic Objective I: Improve the health and nutrition status of 400,000 boys and girls

Key problems addressed in this strategic objective include poor quality health service delivery where coverage of life saving maternal and child health services around birth, delivery and postnatal period had been low. According to ZUNDAF 2016-2020 framework access to critical essential BEmONC service was only 45% at PHC services in Zimbabwe in 2015. Additionally, as stated in the National Maternal and Neonatal health strategy 2017-2020, there is lack of competent, motivated human

resources following a brain drain of midwives and nurses. Other key problems targeted by this SO are low knowledge and skills of caregivers on health issues, prohibitive culture and religious practices, and inadequate capacity of VHWs and Health committees. The following outcomes are contributing to Strategic objective I:

- Increase in the number of children protected from disease and infection
- Increase in children who are well nourished
- Increased adoption of HIV risk reduction practices among adolescents

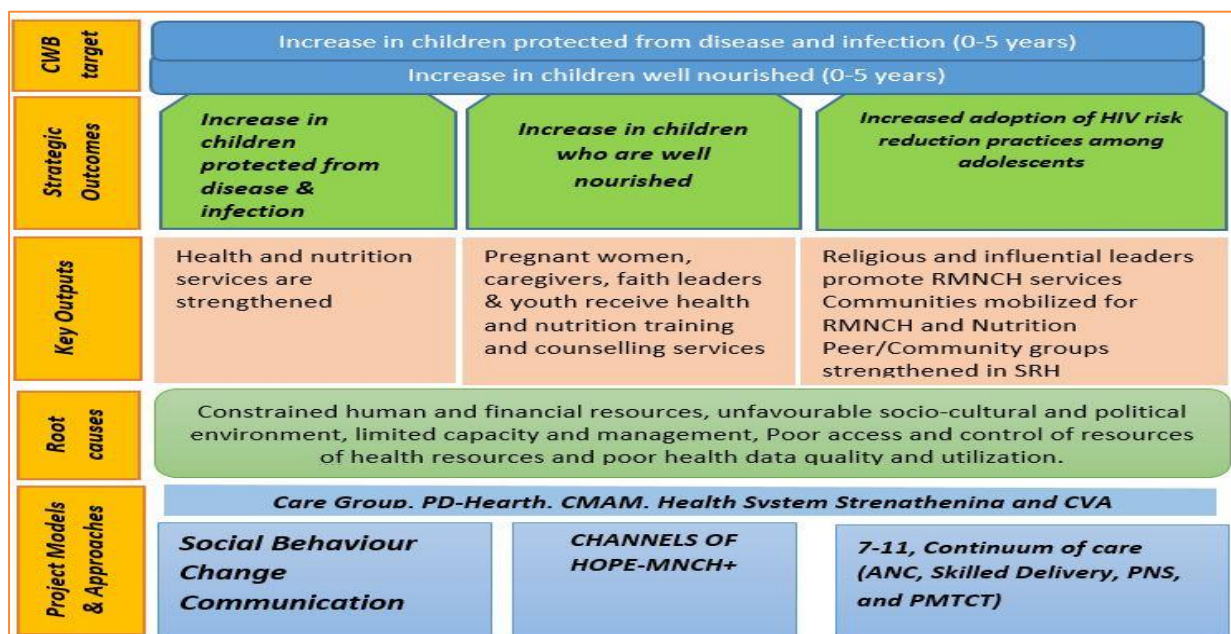


Figure 1 Strategic outcomes, outputs, root causes and models

Health and nutrition status of children is a function of the level of access and utilization of quality RMNCH/Nutrition services, uptake and adherence to healthy behaviors and functionality of strong community health system to enforce health messages.

Key Information

Table 3: Key Information

# of Projects	Interventions Implemented	# of Project Beneficiaries		
		FY17		
		Target	Reached	
11 projects and 23 APs	Mother Care Group, PD-Hearth, CMAM, CVA, Social Behaviour Change Communication, CHANNELS OF HOPE-MNCH+, Continuum of care (ANC, Skilled Delivery, PNS, and PMTCT)	Boys	38,400	142,555
		Girls	41,600	154,434
		Men		322,913
		Women		119,434
		Total		739,336
Money Spent (US\$)	\$4,985,972.			
Technical Staff:	49			
Key Partners	Ministry of Health and Child Care, Ministry of local government, WHO, UNICEF, WFP, USAID, Pfizer Foundation, UNFPA, National Aids Council & Faith Based and Community-based Organizations			

Outcome I: Increase in children protected from disease and infection

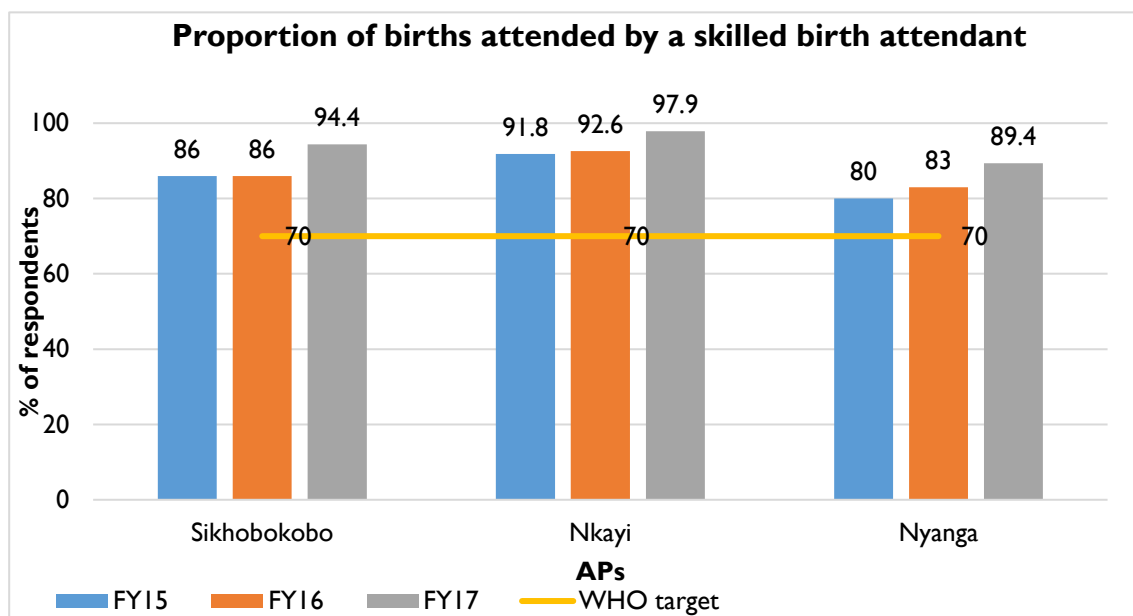
Access to quality health services is a challenge due to further weakening of the national health system, long distances travelled to seek medical attention. For example 67% of the communities in Gokwe North and Gokwe South reside 8km away from health facilities (LCIP baseline survey report, 2017). In addition, high treatment costs, unaffordable transport fees, religious practices and challenging terrain are among the barriers to access health services. To increase access to essential maternal and child health services, 3 APs (Matobo, Muzarabani, & Lupane) constructed mothers waiting shelters. Additionally, WVZ facilitated the training of 581 health workers on immunization, malnutrition management, treatment of childhood illnesses to enhance access to essential maternal, child health and nutrition services such as skilled delivery care, immunization, postnatal care, treatment of malnutrition and childhood illnesses in targeted communities. This has contributed to an increase in the coverage of skilled birth attendance

as shown in Figure 2 below. In order to reduce vaccine preventable childhood infections, WV supported MoHCC to reach 151,042 children and mothers on vaccination and basic treatment services through community outreaches supported by LCIP grant & Matobo and Lupane APs. In addition, the LCIP and Matobo AP supported MoHCC at district level to strengthen outreach immunization activities in Gokwe North, Gokwe South and Matobo districts.

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

Over the past three years, the percentage of pregnant women who delivered in health facilities has steadily increased in most WVZ operational areas as illustrated in figure 2. The three APs achieved over 80% coverage of skilled birth rate as recommended by the WHO. End line evaluation conducted in Dande AP has indicated 81% of the pregnant women delivered their last child in a health facility (Dande Evaluation report, 2017) against 78% at baseline.

Figure 2: Proportion of births attended by a skilled birth attendant



Source: LQAS report FY15 (n=285) CI (2-16), FY16 (n=285) CI (2-11), & FY17 (n=285) CI (3-15)

There are pockets of districts in WVZ geographic area where the institutional delivery is below the WHO threshold level (70%) as depicted in Figure above. About 11.9% of mothers in Gokwe North reported that they did not remember their place of birth or were assisted by traditional birth attendants (21%). Focus group discussions during the Life Course Immunization grant baseline survey revealed that such births occur at church shrines, homes or homestead of church prophets.

WVZ recognizes the importance of cold chain management in vaccination. Through the LCIP grant, WV supported the MoHCC with 17 remote cold room monitoring devices and construction of a provincial cold room storage facility in Midlands province of Zimbabwe. Previously, the Ministry relied on the manual temperature monitoring system, WVZ then donated remote temperature monitoring devices that provide frequent

temperature alerts on a real time basis. This has enhanced the organizations visibility in complementing the government’s effort in health interventions.

Outcome 2: Increase in children who are well nourished

To promote the adoption of healthy behaviors, VHWs and community health volunteers in FY17 reached 176,253 pregnant and lactating mothers and caregivers on health and nutrition messages across 18 districts. This is higher than the FY16 achievement which was 35,056 due to new health projects funded by GAC, WV Hong Kong, and Pfizer foundation. To address objector community groups, WVZ programs engaged 478 faith-leaders on the importance of health and nutrition service

utilization to prevent childhood sicknesses and malnutrition. The CoH-MNCH+ model is engaging faith leaders to support uptake of healthy behaviors across 7 program areas. Furthermore, WVZ capacitated 551 community volunteers including mother care givers and lead mothers to promote positive RMNCH and Nutrition behaviors.

A total of 398 PD-Hearth sessions were supported in 7 APS and 1 grant benefitting 24,127 children. In partnership with MoHCC, WV reached 19,626 malnourished children with both Severe and Moderate Acute Malnutrition (SAM) in 11 emergency districts. The program further rehabilitated over 4199 children, with cure rate of 80%, defaulter rate of 10% and a death rate of 2%.

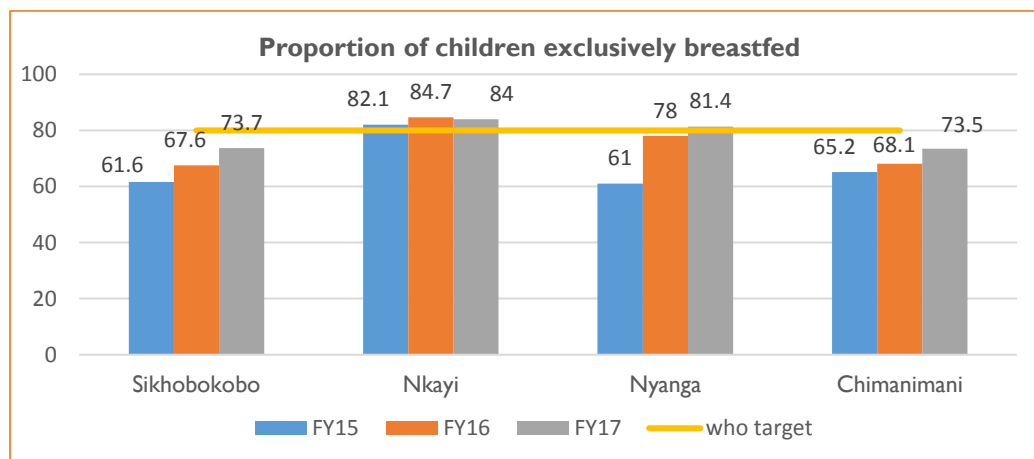
Following a series of presentations of good practices on PD-Hearth at National Nutrition Cluster meetings and showcasing of good practices in nutrition programming, the PD-Hearth model has been adopted by UNICEF and MoHCC as an

effective nutrition model to complement the Growth Monitoring Program. UNICEF is now piloting it in Umzingwane and Hwange districts to test its efficacy and generate evidence.

Indicator: Proportion of children exclusively breastfed for the first six months of life.

Less than 50% of children in Zimbabwe are exclusively breastfed within the first 6 months, with only 14% of mothers breastfeeding their babies up to the recommended two years according to ZIMVAC 2016. World Vision through 3 APs and 2 grants continued to promote exclusive breast feeding practice through health education and counseling sessions conducted by VHWs and community volunteers. The trend analysis in figure 3 below shows that the practice of breastfeeding has gradually improved for the four APs shown below in the last three years.

Figure 3: Proportion of children exclusively breastfed



Source: WVZ LQAS reports Fy15-FY17 (n=380 CI (7-19) Fy17, Fy16 n=380 & Fy15 n=380) CI (7-17)

Indicator: Proportion of children receiving minimum dietary diversity

In the PD-Hearth projects the main focus was on nutrition education and counselling, proper utilization of locally available foods and training mothers on good cooking practices. The PD-Hearth program implemented in five districts have successfully rehabilitated 2,341 children in FY17. These interventions coupled with a good

agricultural season in 2017 which improved food availability increased dietary diversity across APs. Figure 4 below showcases the trend in proportion of children who had consumed from at least four recommended food groups in WVZ's operational areas. The four area programs shown in Figure 4 who have been implementing nutrition garden interventions integrated with Nutrition education have demonstrated improvement in dietary diversity coverages in FY17.

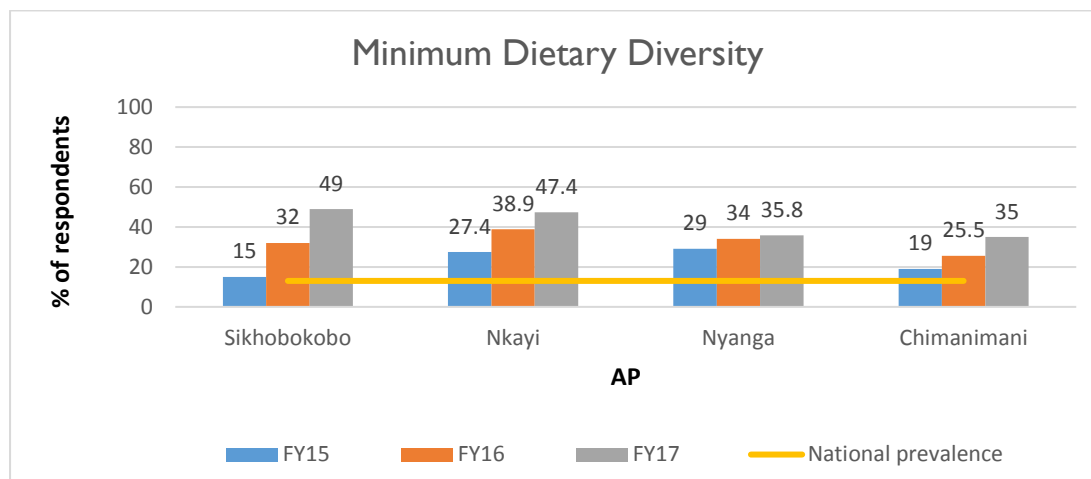


Figure 4 Minimum dietary diversity

Source: LQAS report Fy15 n=380 CI (3-33), Fy16 n=380 CI (5-23) & FY17 (n=380 CI (2-22) Fy17)

To improve the community health system WVZ capacitated community health workers and volunteers in different areas which include Infant Young Child Feeding (IYCF), Integrated Management of Acute Malnutrition (IMAM), PD-hearth, Interpersonal communication, and management childhood illnesses. 24 districts with APs and grants have supported 2100 VHWs capacitating them to implement maternal child health and nutrition programs effectively.

Outcome 3: Increased adoption of HIV risk reduction practices among adolescents

WV is working towards the 90-90-90 treatment targets amongst adolescents and young people in Zimbabwe, which is distinctly lagging behind compared to the adult population cascade. To contribute to the first 90 through the Behavior Change program on HIV Prevention which covers 9 districts in the Southern Region 3580 adolescents and young women were tested for HIV this financial year through the girls' clubs. Those that tested HIV positive were referred for ART services at the local health centers in line with the test and treat initiative. The BC program has a total of 35,674 girls

attending SRH sessions across project areas. Evidence from monthly process monitoring reports state that the girls have improved self-esteem, enhanced decision making skills and positive reproductive health choices. Some have even escaped abusive relationships after taking part in girls' clubs sessions. Parents and caregivers have played a pivotal role in child communication. A total of 5,028 (3,251 adolescents, 1,777 adults) beneficiaries have been reached through parent to child communication sessions in 2017.

Advocacy

WVZ continued to strengthen partnerships and to collaborate in sectors such as health. Stakeholder engagements with key organizations like WHO, UNICEF and GAVI showed some improvement. Furthermore, WVZ also participated in the Expanded Programme on Immunization (EPI) technical working group during quarterly reviews. This presented a platform for WVZ to share the organizations contribution to the National immunization initiative across the AP areas.

Most Vulnerable Children

This Strategic objective reached out to a total of 45,625 most vulnerable children mainly through medical and nutrition support in MNCH, Nutrition and HIV programs in FY16 & FY17. About 150 children with disabilities were provided with wheelchairs through the GIK support. About 490 children under extreme deprivation were supported to access and adhere to paediatric ART services. In Buhera, Gwanda, Hwange, Lupane, Mwenzi, & Umzingwane districts WV implemented treatment of severe malnutrition program that led to successful recovery of 2,033 severely malnourished children.

About 3,259 orphans were supported through community care coalition groups to access school fees, medical expenses and stationery. Ultraconservative Apostolic churches discourage modern health seeking behaviour in their communities leaving newborns and young children extremely vulnerable to vaccine preventable but deadly infectious diseases like measles. As described by one of the Key Informants, *'the followers of those churches are indoctrinated not to care/worry/fear about the death of an infant because they can still conceive another baby'*. To reach children in this category WV is implementing COH for MNCH in two districts to change these behaviours and evidence is yet to be seen as the project focusing on working with churches is still in infancy stage.

Sustainability

Sustainability remains a key consideration in the planning, monitoring and implementation of health interventions. In FY17, DPA processes ensured that communities are actively involved in the decision making of interventions and monitoring of projects.

a.)Local Ownership

In order to promote local ownership. World Vision has been working with community change agents to ensure uptake of healthy behaviours. The period under review 132(FY16) and 228 (FY17) Health management committees were strengthened using the CVA model and 150 Care groups were formed to strengthen linkages and referral between households and MNCH-FP services. Community Care coalitions have supported 2740 vulnerable children in FY16 and 3259 in FY17.

b.)Partnering

The success of health interventions is hinged upon effective partnering with different government departments mainly the MOHCC at all levels, Local government, Rural District Councils and church bodies at large. 2017 saw deliberate efforts by the health team to be engaged at National level participating in high level EPI and Nutrition decision making teams with WHO, UNICEF, MCHIP and UNFPA. For all health projects in the district MOHCC is taking a leading role in implementation, monitoring and use of findings from monitoring data. Of note all partners have significantly participated in improved data quality in health facilities to ensure reliable and credible data is reported.

In an effort to advocate for children's rights with regards to preventable diseases, the Life Course Immunization project partnered with apostolic church leaders, local leaders and Ministry of Health and Child Care in Gokwe North and South districts. The partnership is working towards an 18% improvement on immunization coverage on all antigens and 80% for measles by 2020. So far progress has been made on engagements with vaccine objectors and are willing to utilize maternal and child health services available to them. The church is also playing a pivotal role on social mobilization for MNCH services as evidenced by 83 Congregational Hope Action Teams (CHATs) that were formed in the current reporting period and are already cascading information and messages about positive immunization behaviours and practices. The CHATS groups are being supported and monitored to enable them sustain their activities and impact their communities significantly.

c.)Local and national advocacy

WVZ continued to strengthen partnerships and collaborate in the area of health. Stakeholder engagements with key health players like WHO, UNICEF and GAVI showed some improvement. Furthermore, WVZ also participated in the Expanded Programme on Immunization (EPI) technical working group during quarterly reviews. This presented a platform for WV to share the organizations contribution to the National immunization initiative across the AP areas.

Following a series of advocacy efforts and showcasing of good practices in nutrition programming, the PD-Hearth model has been adopted by UNICEF and MoHCC as an effective

nutrition model to complement the Growth Monitoring Program. UNICEF is now piloting it in Umzingwane and Hwange districts to test its efficacy and generate evidence.

In Mutasa and Hwange APs 235 faith leaders were trained on CoH MNCH and are currently spreading the message to the pregnant women, church members and the general community on the need to ensure that pregnant mothers and children are taken good care of. Their efforts are also helping to

do away with the negative religious, cultural and traditional beliefs negatively impacting on MNCH and nutrition outcomes. In Hwange AP, a mother of a 10 month old baby was advised by a doctor for medical reasons to stop breast feeding her child, however the mother could not afford to raise funds for the baby formulas. The 12 Apostle CHAT group sold 2 goats and bought the baby food. This is an indication of sustained community led care and support of OVCs is developing overtime in WVZ's operational areas.

Table 4: Key learnings.

Key Learnings	Actionable Recommendations
<p>Construction of waiting mothers' shelters increases coverage of a number of essential health service indicators such as institutional deliveries, births attended by skilled personnel, first PNC visit, BCG coverage and early initiation of breastfeeding, improved access to protected water at institutions and access to improved sanitation facilities.</p> <p>Integration of sectors is encouraged for greater results using the same funding streams e.g. Nkayi, Sikhobokhobo and Mat South Integrated Livelihoods and Health Project implemented the integrated projects focusing on nutrition and livelihoods. The knowledge and skills passed to the caregivers has increased coverage of dietary diversity.</p>	<p>Attending mothers' shelters centers opened up opportunities for mothers to access additional essential maternal and newborn health services. Programme design efforts in RMNCH sector need to build on this to promote Waiting Mother Shelters in upcoming funding opportunities in order to effectively impact maternal and newborn health.</p> <p>In order to strengthen Nutrition outcomes, it is important to enhance coordination, monitoring and targeting with other teams like WASH, Livelihoods and Education. To effectively guide the field team a model integrated plan should be designed for common beneficiaries with cross-linked indicators so as to effectively track synergy and impact on children's lives.</p>



Funded by Pfizer Foundation, the Enhanced Life Course Immunization for Children project in Gokwe is contributing to the reduction in morbidity and mortality from vaccine preventable diseases among children under the age of five years.


This has increased the number of children who have access to immunization services.

31,779 Children (0-12 months) reached with immunization activities


18,396 Children (6-59 months) reached with Community Management of Acute Malnutrition

Strategic Objective 2: Improve sustainable access to safe water and sanitation and promote hygiene practices for 400,000 boys and girls

CWBT-Increase in Children protected from disease and infection (ages 0-5)



216,688
People with access to basic drinking water source



281,956
People with access to hygiene



154
communities certified Open Defecation Free

There is a high risk of occurrence of communicable diseases among vulnerable communities especially among households and institutions using unsafe water sources and those either defecating in the open and or using inappropriate and undignified sanitation facilities. The lack of knowledge on health and hygiene coupled with low access to hygiene enabling facilities results in poor hygiene practices and behaviors among children and communities to further increase the risk of infection and communicable diseases.

Studies done by Eveline Bolt and others (2006) have shown that effective hygiene promotion can bring about changes in behaviour that, in turn, can reduce the incidence of diarrhoea and other water and sanitation related diseases by as much as **65%** and associated mortality rates by up to **26%**. It has also been shown that investments in water quality and quantity can reduce deaths caused by diarrhoea by

17%; sanitation can reduce it by **36%**; and hygiene by **33%**. The WHO Fact Sheet (2004) shows that improvements in sanitation and hygiene can result in a **37.5%** reduction in diarrheal morbidity. These findings emphasise the fact that while each of the three components of WASH have some health benefit, it is their combined effect that has far greater impact on the reduction of diarrhoea incidence.

Consequently, World Vision Zimbabwe's WASH strategic objective is to improve hygiene practices and access to safe water and sanitation for 400,000 children by 2020. In order to reach this goal, WVZ, working in partnership with regional and national stakeholders, aims to:

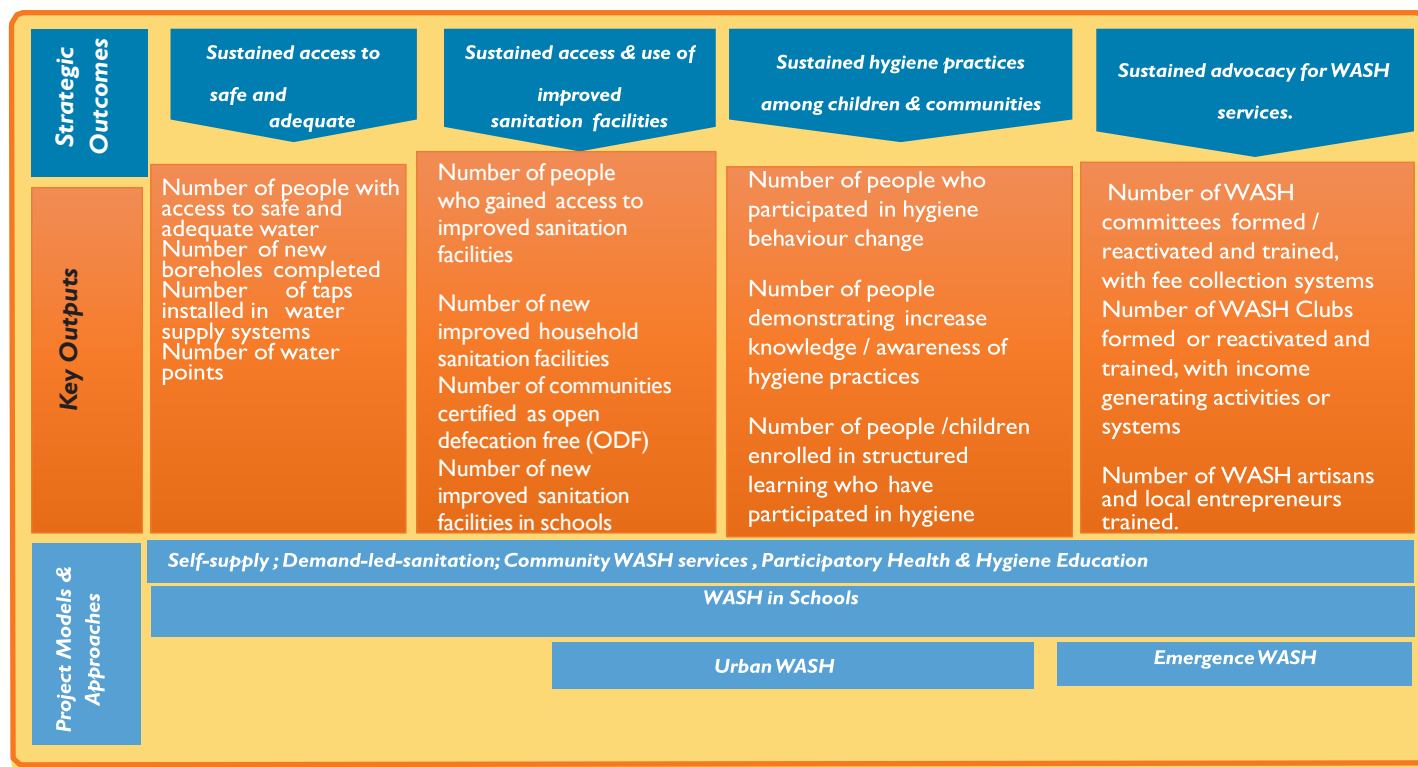
- Increase access to safe and adequate water for children and their caregivers.
- Increase access improved sanitation facilities
- Increase in hygiene practices at critical times

The major outcome indicators that are discussed in this report are:-

- Number and percentage of households using improved sources of drinking water
- Percentage of households using improved sanitation facilities
- Proportion of households with basic handwashing facilities

Summary of Logic (The problem, root causes and Approaches to address the causes)

The WASH theory of change



Key Information

Programs implementing WASH and Financial Inputs

The WASH program was implemented in 14 AP's in FY17, namely;-Chipinge, Buhera, Chihota, Limpopo, Gokwe

North, Chimanimani, Nyanyadzi, Nyanga North, Mudzi, Mberengwa (NNN), Dande, Muzarabani, Gokwe North and Rushinga. The major sources of funding were sponsorship, private non-sponsorship and 8 grants. The WASH team worked with the listed partners together with DWSSC, MoHCC and MOPSE together with the local traditional leaders. The WASH models and or approaches that World Vision used to address the causes of the problem and the number of projects using such models and approaches are shown in the table 5. In FY17 the

WASH Program had 19 technical staff members deployed as follows;- 3 based at National Office level providing technical and support services, 5 based in the Southern Region implementing the Urban WASH program in the City of Bulawayo and Gwanda Town, and 11 based in 5 districts implementing rural and emergence WASH programs.

Table 5: FY17 WASH Funding and models.

Name of grant	Funding Partner	Budget (USD)	WASH Model or Approach
ZIMWASH	WVUS	650 000	Demand-led-sanitation; Participatory Health & Hygiene Education (PHHE) WASH UP!, WASH in Schools, WASH in Health Facilities, Community WASH services
ZEWAN	Canada	356 125	PHHE, WASH in Schools, Emergence WASH Community WASH services
Bindura/Guruve Emergency WASH	DFID/UNICEF	460 308	PHHE, WASH in Schools, Emergence WASH, WASH in Health Facilities, Community WASH services
Buhera Emergency WASH	OFDA/UNICEF	107 502	PHHE, Emergence WASH, Community WASH services
ZamVELW	OFDA	579 825	PHHE, Community WASH services
Start Fund	WVUK	196 026	PHHE, Emergence WASH, Community WASH services
UNICEF RWP	DFID	230 177	Demand-led-sanitation; WASH in Schools,, Community WASH services
CSO WASH	AusAid	783 361	PHHE , Urban WASH
APs Sponsorship	Various Aps	500 509	WASH in Schools, Community WASH services
Total		3,863,833	

Results and analysis

The WASH program sought to improve sustainable access to safe water and sanitation and improve hygiene practices for 400,000 boys and girls. This is in line with the SDG target 6.1 that aims to achieve universal and equitable access to safe and affordable drinking water for all by 2030 and target 6.2 that aims to achieve adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations by 2030. This is also in line with Our Promise 2030.

FY17 was the second year of the implementation of the (WVZ) WASH Business Plan for the period FY16-20 that has a focus on increasing resource mobilization whilst reducing cost per beneficiary to reach more people with less resources. In FY17, the NO successfully launched the WASH UP! Program :- an innovative program that aims to improve children's knowledge, attitudes, and behaviours

around water, sanitation & hygiene issues by using engaging, play-based materials. The NO participated in the SDG aligned 14-Country WASH Evaluation led by the Water Institute, at the University of North Carolina. FY17 also witnessed an increase in Emergence WASH Programing in response to the climate change induced alternate drought and floods in the country that addressed water scarcity and hygiene promotion issues to counter the increased risk of diarrheal disease outbreaks. There was also deliberate focus on integrated programing given that WASH interventions are cross cutting and often are an enabling foundation to health, HIV, nutrition, education, economic development, food security, household resilience, disaster management and response, child protection, spiritual nurturing and advocacy. The table below summarizes the WASH Business Plan achievements for key indicators.

Table 6: FY17 Achievements

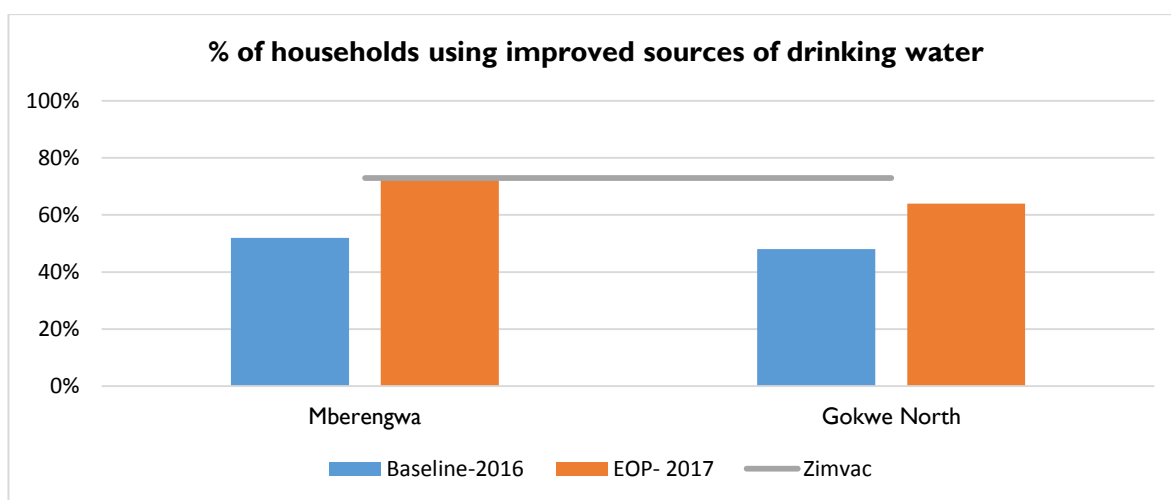
Indicator Output	FY16			FY17		
	Target	Achieved	%	Target	Achieved	%
# of people with access to a basic drinking water source	108941	127,964	117	137,195	215688	157
# of people with access to household sanitation facilities	92400	126,570	137	137,716	35218	25
# of children with access to basic sanitation facilities	48800	26010	53	70,195	15024	21
# of communities certified as open defecation free (ODF)	200	322	161	240	159	66
# of people who participated in community hygiene behavior change programming	130000	291327	224	156,000	281956	180

Table 6 shows that in FY17 there was a marked increase in the number of people reached with safe water and a marked decrease in the number reached with sanitation facilities. Whereas the WASH Program was consistent in the number of people reached with hygiene promotion messages. The WASH interventions targeted in priority order, households, schools and health care facilities, The interventions did not only benefit families and children in terms of infrastructure but also promoted good hygiene behaviours/ practices and empowered communities and their WASH governance structures to facilitate and demand sustainable, quality WASH interventions and services. These interventions contributed to protection of children and their families from infection and disease.

Percentage of households using improved sources of drinking water

WASH interventions were aimed at ensuring that children and communities have sustained access and management of safe and adequate water. The interventions entailed drilling and rehabilitation and or mechanization of water sources and results for the ZEWaN shows an increase in number of households with access to safe drinking water from a basic facility as illustrated in figure 5. It was concluded with 95% confidence that there was a significant improvement in access to safe drinking water from baseline to EOP in Mberengwa district, CI (14.48; 2812) furthermore Mberengwa's improvement compares well with the national (ZimVAC) average of 73%. Similarly access to safe drinking water improved significantly in Gokwe North as evidenced by CI (8.92; 23.05). Improvement on access to safe drinking water can be attributed to functionality of 77 rehabilitated boreholes and 7 drilled boreholes that passed the capacity test. Two of these are high yielding mechanised boreholes.

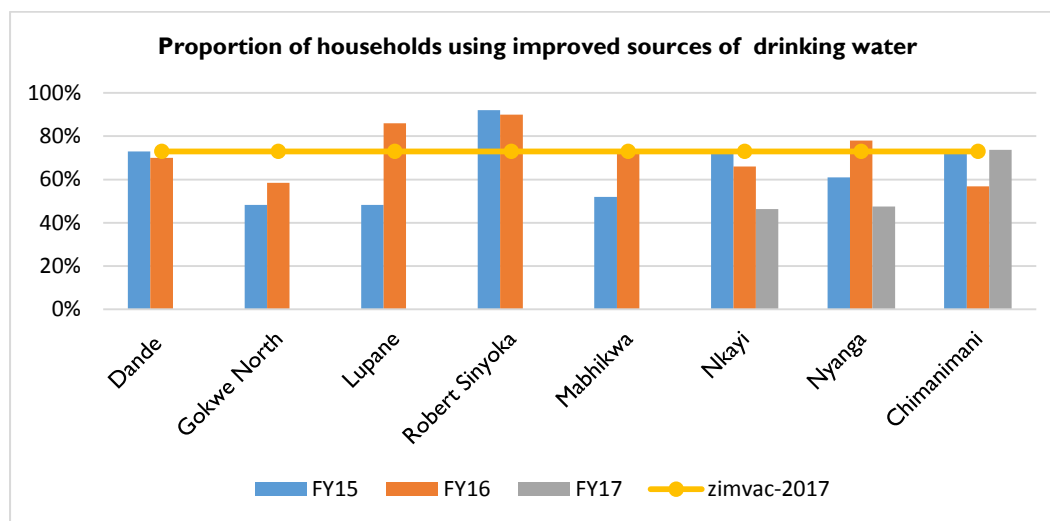
Figure 5: Improved household drinking source.



Source: ZEWaN EOP sample size n= 736 95% confidence level
Reference population: direct participant sample

The Lot Quality Assurance Sampling technique was used to monitor trends on access to safe drinking water in Area programmes. An increase in access in most APs was realized with Chimanimani being at par with the national (ZimVAC) average of 73%.

Figure 6: Households using improved drinking water source



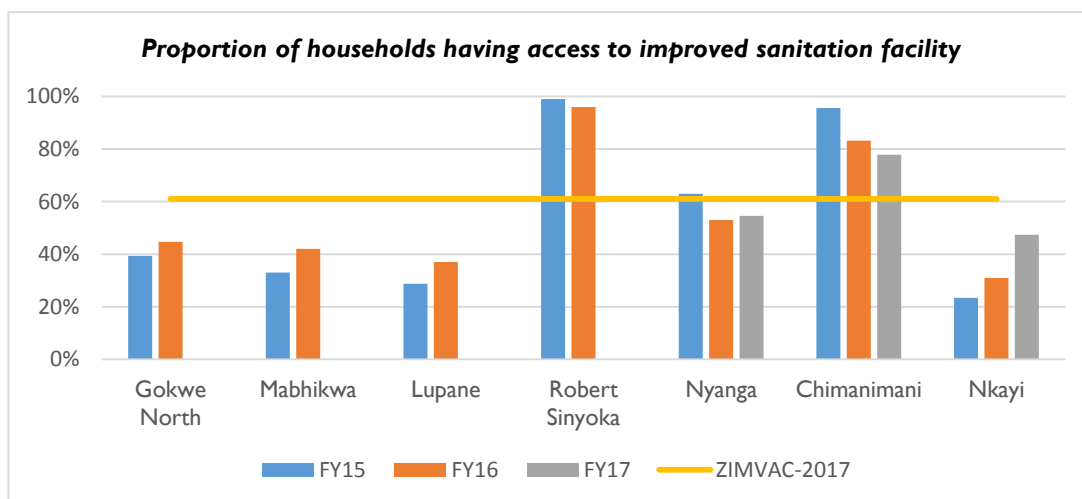
Source: LQAS sample size n= 95 95% confidence level Reference population: population based

Percentage of households using improved sanitation facilities

Only 2 grant funded projects implemented the demand led sanitation model in FY17, hence the Business Plan targets for sanitation were not achieved. Nonetheless field implementation over the year showed a significant decrease in Open Defecation (OD) with 35218 households accessing basic sanitation facilities and 154 village communities being declared open defecation free (ODF).

LQAS data was used to monitor sanitation coverage in the APs and results in figure 7 show an improvement on access to basic sanitation facilities over a 3 year period especially in Nkayi where communities continued to self-provide sanitation facilities as a result of the demand led approaches introduced under the Rural WASH program that ended in FY16.

Figure 7: Proportion of households having access to improved sanitation facility.



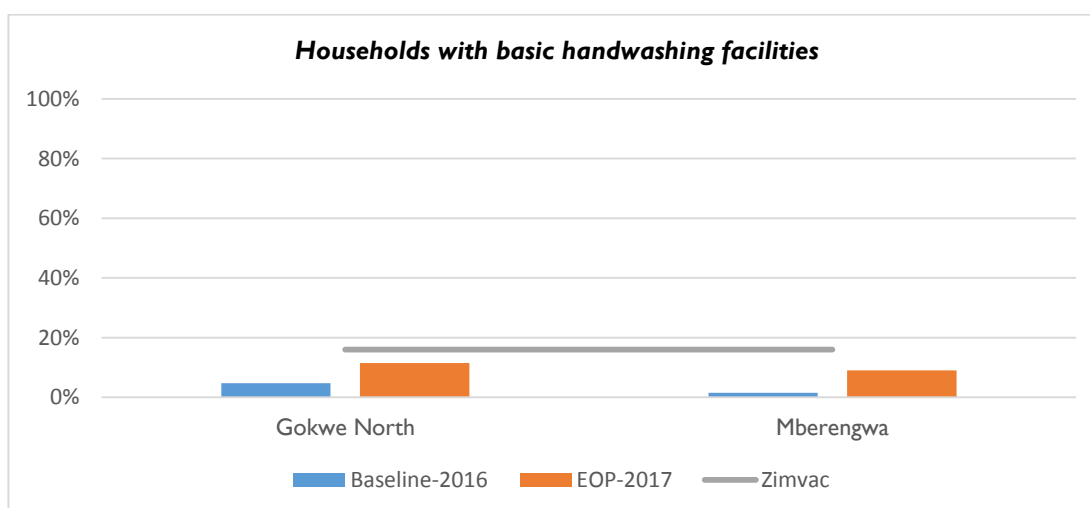
Source: LQAS 2015,2016 and 2017 sample size n= 95 95% confidence level Reference population: population based

Proportion of households with basic handwashing facilities

WASH interventions in APs and grants ensured hygiene promotion strategies. Hand washing practices and availability of hand washing facilities were low at baseline in Gokwe North and Mberengwa however by the end of the project the proportion of households with hand washing facilities had increased by 6.7% in Gokwe North and 7.5% in Mberengwa as illustrated in figure 8. The conclusion drawn from the 95% confidence interval testing showed a significant improvement in Gokwe North, CI (2.78; 10.62) and Mberengwa, CI (4.29; 10.71). The positive results are attributed to awareness campaigns undertaken during project implementation and support on construction of WASH infrastructure. There is however room to improve to at least attain the national average of

16%.⁵ Behavior change was assessed in Gokwe North and Mberengwa where a marked improvement was recorded on number of households who washed hands before eating from 64% at baseline to 84% at EOP. Washing of hands with soap after toilet use increased from baseline 17.4% to 61.3% at EOP. Furthermore availability of hygiene enabling hand washing facilities improved in 113 schools and consequently 31,119 children gained access to hand washing facilities in FY17. A total of 119,513 people participated in community hygiene behavior change programming in FY17. This number includes children who were enrolled in structured learning who participated in hygiene behavior change programming.

Figure 8: Households with basic handwashing facilities.



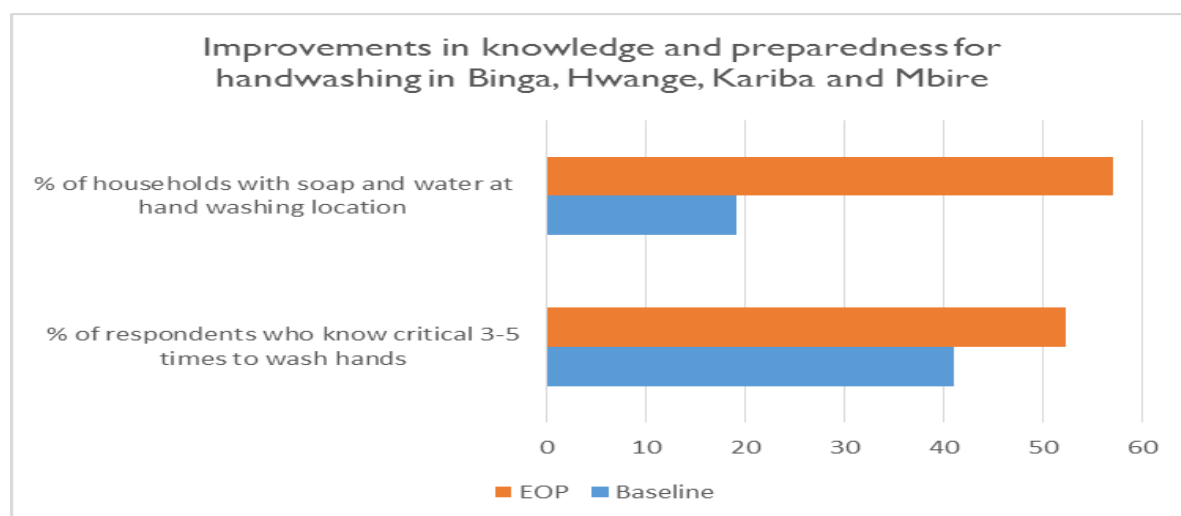
Source: ZEWaN EOP sample size n= 736 95% confidence level
Reference population: direct participant sample

The OFDA Zambezi valley project showed that the percentage of households with soap and water at hand washing facility were fewer at baseline compared to EOP. Furthermore the proportion of respondents who knew the critical times for hand

washing improved at EOP compared to Baseline, see figure 5 below. Improvements recorded at EOP therefore signify the positive role played by hygiene promotion strategies implemented during the project cycle.

⁵ ZimVAC 2017

Figure 9: Hygiene practices.



Source; - OFDA Zambezi Valley project

Most Vulnerable Children

The WASH program contributes to two of the four MVC dimensions, namely Extreme Deprivation and Vulnerability to Disasters. In FY17 the WASH program contributed to reduction of Extreme Deprivation through the installation of solar pumped piped water schemes. The program improved provision of accessible water to PWD through reducing physical barriers such as distance and designs of the infrastructure. The program also promoted the construction of inclusive and accessible sanitation facilities through active participation of PWD in planning and implementation of activities. Disability friendly sanitation facilities were constructed in schools and households. For example, 11 schools gained access to sanitation facilities designed for people with limited mobility and 3 schools gained access to sanitation facilities designed for menstrual hygiene management respectively.

A total of 40 (24 females and 16 males) Bulawayo city council staff were trained in sign language so that they could efficiently and effectively serve everyone including those with hearing impairments. DVDs on health and hygiene were designed and distributed for use by people with both hearing and visual impairments in both Gwanda and Bulawayo.

The key informants (school heads and health teachers) who responded to the CSO WASH Fund school assessment stated that the project interventions resulted in marked improvements in the school infrastructure to ensure disability inclusiveness, for example construction of ramps and school yard paving to enable people living with

disabilities especially those on wheel chairs to easily move around the school. One of the target schools, Jahunda Primary School in Gwanda, stands out as the best in embracing the disability inclusiveness concept and has been recognized by the Ministry of Sports and Culture as the most disability friendly in Gwanda Urban. Consequently, the school hosted PWDs during the Zimbabwe National Paralympic games hosted by Gwanda in April 2016.

The WASH Program contributed to reduced vulnerability to disasters through emergency WASH projects that targeted households that had lost access to safe water and those with children suffering from Severe and Moderate Acute Malnutrition. The emergency WASH project restored access to safe water to 81,565 people in 6 districts namely Binga, Hwange, Kariba, Mbire, Bindura and Guruve. A total of 90,212 people were reached with hygiene messages in these 6 districts. A total of 822 NFI sets were distributed to beneficiary households and an additional 512 NFI sets being the buffer stock were delivered to all clinics in Bindura and Guruve districts.

Sustainability

Local ownership-WASH interventions involved local leadership during project design. The community selected the project beneficiaries and sited the infrastructure. Locals were capacitated on skills to construct and maintain the facilities. This was empowerment which ensures continuity and sustenance of WASH infrastructure in the long

term. The program engaged communities in almost all the stages of implementation and also identified participatory strategies through training of stakeholders and community cadres. The program managed to facilitate the formation of community based structures for the management of WASH infrastructure and facilities such as Water Point User Committees (WPCs), Sanitation Action Groups (SAGs), and Community and School Health clubs. The WPCs have since instituted user fees collection to reduce down time of water points and as well reduce the burden that local authorities face in the absence of such community based structures.

Partnerships- The WASH programme is being implemented and coordinated by the existing national, provincial, district and sub district level structures to ensure sustainability and ownership. The WASH programme partnered with the

community, government departments, private sector, churches and faith based organisations. Government stakeholders were capacitated and they acquired the knowledge and skills to continue functioning in communities. Public private partnerships ensured continuity of established relationships and of the supply of materials and services even after the project intervention period. These partnerships have contributed to the sustainability of WASH interventions and benefits in the communities.

Household and family resilience-The mechanisation of high yielding water points with solar pumping systems has contributed to increase resilience to drought induced water stress. Also, productive water use through income generating activities has been promoted to sustainable access to safe and adequate water.

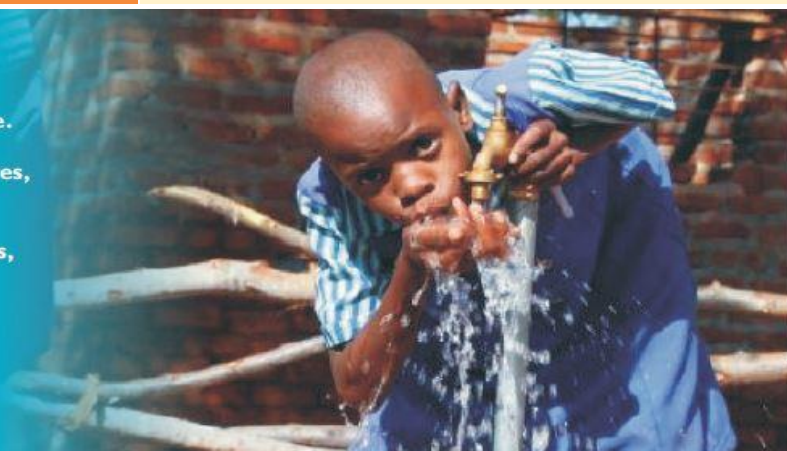
Key learning and Recommendations

Table 7: Key learnings and recommendations.

Key Learning:	Recommendation:
Baseline and evaluation surveys conducted during the period under review revealed that effective WASH outcomes can be achieved through a combination of hard and software components.	The WASH Program should continue to be innovative in reducing cost per beneficiary with regard to for example, prioritizing mechanization of high yielding boreholes to develop solar powered community piped water schemes. Secondly the WASH program should continue to innovate on the WASH UP! Model to develop a WSH UP! Girl Talk program to effectively reach out to more adolescent children on menstrual hygiene management. Thirdly, there is need to scale up and or promote sanitation interventions even during the implementation of Emergency WASH and Nutrition projects
All-inclusive training of extension workers from all Government departments on hygiene promotion when implementing WASH projects facilitates reaching more beneficiaries within timelines especially when implementing Emergence WASH projects.	There is need to strengthening partnerships and increase fund raising for comprehensive WASH programing targeting communities, schools and health care facilities. .

After 36 years of waiting for a reliable water source the community in collaboration with World Vision finally mechanized a high yielding borehole.

With a distribution network of 9,8 kilometres, Chayamiti solar powered piped water scheme is providing clean water to 5 villages and 721 pupils from three schools, Chayamiti primary and secondary and Dokotoko primary. An Early Childhood Development Centre in Mhizha village including Chayamiti clinic are also benefiting.



Strategic objective 3: Contributing to food security and self-sufficiency of 100,000 households

CWBT-Increase in children protected from disease and infection (ages 0-5)

CWBT-Increase in children who are well nourished

The NO aimed to address the underlying causes of livelihoods vulnerability in targeted communities and these include a depleted natural resource base, over reliance on rain fed agriculture, gender inequalities, poor community cohesion, depleted assets, poor access to viable markets, and limited skills in business management, DRR and agricultural production for vulnerable households. In response, programming interventions focussed on increasing crop and livestock production and productivity, strengthening household and community strategies in response to risks and emergencies, as well as increasing household income and financial resilience

through enhancing economic opportunities for youth, Men and Women. HHs with the most vulnerable individuals inclusive of disabled individuals were deliberately targeted by program interventions and Gender and Child Rights awareness was a deliberate component of all training events carried out under the program. Several programming models and approaches were used under the Livelihoods sector and these included the LVCD model which equipped producer groups with skills on conducting market assessments, group formation and basic business and marketing. The Savings Group approach was used to improve community cohesion and to ensure that communities have increased access to affordable credit to support their small business enterprises and to fund emergency family needs. Small Holder farmers were also trained in more productive Climate Smart Agricultural practices inclusive of FMNR and Conversation Agriculture in response to rising atmospheric temperatures, low and erratic rainfall.

The diagram below is an illustration of the program objectives that contributed towards the achievement of the program goal and juxtaposing Child Well Being Outcomes and Sustainable Development Goals.

Figure 10: Key information for the Livelihoods Program implemented in FY16 and FY17

Goal & Objectives		Results	Child Well Being Outcomes contributed towards	Sustainable Development Goals Contributed towards	
To build the capacity of 100 000 vulnerable households to be more productive and resilient	Children are well nourished in families that are food secure.	<ul style="list-style-type: none"> 32161 households realized increased agricultural production and productivity A total of 667 new savings groups were established in FY16. The National Office ended FY17 with a total of 5352 SGs with 20509 members (88% of them being Female) with total savings of USD 3 294 982. 19458 small holder farmers were trained and participated in selected value chains 29491 households (FY17) practiced Climate agricultural practices 17 APs had updated and functional Community Disaster Preparedness Plans by FY17. 241720 households received humanitarian assistance from WVZ.2884 (FY16) and 2973 (FY17) cooperatives, IGAs and other forms of associations (including producers groups) were functional. 	<ul style="list-style-type: none"> Children Enjoy Good Health Children are Educated for Life Children are cared for , protected and participating Children Love God and their neighbours 	1 NO POVERTY	2 ZERO HUNGER
	Children live in families that enjoy increasing income security			8 DECENT WORK AND ECONOMIC GROWTH	15 LIFE ON LAND
	Children live in families whose livelihoods are resilient to shocks & stresses				

Table 83: Project models

# of Projects	Summary of Interventions Implemented	Money Spent (US\$)	# of Project Beneficiaries
23	<ul style="list-style-type: none"> • Conditional and Unconditional consumption support: Food and Cash transfers • Productive Asset creation i.e. Dip tanks, weir dams, nutrition gardens, irrigation canals • Support for the establishment of Income Generation Projects • Market linkages for producer groups – input and output markets • Small holder farmer trainings in climate smart and more productive agricultural practices: promotion of small livestock, drought tolerant seeds, conservation agriculture, improved water management practises and technologies • Provision of livestock feed and agricultural seeds • Community Based Disaster Risk Reduction trainings • Community Based Natural Resources Management trainings • Promotion of improved agricultural implements i.e. ripper tines, improved silos and hermetic bags, ridgers • Promotion of savings groups • Linking producer groups and small holder farmers to banks and micro finance institutions offering affordable credit. 	49 446 283.	FY16 = 160,918 FY 17 = 234 659
Technical Staff	51		
Key Partners	<ul style="list-style-type: none"> • Ministry of Agriculture, Mechanisation and Irrigation Development • Ministry of Gender and Community Development • Environmental Management Agency • MFIs and Banks i.e. VIRL MFI and Metbank • Stock Feed Suppliers i.e. NOVATEK, PRO Feeds, National Foods • Stock Feed Suppliers i.e. NOVATEK, PRO Feeds, National Foods • Irvines Chickens • Livestock buying Firms i.e. Surrey, Mitchview, M&C meats • Other NGOs in consortia i.e. FACHIG, SNV, CARE, Mercy Corps, Basilizwi Trust, Acquaculture Zimbabwe • Cereal buying Firms i.e. Greentrade, GMB 		

The table below indicates the number of projects that implemented various key programming models/approaches in FY16 and FY17.

Table 9: Project models

Project Model/ Approaches	Number of Projects that implemented the model/approach
Farmer Managed Natural Regeneration (FMNR)	3
Local Value chain Development (LVCD)	7
Microfinance	3
Climate Smart Agriculture (CSA)	10
Savings for Transformation (S4T)	9

RESULTS/ACHIEVEMENTS

Outcome I: Children are well nourished in families that are food secure

Table 10: Key Outcomes

Key Outputs that contributed to this indicator(FY16 &17):

- 3344 (FY16) and 28817 (FY17) households realized increased agricultural production and productivity as a result of WV interventions. Under the OFDA funded Food Security project implemented in Hwange, Binga, Mbire and Kariba districts, households realized production increases for Sorghum from 46kg in FY16 to 152kg in FY17 per household; and 18 kg in FY16 to 100kg per household in FY17.
- 81381 (FY16) and 22167 (FY17) farmers were trained or participated in demonstration events of basic post-harvest & seed handling knowledge and skills.
- 153278 (FY16) households and 88442 households (FY17) received humanitarian assistance from WV as a result of an emergency/disaster

CWB Indicator: Proportion of HH with sufficient diet diversity

Table 11: Key Outputs for Proportion of HH with sufficient diet.

Key Outputs that contributed to this indicator (FY16 &17):

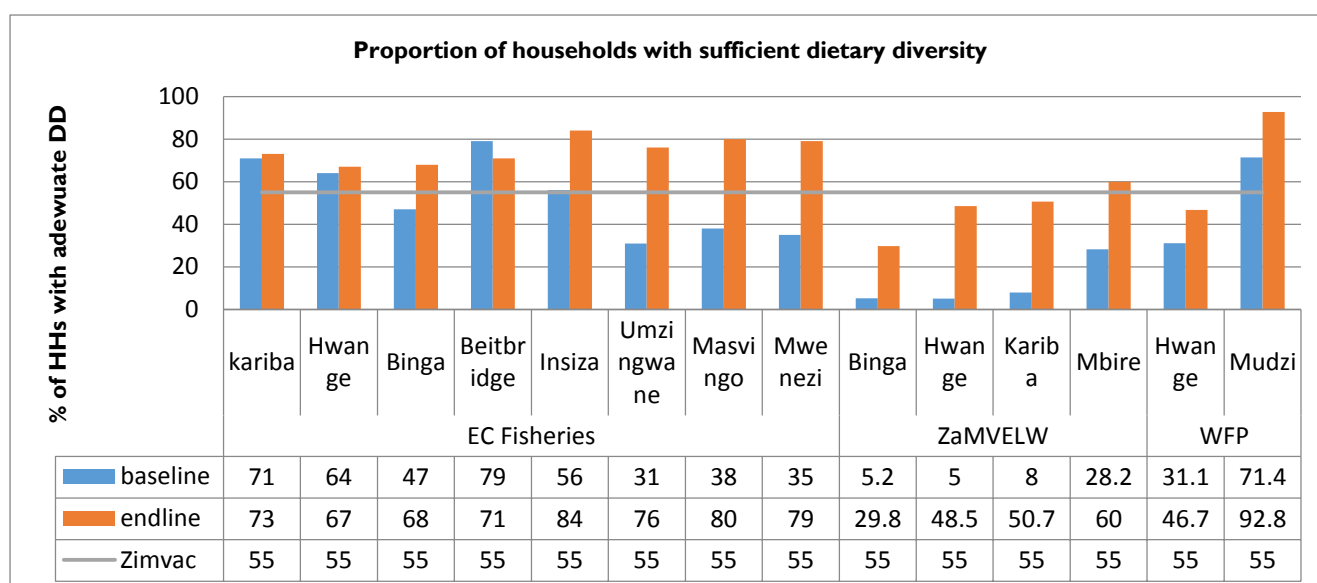
- 83% of the EC Fisheries project beneficiaries (5548 HHs) consume fish at least twice a week and this indicates an increase in dietary diversity from a baseline figure of 40%. Results of the EOP evaluation showed that the household dietary diversity score moved from 4.4 at baseline 5.7 at end of project evaluation ($p=0.000$).
- Baseline reports the districts implementing the WFP food aid projects i.e. Mudzi and Hwange districts indicate percentage increases in the Proportion of HHs with sufficient dietary diversity from FY15 to FY17 as indicated in the table below.

WFP District	Baseline FY15	Baseline FY17
Hwange	46.6%	46.8%
Mudzi	71.4%	72%

WVZ partnered with communities in the implementation of various livelihood activities that include trainings in pre and post planting and harvest management, crop diversification, climate smart agricultural practices, provision of agricultural inputs, food distributions, cash transfers and the rehabilitation to mention a few. These interventions were also deliberate in ensuring that short term relief interventions build on the long term resilience of targeted communities. Results for the EC fisheries districts reflected an increase in households with food consumption scores that are within the acceptable category (*score of above 35*) due to the increase in fish intake, income levels and food availability. Under the EC fisheries project 33% of HHs consume more than 37.5kg of fish per year and the average household income under the

EC Fisheries project, 80% of targeted households had increased income from USD 1243,25 to USD 1099.37 per annum ($P>0.001$). Beitbridge district, under the EC Fisheries project was the only district with a slight reduction in the proportion of households with sufficient diet and this can be attributed to the fact that the district is prone to droughts almost every year and the community usually buys food stuffs from neighboring South Africa but with the prevailing economic challenges in the country, access to financial resources to procure food from South Africa is now very limited. In WFP funded districts, regional disparities on the performance of this indicator in FY16 was noticed between Mudzi and Hwange districts the chart below summarizes this.

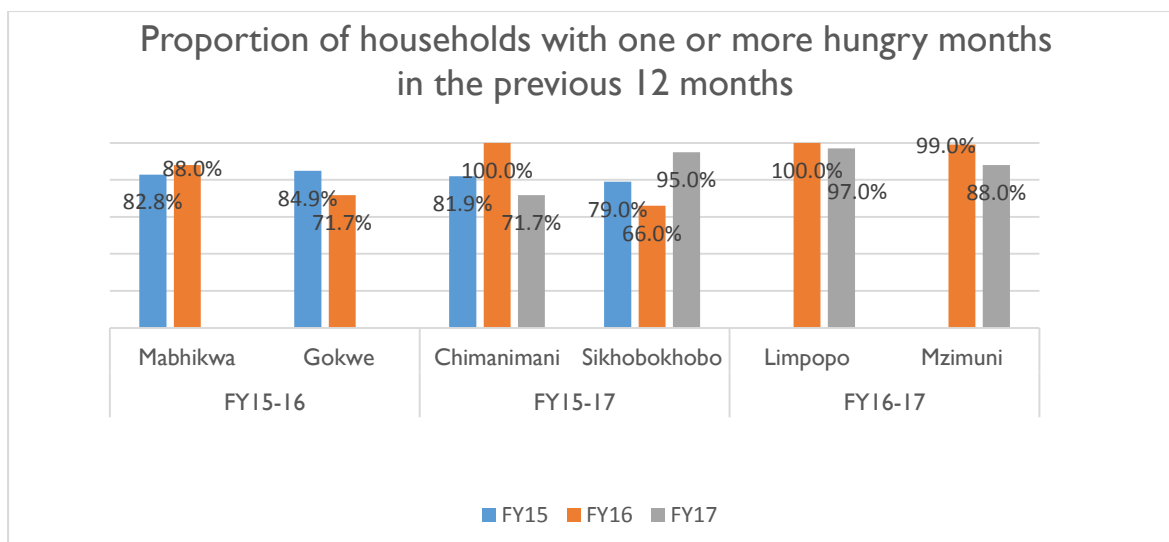
Figure 11: Proportion of households with sufficient dietary diversity



LQAS results in WVZ AP areas over the years, generally show a high prevalence (70% and above) of households with one or more hungry months. However, a decline of approximately 7% in the prevalence was noted in FY16 and 17 in Chimanimani, Limpopo and Mzimuni APs as indicated in Figure 10 below. This can be attributed to the adequate rains for crop production (particularly for maize and small grains) that were received in the 2016/17 agricultural season (though in some areas there was flooding), coupled with government

and WVZ efforts through the promotion of climate smart agricultural practices inclusive of small grain production, conservation agriculture and water efficient irrigation systems. According to the ZIMVAC report, the 2017/18 consumption year food insecurity prevalence is 11% and is lower than that for the 2016/17 consumption year which was at 46%, during the peak hunger period. More can be done to contribute towards reduced food insecurity in communities and resilience to shocks such as droughts and floods.

Figure 12: Households with hungry months



Source: LQAS reports. N= 95 per AP

Reference population: population based sample NB: This indicator is limited due to that it considers cereal adequacy from harvest only yet households in rural Zimbabwe can also have other sources of cereals from other sources like purchasing.

Outcome 2: Children live in families that enjoy increasing income security

Table 12: Key outputs for Outcome 2

Key Outputs that contributed to this indicator (FY16&17):

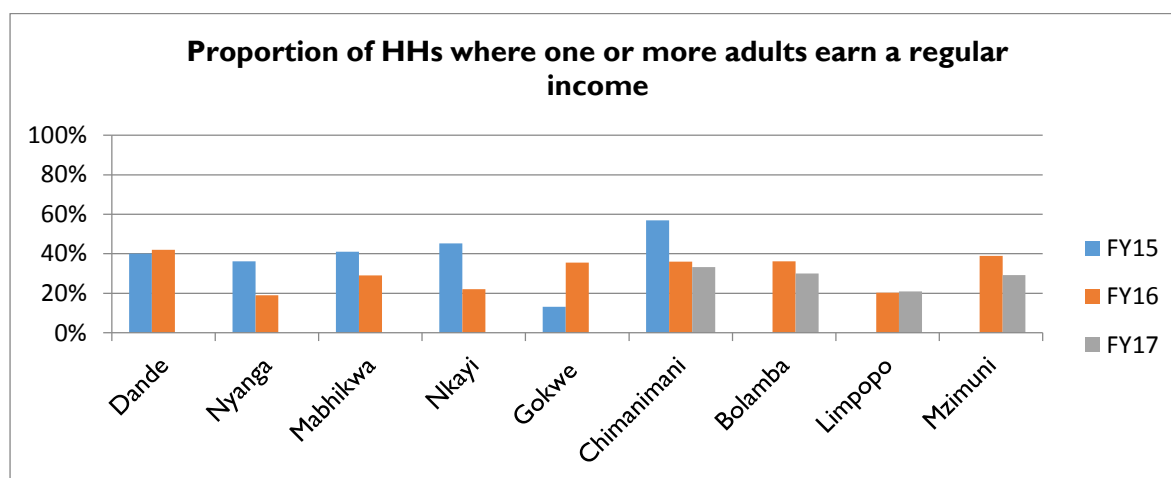
- A total of 667 new savings groups were established in FY16 and Y17. The National Office ended FY17 with a total of 5352 SGs with 20509 members (88% of them being Female) with total savings of USD 3 294 982.
- 2563 (FY16) and 16905 (FY17) small holder farmers were trained and participated in selected value chains
- 2884 (FY16) and 2973 (FY17) cooperatives, IGAs and other forms of associations (including producers groups) were functional.

Indicator: Proportion of HH with one or more adults earning a regular income

WVZ established and strengthened existing producer groups through trainings in LVCD, Savings groups and skills trainings in cereal and horticultural production, beef, poultry, piggery and fish production. LQAS trends show a general decline in HHs with adults earning a regular income in FY16 to FY17, as indicated in figure 12 below. This can be attributed to the declining macro-economic environment prevailing in Zimbabwe which has reduced the viability of income generating

interventions as well as credit options for rural households (SGs, bank/MFI loans). Market analysis can result in demand led production by targeted Producer Groups ensuring a ready market for produce leading to participating households realizing more income. The ZIMVAC (2017) report indicates that incomes for rural households are following a downward trend since 2014.

Figure 12: Households earning a consistent income



Source: LQAS reports. N= 95 per AP Reference population:population based sample

On the contrary, evaluation results for APs measuring this outcome showed an increase in the number of HHs with people earning a regular income. The Sanzukwi and Robert Sinyoka APs evaluated in FY17 showed increases in the number of adults earning a regular income from 47% to 75.5% and 50% to 72.6% respectively. This can be attributed to the fact that both APs are transitioning and hence these results are due to the long term economic development interventions implemented over the years. The 2 APs focused on promoting the formation and functionality of savings groups, vocational trainings for youths in sewing, catering, carpentry, building and plumbing. Even though the economic situation was unfavorable during the reporting period, evaluation results from grant funded projects showed that households directly

targeted through income generation interventions realized increased household income. Evaluation results from the Australian funded project (MSIHLP) evaluation indicate that more households (61.5%) in Gwanda, Umzingwane and Matobo districts had their incomes increased as compared to the 14.5% during the midterm evaluation. The EC fisheries project evaluation report recorded an average household income of US\$1243.25 per annum which is statistically higher than the project baseline average of US\$1099.37 per annum following targeted households involvement in fish value chains. The main drivers for the improvement in household incomes included having access to affordable credit and the diversification of income sources.

Outcome 3: Children live in families whose livelihoods are resilient to shocks and stresses

Table 4: Key outputs for outcome 3

Key Outputs that contributed to this indicator(FY 16 &17):

- 9768 households (FY16) and 19723 households (FY17) practiced Climate Smart agricultural practices inclusive of Conservation Agriculture, FMNR and water saving/management techniques
- 17 APs had updated and functional Community Disaster Preparedness Plans CDPPs by FY17.
- 153278 households (FY16) and 88442 households (FY17) received humanitarian assistance from WV as a result of an emergency/disaster

CWB Indicator: Proportion of households who know the early warning signs and know what to do in case of an emergency or disaster

Communities in 17 APs received training in community based disaster risk reduction using the GERANDO toolkit. Trainings focused on early warning systems, risk analysis and the disaster preparedness and response. These trainings resulted in the updating of functional community

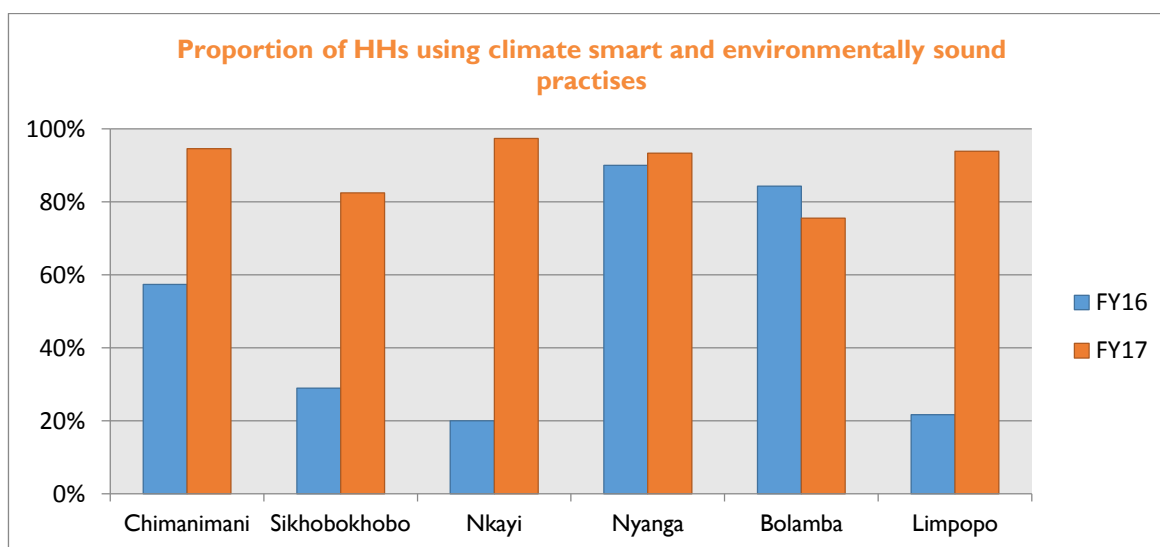
disaster preparedness plans that will be used by communities to prepare, manage and respond to disasters and emergencies with limited external support.

Communities also received trainings in Climate Smart Agricultural practices in response to the

changing climate characterised by increasing temperatures, erratic and reduced rainfall. The adoption of climate sensitive agricultural practices contribute towards empowering small holder farmers to manage and respond to droughts which normally result in reduced crop and livestock production leading to increased food insecurity.

LQAS results in AP areas show a general increase in the number of households practicing climate smart and environmentally sound practices in FY17 as compared to those in FY16 as indicated in Figure 12 below.

Figure 13: Households using climate smart agriculture.



Source: LQAS reports.

N= 95 per AP

Reference population: population based sample

Most Vulnerable Children

The Livelihoods program intentionally targeted HHs with MVC that are vulnerable to extreme deprivation due to external risks, emergencies and disasters. MVCs were identified by community members during community beneficiary selection meetings that were facilitated by World Vision and the Government Ministry of Labor and Social Welfare. A total of 53,160 children received nutritious food rations under the ENSURE project from FY16 to end of FY17. A total of 3790 children received supplementary feeding in collaboration with WFP in FY17. A total of 10,327 MVC were reached through special income generating activities in APs. HHs with MVC were supported with the establishment of special income

Generating Projects that generated income used to support disabled children, HIV and AIDS infected, Orphans and Children living in Child Headed HHs. Nutrition gardens were established to support the food security and nutrition of MVCs. In FY16 a total of 3,683 sponsored children received direct support worth USD472, 797 through Gift Notifications that were mostly used for the establishment of IGAs, payment of school fees and the procurement of agricultural inputs. In FY17, a total of 4859 sponsored children also received GNs worth USD549, 328 which was also used for the same purposes across WV APs. Contribution towards addressing the root causes of child vulnerability at HH level was made through the provision of producer group members with relevant skills trainings, market linkages and access to affordable credit through linkages with banks and MFIs.

Sustainability

Table 14: Sustainability.

Sustainability Driver:	Sustainability issues
Ownership	<ul style="list-style-type: none"> The TP focused on the formation and strengthening of 31 Community Asset Management committees from FY16 to FY17 in effort to enhance the maintenance and sense of community ownership of community assets. Communities were involved in all livelihoods projects designing, implementation, monitoring and evaluation processes.
Household and Community Resilience	<ul style="list-style-type: none"> Communities in 17 APs received trainings in CBDRM and leading to the formation and strengthening of CDPPs in the same APs.
Advocacy issues:	
World Vision spearheaded a policy gap analysis process for the Fish Industry in Zimbabwe. The policy gap analysis is aimed at enhancing the viability of small holder fishery projects. One of the key gaps identified was that there is currently no legislation that identifies/clarifies the responsible authority entitled to collect taxes and levies from the fish sector which in turn has resulted in multiple agencies imposing themselves on small holder fish farmers demanding unrealistic taxes thus negatively affecting the viability of fishery projects.	

Key Learnings and Recommendations

Table 5: Key learnings and Recommendations

Key Learning:	Recommendation:
Special IGAs have a positive impact on MVCs through the generation of income for improved access to health, education and food.	Establish and strengthen producer groups in LVCD, group formation and relevant production skills
Rapid End market Assessments inform market led and demand driven production through viable small business enterprises.	Ensure that market assessments are carried out prior to the establishment of all IGAs



Sostina is one of the 13 women in the pen fattening project. The project is not only helping women take care of families but creating income generation avenues. In the first cycle 13 beasts were sold to a nearby butchery classified in the Super meat grade, with one beast fetching over US\$1,000. Already in its second cycle of production, the pen fattening project is showing signs of sustainability.

Strategic Objective 4: Improved and equitable learning outcomes for 400,000 girls & boys

CWBT-Increase in children who can read by age 11

Strategic Objective four focused on increasing the number of children who complete basic education and achieve age appropriate learning outcomes in Table 66: Summary Logic

the WVZ areas of operation. This was achieved through collaborative partnerships, with the community leadership, School Development Committees, Ministry of Education and other key partners. The models used are as shown in the table 16.



Strategic Outcomes Increase in children who complete basic education Increase in children who achieve age-appropriate learning outcomes		
Outputs	Increase in children attending a structured learning institution in the reporting period (ECD, Primary, Adolescent Life skills)	Parents and the community supports learning
Teachers' literacy methodology improved	Life skills for boys and girls increased	Community led advocacy strengthened

Models <ul style="list-style-type: none"> • Teacher Capacity building through • Community level Materials creation 	<ul style="list-style-type: none"> • Community education dialogues that facilitate education awareness especially for the girl child • Bicycle distribution which reduce distance barrier • Channels of Hope for Gender 	<p>Citizen's Voice and Action model that strengthens engagement between the community and stakeholders to address local education challenges.</p>
Root Causes and Key Interventions	<p>Increased school drop-out</p> <ul style="list-style-type: none"> • Children forced to enter the labour force • Children need to travel long distances to get to school • Financial constraints within households (55%) • Limited knowledge about child rights • Children need to travel long distances to get to school • Cultural and religious constraints to recognise benefits of education, especially for girls 	<p>Community and parents have limited understanding of how to be involved in their children's education</p> <ul style="list-style-type: none"> • Lack of clear pathways of involvement and roles and responsibilities within existing committees

Key Information

Table 7: Key Information.

# of Projects contributing	Expenditure \$		% of funding Sources			Technical Staff	# of Project participants		Key Partners
	2016	2017	Sponsorship	Grants	PNS		2016	2017	
24 APs & IGATE	9,265,437	4,869,071	58%	40%	2%	12 (PLUS 24 Supporting staff from APs)	223 595 boys (111 789) and girls(111 806) against the target of 400 000 boys and girls	235 531 boys (117 735) and girls (117 796) against a target of 400 000 boys and girls	Ministry of Primary and Secondary Education(MoPSE), Higher life Foundation, CARE, UDACIZA, Emthonjeni Women's Forum, World Bicycle Relief, SNV, Happy Readers, Evangelical Fellowship of Zimbabwe, Education Coalition of Zimbabwe (ECOZI)

Proportion of children enrolled and attending school in structured learning institution.

The education and life skills sector has been experiencing a decline in its grant funding from FY13 to FY16 after two major grants came to an end in FY15. Despite the funding decline, there was a 5% increase in the number of boys and girls reached owing to the robustness of the models employed such as the Literacy boost. A total of 223 595 children were reached, (boys, 111 789 and girls 111 806). This figure increased in FY17 to 235 531. In the reporting period it was further noted that in WV programming areas, the average proportion of children enrolled and attending a structured learning institution⁶ decreased from 81.4% in 2015 to 80.9% in 2016 and in 2017 registered an increase to 88%. This relates well with the 2015 Ministry of Primary and Secondary Education (MoPSE) Statistical report which states that, the enrolment of learners who are aged 6-12 years, at primary level stood at 88.46% in 2015 and is currently approximately at 90%⁷.

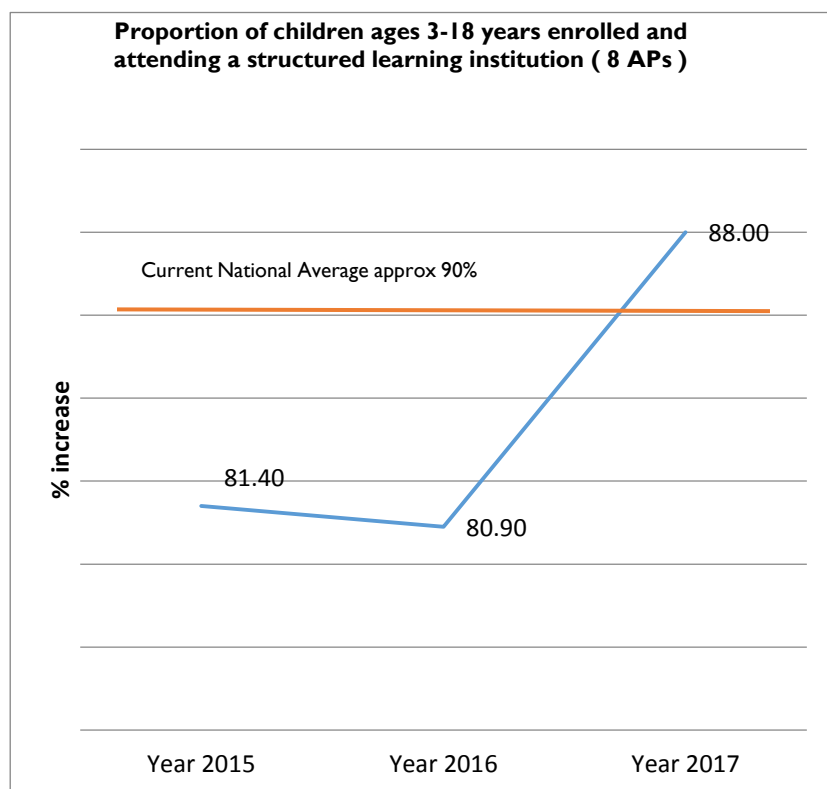


Figure 14: Proportion of children attending a structured institution

Source: LQAS data 2015-2017

The increase in children enrolled and attending a structured learning institution was a result of education awareness campaigns, increase in community reading awareness through the literacy boost model which reached 7289 parents in 7 APs. The IGATE program contributed to the achievement of this outcome by supporting learner mobility through the distribution of 25000 bicycles to girls aged 10-14 years living far away from the school in 10 IGATE districts, thereby⁸empowering girls with ease of access and enhanced attendance to school. A study done in 2016 on Bicycle Education Empowerment Programme (BEEP) established that students reduced their commute-time to school by 47% with bicycles, from 77 minutes to 41 minutes on average. At peak impact, students with bicycles had a 96% better attendance rate than those without bicycles. Over all terms,

there was a 5% difference between students with bicycles and students without bicycles missing more than (or equal to) 10 days of school.⁹

World Vision support has been varied in the reporting period with greater focus on access and completion especially on primary grade levels. In about 24 district areas (with Area Programs involved in Education related programming) school fees were paid for children, Income Generating activities (IGAs) were supported e.g. fisheries, Goat rearing and Poultry rearing. Savings groups continued to assist in availing income to the parents and caregivers. Thus in most area Programs, children have almost maintained their school enrollment despite the national challenges in financial constraints which has seen in some areas children being chased away and dropping out of

⁶ LQAS 2015, 2016 and 2017 comparisons for 8 APs in with Education programming

⁷ Ministry of Primary and Secondary Education - 2017

⁸ An addition to 25,097 bicycles which were distributed in 231 schools in 2014 (IGATE Project Midline Report 2015)

⁹ Mobility buffalo bicycles' impact on student educational outcomes Key Findings | I-GATE BEEP Zimbabwe | 2014-2016

school. This has had a positive bearing on improving the financial situation of most rural households which positively contributed to an improvement in the number of children attending school. School records show that 40.3% of VSL members with at least one child in school had their term I school fees paid compared to 33% of non-participants.

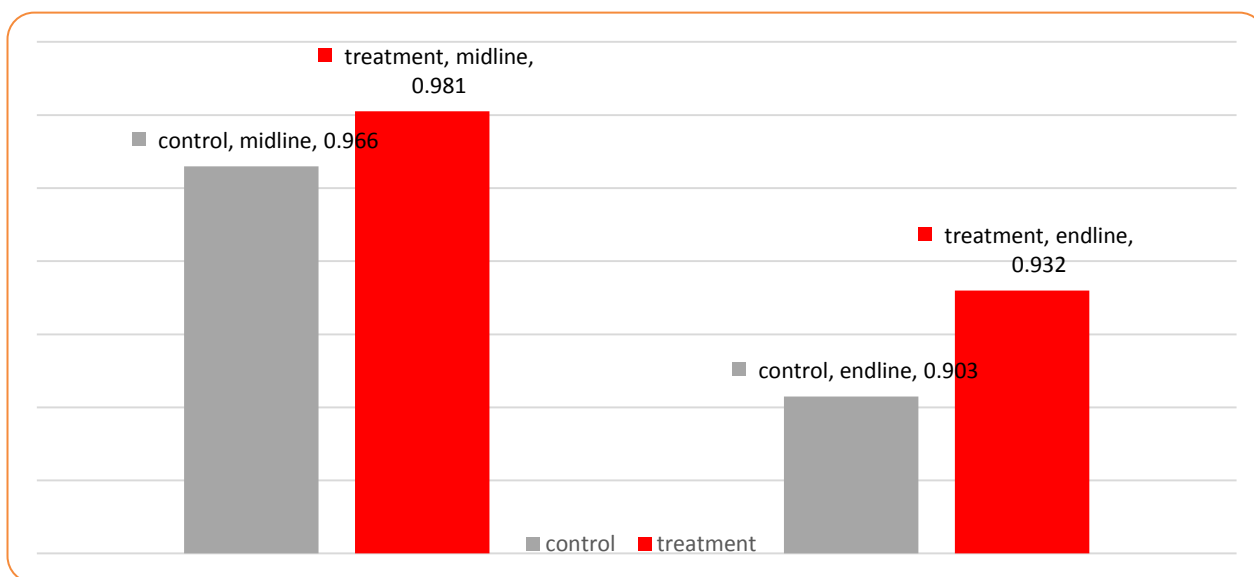
In 2016, a total of 1,252 boys and girls from 17 APs were supported with school fees payments, 23 classroom blocks, 6 teachers' houses and 234 squat holes were constructed.

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

In FY16/17 **boys** and 466 girls both at Primary and Secondary Level across 13 APs areas dropped out of school with the highest recorded in Gokwe North (178) and Limpopo (212). FY17 saw an

increase in school dropouts from 837 in 2016 to 1917 (989 girls, 928 boys) with Chimanimani district having the highest of 743 followed by NNN with 480. These districts among others are usually faced with diverse catastrophes especially droughts and incidents of extreme deprivation resulting in insufficient household income to cater for education costs at household level¹⁰. The dropout rate for RCs remained at 6% for secondary RC and 0.71% for RC in primary school¹¹. Through innovative models and specific interventions of Power Within, Mothers Groups, Village Savings & Lending Schemes, Bicycle Education Empowerment Project (BEEP) and Happy Readers were positively linked to increased enrolment in IGATE schools. Using the sample of all girls at end line (not just reconnected girls), treatment group of girls was found more likely to have greater enrolment than control group (97.5% versus 96%) at midline.

Figure 15: Enrolment and Retention increases within BEEP beneficiaries within IGATE



BEEP and HR were also linked to increased enrolment and retention. For instance, caregivers who reported their household received a bicycle under the BEEP or IGATE projects were significantly more likely to have greater enrolment at midline and end line. Girls who reported receiving a bicycle under the BEEP or IGATE projects were significantly more likely to be enrolled in school at end line.

Proportion of children who can read with comprehension.

Functional literacy in Zimbabwe is still low, with much of the literacy programming implementation having started through grants in 2014 and within Area Programs in 2016. The IGATE program has been one of the major initiatives that have started motion on literacy improvements through working with partners like Happy Readers in tandem with the MoPSE¹². Despite concerted efforts in

¹⁰ Child Protection ADAPT 2017 March Report

¹¹ STEP report

¹² Ministry of Primary and Secondary Education

strengthening provision of reading materials within schools and building community awareness on supporting children to read IGATE End line results

have not showed any improvement in literacy within its 4 years of implementation.

Summary of findings comparing Baseline to evaluation progress in literacy outcomes across the 10 IGATE districts¹³.

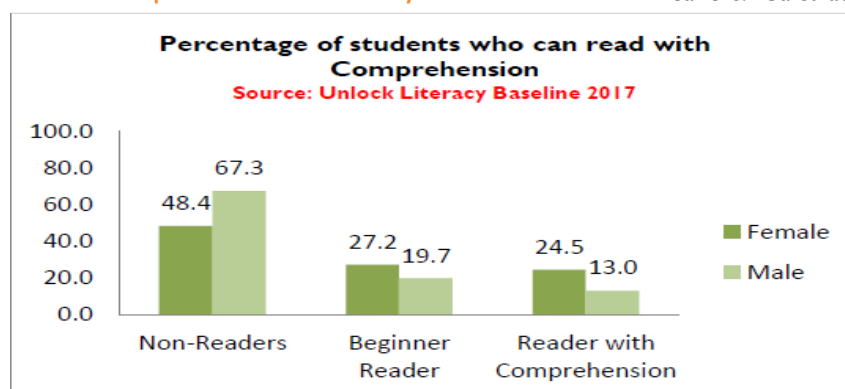
Table 188: Summary findings Baseline and Evaluation

Result	Details	Comments
Literacy result (Baseline to Midline)	Beta: ORF1 – 0.57; ORF2 – 2.54 p-value: ORF 1 – 0.83; ORF2 – 0.43 Target: ORF1 – 5.29; ORF2 – 6.27; Combined – 5.55 Performance: ORF1 – 11%; ORF2 – 40%; Combined – 21%	A negative change in Oral Reading fluency with a decrease measured between baseline and End of Project Evaluation of minus 21%.
Literacy result (Midline to Endline)	Beta: ORF1 – 1.53; ORF2 – -1.77 p-value: ORF 1 – 0.25; ORF2 – 0.28 Target: ORF1 – 6.03; ORF2 – 5.74; Combined – 5.93 Performance: ORF1 – 25%; ORF2 – -31%; Combined – 8%	A further 8% decrease in effect of the learning trajectories of girls measured from the project midline to end line.

From midline to end line, the IGATE treatment as a whole did not produce significant effects for any of the literacy assessments. It is important to recall that the MoPSE takes responsibility for improving teaching and learning in Zimbabwe; therefore, the one IGATE intervention that specifically targeted reading could not have significantly brought much of the expected change without a robust teacher capacity and community action component.

Apart from the IGATE grant, World Vision Zimbabwe has also implemented a Learning for life (Literacy boost) project since 2016 within 6 APs. A baseline study done in 79 school communities in 6 APs showed that most learners were able to identify letters with most respondents averaging 20 letters out of 26. Generally girls were identifying letters better than boys, and the difference is statistically significant ($p = 0.00$).

Figure 16: Proportion of Grade 3 students who could read with comprehension as assessed by the School



Based Test About Reading (STAR) across 6 Aps.

Additionally the same report findings are that only 36% (524/1443) of the learners assessed qualified as

readers with the rest of the learners being non-readers. Calculating the mean value (average) of student scores on the five comprehension questions for a total score and average (percentage) disaggregating by gender shows that as for the reading comprehension the difference is not statistically significant ($p = 0.663$). Implying that in as much as girls generally perform better than boys at lower levels, there has not been much gender difference in performance for those learners (who have just completed grade 2) within reading level. In addition, 27% increase in

¹³ Gokwe North, Chivi, Beitbridge, Mberengwa, Mangwe, Nkayi, Lupane, Gokwe North, Gokwe South, Binga

numeracy and 55% increase in literacy scores between baseline in 2013 and end line in Nov 2016 to Feb 2017 were recorded from the IGATE end of project findings. The numeracy scores were below the payment by result¹⁴ of 0.4 standard deviations which still shows the adverse gap in learning generally in the country especially in areas where World Vision programmes are implemented.

Similarly, using FLAT¹⁵ results showed that 38% (n=165) of the children at St Peters Primary and 8% (n =50) at Robert Sinyoka Primary were illiterate¹⁶.

In 2016 nine APs including IGATE districts mobilised more than 1040 community volunteers who actively supported education reading activities. In 2017, 871 village reading clubs in 6 APs were active. A total of 6936 and 7281 children in 2016 and 2017 respectively were attending the reading camps against a target of 10452 in 6 APs.

Most Vulnerable Children

The Education and Life skills (EdLs) interventions for 2016 and 2017 targeted the most vulnerable children. The MVCs are affected by financial constraints, disability as well as harmful cultural and religious practices that force them to drop out of school in some cases leading to early marriages. Being out of school exposes them to sexual or any other form of abuse.

World Vision worked with other partners like UDACIZA and EFZ to address harmful cultural and religious norms. This partnership with UDACIZA led to the drafting of a UDACIZA Gender policy which addresses issues of abuse and exploitative relationships. IGATE project reports indicate that CSGE managed to set up abuse reporting mechanism in schools. 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 gone down from 21 cases reported in Quarter 13 to 7 cases in the 15th Quarter.

¹⁴ A type of public policy used by DFID whereby payments are contingent on the independent verification of a result/target proposed by donor

Community Action brings awareness of parents and communities on the importance of reading and also sets the establishment of Reading

camps .The LB in 79 school communities in 6 APs showed that that there is generally evidence of reading culture amongst households At least 58.8% of learners cited that family members read to them in the past week preceding the survey.

It is as exciting for parents as it is for children to have parents teach their children to read from home. Some parents have concurred that, "unlike in the past where children would only learn from school, children can even read during the school holidays.

School Teacher

Furthermore, the EdLs interventions targeted children in extreme deprivation. Direct support was provided in the form of schools feeding to schools in drought prone areas, reaching to about 39905 learners with corn soya blend; and school fees support to sponsored children through Gift Notifications. Disabled children especially the physically challenged received 7 wheel-chairs from World Vision through Gift in Kind (GIK).

Sustainability

Local Level ownership: During FY 17 the community structures e.g. SDCs and Reading Camp facilitators managed to organise their own events, create their own materials as well as produce their own local monitoring reports. A total of 11,675 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 basis. 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. Furthermore, the

¹⁵ Functional literacy Assessment Tool

¹⁶ Robert Sinyoka Evaluation Report: April 2017

district CSGE working groups for the 10 districts were responsible for these trainings. This created ownership of the program 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.

Transformed Relationships: 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

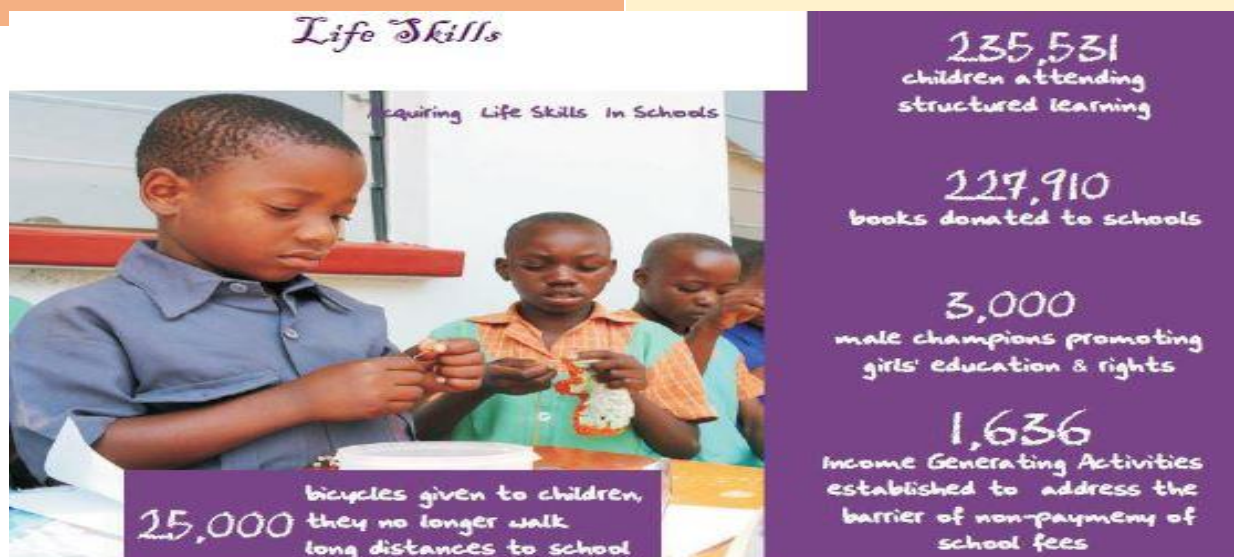
in terms of prioritizing projects done in schools and also in the best interest of the children.

Household and Family Resilience-The IGATE project was instrumental in facilitating savings groups and it has been noted that direct support to children becomes a challenge in areas or projects where there are no IGAs hence for sustainability there is need to incorporate IGAs in all programmes

Partnering: The project continued to partner with Ministry of education and other relevant stakeholders in the implementation of the literacy boost model. This financial year saw the coming in of the Education Coalition of Zimbabwe (ECOZI) in a few districts that include Gwanda, Nkayi, Chivi and Makoni to strengthen monitoring of schools and support school development partners

Table 19: Key learnings and recommendations

Learning	Recommendation
From midline to end line, the IGATE treatment as a whole did not produce significant effects for any of the literacy assessments.	It is recommended that in all WVZ programming areas reading activities be complemented with teacher capacity enhancement and strong community action as concentrating on reading alone may not bring about much change in increasing enrolment as well as improving access to quality education.
IGAs and savings groups have improved household resilience contributed positively to enable payment of school fees resulting in children being able to attend school. This is only effective in a functional economic environment. It was only until this FY that programs learned the importance of broadening the base and scope of the IGAs. The unexpected changes in the economic environment that included limited cash, deflation negatively affected most IGAs with the presence of avian flu (poultry) and other strains of virus greatly compromising the viability of most poultry projects	It is recommended that programmes that are looking to increase access to education should consider building up a strong IGA base, diversifying IGAs and also integrating with Livelihoods interventions. It would thus add more value for World Vision focusing on capacity building of community and partner structures especially in initiatives like the Home-grown schools support.



Strategic Objective 5: Contribute to a social and spiritual environment where 2.5 million children are valued, nurtured, protected and thriving.

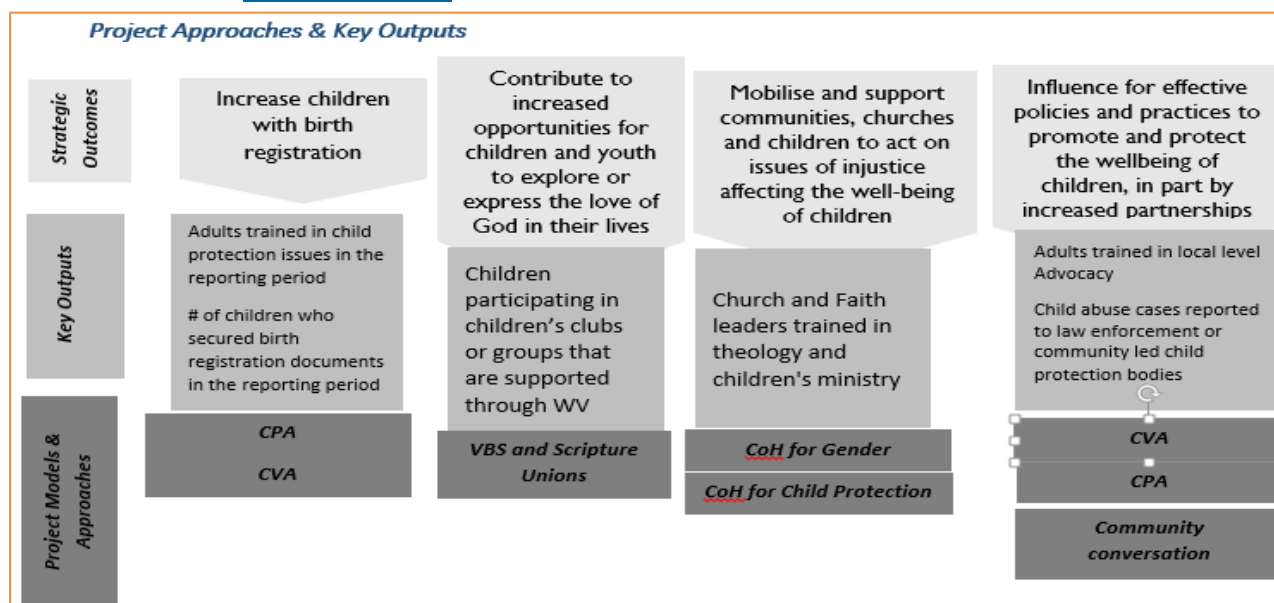


Figure 17: Project Approaches and Key Outputs

Summary of Logic (The problem, root causes and Approaches to address the causes)

WVZ used the ADAPT tool to conduct a CP assessment to guide and inform the prioritization and root cause analysis on issues of child abuse, neglect, exploitation and violence. As the organization is in the process of starting implementation of the It Takes a World to End Violence against Children, the root cause analysis process was refined to come up with three major root causes of sexual abuse among children in Zimbabwe. These are as follows:-

- Limited knowledge on children's rights among Children; Family; School; local, traditional, religious and church leaders.

- Religious and Cultural Practices that normalize sex with children especially the girl child.
- Child Headed Families which make children more vulnerable to sexual abuse.

There are also other underlying causes to some of the critical challenges that children face which World Vision addressed through its various advocacy programs at both at local and national level. These are as follows:-

Limited Knowledge on Children's Rights at Community Level. This was identified as one of the critical factors resulting in the suppression of many of the children's rights. World Vision trained Child Protection Committee Members at community level, who became the champions in advocating for the fulfilment of children's rights in the societies. Through these committees and

support from World Vision, various campaigns and awareness raising programs were conducted, reaching out to 25000 children.

Limited Church Involvement: Zimbabwe is largely considered a Christian country. As such, religion plays a critical role in shaping public opinion in among the people of Zimbabwe, World Vision used the Channels of Hope approach and its relationship with the four umbrella church bodies to reach out to communities with advocacy messages, and promoting children’s rights. World Vision trained a total of 78 pastors from different religious groups who mostly encouraged good health practices, including encouraging members of their church to seek services from health facilities. Through the formed Congregational Hope Action Teams, World Vision managed to reach out to more than 20,000 children, including families, especially parents and guardians.

Full Involvement of the Church in Child Rights Issues: World Vision has been engaging church leaders across various denominations to come together and contribute in building sustainable solutions to the health related challenges facing communities. One such intervention has been the training of church leaders on MNCH+. Through church intervention, there has been reduction in home deliveries and increased community awareness on critical issues related to maternal and new born health. As the organisation believes in the power of the church to mentor and teach good practices to children, there has also been a positive trend of more children attending church as a result of church leaders advocating for the dissemination of information of this powerful advocacy tool. The Pastors trained have been putting in place Congregational Hope Action Teams (CHATs) to sensitize their communities in gender equality and equity, care for victims of abuse and advocate against GBV and other forms of abuse within their congregations. A

total of 23 860 children were reached through the various church led related programs that we conducted working mostly through the trained church leaders and the CHATs in the target districts.

Limited Capacity among Service Providers: World Vision tried to address both the demand and supply side of service provision for children. Trainings were done; targeting service providers for them to use a rights based approach when dealing with children’s issues.

Poor Referral Systems: World Vision noted that one of the reasons why there was limited access to services by children and communities was not only the limited knowledge on the services offered but also limited knowledge on where and how to access the services. World Vision has been working with the Police-Victim Friendly Unit, sensitizing communities on reporting mechanisms in cases of a sexual harassment or sexual abuse case. The health workers from the local clinics have also been participating in key community programs, ensuring that children and communities are linked to service providers.

Inability of Children to Get Birth Certificates: Children from most vulnerable communities have been finding it hard to access birth certificates. This has been both as a result of some policy gaps and lack of appreciation and knowledge on the right to be birth registered in the part of communities. World Vision used the Citizen Voice and Action approach, ensuring that communities demand services to be brought closer to them. In 2017, more than 2000 children were assisted to get birth registrations through World Vision. The communities, mostly through the Child Protection committees, successfully managed to lobby with the government to ensure that mobile birth registration centers are brought to their communities for children to benefit.

Table 9: Financial input

Sector	Expenditure
Child Protection	\$342.403
Christian Commitment	\$56.681
Sponsorship Programming	\$1.631.995
Spiritual Nurture of Children	\$195.904

Outcome indicator: Proportion of children with a birth certificate

Over the past five years, birth registration has continued to be a problem nationally, with results indicating that only 32.5% of children under the age of five years in Zimbabwe had registered births in 2014¹⁷. WVZ in partnership with other organizations such as Justice for children Trust have continued to engage the Registrar General's office on the need to come up with a policy that allows the decentralization of birth registrations in order to increase access of the service in rural communities. AP reports indicate that in FY 17 a

total of 2300 children accessed birth certificates, this is a decline from the 3579 who accessed birth certificates in FY16. LQAS findings in the figure below, also confirm the decline in access to birth registration documents over the last 3 years. The decline could be attributed to the fact that the birth registration process was politicized especially in view of the upcoming elections. NGOs including WVZ therefore had to minimize activities around birth registration.

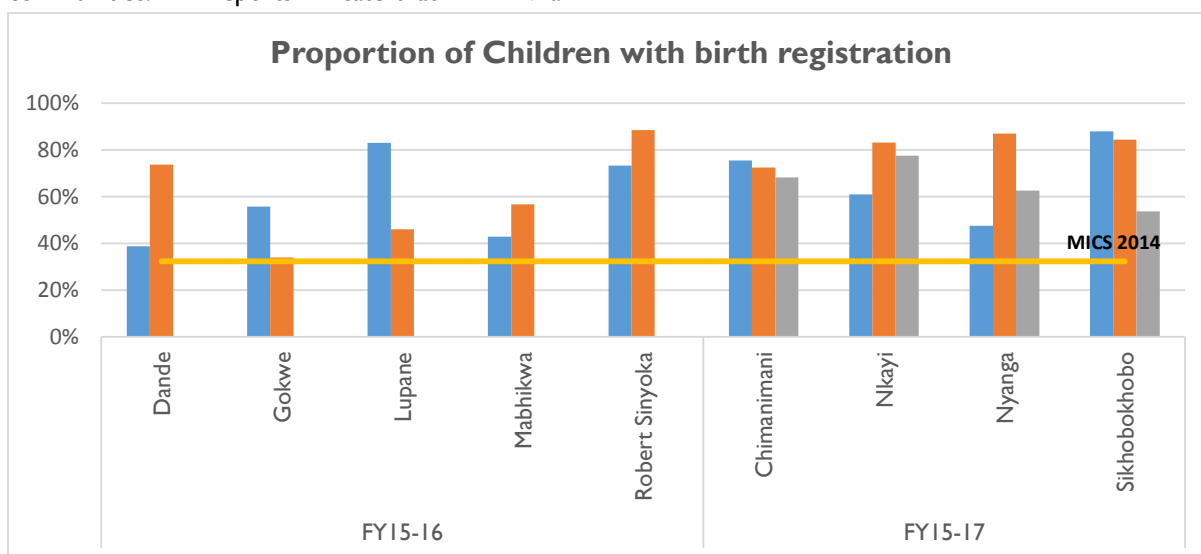


Figure 18: Proportion of children of school going age who have registered births

Outcome Indicator: Proportion of community members who report cases of abuse and can identify an appropriate reporting mechanism.

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. According to ethics points report, 95% of the 40 cases reported in FY16 were child sexual abuse cases and in FY 17, 91% of the 102 cases were sexual abuse cases. The CP ADAPT process which was done in FY17 has also confirmed that the major child protection issue affecting Zimbabwe is sexual abuse hence this has been identified as the WV Zimbabwe's campaign issue.

¹⁷ MICS 2014

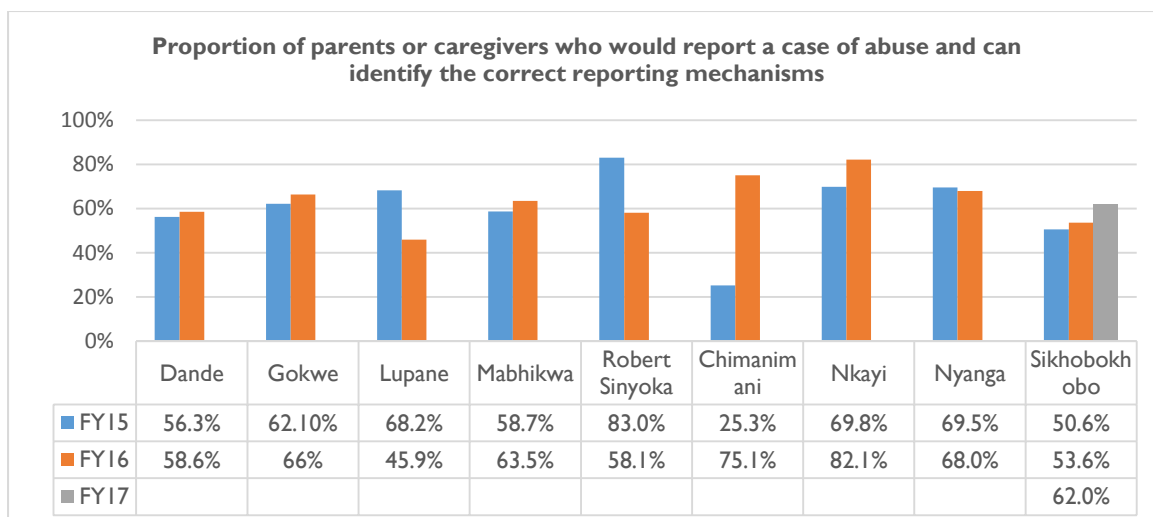


Figure 20: Proportion of parents or caregivers who report abuse

WVZ has made significant strides to increase community awareness on child abuse issues. Annual outcome monitoring suggests that on average most AP communities are now better positioned to report child abuse cases and can also identify appropriate reporting mechanisms. WVZ surmises that contribution at local level is making a difference. The organization 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 combat sexual abuse against the girl child. 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. Among these partners is the media which was instrumental in covering the child rights related activities spearheaded by 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. IGATE project reports indicate that CSGE managed to set up abuse reporting mechanism in schools. 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 gone down from 21 cases reported in Quarter 13 to 7 cases in the 15th Quarter.

Most Vulnerable Children

This SO targets several MVCs among them orphans, married children, children living with disability, child-headed households, working children, children living with old or chronically ill caregivers, children from households with negligent caregivers, among others. The key factors that make these children vulnerable include and are not limited to: (i) Lack of parental or adult guidance in some households (ii) limited community cohesion towards the care of MVC (iii) serious discrimination (iv) Lack of basic necessities particularly, food, clothing and social support. (v) The absence of birth registration documents (vi) limited knowledge and capabilities to demand their rights as children as it relates particularly to education and sexual reproductive health.

The NO is lobbying the Government to increase administrative access to communities for children to get birth registration documents. At AP level, programs are on a drive to mobilize communities to ensure that children have their birth registration documents as early in life as possible, particularly targeting women of child bearing age. The same message is being taken across traditional leaders as part of their regular meetings. Taking advantage of their contexts, some APs have supported birth registrations for some groups of children by mobilizing local offices of the Registrar General and getting them into the communities. Other vulnerabilities are being intentionally addressed as part of ongoing programming, for example the effort in enhancing life skills in sexual reproductive health and behavior for boys and girls through holiday camps and Scripture Union.

Sustainability

Over the period, the Child Protection department worked with the community with a focus largely on partnering and local ownership. Partnering was a key success factor in the sector as the multiple players in the sector require team work to achieve the protection of children. In this vein, strengthening of partnerships among child protection committees, case care workers, the Police and communities have been instrumental in reporting and response to the 79 CPIs that were reported in the year. Even though some cases are still pending completion, there is evidence of

improving partnering relations at local level as results along the value chain are observable. Capacities strengthening of some of these partners to ensure that efforts along the value chain are sustained even beyond the life of WV are ongoing. This was also evident through several efforts in building the capacity of child protection committees and communities in appreciating the meanings of abuse, reporting abuse and helping child survivors in continuing with life. Further, efforts to build life skills of children, especially girls, were also given attention during sexual reproductive health education sessions.

Table 100: Key learnings and Recommendations

Learning	Recommendation
<p>There is still widespread ignorance on the value of birth registration documents amongst young families.</p> <p>Communities can overstretch their limited material and financial resources in order to have children secure birth registration documents.</p>	<p>Target young couples, with a particular focus on male involvement, and mobilize them to secure children's birth registration documents as early after birth as is possible.</p>



54769 Sponsored Children
 70% child protection cases resolved
 23860 children reached through CHATS
 106048 children participating in Spiritual nurturing activities
 2065 Faith leaders trained in children's ministry
 104349 SNC materials distributed

Disaster Risk Reduction (DRR)

The DRR approach relies on community members, local leadership, and relevant government officials at ward level to be engaged in a participatory process of orientation to the key DRR concepts as well as resilience and utilization of early warning systems (EWS).

WVZ and local Government agencies staff from 26 APs 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 finalisation of Community Disaster Preparedness Plan in a total of 17 APs. Through ENSURE, World Vision Zimbabwe managed to engage the Zimbabwe Republic Police (Sub-aqua Unit) in conducting trainings for communities on rescue operations to flood victims and management of surface water bodies in the flood prone wards reaching out to 1531 (742M: 789F) focal point persons. The established DMCs scaled up the early warning messaging at public meetings, LSA and FFA food distribution points, thus directly conveying disaster risk information on floods, rainfall, pests and diseases to over 20,053 households and 8,405 school going children. Under ENTERPRISE 410 ISAL groups were formed during the period under review as part of strengthening informal social safety nets for social bonding and increasing access to savings and assets.

Farmers received subsidised drought tolerant crop seeds under both APs and grants. For example, under the ZamVELW project along the Zambezi valley, 5040 households were assisted with small grain and legume seed packs that are drought tolerant while under ZimJR in Hwange, 1549MT of pearl millet, 24.51 MT of sorghum and 8MT of cowpeas were distributed in Hwange district. The seed distribution was accompanied by trainings on climate smart agriculture and community seed fairs to promote growing of drought tolerant seeds within communities. Under the ZamVELW project, percentage of households experiencing cereal self-sufficiency ≥ 6 months changed from 37.6% of HHs at end of project evaluation compared to 26.1% HHs at baseline. Nineteen dip tanks were rehabilitated and functional while 147 cattle water

troughs were constructed under the same project to cater for livestock health even beyond SAENER. Farmers were capacitated in fodder making and small livestock production hence, reducing the impact of droughts during SAENER and even beyond. Taking cognisance of Climate Change and how it impacts on farming. Under ECHO CTP, initially, there were conditional trainings to almost 3200 households on participatory scenario planning where beneficiaries were taught on risk reduction approaches such as identification of early warning systems, planting drought tolerant varieties, monitoring planting dates and other approaches that would help them to be more resilient. Under the ENSURE program, DRR was mainstreamed across the response where FMNR promoted as well as trainings for beneficiaries to understand concepts like catchment area conservation and specific vegetation that can be promoted or planted for such conservation works. Moreover, combining sponsorship and grant funds resulted in the construction of irrigation infrastructure that sponsorship funds on their own could not have achieved in APs such as Nyanyadzi, Buhera, Chimanimani and Chipinge in Manicaland. Some of the APs such as Hwange, Bolamba, Lupane, Limpopo and Mudzi were able to establish solar powered small scale irrigation schemes as a way of increasing community resilience to future shocks. Synergy between the APs and the response resulted in efficient use of food resources through the creation of sustainable community assets through the FFA approach.

World Vision Zimbabwe Disaster Response

From 2015 to 2017 Zimbabwe faced a series of droughts caused by extreme heat (2015/16 season) and excessive rains (2016/17) leaving over 3.5 million people in urgent need of food assistance. The humanitarian sector partnered with the Government of Zimbabwe, the UN and donor countries in responding to the emergencies. World Vision partnered with other NGOs providing assistance in the form of food aid, cash transfers, water and helping farmers become more resilient. During this period World Vision reached over 1 million people



TARGET & REACHED BENEFICIARIES BY SECTOR



Table 21: Target Population and beneficiaries

Affected Population	Beneficiaries Reached								
	Target Bens	Girls	Boys	RC Girls	RC Boys	Men	Women	Disabled	Total Reached
4 000 000	1 735 476	314 670	273 680	17 733	12 883	281 438	345 719	415	1 246 462

According to the SAENAR evaluation report, the Response was effective in reducing the average number of food shortage months during the past 12 months. During the life of the response 36 020MT of food commodities were distributed and this was a 17% underachievement compared to the target. Under the cash transfer modality, \$21,385,236 was unconditionally transferred to beneficiaries and there was a 2 % overachievement. Beneficiary HH reported statistically significant fewer months (4) of food shortage during the past 12 months compared to 4.7 months for non-beneficiary HH (p-value<0.0001). There is also a statistically significant lower mean months of food shortage in AP HH (3.6) compared to 4.6 months in non-AP HH (p-value<0.0001).

However, regardless of the reduction in hungry months evaluation results indicated that there was no significant difference between the beneficiary and non-beneficiary consumption indicators showing that though assisted beneficiary households were still struggling to meet the daily required food needs of their children (Beneficiary HH=29% versus non beneficiary HH=35%; p-value=0.0876).

Disaster Preparedness and mitigation

Prior to the Response, the NO was guided by the Disaster Management Framework that encompasses early warning, preparedness, mitigation, response, recovery and transition. Collaboration with the government, local partners and UN Agencies was strengthened in terms of monitoring early warning signs for appropriate action. As World Vision, the office consistently compiled Early Warning Early Action Reports on a monthly basis. The NO was able to utilise NEPRF funding to conduct an assessment which assisted the office to preposition with donors and as a result get timely funding to start emergency response projects, for example when the region declared SAENER, WVZ has already raised funding just above \$8million. Relevant items were prepositioned e.g., after the Start Fund Network project, the office was left with 8 units of 6x4meter tents for child friendly spaces, 2 units of 3 x 3m counselling tents prepositioned for response to future floods and similar emergencies. Staff capacity development was done in line with the Disaster Management Framework and Disaster Management Policy of World Vision. With regards to Food Assistance, the office partnered with government and other partners in conducting a vulnerability and capacity assessment whose results were used for

humanitarian planning purposes. The GAM unit continuously scanned the environment for possible opportunities for the office to capture in line with priorities and strategic objectives of the office.

Accountability

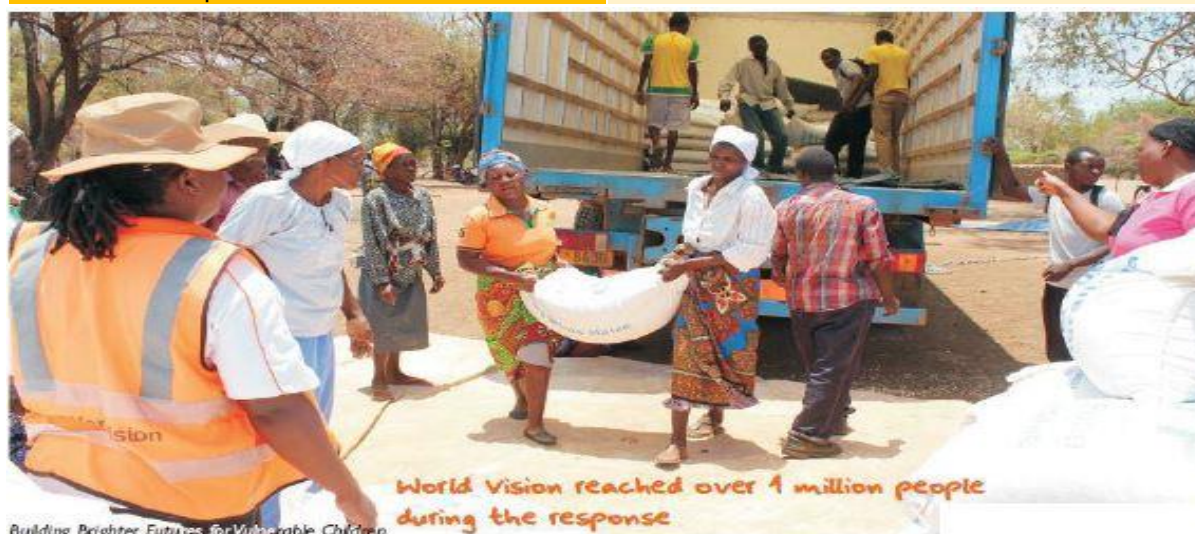
According to the SAENAR Evaluation Report (2017) Zimbabwe was efficient in establishing Accountability mechanisms in line with the Programme Accountability Framework. Successful establishment of accountability mechanisms improved transparency and accountability in program implementation. The accountability mechanisms included the following; Help Desks; CRM Committees; Suggestion boxes; Focal point persons; Tool free line (Deloitte & Touché); and WV hot line (paid line). The accountability mechanisms were structured to capture both complaints and beneficiary recommendations on improvement of program efficiency. Of the 983 households surveyed, 75% were aware of the CRM.

Information provision during distributions was efficient as 85% of the households were aware of their food entitlements, and 83% were aware of their cash entitlements. As confirmed by 80% of households, WV staff were always available whenever the beneficiaries needed to communicate with them. Beneficiaries preferred to give feedback to focal point persons or WV staff as they would receive immediate responses compared to suggestion boxes which had a response lag time of up to 4 weeks. Some of the challenges faced with the CRM included the abuse of the Deloitte Toll free line where, after a lot of time and resources had been invested in investigating reported issues, some turned out to be personal grudges.

Identification of response areas and activities involved a rigorous consultative process with Government stakeholders and community leadership through engagement meetings. Beneficiary communities participated in selection of vulnerable households that benefitted from the response as it was targeted.

Table 112: Key learnings and Recommendations

Key Learnings	Recommendations
The SAENAR response was highly relevant and addressed key needs. However, there were gaps around instituting a framework for fostering resilience and strengthen community capacities to prevent, absorb, adapt, and transform in the aftermath of shocks and stresses.	As a post- disaster recovery strategy, programming should strengthen support for resilience building of affected communities. In order to build a resilient community, programming needs to focus on strengthening community capacities to prevent, absorb, adapt, and transform in the aftermath of shocks and stresses
It is necessary to have a strong central knowledge management base in the management of response interventions so that it is easy to track beneficiaries as well as due impact.	In future it would be good to have an easily accessible central repository where all the response information will be posted and accessed.



WV Development Programme Approach

World Vision Zimbabwe began using the Development Programme Approach (DPA) in 2011 and this has evolved over time with the LEAP 3 transition in FY17.

In FY17 the DPA approach was contextualised and used as a standard method in community engagement which culminated in the adoption of TPs in the Aps that were transitioning to LEAP 3.

A light touch DPA was conducted for Area programmes that had a full design process in the last 3-4 years, these included programmes that were in the design and implementation stage. Redesigned and evaluation programmes conducted a full DPA process while those in final implementation adopted a light touch DPA which borrowed key principles from the approach e.g. exploring perceptions was fundamental in the programmes understanding how they were perceived and rectifying the misconceptions in the final implementation years as part of their design for the final phase and close out communication plan. Children participated in the community engagement process with the majority being consulted in the various stages of the critical path while in some programmes they made up part of the starter group where they facilitated children's engagement

Key trends

Food insecurity is an issue that emerged during the community engagement processes in all area programmes. It is essential to note that this confirmed the landscape analysis and theory of change given the economic and climate changes problems being experienced in the country as a whole. The need for Income generating Activities was prioritized. Unpredictable weather conditions and climate change seemed to be common across programmes calling for the need to strengthen disaster management practises and programme with these new changes in mind.

Child protection concerns were very alarming in most districts and emerged in all Area Programmes with the list varying from high incidents of sexual abuse evidenced by early pregnancies, emotional abuse, ritual murder and school dropouts.

Integrating DPA and TP adaption methodology in selecting Technical Programs for adoption intentionally gave the community a platform to participate and be consulted in identifying their own community projects. Communities were able to share their vision and priorities at ward and district level. Employing this approach has the potential to scale positive impact on child well-being and culture a sense of ownership on selected Technical programs. This began with a National office DPA core team who were capacitated in DPA/SIP/Greenfield as the lead trainers. The contextualised DPA was used based on the various AP LEAP cycle stages as presented below.

Common causes of school drop outs were closely linked to challenges with school fees/levies, religious beliefs and practices, traditional norms and general inertia of some parents and caregivers to send their children to school. Lack of birth registration documents is an issue that emerged across programmes.

Challenges

Community expectations and priorities are very high in an environment where Government investment is low and donor priorities are not the same as communities and their funds are rather limited.

Some Final implementation APs could not conduct a thorough community engagement using DPA as they will be closing in less than three years.

Successes

Key principles of the approach were adapted by AP that are in final implementation i.e. those in their last 3-5 years.

The use of tools such as exploring perceptions was very important to inform especially APs in final implementation how partners, boys & girls and adults viewed World Vision. Other tools used were borrowed/integrated from the Green field best practices; these will continue to be used especially in the reflection meetings that have been scheduled.

Communities have been able to lead the process of identifying their priorities and lead in the implementation of interventions which is a stepping stone towards sustainability of programmes.

Innovations

Conducting a DPA contextualisation session at national level assisted the core team to have a standardised manner of community engagement and integrated Sponsorship in Programming. Integration of the Greenfields best practices into the critical path was a good innovation as the AP teams had an appreciation of how to conduct CE in an integrated way. Conducting district level stakeholder meetings was a good innovation as the core DPA team played a neutral facilitatory role. Statistics, facts and figures that confirmed or in some cases refutes certain community priorities but also increased the level of stakeholder participation and ownership of the programmes.. This helped communities to be more focused in selecting priorities for their districts.

Plan to improve DPA performance

The following are some specific plans to improve DPA performance:

- Utilize and adapt Greenfield tools to enhance DPA performance especially with regard to enhancing community ownership.
- In view of staff mobility and the new strategy for 2030 reorientation of partners and staff on DPA would be prioritised so that progress made so far can be improved and not undermined.

Adaptation of Technical Programmes to the local Context

A total of 23 Aps adapted technical programmes after a thorough community engagement process. Livelihood TP was adapted by 13 area programmes, Education and Life skills was taken up by 12 Aps, RMNCH by 9 while WASH had 7Aps.

Accountability Implementation

Community participation was enhanced in FY17 through the use of Starter groups in community engagement processes right from the selection of members for training. Community members had the opportunity to share their community vision and priorities for CWB and this was further discussed at district level together with Local government leadership and other stakeholders involved.

Information provision

World Vision Zimbabwe is committed to ensuring that relevant programme information is made available and intentionally provided to communities in a timely, accessible and accurate manner. The

following grant projects ZeWAN, DFID Cash Transfer, OFDA and IGATE produced and distributed information provision materials about the project in the form of posters and pamphlets to 12847 people. Registered children were informed about the closure of the program in FY16 while in FY17 they wrote farewell letters and final APRs to their sponsors.

Consultation

World Vision is committed to the principle of informed consent and ensuring that communities are aware of, understand and agree with key decisions relating to project/programme interventions. Nineteen boys and 17 girls were consulted during the Core Humanitarian Standard assessment in May 2017 in Gokwe North, Hwange and Gwanda. During the assessment, children were asked to give their perceptions on the overall planning and implementation of projects and how WVZ staff conducted them during project implementation. Findings indicated that children thought that the most food insecure households were assisted and that the cash transfer project was implemented at the right time when households were most in need. In Muzarabani (an AP and grant district) findings from children indicated that WV spent much time with adults than children, WV comes and collects information during surveys and does not provide feedback.

Participation

World Vision seeks to build children's ability to participate, taking into account their age, maturity and context. In FY 16 WVZ assessed progress on the 2013 World Vision's Triennial Council Recommendations. The assessment was undertaken in Muzarabani AP with primary children 9-13, secondary 14-19 years, protection committees and junior legislators. The key findings were;

- Children should be involved in World Vision board meetings and meeting with National Director. The National Director should send his/her representative with a speech and sent his/her picture so that children can familiarize with the National Director.
- If the ND is not able to come in person, have a photo of him where we can at least see his face.

- Children should be involved during budgeting in World Vision so that they can share their views. World Vision tries but they do not involve many children.
- Youth and children must be trained in technical skills and life skills.

Collecting and acting on feedback

In FY17 children in project areas were encouraged to share feedback on how donor funds are utilized in their communities and the impact realized. Examples include feedback through the Annual Progress reports (APRs) and Expression sheets

A total of 75,244 children in FY 16 and 73,819 in FY 17 children in all Area Programmes produced Annual progress reports that informed sponsors on ways in which sponsor funds were used in the Aps and the impact realized. Closure comments were done for Dande AP that was in its final implementation and this provided information on the key achievements of the 16 years of implementation and partnership with WV Australia.

All sponsored children completed expression sheets where they express themselves about their current studies, health status, about the time they wake up, the time they go to bed, the chores they do at home and also they also describe the weather.

Conclusion

World Vision Zimbabwe continues to draw lessons from developing the child well-being summary report. While progress has been made in better tracking, aggregating and reporting program inputs and outputs, particularly through the use of standardized indicators, the utility of these indicators would be improved by focusing on fewer, more strategic indicators and investing in assuring the quality and accuracy of reporting. The lack of a harmonized monitoring system, coupled with highly localized designs and M&E plans, and wide diversity of interventions and variable program time frames challenge aggregation and learning at a program-wide scale.

Despite this being the fifth CWB report for Zimbabwe, it is constrained in ability to progressively compare statistics over time, largely due to an over-reliance on major baseline and evaluation processes in APs. In addition, the office was anticipating the roll out of LEAP 3 and TP Baselines hence the delay of a number of Baselines and Evaluations in FY 16 and 17. Annual outcome monitoring using LQAS was adopted in FY14, however has not been consistent in successive years in all APs due to budgetary constraints. This has compromised trend analysis over the years.

For future reports to provide stronger analysis and contribute to evidence based programming, WVZ needs to improve the focus of its programming, streamline its DME systems and invest in capacity for capturing and utilizing data in a manner that is more meaningful for program learning and evidence.

Annex 1

Data sources

Source of Data	Date of Survey	Tools/ Modules used	Sample Size	AP Coverage (# of APs)
WFP End of Project Evaluations	30/11/2016	Household survey	160	Grant outside APs(1 AP district included)
MSHLIP end of project evaluation	25/03/2017	Household survey Caregiver survey	698	Grant outside APs(1 AP district included)
EC Fisheries end of project evaluation	1/09/2017	Household survey	510	Grant outside APs(3 AP districts included)
OFDA ZamVELW	12/06/2017	Household survey	578	Grant outside APs(2 AP districts included)
Robert Sinyoka AP EOP	July 2017	Household survey	518	1
Sanzukwi AP EOP	September 2017	Household survey	610	1
LQAS Fy17	August 2017	Care giver tool	95	18
LCIP baseline 2017	July 2017	Caregiver & immunization	573	Gokwe North, Gokwe South
Matobo AP baseline	July 2016	Care giver tool	398	Matobo
ZEWAN Evaluation 2017	March 2017	Caregiver tool & Nutrition	684	Matobo, Gokwe North
Dande Evaluation 2017	July 2017	Caregiver tool	625	Dande
CP ADAPT	December 2016- March 2017	CP ADAPT Tools	48 FGDs	4 APs
Literacy Boost Baseline	July 2017	STAR assessment tool	1407	6 APs
IGATE EOP	January-March 2017	EGRA EGMA Household survey	1950 girls 85 schools	10 IGATE districts(in 8 APs)