

PROGRESS REPORT

PROGRAMME OF SUPPORT TO THE NATIONAL ACTION PLAN FOR ORPHANS AND VULNERABLE CHILDREN IN ZIMBABWE



June 2009

TABLE OF CONTENTS **To be reviewed at the end in case of changes.**

Contribution Data	Page 3
1. Executive Summary	Page 4
2. Background	Page 5
3. Programme Implementation in Year 2: Progress and Achievements	Page 7
3.1 Implementation through NGOs	Page 8
3.2 Overview of Progress	Page 9
3.3 Implementation Rates By Key Output Indicators	Page 10
3.4 Cross Cutting Issues	Page 15
3.5 Monitoring & Evaluation and Learning	Page 16
4. Best Practices/ Innovations	Page 17
5. Challenges and Opportunities in Year 2.	Page 17
6. Annual Review Recommendation	Page 20
7. Annual Review Recommendations Action Plan	Page 25
8. Way Forward	Page 28
9. Financial Report	Page 29
. Annexes	
Annex 1: Progress Report May 2007	
Annex 2: Progress Report May 2008	
Annex 3: Log-frame and targets	
Annex 4: Numbers of children reached:	
4.1. Summary of Implemented PoS Activities. Year II	
4.2. Beneficiaries by Partner. Years I and II	
4.3. Beneficiaries by Rural / Urban. Year II	
Annex 5: List of NGO partners (intermediate and sub-grantees)	
Annex 6: Financial implementation:	
6.1. Financial summary	
6.2. Contributions from donors	
6.3. PoS Expenditures as per budget	
6.4. PoS Expenditures per NGO (no projections)	
6.5. PoS Expenditures per NGO (with projections)	
6.6. PoS new budget 2006-2010	
Annex 7: Annual Review Documents:	
AR Terms of Reference	
2008 Annual Review Recommendations	
AR 2009 Agenda	
Presentation: OVC - PoS Overview	
Presentation: Progress and Challenges	
Presentation: Capacity Development	
Presentation: M&E – Operational Research	
Presentation: Support to the Education Sector	
Presentation: Options and Way Forward	
Presentation: PoS Overview for NGOs	
Annex 8: 2009 Annual Recommendations	
Annex 9: Operational Research Priorities	
Annex 10: Gender Policy and Planning Effort Index	

CONTRIBUTION DATA

Report	-	Annual Progress Report
Donors:	-	Government of the United Kingdom (DFID) Government of New Zealand (NZAid) Government of Sweden (SIDA) Gov. of Germany / German Development Bank (KfW) Government of Australia (AusAid) European Commission (EC)
Assisted Country:	-	Zimbabwe
Assisted Programmes/Projects	-	National Action Plan for OVC
PBA Numbers:	-	SC/2006/0104-1 (DFID only) SC/2006/9904-16 (All donors) ¹
Estimated Funds committed:		DFID US\$ 37.06 M NZAid US\$ 0.44 M SIDA US\$ 5.86 M KfW US\$ 23.70 M AusAid US\$ 0.83 M EC US\$ 13.58 M Total US\$ 81.47 M²
Programmable amount³ (total minus recovery)	-	US\$ 6,381,911.45 (DFID only) US\$ 26,997,803.10 (All donors) Total US\$ 33,379,714.55
Funds Spent to date:	-	US\$ 24,405,313.64⁴
Duration of Contribution:	-	10 March 2006 – 31 December 2010
Period Covered by Report:	-	1 April 2008 – 30 April 2009
Date Prepared:	-	May-June 2009

¹ Contributions to the PoS are made of two different PBAs (Programme Budget Allocations): PBA SC/2006/0104 was the initial contribution from DFID only, pending the review of UNICEF's cost-recovery policy by its Executive Board. After the reduction of cost-recovery from 9% to 5% for this programme, a new PBA was established (PBA SC/2006/9904-16), which is the pool fund where contributions from all donors are co-mingled. For this PBA cost-recovery is 5%.

Therefore, the existence of two different PBAs was a way of addressing the cost-recovery issue, but both PBAs should be seen as one single fund. In UNICEF financial system they appear as two different contributions, but this and future reports will treat them as one.

² These figures are approximate, as donors contribute in their national currencies (pounds, crowns, euros, etc.) and the actual amount received by UNICEF in US\$ varies depending on the exchange rate at the moment of disbursement. See *Annex 6.2. A. PoS Contributions from Donors* for a more detailed explanation of these estimations.

³ This is the amount of funds available at UNICEF Zimbabwe for expenditure in the programme.

⁴ See *Annex 6.3*

1. EXECUTIVE SUMMARY

In order to respond to a dramatic increase in the number of orphans and other vulnerable children, the Government of Zimbabwe approved in 2004 and launched in 2005 the National Plan of Action for OVC. Much progress had been achieved since then, but the response was still far away from the need both in terms of actual numbers of children reached and in the lack of a coordinated approach.

Within this background, UNICEF the then MoPSLSW and NAC, in close consultation with other stakeholders, developed in October 2005 the Programme of Support for the NAP-OVC, with a double objective:

- To support the implementation of the NAP for OVC through strengthening community-level organizations providing care and protection for vulnerable children
- To put in place a mechanism to ensure increased and more predictable funding for OVC

Since then, the PoS gained much confidence both from the donor community, the government and the NGOs involved, as a real opportunity to scale up the response for OVC in Zimbabwe. This report describes progress made in the second year of implementation through civil society organizations, which corresponds to the third year of the PoS⁵.

After the PoS was established in 2006, the first donor contributions were made available and a national selection process for NGOs was launched and completed with the signature of tripartite agreements between the MoPSLSW, UNICEF and 21 NGOs. In the first quarter of 2007 funds started to be disbursed to NGOs, two additional organizations were incorporated and the first Annual Review of the PoS was conducted in April 2007. The balance at that stage was positive and was achieved in a complex context, but the main challenge was to see how all those structures, funds and plans were translated into concrete support for the most vulnerable⁶.

The second report⁷ summarized the achievements and challenges faced during implementation with the NGO partners in Year 1. A total of 23 NGOs were directly supported by UNICEF and more than 130 indirectly, reaching a total of 184,296 orphans and other vulnerable children with a variety of interventions. The 2008 review also came up with very concrete recommendations and identified the way forward to further scale up interventions, assuming a conducive environment would be in place.

However, as this report describes in detail, the past year has been tremendously challenging in Zimbabwe, and even more so for the most vulnerable. 2008 was a year characterized by two rounds (in March and June) of harmonized elections, widespread political violence, very limited access for development stakeholders, lack of authority, accelerated economic meltdown, collapse of basic social services, huge operational challenges and a severe humanitarian crisis. In this context, it is not surprising that the programme actual results for children have been limited, with a decrease in the numbers of new OVC receiving assistance. A total of 93,025 new OVC were supported in Year 2, which represents roughly half of those supported in Year 1. However, it should be noted that many of those supported in Year 1 continued to be supported in Year 2. The total number of children supported in Year 2 including those children receiving continued assistance during those two years is 304,084.

Nevertheless, some very important achievements and opportunities must be highlighted. The most important is the fact that a total of 277,000 vulnerable children have been assisted by the programme in those two years, despite the challenging environment. This constitutes an implementation rate of 92% against a combined target of 300,000 for Year 1 and 2. Year 2 also saw the consolidation of the M&E system, which has proved to be a solid and reliable source of information. On capacity development, after a very slow start in Year 1, much progress occurred during this past year, with 13 training workshops on 7 thematic areas, development of manuals and a toolkit.

The context in the country has also improved in recent months, especially in 2009, with the formation of a new inclusive government, the removal of many operational challenges, certain improvements in basic social services and the progressive re-engagement with the international community.

⁵ The first year of the PoS (2006) was actually devoted to establishing the mechanism itself and to the nation-wide selection process of the first 21 NGO partners.

⁶ For the first year of PoS, see the progress report of May 2007 (see *Annex 1*)

⁷ See progress report of May 2008 (see *Annex 2*)

Finally, this year's Annual Review intended not only to look at the programme's past performance, but also to make strategic decisions and identify the way forward for the remaining period of the PoS, up to December 2010. Given the new context prevailing in the country, the substantial amount of funds still available, the possibility of some additional resources from new donors joining the programme and the need to go beyond NGO-implemented interventions and start strengthening national systems for OVC, some major decisions were made:

- ➔ Continue providing assistance to OVC through NGOs, using half of the remaining funds up to December 2010. This will be done by re-orienting certain interventions of NGOs to those areas where they have a comparative advantage. Allocation of funds will also be done taking into consideration past performance by individual NGOs.
- ➔ Use the other half of funds to strengthen national systems, especially in the area of educational support to OVC (revival of BEAM, provision of textbooks and teachers' audit) and capacity of the social welfare system in the country. The concrete modalities for this support will have to be discussed and agreed in the immediate months following the review.

The Programme of Support was showcased at the Mexico International AIDS Conference and the Dublin Global Partners Forum on children and AIDS by UNICEF and the Ministry of Social Welfare as a model of pooled funding mechanism for getting resources down to communities to expand coverage of care and support for children affected by AIDS in complex humanitarian contexts. The programme remains an example of harmonised working between 6 donors (DFID, EC, SIDA, GTZ, Australia and New Zealand) using OECD/DAC Principles of aid Effectiveness in a Fragile States context.

In summary, despite all the challenges, the PoS continued to provide assistance to large numbers of OVC in Zimbabwe and provides a great opportunity, in the new Zimbabwe, to support many more in the coming 18 months and invest in national, longer term systems that will benefit many more in the future.

2. BACKGROUND

2.1 HIV/AIDS and OVC in Zimbabwe

With an adult prevalence rate of 15.6% in 2007, Zimbabwe is one of the five countries hardest hit by HIV/AIDS. An estimated 22,000 people die of HIV-related illnesses every week and life expectancy has slashed from 61 to 35 years!

One of the most devastating effects of the AIDS pandemic has been the orphaning of generations of children. A quarter of all children in Zimbabwe - 1.3 million – have lost one or both parents. Nearly 50,000 households are headed by a child under 18. Most of the orphans are cared for by the extended family system and especially grandmothers whose livelihoods are also precarious. The erosion of livelihoods and negative coping mechanisms resulting from increasing poverty makes orphans particularly vulnerable. Orphaned children are less likely to access health care, attend school and access basic materials (clothes, blanket, shoes) and are more likely to have psychological problems and to be subjected to forced sex in adolescence, and these factors result in a higher likelihood of contracting HIV (OVC survey, 2004-2005).

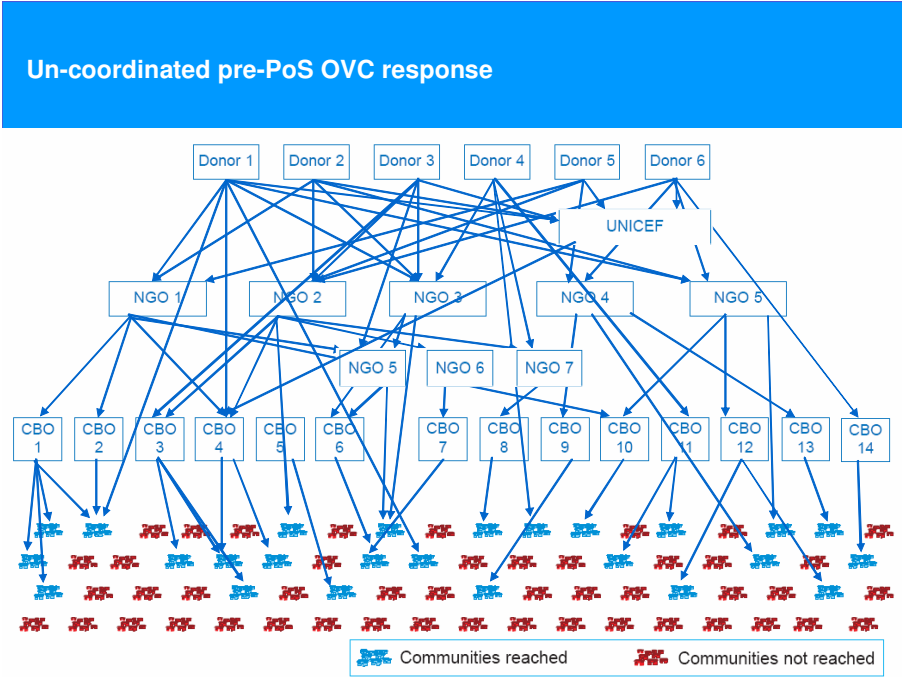
In 2004 the Government of Zimbabwe approved a National Plan of Action for Orphans and other Vulnerable Children (NPA for OVC)⁸ in order to face this growing number of OVC, as well as to fulfill its commitments towards the UNGASS goals on HIV/AIDS. Since the approval of the NPA, much progress has occurred, including the constitution of a multi-sectoral Working Party of Officials (WPO), the establishment of the National Secretariat for OVC within the Ministry of Public Service, Labour and Social Welfare (MoPSLSW), the costing of the NAP, the development of a Monitoring and Evaluation Framework, and the official launch of the NAP in 2005.

More and better knowledge about the OVC situation and response in Zimbabwe is also available. The OVC Baseline Survey and different researches and studies have brought more light into the reality of the most vulnerable children in Zimbabwe and the daily challenges they face.

⁸ The NPA for OVC changed its name in July 2006 and is now called National Action Plan (NAP) for OVC

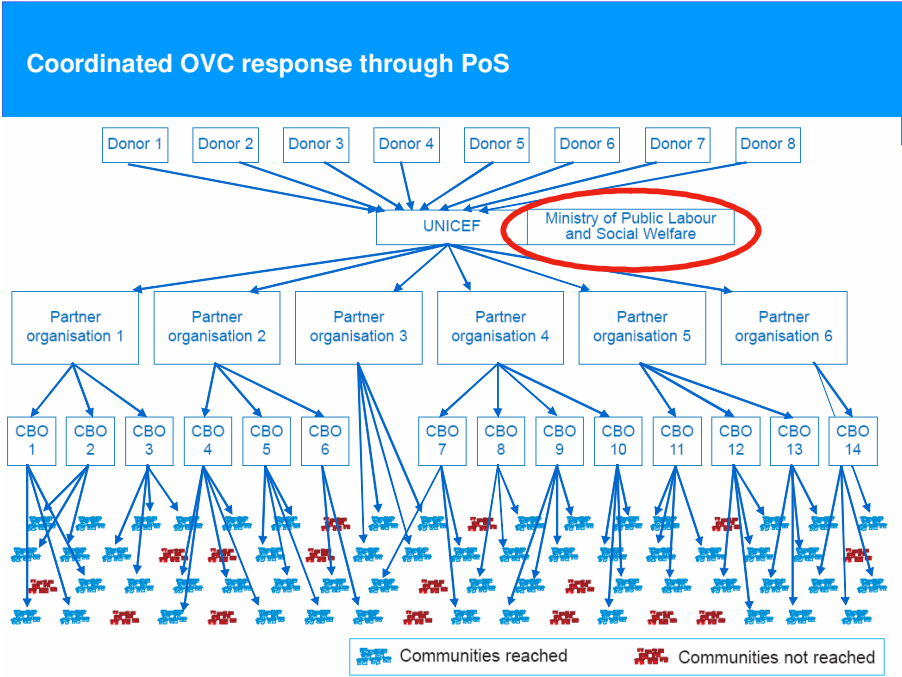
The Government of Zimbabwe and many different civil society organizations had been implementing interventions to address the needs of OVC and make the NAP a reality. UNICEF, with support from different donors, also contributed in recent years to increase the number of OVC reached. However, the response was still far away from the actual need, both in terms of scope and size and in terms of a more coordinated approach. Funds were flowing from different donors, UN and NGOs in an un-coordinated manner, with high transaction costs and reaching relatively few children. Figure 1 below illustrates this pre-PoS situation, with many more transactions at the upper levels and fewer at community and children levels:

Figure 1: Uncoordinated Pre-PoS OVC Response



Within this background, UNICEF, as co-chair of the Resource Mobilization Sub-Committee of the WPO and in consultation with the main stakeholders, developed the Programme of Support for the NAP for OVC, which this reports refers to. With this framework, the emphasis is placed on the lower levels of the graph, reducing transactions in the upper levels and increasing the numbers of children and communities reached, as illustrated in figure 2 below:

Figure 2: Coordinated OVC Response through PoS



Different stakeholders play important roles in the implementation of the programme:

- The **Working Party of Officials** is the steering committee for the implementation of the NAP-OVC and coordinates all NAP interventions, including the PoS. It is formed by 23 members, including government ministries, NAC, local and international NGOs, other civil society representatives, UNICEF, donors and children. It reports to a committee of Cabinet.
- **Donors** (DFID, NZAid, SIDA, KfW, AusAid and the EC) contribute with funding to the pool and coordinate OVC issues through their regular OECD-OVC meetings. They also discuss implementation with UNICEF in a regular manner.
- The **Technical Review Committee**, formed by 5 ministries (social welfare, education, health, local government and finance), NAC, 2 donors (DFID and SIDA) and UNICEF, is the organ making the final decisions on the proposals submitted by NGOs.
- The **Core Team**, formed by the Ministry of Labour and Social Services, NAC and UNICEF, steers and coordinates the programme, initiates the selection process, submits to the TRC, rolls-out the capacity development plan, coordinates the M&E system and provides the oversight and coordination of the programme. UNICEF is also the fund manager, receiving funds from donors and disbursing them to implementing partners. UNICEF also spends funds directly for the other key areas of the programme: monitoring and evaluation, financial audits, capacity development and coordination.
- **Civil Society Organizations** are the ones providing the actual care and protection for OVC throughout the country. 31 of them are direct recipients of funds from UNICEF and more than 140 in total are sub-recipients.
- **Communities and children** are the beneficiaries of the programme and are also involved to a varying extent in the design, implementation and monitoring of NGO interventions.

3. PROGRAMME IMPLEMENTATION IN YEAR 2: PROGRESS AND ACHIEVEMENTS⁹

3.1 Programme Objectives

Two levels of objectives can be distinguished for this programme. The first level refers to the development of the Programme of Support itself. In this respect, the objectives were:

1. To support the implementation of the National Plan of Action for Orphans and Other Vulnerable Children through strengthening community-level organizations providing care and protection for vulnerable children
2. To put in place a mechanism to ensure increased and more predictable funding for OVC

The second level refers to the objectives of the PoS, which are obviously linked to the objectives of the NAP, whose implementation it supports. The overall goal of the programme is, therefore, to increase access by OVC in Zimbabwe to basic social services and improve their protection from all forms of abuse. The specific objectives are:

2. To mobilize resources and develop functional structures at all levels for coordinating OVC programmes by 2010.
3. Increase child participation in all issues that concern them from community to national level, considering their evolving capacities
4. Increase the percentage of children aged between 0-17 with birth certificates from 64% to 80% by 2010
5. Increase school enrolment of OVC by at least 25% by 2010 while ensuring retention of OVC in primary and secondary schools
6. Increase access to food, health services, and water and sanitation for all OVC by December 2010
7. Increase access education on nutrition, health and hygiene for all OVC by December 2010
8. Promote a healthy family environment and protect children from abuse

3.2 Overview of Progress

Overall the programme has made limited progress in 2008 compared to targets, but it is clear that the main factors for this relate to the political and economic turmoil which was a feature of the context in which partners had to work which are well highlighted under challenges and opportunities section of this report. A total of 93,025

⁹ See also *Logframe* in *Annex 3*.

new OVC were supported through 31 NGO partners and 143 sub-recipients in Year 2. Against this backdrop, the programme has arguably made great strides, under very difficult operating environment in 2008, towards achieving its purpose of increasing the number of OVC receiving free external support, care and protection through civil society organizations. Considering that the combined achievement of 277,000 children for Years 1 and 2, actually constitutes 92% of the combined target of 300,000 children, with continued improvement in the operating environment, the programme appears to be on course to reaching its target of 400,000 children by 2010

It is important to stress that figure of 93,025 children reached in 2008 refers to *new* children receiving support by the programme. The programme continued to support children from Year 1 in Year 2. Therefore the total number of children supported in Year 2 including those children receiving continued assistance during those two years is 304,084. The table1 below shows total numbers of children reached by intervention in year 2 plus those receiving continued support in Year 2 from year 1. Table 2 below shows the numbers of OVC reached per NGO in Year 1 and Year 2:


Table 1: Total Numbers of Children Supported By Intervention in Year 2 plus Those Receiving Continued Support in from Year 1

BENEFICIARIES BY SELECTED INDICATORS					
Activity Area	Indicator	Indicator Description	Direct Beneficiaries		
			No. reached in Year 2 (new)	Number with continued support in Year 2 from Year 1*	Total no. supported in Year 2 (new plus those with continued support from Year 1)
ED	OVC 4	No. of OVC provided with school-related assistance	36,563	125,997	162,560
	OVC 6	No. of OVC provided with medical support	6,454	7,906	14,360
	OVC 7	No. of children living with HIV and AIDS on ART	178	125	303
SS	OVC 9	No. of OVC provided with food/nutritional assistance	25,525	34,127	59,652
	OVC 11	No. of OVC receiving psychosocial support	29,934	37,275	67,209

Data Source: NAP for OVC Monitoring Database

* This refers to the OVC identified and supported year 1 and continued to receive the support under the same activity in year 2.

Table 2: Numbers of OVC Reached per NGO in Year 1 and Year 2



Zimbabwe
Ministry of Public Service,
Labour and Social Welfare

Total Beneficiaries (Year 1 and Year 2) by Partner Organisation
Programme of Support (PoS) for the National Action Plan (NAP) for OVC
(April 2008 - March 2009)

BENEFICIARIES BY ACTIVITY AREA (YEAR 1 & 2)

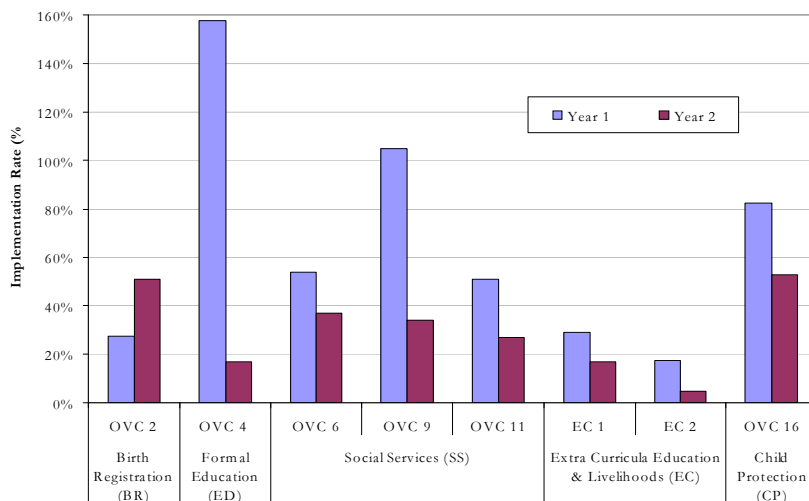
No. Partner Organisation	Acronym	Direct Beneficiaries			Target Beneficiaries			Overall Impl rate	
		Year 1	Year 2	Total	Year 1	Year 2	Total		
1	ActionAid International	AAI - Z	20,491	4,320	24,811	2,000	20,000	22,000	113%
2	Batsiral Group	Batsiral	6,020	2,142	8,162	15,352	15,060	30,432	27%
3	Biomedical Research and Training Institute	BRTI	6,613	3,840	10,453	4,000	18,000	22,000	48%
4	CARE International in Zimbabwe	CARE	10,491	12,592	23,083	11,500	50,000	61,500	38%
5	Catholic Relief Services	CRS	5,451	10,717	16,168	4,200	25,974	30,174	54%
6	Child Protection Society	CPS	576	375	951	900	1,640	2,540	37%
7	Christian Care	CC	6,619	2,232	8,851	4,000	8,000	12,000	74%
8	Dananai Child Care	DACHICARE	N/A ¹	333	333	N/A ¹	6,821	6,821	5%
9	Family AIDS Caring Trust	FACT	15,039	3,478	18,517	15,000	20,000	35,000	53%
10	Family Support Trust	FST	1,936	2,225	4,161	3,565	2,300	5,865	71%
11	Fam Orphan Support Trust of Zimbabwe	FOST	19,124	917	20,041	9,495	10,200	19,695	102%
12	GOAL	GOAL	43,505	11,622	55,127	20,000	25,000	45,000	123%
13	Hope for a Child in Christ	HOCIC	6,443	6,611	13,054	6,000	60,000	66,000	20%
14	Hospice Association of Zimbabwe	HOSPAZ	3,345	540	3,885	3,000	3,900	6,900	56%
15	J.F.Kapnek Trust	JFKT	2,840	2,260	5,100	1,500	3,500	5,000	102%
16	Jairos Jiri Association	JJ	N/A ²	80	80	N/A ²	No Target		
17	Lutheran Development Service	LDS	4,572	797	5,369	5,000	3,306	8,306	65%
18	Mavambo Orphan Care	Mavambo	8,460	4,075	12,535	5,000	10,000	15,000	84%
19	Midlands Aids Service Organisation	MASO	4,744	6,587	11,331	5,000	20,000	25,000	45%
20	Mvuramazwi Trust	MMT	210	612	822	5,000	5,626	10,626	8%
21	National Association of Societies for the Care of the Handicapped	NASCOH	1,270	N/A ³	1,270	3,000	N/A ³	3,000	42%
22	Netherlands Development Organisation	SNV	N/A ¹	1,400	1,400	N/A ¹	12,000	12,000	12%
23	Save the Children UK	SC(UK)	2,575	2,270	4,845	7,900	10,906	18,806	26%
24	Save the Children-Norway in Zimbabwe	SCN-Z	4,811	6,572	11,383	5,500	30,442	35,942	32%
25	Scripture Union	SU	740	685	1,425	2,600	670	3,270	44%
26	World Vision International	WVI	8,401	5,496	13,897	7,500	7,500	15,000	93%
27	Zimbabwe National Association for Mental Health	ZIMNMAH	N/A ²	247	247	N/A ²	No Target		
Totals			184,296	93,025	277,321	147,012	370,867	517,879	54%

Data Source: NAP for OVC Monitoring Database

3.3 Overall Implementation Rates by Key Output Indicators

A closer look at implementation rates by key indicators shows a clear disparity in the results achieved per intervention area. The figure below summarizes the specific results per activity area and highlights this disparity.

Figure 3: Implementation Rates by Selected Indicators and Year (All Partners)



The table shows a very sharp decrease in implementation rates, especially on educational assistance interventions. This is consistent with the challenges in the education sector and the decision, explained earlier in this report, of stopping education assistance until more clarity exists.

In *Annex 4* more detailed information is provided on the numbers reached per partner, distribution rural/urban, etc.

3.3.1 Output 1: Numbers of OVCs receiving free care and protection

As mentioned in section 4.1 above, the programme has made limited progress in 2008 compared to targets. In the first full year of implementation the programme reached 184,000 children, with an implementation rate of 125%. The second full year of implementation, which has just been reviewed, has been more problematic due to election violence and the NGO ban last year. Despite these considerable constraints the programme did manage to reach an additional 93,025 children resulting in a total of 277,000 children now reached in both Year 1 and 2. The delays in start up of the Programme of Support and disruptions to implementation last year has resulted in an overall implementation rate of 69% against the overall 3 year programme target of 400,000 children. With an average implementation rate of 27%, over the last year, the rate for some activities was much higher. The rate for birth registration/certification, for instance, was 51% in Y2 (1,944 children), up from 27% in Y1. This could be attributed to several factors that include increased community response as a result of the sensitization campaigns rolled out by NGO partners in 2007; increased opportunities for civil registration at district level due to mobile voters' registration exercise; and improved relations of the partners and district registration authorities, partly as a result of the continued engagement of the Register General's office through the National Birth Registration Task Force.

Impressive was also the rate for provision of legal assistance which was at 53% (covering more than 1,000 children). This was attributed to increased engagement of relevant stakeholders during the political crisis, particularly the victim friendly system. ART provision reached 66% of its target with 178 children benefiting in Y2 which could be attributed to the inclusion of more partners implementing activities for children living with HIV/AIDS in 2008. The rate for medical support was 37% (nearly 6,500 children) - high considering the state of the health service. Provision of food/nutrition support was provided to over 25,000 children, and this 34% achievement rate is relatively high considering the scale of the food problem last year in Zimbabwe.

School-related assistance was a major challenge (see above) and while over 36,500 children were reached this was just 17% of the target. This was closely associated with the onset of the education crisis in mid 2008 manifesting in the widespread teachers' strikes and ultimately stoppage of the teaching and learning in most of the schools supported by the programme.

Other activities with moderate implementation rates included provision of psychosocial support to nearly 30,000 children (27% of the target), vocational training (5% of the target - 184 children) and lifeskills training (17%, with 12,000 children reached). Shelter and water facilities were constructed for 15 households and 100 households respectively, and 100 water points were constructed. Two components in Year 2 were new, and one achieved low levels of success and the other was relatively successful: Child participation training was extremely low, with just 790 children (1% of children targeted) trained in child participation. Most of the above mentioned community based interventions, were drastically affected by restrictions on any form of community mobilization during the election period and ultimately the NGO ban covering about 4 months of the year. Reintegration of children from orphanages into community/family care on the other hand achieved a high 42% implementation rate – with over 2,000 children reintegrated in the first year of implementation.

Table 3: Overall Targets and Implementation Rates by Selected Indicators

Overall Targets and Implementation Rates by Selected Indicators							
Activity Area	Indicator	Indicator Description	Direct Beneficiaries			Year 2 Target	Year 2 Impl. rate
			F	M	Total		
P	P 3	Children trained in child participation issues	453	337	790	79,846	1%
BR	OVC 2	No. of new OVC who obtained birth certificates	951	993	1,944	3,840	51%
ED	OVC 4	No. of new OVC provided with school-related assistance	19,683	16,880	36,563	218,194	17%
	OVC 6	No. of new OVC provided with medical support	4,156	2,298	6,454	17,241	37%
	OVC 7	No. of children living with HIV and AIDS started on ART	120	58	178	270	66%
SS	OVC 9	No. of new OVC provided with food/nutritional assistance	14,729	10,796	25,525	76,060	34%
	OVC 11	No. of new OVC receiving psychosocial support	15,863	14,071	29,934	109,856	27%
	SS 1A	No. of new community water points constructed/rehabilitated			39	394	10%
	SS 2A	No. of new household latrines constructed/rehabilitated			100	1,368	7%
EC	EC 1	No. of OVC attending lifeskills training for the first time	7,037	4,851	11,888	71,591	17%
	EC 2	No. of new OVC who completed vocational training	98	86	184	3,363	5%
CP	OVC 16	No. of new OVC provided with legal assistance	534	474	1,008	1,885	53%

3.3.2 Output 2 Establishment and expansion of effective structures for coordination and management of the programme, and the availability of multi-year donor funding.

3.3.2.1 NAP for OVC Coordination

A clear structure with clear roles and responsibilities has given the PoS a strong system of partnership. Coordination appears to have remained strong at national level, but at provincial and district levels it remains weak. The limited role that has been played by government social welfare cadres at provincial and district levels has had an impact in terms of weak coordination, as well as in child protection gaps and lack of guidance and standards for some aspects of the PoS. The scaling up options being considered provide an opportunity to audit the Ministries capacity at all levels and provide some limited capacity support.

At the provincial and district levels the role of National Aids Council (NAC) staff is critical in coordination, but funds need to be made available to enable the government to play its central coordination role. Child protection committees are weak at all levels, but may be one of the most important structures in the protection of OVC in Zimbabwe and helping them to access basic services. Inability of partners to support community development

activities during the 2008 protracted election period hampered progress in this area. This needs to be a focus of the remaining period of the current programme.

The main focus of the coordination of the NAP for OVC was to put mechanisms for tracking and reporting on implementation by all partners who are working in the child care and protection field.

Four broad areas of focus were pursued under the coordination of the NAP for OVC namely:

- Strengthening Capacities of OVC structures through team building and use of systems for improved service delivery – Quality standards: There was limited success in the strengthening of OVC structures mainly due to lack of resources for strengthening sub-national coordination structures. However, Minimum quality standards for OVC were produced in 2008 and will be rolled out as part of the training in OVC Programming
- Coordinating child participation and ensuring that their contribution is captured at all levels – up to the WPO: Limited activities were carried out at provincial level through support from selected PoS partners. However, this activity was severely affected by the operational restrictions imposed during elections and the NGO ban.
- Development of an Information, Documentation and Dissemination strategy. This will include updating the NAP for OVC document and packaging relevant data tools: the NAP for OVC document was updated and is being packaged. Through the partnership with Safaids, an inventory of relevant NAP for OVC core documents is being done and identified core documents will be packaged and disseminated.
- Consolidation of M&E systems to collect data from all organisations implementing OVC activities: During 2008, concerted efforts were placed on capacity building for scale up of the M&E system. However, lack of funding for NAC and DSS sub-national structures continues to hamper the full scale up of the M&E system

The Programme has continued to work through NAP for OVC structures. Day to day coordination of the programme is being done through the National Core Team, comprising UNICEF, the Ministry of Labour and Social Welfare (MLSS) and the National AIDS Council (NAC). At sub-national structures, coordination was being done through the District and Provincial Core Teams, comprising the Department of Social Services, District and Provincial AIDS Action Committees and NGO representatives. The District and Provincial Core Teams were reporting on quarterly basis to District and Provincial Child Protection Committees (CPCs) respectively. The National Core Team held regular monthly meetings and reported to the Working Party of Officials on a quarterly basis. Among the most important achievements of the Core Team has been successful submission of additional proposals to the Technical Review Committee (TRC), the monitoring of implementing partners, and the management of the M&E system at the national secretariat.

The WPO set three times during the year and deliberated on a number of issues including coordination of child participation activities, birth registration, M&E and operational research, capacity development agenda, strengthening of communication and advocacy, identification of thematic and geographic gaps in the PoS and identification of additional partners to fill the gaps. The four sub-committees of the WPO, namely the M&E, Communication and Advocacy, Strategy and Resource Mobilisation, and the Birth Registration met and deliberated on programme issues to be reported to the WPO.

The TRC sat twice in 2008 and 2009. During the first sitting on 5 September 2008 the following proposals were presented by the National Core Team:

- **Children living with HIV and AIDS** with two proposals from Elizabeth Glaser Paediatric AIDS Foundation and Africaid;
- **Children living with grandparents** with one proposal from HelpAge Zimbabwe;
- **Child abuse** with one proposal from Childline Zimbabwe;
- **Small-scale funding to community initiatives** with one proposal from Mercy Corps;
- **Cash transfers** with one proposal from Catholic Relief Services (CRS). The CRS proposal also had an operations research component;
- **Operations Research** with four proposals from Biomedical Research and Training Institute (BRTI) three proposals and one from Regai Dzive Shiri Project of the University of Zimbabwe.

Out of the nine proposals, six were approved, one was approved with conditions, one was sent back to the drawing board and one was not approved. All the proposals approved were on condition that Core Team would work with the organisations to address all the observations made both by the Core Team and by the TRC

In the second sitting on the remaining three proposals (Pilot Cash Transfers – CRS and BRTI, children living with grandparents (HelpAge Zimbabwe) and Children living with HIV and AIDS (EGPAF) were approved

3.3.2.2 Coordination within UNICEF

UNICEF has continued to make progress with improving its financial and management systems. This progress has been realized through several initiatives including: regular meetings of the focal points to discuss programme issues, recruitment of additional officers to manage partnerships, and streamlining of organizational processes and procedures. However, despite all these important efforts, one indicator (average monthly disbursements from UNICEF to partner organizations) is likely to have been hampered by the irregular economic/financial context. The continued delays in disbursements, even after dollarisation of the economy, and problems that remain with communication between partners and UNICEF's finance teams call for an independent review of the whole disbursement chain from UNICEF to the sub-grantee right up to the child. While UNICEF may have adapted its systems at the start of this programme it is worth reviewing the extent to which its adapted systems are appropriate for a programme of this size and complexity.

UNICEF has appeared to focus on a controlling role. UNICEF is, however, well placed to play a coordination role, a facilitator-of-learning role, but in order to do this it needs to appreciate the value of the contribution of other partners within Zimbabwe to learning and best practice, and the importance of bringing in learning and best practice from elsewhere. UNICEF also needs to better integrate the M&E system with organizational / programme learning and management / system review.

3.3.3 Output 3 Capacity building of programme partners supporting OVC.

From its inception, capacity was identified as an essential component for the effective implementation of the PoS. Partners were found to be at varying stages of organizational development and this diversity in organizational capacity became even more complex when it came to sub-grantees/consortia members. This explains the varying partnership forms found in the PoS, which range from community strengthening networks (mainly non-cash support to informal CBOs); sub-granting partnerships (cash disbursements to formal CBOs) to consortia (lead NGOs disbursing funds to other established NGOs).

Following the capacity assessment of partners and the development of the capacity plan (see last year's Annual Review), this period saw the implementation of a number of capacity development interventions. For each of the ten capacity areas, an organization or consultant was identified to provide the right training of trainers to partners. The table below summarizes this.

CAPACITY AREA	CONSULTANT
Project Cycle Management (PCM)	UZ Department of Community Medicine
Finance & Administration (Fin & Admin)	Ernst and Young
Partnership Management and Development (PMD)	Regional Capacity Development Services
Human Rights Based Approaches to Programming (HRBAP)	Institute of Water Sanitation Development
Gender Mainstreaming (Gender)	Wilfred Tichagwa
Strategic Planning (SP)	JIMAT Development Consultants
Managerial effectiveness, Governance & Leadership (MEG&L)	WJ Reddin and Associates
Participatory M&E (PM&E)	Goodwell Kadzikano
OVC Programming (OVC)	JIMAT Development Consultants
Child Protection & Participation Mainstreaming (CPPM)	Save the Children (UK)

During this period, 13 training of trainers' workshops took place in 7 of the 10 thematic areas. In the annexes to this report, under Annual Review presentations, the main topics for each of the thematic areas are highlighted. Seven manuals on those areas were also developed, as well as an interactive DVD with many capacity development materials and resources, including manuals, articles, guidebooks, etc. It also includes links to relevant websites for further materials.

Apart from the regular capacity development interventions, four specific workshops were organized to sensitize partners on Child Protection in Emergencies, hear from them about the challenges faced on the ground and identify together ways of using the PoS as an opportunity to reach the most vulnerable in the existing humanitarian context in the country.

Overall, capacity development interventions were well received by partners, with most participants appreciating the training approaches, especially those more participatory sessions. The inclusion of field trips in some of the trainings was well appreciated by most partners. However, the apparent focus by UNICEF on its own-led capacity-building activities appears to have made the process a top-down initiative which has meant that capacity building achieved through other learning activities and partners is inadequately reflected in the system. However, the capacity development agenda, was in fact crafted as a two tier process, starting with basic trainings to create a common conceptual base among all partners, followed by a more interactive, lateral inter-partner learning strategies. A number of training modules were developed during Y2 and delivered, with some trainees having gained a lot and others feeling that the training did not meet their needs. This applied to larger NGOs who felt that they needed past-basic capacity development materials. In some cases partners may have prioritized the wrong cadre (e.g. senior managers rather than field staff) for what was designed as basic level training, and in some cases sub-grantees may have had less opportunities than the direct budget holders. This mis-targeting is likely to reflect the fact that the capacity building strategy fails to address the needs of programme/project managers who need training based on experiential learning principles which can also provide guidance about best practice.

In order to address the above challenge, the programme will employ a second set of strategies in the second half of the project to complement the basic trainings done in the first part of the capacity development agenda. A comprehensive set of resources is now almost complete and will be made available for partners on CD-ROM. Already under the partnership with SAFAIDS, the programme has started to identify good/best practices on the OVC response. When this process is completed, the programme will facilitate dissemination and sharing of best practices through network meetings, peer mentoring and learning visits. The programme will also seek to consolidate Human Rights Based Approaches to Programming (HRBAP) and Gender Mainstreaming trainings done so far by exploring best practices and training in child rights programming / child participation and OVC-specific gender training. Inter-agency co-ordination/targeting and registration is an area which has not been identified as a capacity-building issue but should henceforth be included, and reintegration of OVCs from orphanages and from the street into family units is a challenging new area for the PoS for which best practice standards and child protection principles need to be identified/reinforced. More opportunities for lateral learning will be pursued in the area of psychosocial support including using games/play with OVCs and how to communicate with children and OVCs – standard components of Action of the Rights of the Child (ARC) training.

3.3.4 Output 4 Presence of a programme wide M&E system to measure impact and ensure best practice in interventions.

Monitoring and Evaluation. Operational Research

Following the development, piloting and review of the M&E system in 2007 (see previous Annual Report), last year was devoted to the consolidation and fine-tuning of the system. The National AIDS Council has endorsed it. It is consistent with the *Three Ones Principle* and has proved to be a simple and sustainable programme monitoring system. It has also contributed to institutionalize routine reporting, has increased the availability of essential data for advocacy and tracking of progress, and has developed a model that is being replicated regionally.

The M&E team also made progress in identifying Operational Research priorities, which were then submitted to and approved by the TRC. Those included studies to develop an evidence-based intervention for providing community support to HIV-positive children, identification of best practices on the provision of psycho-social support for OVC, understanding the burden of HIV infection among primary school children and research on the impact of a pilot project for cash transfers (both conditional and non conditional).

Some of the emerging issues that will require attention in the coming months are to complete the transition of the routine data entry and analysis function to the National Secretariat; the need to scale out the system to capture OVC data beyond the PoS; better compilation of lessons learned; and the definition of quality standards of practice in OVC programmes. Overall, results provided by UNICEF seem to suggest that this output has been

achieved, and the establishment of the quantitative monitoring system, and its use by all partners, is impressive. However, the M&E system is still weak in terms of generating organizational learning about OVC programming (including best practice) in Zimbabwe. Moreover the existing skills and knowledge of partners, and the experiential learning they are generating, needs more focus in this programme and during subsequent reviews. An operational research framework has been developed (Please see attached in Annex 9) and four useful research topics have been prioritized. However, the programme needs to increase facilitated learning and review processes and utilization of the quarterly qualitative monitoring reports in order to ensure that the research agenda is fully reflective of partner organizations' research priorities.

3.4 Cross Cutting Issues

A number of cross-cutting issues were topical for the programme through out the year including gender, child-rights programming/child participation, and targeting.

3.4.1 Gender

Gender training was incorporated into the capacity building of partners. A set of two training on gender were done in which 26 partners and 37 sub-grantees participated. Each training session covered five modules namely: basic gender concepts, gender analysis, gender planning, guidelines for institutionalizing gender, and guidelines for mainstreaming gender in the project cycle. (See draft manual on Annex 11.1). In order to consolidate this progress, UNICEF focal points should reinforce this training by emphasising the importance of gender analysis in their work with partners. UNICEF has shared with donors the gender planning and efforts index that was developed by their gender focal point (see Annex 10).

While gender-disaggregated data is a feature of the monitoring system, UNICEF needs to more gender-sensitive and -specific programming and gender analysis in the PoS. Where such information exists among partners, UNICEF needs to collate such information and share it with all stakeholders at the same time as facilitating learning and identification of best practice around gender. During the annual review visits concerns were also raised about male teachers taking a lead role in psycho-social support of female pupils where there have been cases of abuse. One example of where gender analysis might have been useful is in reintegration: in one programme visited a girl of fifteen years reported that children in the orphanage had benefited from no information or discussions about HIV/AIDS. The specific needs of boys and girls being reintegrated from orphanages into environments where they may not have grown up warrants attention to ensure adequate preparation of both boys and girls to enable them to look after and protect themselves in their new environment

3.4.2 Child Rights Programming (CRP) and Child Participation

Rights Based Approaches to Programming was included in the capacity development of PoS partners. A total of 27 partners and 37 sub-grantees participated in the two sets of trainings. Each training package comprised of the following key topics: definition of concepts in human rights and children including participation, Key international legal instruments on Child Rights including the UN Convention on the Rights of the Child (UNCRC), and the Convention on the Elimination of Discrimination against Women, the role of duty bearers and claim holders, historical development of rights based programming, basic needs approach versus rights based approaches, application of rights based approaches to OVC programming, community centred capacity development, triple A (assessment, analysis and action) and use of participatory methods in rights based approaches. This training was accompanied by a field trip in which participants applied the basic techniques of rights based programming in the community.

The next step should be to consolidate the base created by the trainings through further field level mentoring on integrating child rights principles and using a child rights programming (CRP) framework in the OVC projects. Emphasis should be placed on the linkage between CRP and interventions such as birth registration, and child protection. Another area that need further focus is child participation. Special attention should placed on how to involve children in designing, managing, monitoring or evaluating PoS activities. Awareness raising should cover what is genuine child participation, how to achieve it, and what value it has for children and programmes to protect and support them. Towards realizing this capacity development target, the programme engaged Save the Children UK in March 2009 to build the capacity of partners in mainstreaming child participation in OVC programmes.

3.4.3 Targeting

The programme has identified targeting as a generally weak area on which partners require capacity development. There are a number of key issues that need to be considered in relation to targeting: first, what do we mean by “vulnerable” and who should be included in the programme? Second, how should we identify and register vulnerable children (the targeting method/approach)? And third, given that all children have the same rights regardless of which organization is operating in their area, what specific needs does each vulnerable child have and how will these needs be met? Existing national guidelines have identified the categories of vulnerability which exist among children in Zimbabwe (e.g. as described in the National Action Plan for OVCs, (July 2004, pg 8) and further studies by child-focused organizations have highlighted further details about the situation for vulnerable children in different parts of the country (e.g. Save the Children 2007, Goal). However, disabled children are one category of vulnerability where inadequate access to education is of genuine concern.

The apparent focus on HIV/AIDS and orphans as targeting categories risks leaving out others who face different challenges, particularly cultural stigma and deep-seated attitudes, which inhibit access to education and participation in public life. Moreover, there is inadequate guidance about the practical challenge of identifying children for inclusion in the programme – who should be involved in the identification process, and what process should they follow? How to make the system transparent? Further attention is required in the PoS to help child protection committees, school development committees and implementing organizations identify vulnerable children, register them for the support that they require, and then link with coordinating structures to provide information that will reduce risk of duplication of assistance and gaps. Moreover, further attention is required to ensure that every child has, in principle, access to a provider of services which is prepared to facilitate recognition of its rights and meeting its needs – i.e. to move from a supply-drive approach within the PoS to a rights-based and needs-driven approach. Learning from targeting experience at community level will contribute to a greater understanding about vulnerability at national level – and how different categories of vulnerability are prevalent in different parts of the country. This should also highlight the importance of avoiding rigid classification of vulnerability and using a risk analysis and child rights framework to fully capture the needs of all OVC in Zimbabwe.

In recognition of the need to strengthen capacity on this area the programme has engaged JIMAT Development Consultants, who will give special consideration to targeting as part of their assignment to build the capacity of PoS partners in OVC programming. They will explore merits and demerits of different targeting options use in OVC programming such as individual/household targeting, categorical targeting, self-targeting, proxy means tests and community-based targeting, emphasizing use of a combination of targeting methods to realize the most efficient targeting.

3.5 Monitoring & Evaluation and Learning

The M&E system was efficient at compiling monthly data from partners about their operations and has provided useful quantitative summaries about progress on outputs. While some partners have found it useful in highlighting where they are not performing as planned it has been seen as discouraging by others. Given the difficult operating environment the recording of zeros for outputs fails to reflect the extent of the work that organizations are doing. One important next step on M&E is to improve data usage in programme planning and implementation and internal review of performance. At the moment it does not seem that the system is being actively used for internal review of performance within individual organizations, or for UNICEF to review performance of individual organizations. Further exploration is needed to investigate differential expenditure rates and implementation rates across all partners to identify major challenges which need to be addressed promptly. Further more UNICEF should ensure that the system is effective for allowing sub-grantees to provide feedback on the performance of their consortium budget holder.

The M&E system continues to record mainly quantitative information on a monthly basis and the focus on numbers (combined with a difficult operating environment) has resulted in the recording of zeros for failing to achieve, for instance, reunification of an OVC, while the achievement of important steps in the preparation of a child for reunification (which can take months) goes unrecorded; this can be discouraging for implementing partners working in social change and rights-based work. The implementation rates varied across different activities, and across partners/consortia. Whilst most partners have outlined the major challenges during implementation, in their quarterly narrative reports, limited analysis appears to have been undertaken to identify particular factors which have been instrumental in reducing or enhancing impact for different activities, or to

understand the different levels of performance among the consortium partners. There is need to increase qualitative data use through consolidating major factors mentioned in the quarterly reports.

4. BEST PRACTICE/INNOVATION

The Programme of Support was showcased at the Mexico International AIDS Conference and the Dublin Global Partners Forum on children and AIDS by UNICEF and the Ministry of Social Welfare as a model of pooled funding mechanism for getting resources down to communities to expand coverage of care and support for children affected by AIDS in complex humanitarian contexts.

The programme remains an example of harmonised working between 6 donors (DFID, EC, SIDA, GTZ, Australia and New Zealand) using OECD/DAC Principles of aid Effectiveness in a Fragile States context.

New programming areas such as the cash transfers being piloted in Manicaland with CRS and potential support to the Basic Education Assistance scheme are innovative examples of social protection programming in Zimbabwe's transitional environment which will need close monitoring and linkages with the World Bank –led technical learning group on social protection

Lessons learned from the Programme of Support can feed into the revision of the National Plan of Action for OVC being led by the Ministry of Social Welfare in late 2009 and can feed into broader government led development of social protection policies and programmes

Achieving best practice in a context of political and economic turmoil has been a challenge, and because of the limited opportunities for experiential learning and sharing it has been difficult to capture best practice generated within this programme. However, some examples were found of innovation that warrant mention:

Other project specific innovations and lessons learned include

- The system of volunteering established by FACT Rusape and VSO – which links health and other professionals to OVCs under the programme on their days off. In communities with high HIV prevalence and high levels of poverty due to other environmental factors (particularly in areas such as farm worker communities which have been devastated by displacement and high unemployment) targeting on the basis of orphan status is inappropriate and stigmatising. There is the need to ensure global learning on targeting vulnerable children in the context of HIV/AIDS is applied more rigorously in the Zimbabwean context
- The Child Protection Society has discovered that children of mothers incarcerated in prisons in Zimbabwe have had no nutrition provision – an area which this organization now addresses, and they also discovered that children on remand face long delays when waiting for their trial which means they drop out of school at a critical time. Advocacy to accelerate the judicial process is one new area of their work and collaboration/cooperation with ZACRO has helped greatly in this work.

The Child Protection Society has also discovered that reintegration of children from poorly-resourced orphanages is much easier than reintegration of those from well-funded orphanages. This has highlighted the importance of establishing not just minimum standards of care but best practice in terms of preparing children in institutions for life outside an institution, and the need to encourage all institutions to respect the right of the child to family-based care where possible.

5. CHALLENGES AND OPPORTUNITIES IN YEAR 2

The period covered by this report, from April 2008 to end March 2009, corresponds to Year 2 of implementation for NGOs. This period was no doubt one of the most challenging and difficult ones in the recent history of Zimbabwe and it had a dramatic impact in the implementation of the programme. Below are highlighted the main challenges and how they affected the PoS.

Elections and access. Zimbabwe had from March to June 2008 the so-called harmonized elections for President, Parliament, Senate and local structures. The first round of the elections took place in March and a run-off between the two most voted candidates for the presidency in June. This extended electoral process brought many challenges in terms of access to communities and children. First, before March, NGOs themselves took a prudent approach and self-imposed a limit to their operations on the ground, leaving space for the political/electoral process to take its course. However, as soon as the first results started to be announced,

widespread and more threatening restrictions were imposed on NGOs and other humanitarian actors by official or unofficial forces that took control of most of the country. During most of the period between March and June, it became extremely risky for NGOs to venture into communities to implement their programmes.

To make things worse, in June the then Ministry of Public Service, Labour and Social Welfare officially suspended all NGO field operations until further notice, on the basis of very vague accusations that some NGOs were involved in political activities beyond their mandate. The suspension was only lifted in August, after much advocacy efforts from UNICEF, the UN as a whole and many other stakeholders.

Politically-motivated violence. 2008 was also characterized by terrible violence, first in isolated rural areas but progressively widespread all over the country, including the cities. Gross violations of human rights occurred, including murder, torture, beatings, forced displacements, etc. In the particular case of children, they were not normally targeted, but were severely affected by displacements, separation of families, trauma and an overall violent climate. In some cases, young teenagers were also forced to take part in the violence. A group that was specifically targeted was that of teachers, as they were seen as supporters of one of the parties. This also left important scars in the education sector and contributed to the further collapse of education.

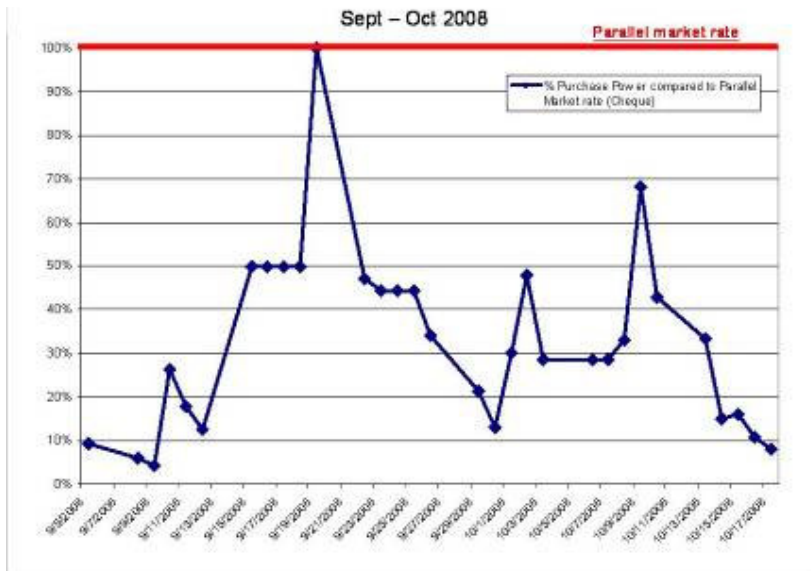
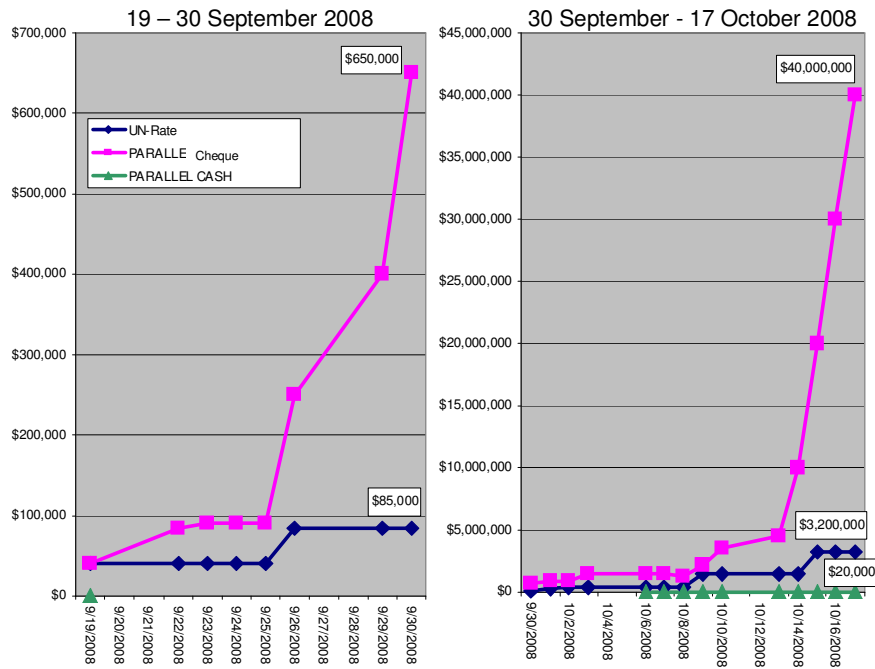
Lack of authority. The protracted political solution also brought serious gaps in decision making at all levels of government. For a big part of 2008, no official government was in place, due to the long electoral process and the negotiations among the three main political parties thereafter. This factor also delayed important decisions that had to be made for the progress of the programme, especially at decentralized levels, where NGOs had many difficulties interacting with authorities, even after the lift of the suspension.

Collapse of basic social services. All major services, including education, health, social welfare and water and sanitation came to an almost complete halt in the second half of the year. This was caused by different factors, but the main one was the huge staff attrition and industrial action by civil servants, who were at one point earning the equivalent of 1-2 US\$ per month and simply stopped working. Hospitals were closed, schools were empty, water and electricity was scarce... This halt of basic services obviously affected more the most vulnerable and made almost impossible for NGOs to operate.

Operational challenges. The Zimbabwean economy had been already suffering serious setbacks for a number of years, but 2008 marked historic negative records in all respects. Inflation reached at one point an astronomic 2.79 Quintillion % !! In this context, any financial transaction demanded a huge effort and funds had to be spent immediately to avoid losing their value in a few hours. In an attempt to control inflation, the Reserve Bank of Zimbabwe established rigid price controls, but those not only failed to reduce inflation, but rather fuelled the black / parallel market. Another effect was the lack of most basic and non basic goods all over the country, which had to be imported from outside Zimbabwe. The RBZ also tried to tighten the control of bank transactions, by establishing daily withdrawal limits, suspending electronic transfers of funds and other measures. But the consequence of those measures was actually to make bank transactions extremely difficult, erratic and unreliable, while cash shortages were increasing by the day.

Another important challenge was the fact that some NGOs had part of their funds in Foreign Currency Accounts (FCAs) and the RBZ started to *freeze* or *borrow* some of those funds, so that when the NGO went to withdraw its funds, those were no longer there. This grabbing of funds by the RBZ did not affect PoS partners as much as other NGOs, but UNICEF continuously advocated for the release of those funds, with no success so far.

UNICEF tried to adapt itself to this environment in the most rapid and flexible manner, while keeping its financial controls in place. On the one hand, UNICEF minimized the loss by disbursing in US\$ to international NGOs outside the country and by paying directly for as many services as possible. On the other hand, for those funds that were disbursed in Zim\$ to local NGOs, UNICEF reduced progressively the frequency of disbursements, from monthly to weekly and then activity-based. This was done to take advantage of the frequent increases in the UN exchange rate, but in October 2008 UNICEF had to make the difficult decision of stopping any further transaction in local currency, as the value of the funds was dramatically eroded and the UN rate could not possibly compete with the pace of inflation. The two graphs below illustrate the evolution of inflation in September-October and compare the rates and purchasing power of the parallel market and the UN exchange rates.



- Severe

humanitarian crisis. The economic situation and the collapse of basic services originated a serious humanitarian crisis in the country, especially during the second half of 2008 and beginning of 2009. As of March 2009, close to 7 million people depended of food aid, there was a big epidemic of cholera, thousands of people displaced within and outside the country, etc.

In this extremely challenging context, some difficult decisions had to be made. One of them was to continue or not with the programme, given its limited impact, but donors and UNICEF agreed to continue providing support through NGOs, even if the impact for children was limited and the NGO administrative costs high in terms of percentages. The rationale was to keep NGOs *alive*, with their staff in place, so that they could respond and adapt to the environment in the best possible way, while waiting for a change in the context that would allow them to go back to their normal interventions.

The decision to stop disbursements in Zim\$, mentioned above, was also a tough one, because it meant the total halt of certain interventions. Fortunately, and thanks to the good efforts of UNICEF and the UN Country Team, this measure became meaningless in a matter of days, as the RBZ finally allowed the UN and all its partners to operate in foreign currency. Since then (beginning of November 2008), UNICEF has not done any other transactions in Zim\$.

In 2008, and especially during the second half of the year, the education system almost completely collapsed, with schools closed and teachers not showing up for work. Parents reacted to this dramatic situation by taking over the responsibility of government: they started to pay incentives and top-up salaries to keep teachers in school. This measure, though understandable from a parent point of view, had a very negative impact on the further privatization of education, where a child could go to school only if his/her parents were wealthy enough to afford it. School fees and levies increased completely out of control and NGO partners faced the challenge of continuing the support to OVC schooling. UNICEF at that point also had to make the tough decision of asking its partners to stop any further expenditure on educational support until the education sector was sorted out. The alternative of paying school fees and levies for OVC at those levels would have meant for the PoS a reduction of its beneficiaries to a tenth or less, while at the same time contributing to the final death of one of the best public education systems in Africa.

In summary, it is not exaggerated to say that almost three quarters of the period under review were lost for effective implementation of the programme. But despite this environment, there were also some **opportunities** and reasons for hope. Throughout this period, NGO partners remained committed, retained their staff and adapted themselves to the context doing what was feasible, assuming in many cases important risks. The effective dollarization of the economy by the end of 2008, though a challenge in itself for the poor, has meant a big improvement in the operational environment, making it easy again to operate through banks and plan ahead. Finally, the new inclusive government formed under the auspices of SADC has brought a certain improvement in the delivery of basic social services and has created a much more conducive environment for dialogue between the government and the international community.

9. FINANCIAL REPORT (as of 8 May 2009)

A. FUNDS COMMITTED (see doc A. PoS Contributions from Donors for more details)

DONOR	FUNDS IN OWN CURRENCY	US\$ EQUIVALENT ¹⁰
DFID (UK)	GBP 23 Million	US\$ 37,062,338
NZ Aid (New Zealand)	US\$ 440,000	US\$ 440,000
SIDA (Sweden)	SEK 43 Million	US\$ 5,862,720
KfW (Germany)	EUR 17,901,529	US\$ 23,699,983
AusAid (Australia)	AU\$ 1 Million	US\$ 826,450
EC	EUR 10 Million	US\$ 13,584,118
TOTAL		US\$ 81,476,855

B. FUNDS RECEIVED IN ZIMBABWE TO DATE¹¹

. PBA SC/2006/0104 (DFID only) ¹²	US\$ 6,381,911.45
. PBA SC/2006/9904 (pool – all donors)	US\$ 26,997,803.10
. TOTAL	US\$ 33,379,714.55

C. FUNDS SPENT TO DATE¹³ (see docs C1 PoS Expenditures as per Budget and C2 PoS Expenditures per NGO)

. TOTAL IN 2006	US\$ 907,255.37
. TOTAL IN 2007	US\$ 6,280,062.12
. TOTAL IN 2008	US\$ 12,536,017.61
. TOTAL IN 2009 (up to 7May)	US\$ 4,681,978.54
. GRAND TOTAL	US\$ 24,405,313.64

PoS YEARLY EXPENDITURES AND TOTALS AS PER BUDGET (up to 8May09)

BUDGET LINE	EXPENDITURE IN US\$	%
YEAR 2006		%
A. Support to OVC through Civil Society Organizations	709,860.52	78.2
B. Capacity development	0	0.0
C. Operational research	0	0.0
D. Audit, finance	1,718.32	0.2
E. Selection process	58,273.99	6.4
F. Monitoring and evaluation	40,273.76	4.4
G. Coordination, communication	97,128.78	10.7
TOTAL IN 2006	907,255.37	100.0

¹⁰ Exchange rates have changed significantly since the beginning of the programme, so the final amounts may vary substantially. These amounts have been estimated by adding the US\$ amounts received to date + the estimated balance at the current exchange rates. For more details, see the excel table A. PoS Contributions from Donors.

¹¹ These figures do not include the 5% cost-recovery that stays in UNICEF HQ

¹² DFID made this contribution before the actual pool was ready, in order to help start up the programme

¹³ These figures do not include the 5% cost-recovery that stays in UNICEF HQ

YEAR 2007		%
A. Support to OVC through Civil Society Organizations	5,427,670.46	86.4
B. Capacity development	163,150.76	2.6
C. Operational research	0	0.0
D. Audit, finance	29,196.47	0.5
E. Selection process	0.00	0.0
F. Monitoring and evaluation	254,940.64	4.1
G. Coordination, communication	405,103.79	6.5
TOTAL IN 2007	6,280,062.12	100.0
YEAR 2008		%
A. Support to OVC through Civil Society Organizations	11,376,905.30	90.8
B. Capacity development	138,408.69	1.1
C. Operational research	0	0.0
D. Audit, finance	112,926.65	0.9
E. Selection process	0.00	0.0
F. Monitoring and evaluation	311,574.38	2.5
G. Coordination, communication	596,202.59	4.8
TOTAL IN 2008	12,536,017.61	100.0
YEAR 2009		%
A. Support to OVC through Civil Society Organizations	3,995,764.56	85.3
B. Capacity development	214,615.44	4.6
C. Operational research	0	0.0
D. Audit, finance	34,894.32	0.7
E. Selection process	0.00	0.0
F. Monitoring and evaluation	136,630.08	2.9
G. Coordination, communication	300,074.14	6.4
TOTAL IN 2009	4,681,978.54	100.0
TOTAL 2006-2009		%
A. Support to OVC through Civil Society Organizations	21,510,200.84	88.1
B. Capacity development	516,174.89	2.1
C. Operational research	0	0.0
D. Audit, finance	178,735.76	0.7
E. Selection process	58,273.99	0.2
F. Monitoring and evaluation	743,418.86	3.0
G. Coordination, communication	1,398,509.30	5.7
TOTAL 2006-2009	24,405,313.64	100.0

D. FUNDS OBLIGATED TO DATE

US\$ 27,132,023.39 (funds spent + US\$ 2,726,709.75 additional requisitioned)

E. BALANCE OF FUNDS AVAILABLE AND NOT YET OBLIGATED

B – D = **US\$ 6,247,691.16**

F. TOTAL BALANCE OF FUNDS

A – D = US\$ 54,344,831.61

Cost recovery 5%¹⁴ = US\$ 2,329,135.00

→ **Approximate total balance to be used in Zim:**
(A-D) – cost recovery = US\$ 52,015,696.61

G. PROPOSED BUDGET FOR JULY09 – DEC10 (see doc G. *PoS new Budget 2006-2010*)

. Funds to be spent with NGOs	25 Million ¹⁵
. Capacity development	1.5 M
. Audit/finance	0.2 M
. M&E	1.9 M
. Coordination	1.5 M
. Support to BEAM and SW ¹⁶	30 M
. TOTAL	60.1 M
. Available	52 M
. Funding Gap	8.1 M

¹⁴ This is 5% of the balance that donors still have to disburse to UNICEF (US\$ 46,582,700). See doc A. *PoS Contributions from Donors* for more details.

¹⁵ See doc C3 *PoS Expenditures per NGO with projections*

¹⁶ Modalities and budget to support BEAM and the Social Welfare capacity audit are still being discussed with donors