Office of the Secretary of the UNICEF Executive Board

Template for delegations commenting on the country programme documents

2021 Second Regular Session Country programme document posting period: 16 June to 6 July 2021

Delegations are kindly invited to use this template to share their comments on the draft country programme document being presented to the Executive Board during the forthcoming session.

Delegation name: Embassy of Sweden in Zimbabwe

Draft country programme document: Zimbabwe

In accordance with Executive Board decision 2014/1, country programme documents are considered and approved in one session, on a no-objection basis. All comments received by the Office of the Secretary of the Executive Board before the deadline will be made public on the Executive Board website, and considered by the requesting country, in close consultation with UNICEF.

General	Delegations' comments Response
comments	
Comments on	1. Comprehensive CPD, which articulates 1. Thank you for the comments. We appreciate the continuing partnership and support
specific aspects of	the relevant challenges within the country from SIDA and the Swedish Government.
the country	context.
programme	2. The CPD is clear on challenges in the 2. Among lessons learned from the previous country programme and the COVID-19
document	country context. It is however not clear pandemic response are that (a) resilience-building interventions cannot be isolated
	what the lessons learnt are from previous from mainstream development programmes; and (b) integrated multisectoral
	work. What has UNICEF learnt and what approaches improve programme efficiency and enhance harmonized action,
	do they now propose to do differently, including with other UN agencies. Building on these lessons there are five key
	considering these previous experiences? changes that define the new Country Programme as follows:
	The document does very much signal a • Governance and accountability through public financing, social protection, and
	continuation of previous work – support to the new devolution agenda of the Government to increase
	"business as usual" and not much of investment in the social sector and bolster local-level capacity to deliver social
	change or innovative thinking. services.
	Considering the Zimbabwe context and • Institutional capacity strengthening by (a) capitalizing on the new community
	negative sector trends – learning and health systems strategy and the result-based financing for human resources,
	identifying new ways of working is key. financing, and information management, (b) improving cross-sectoral

- The area of health systems strengthening is one such key area.
- 3. The issue of limited space for adolescent participation in decision-making is indeed important and is raised among the programme priorities. In the programme section it is however linked to HIV/AIDS rather than at a broader overall level. Why is it specifically linked to HIV/AIDS and not mainstreamed?
- 4. Furthermore, on meaningful participation in decision-making the KPI in the results framework on this matter is rather broadly formulated. Important that it is clearly linked to *meaningful participation in decision-making*, and not just participation in general terms.
- 5. Could it be useful to present an overall theory of change for UNICEF in the country context, to further clarify rationale behind priorities? We are aware that UNDP Zimbabwe, for example, did have that in their draft CPD.
- Proposal to identify and include overall risks and mitigation measures to the Programme and risk management section.

- coordination in nutrition and WASH, (c) strengthening the education system in sector planning, budgeting, resource management and monitoring and (d) scaling up institutional capacity support of the social welfare, justice, law enforcement and civil registration sectors for child protection.
- Address the equity gap by focusing on social service coverage improvement, especially for the most marginalized and vulnerable communities and those prone to climate shock
- <u>Humanitarian-development linkage</u> by mainstreaming humanitarian action into all programme outcome areas to build capacity and systems for resilience, emergency preparedness and humanitarian response in social sector institutions and plans, with key attention to the continuity of basic social services based on the experience from the COVID-19 response.
- Enhanced data and evidence generation, including support to national data systems and improved social and behavioural analytics to inform equity-focused decision-making and programming.
- 3. Thank you for the comment on adolescent participation. While the CPD recognizes the cross-cutting nature of adolescent participation, the HIV/AIDS outcome was proposed as an entry point for coordination and to build upon the experience from the current country programme. Meaningful adolescent participation in decision making in the CPD is however broader and will also leverage U-Report (digital platform), adolescent/community groups and the youth parliament for adolescent voices on key issues such as gender-based violence and climate change, in addition to sectoral adolescent programmes related to education and skills training, mental health, adolescent nutrition, HIV and sexual and reproductive health and rights.
- 4. Thank you for the comment. To further bring focus to meaningful adolescent participation in decision making, the KPI in the results framework is modified as follows: 'Percentage of adolescents in selected youth groups that meaningfully participate in civic engagement and decision making around basic social service delivery'.
- 5. Thank you for your comment. The CPD was based on rigorous Theory of Change (ToC), informed by the analysis of the country context, major deprivations affecting children and adolescents, and prioritized actions to improve the situation. The full description of the overarching ToC of the country programme, below, was

not included in the CPD due to word count: 'theory of change for the country programme, enshrined in the sector approaches, is that if more children and adolescents, particularly the most disadvantaged, effectively demand and access quality, equitable and resilient health, nutrition, WASH, HIV and sexual and reproductive health services; if they learn, develop life skills and meaningfully participate in decision making; if they are protected from violence and rights violations and are registered timely; and if they benefit from inclusive social services and social protection that promote resilience; then they will have the opportunities to fulfil their full potential. The theory is based on the assumption that the government will put in place the required policies, resilient systems and plans, allocate budget and improve public financing for children across sectors; and that donors and development partners will continue to prioritize Zimbabwe'.

- 6. We note your comment on the need to highlight risks and mitigation measures in the document, and this is noted as follows:
 - Risk statement: The programme was prepared in the context of the pandemic and with consideration of the risks of high-impact natural disasters, climate change and health emergencies. Additional risks include limited government funding and the uncertainty of and decline in the volume of development aid to the country.
 - Mitigation measure: As part of annual planning, UNICEF will develop a comprehensive risk management matrix which will be used to manage risks at the macro and micro levels and will constantly monitor them and develop mitigation measures that correspond to the level of the risk and its impact to the programme.