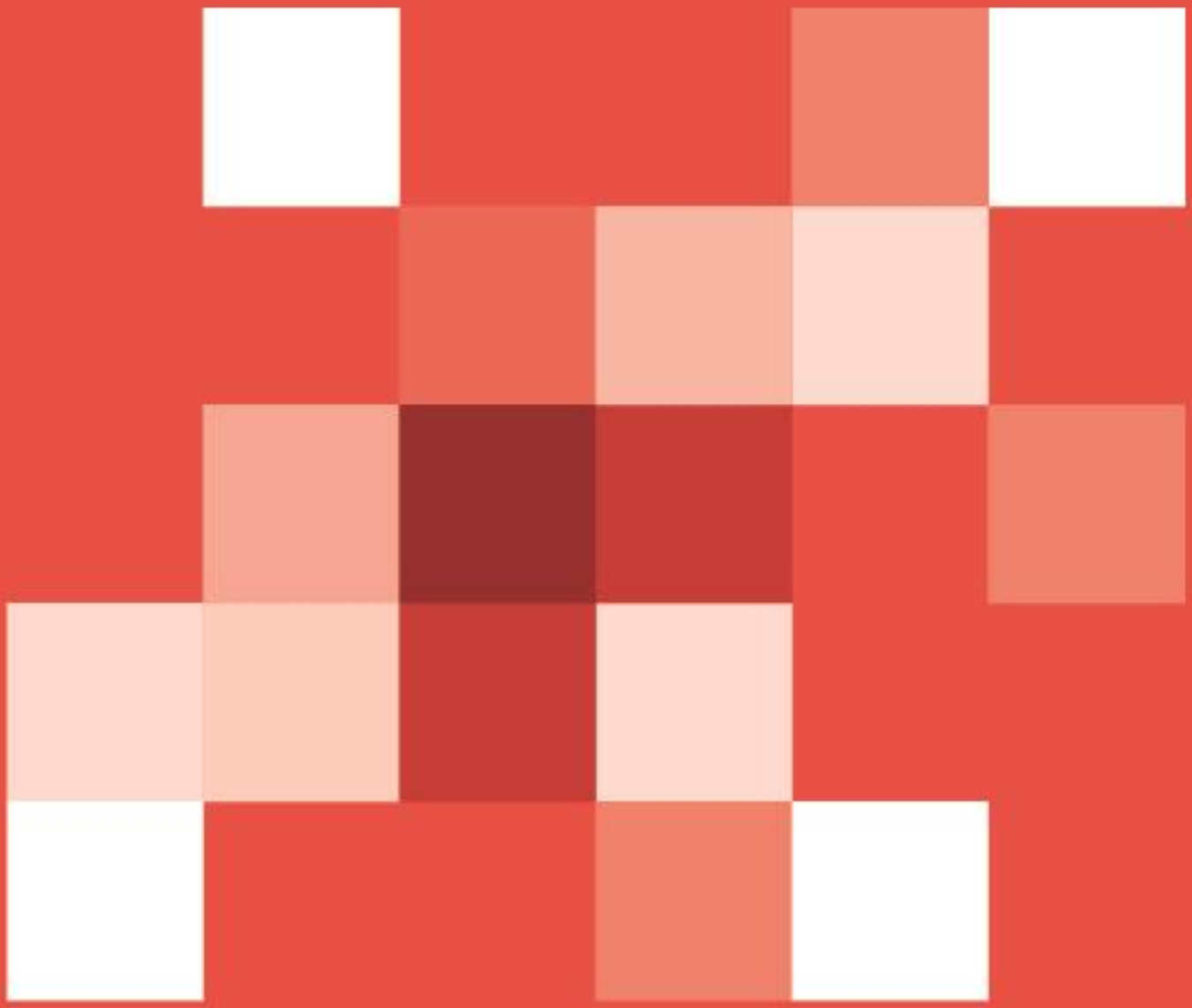
development initiatives



November 2018

data for children, UNICEF Zimbabwe

strategy action plan

Contents

1 Introduction

1.1 UNICEF's Data for Children Strategic Framework

In 2017 UNICEF launched a new Data for Children Strategic Framework,[1] committing to undertake strategic shifts where necessary to meet the demand, supply and use of data for children in the evolving data landscape. This new approach is being implemented at the global, regional and country level.

> **"All UNICEF country offices should engage in a deliberate, strategic process to determine their investments in data for children work and other evidence-related activities, starting with an analysis of the country's existing data priorities and ecosystem. Some countries will do this as a stand-alone exercise and others as part of mid-term reviews, strategic moments of reflection, or the development of their country programmes."[2]**

1.2 DI's mission

Development Initiatives (DI) has been contracted to work closely with the UNICEF country office in Zimbabwe to review the state of the data landscape and, informed by UNICEF's real-world priorities, develop a strategic action plan for its data work and investments over a 3-to-5-year time horizon.

During the two weeks on mission in Harare in May 2018 the consultants benefitted from extensive cooperation with UNICEF's section teams and met with officials from key government departments (see Appendix 2). These meetings focused on understanding the challenges and opportunities in each sector and form the basis of the recommendations presented.

1.3 Data diagnostic

This report will be accompanied by a data landscape diagnostic report that describes Zimbabwe's ICT infrastructures, statistical capacity and all known data sources of relevance to this plan.

1.4 Findings and recommendations

This report contains three sets of recommendations:

[1] https://data.unicef.org/wp-content/uploads/2017/04/Data-for-Children-Strategic-Framework-UNICEF.pdf
[2] Ibid

- Chapter 2 summarises the key learnings from the diagnostic exercise and contains a broad policy recommendation for each finding.
- Chapter 3 contains recommendations that can be actioned within UNICEF's existing work plans and budgets. A number of key cross-cutting recommendations are made first, followed by more detailed section-specific suggestions presented in a table.
- Chapter 4 highlights five recommended actions that would require the mobilisation of new investments.

2 Data landscape diagnostic: key findings

2.1 The diagnostic exercise

This report is supported by a data landscape diagnostic which has compiled available evidence on:

- the role of data in the context of Zimbabwe's national development plans
- the financial, technical and human resources available for the national statistical system
- data production and dissemination
- data use and demand.

2.2 The economic outlook and its impact on data

Since the near collapse of the country's economy from 2000 to 2008, Zimbabwe has been going through difficult times economically and politically. The new administration is seeking to undertake reforms that will attract investment, curb inflation and unemployment and guarantee food security and political stability. These proposed changes will, however, take time to implement given the underlying state of the economy. For example, employment costs took up the lion's share of the 2018 national budget (consuming over 85% of budget revenues)[3] and this is unlikely to change in the near future.

In these circumstances donors have been meeting a significant proportion of development activity and service delivery costs, and it is likely that the government will need to rely on such contributions for some time to come. The development partner community has, de facto, become a parallel government. This poses two risks:

- continued donor support is not necessarily guaranteed
- donors' interests (and influence) do not necessarily match national priorities.

Notwithstanding these difficult circumstances the national statistical system, led by the Zimbabwe National Statistics Agency (ZimStat) is in surprisingly good shape – in no small part due to UNICEF's substantial investment in the data infrastructure.

[3] http://www.zimtreasury.gov.zw/index.php/budget-policy-statements?download=106:2018-national-budget-statement

2.3 UNICEF's relationship with government

UNICEF has played an indispensable role in coordinating donor efforts and bridging the often-difficult divide between some donors and the government. UNICEF's commitment to working with and supporting government places it in a unique position in Zimbabwe, evidenced by its active participation in drawing up four of Zimbabwe's key development plans:

- Education Sector Strategic Plan 2016–2020[4]
- National Health Strategy 2016–2020[5]
- National Social Protection Policy Framework[6]
- National Water Policy.[7]

> **"As in many areas of UNICEF work, our approach to data is based on a commitment to strengthening government systems. Because data are a core element of every part of government with which UNICEF interacts, it is not limited to a single government office or sector. Our approaches must reflect this and take a broader view of demand, supply and use both across government and the larger data ecosystem. UNICEF also has a leadership role to play in influencing the policies, standards and investments – both within and outside of government – that shape the future of data."[8]**

This collaboration is further underpinned by UNICEF's substantial investments (from its own and pooled funds) in government data systems and improved coordination mechanisms, as evidenced in the Zimbabwe country office's 2018 work plans.[9]

[4] http://www.mopse.gov.zw/wp-content/uploads/2017/04/Education-Sector-Strategic-Plan-2016.pdf
[5] https://www.unicef.org/zimbabwe/National_Health_Strategy_for_Zimbabwe_2016-2020_FINAL.pdf
[6] https://www.unicef.org/zimbabwe/media_19030.html
[7] http://ncuwash.org/newfour/wp-content/uploads/2017/08/National-Water-Policy.pdf
[8] Data for Children Strategic Framework. https://data.unicef.org/wp-content/uploads/2017/04/Data-for-Children-Strategic-Framework-UNICEF.pdf
[9] Unpublished section-level annual work plans.

UNICEF investments in data and coordination based on an analysis of 2018 annual work plans[10]				
Section	Work plan activities that include investment, directly or indirectly, in data infrastructures		Work plan activities that include investment, directly or indirectly, in programme or institutional coordination	
	No.	Budget (US$ thousands)	No.	Budget (US$ thousands)
Child Protection	3	786	6	1,407
Education	2	335	2	200
Health	6	893	1	417
HIV/AIDS	2	115	3	216
Nutrition	3	1,086	6	1,458
Social Policy	3	1,775	2	150
Water, Sanitation and Hygiene (WASH)	1	1,238	5	790
Total	20	6,229	25	4,639

This reputation as a trusted partner and honest broker gives UNICEF significant opportunities to influence government policy and to play a responsible leadership role when it comes to data strategies.

2.4 ICT infrastructure

An extensive and robust energy and ICT infrastructure is critical for the development of a national data ecosystem. Without electricity a health centre cannot capture patient data directly into the national Health Management Information System (HMIS) database, creating a complicated and vulnerable paper trail that has to be transported to a district office with power and connectivity for the data to be entered. Furthermore, a lacklustre ICT infrastructure inhibits interagency coordination and collaboration, making data sharing even more difficult.

Zimbabwe faces severe challenges in supplying electricity and internet connectivity to much of its rural population; 52% of primary schools and 30% of secondary schools do not have access to electricity.[11]

[10] Calculations in this table are based on an analysis of the unpublished country office annual work plans. The assumptions made are shown in this sheet: http://bit.ly/DI-UNICEF-ZW-2

[11] 2017 Annual Education Statistics Profile. http://www.education.gov.bt/documents/10180/1157042/Annual+education+Statistics+2017.pdf/135132eb-a689-458b-b5be-9717b38ddb99?version=1.0 – tables available at: http://bit.ly/DI-UNICEF-ZW-1

The Expanded Rural Electrification Programme which prioritises access to schools, clinics, government extension offices and chiefs' homesteads has been stalled due to a lack of funding.[12]

While launching the National ICT policy in March, the new President stated that "all sectors of the economy and society at large must harness the power of ICTs for the development of our nation".[13] However, according to the Zimbabwe National Policy for Information and Communication Technology 2016–2020,[14] there are substantial challenges to be overcome, including:

- inadequate communications infrastructure
- inadequate commercial electricity
- inadequate ICT skills
- fragmented institutional arrangements
- inadequate investment capital
- low digital literacy.

> **"Broadband coverage in rural and remote areas remains low. Coverage is mainly concentrated in affluent urban areas. This is widening the urban–rural digital divide against the principle of equitable access."[15]**

This lack of electricity and connectivity is the biggest obstacle standing in the way of the development of Zimbabwe's data infrastructures. A recent whitepaper published by the World Economic Forum argues persuasively that governments should be looking beyond meeting only immediate, basic needs and invest, in partnership with the private sector, in a robust, forward-looking digital ecosystem.[16]

While UNICEF is not in the business of investing in physical infrastructures,[17] it is important that it exerts what influence it can to ensure that government investments in these areas are prioritised.

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[12] Rural electrification stalled by economic hardships. Newsday, 13 May 2017 – https://www.newsday.co.zw/2017/05/rural-electrification-stalled-economic-hardships
[13] Zimbabwe's Mnangagwa Launches ICT Policy. Xinhua, 14 March 2018. http://www.xinhuanet.com/english/2018-03/14/c_137039241.htm
[14] National ICT Policy, 2016–2020. http://www.ictministry.gov.zw/sites/default/files/Zimbabwe_National_Policy_%20for_ICT_2016-2020.pdf
[15] Ibid
[16] Financing a Forward-Looking Internet for All. World Economic Forum, 14 May 2018. https://www.weforum.org/whitepapers/financing-a-forward-looking-internet-for-all
[17] Although according to interviews with a number of UNICEF sections, funding for connectivity is provided to a number of programmes to ensure that data from rural areas and district offices is transmitted to Harare.

2.5 Human resources

Well trained and experienced staff are a prerequisite for the collection, management and analysis required to maintain a robust data ecosystem. While ZimStat is relatively well staffed many other agencies in the national statistical system have difficulty in both recruiting and retaining skilled technical personnel. Uncompetitive civil service pay scales are commonly believed to be the main reason for this problem.[18] It is likely that ZimStat is less affected because of the relatively lucrative per diem payments that donors contribute to the many surveys conducted by the agency.[19]

The only sustainable solution to this problem (for all departments and agencies, ZimStat included) is a new across-the-board civil service salary regime – statisticians are no more deserving than doctors or teachers – and the recently announced 15% increase appears to be unlikely to be sufficient.[20]

While there is little UNICEF can do to solve this problem, it should not be drawn into supporting data collection exercises purely for the sake of topping up enumerators' salaries.

2.6 Redundant data

Over the past decade ZimStat has conducted 43 unique data collection exercises: 33 surveys and 10 censuses.[21] The large number of surveys in particular has led, inevitably, to duplications of effort and an excess of usable indicators (see Appendix 3 for a list of surveys).[22]

Of particular concern is the duplication of effort between the Multiple Indicator Cluster Survey (MICS) and Democratic and Health Survey (DHS) which, despite the replication of over 60% of their indicators,[23] are conducted by different departments in ZimStat and thus do not benefit from any institutional memory.

There is little that ZimStat can do about this as these are donor-driven initiatives. Nor does ZimStat wish to challenge this state of affairs as the work brings in substantial funds and lucrative per diems for underpaid staff.

From a data point of view, it would make sense for the current system to be turned on its head: national prioritisation of a list of indicators focused on meeting the Sustainable Development Goals (SDGs) that can be collected in a sustainable and timely manner should determine the

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[18] This opinion emerged in several interviews with government ministries.
[19] ZimStat staff typically receive US$75 per day for collecting survey data.
[20] Zimbabwe public workers reject 15% salary increase. http://sunnewsonline.com/zimbabwe-public-workers-reject-15-salary-increase/
[21] A survey is a data collection activity involving a sample of the population, while a census collects information about every member of the population (or every enterprise). Numbers are derived from the diagnostic review of data sources, see: http://bit.ly/DI-UNICEF-ZW-3
[22] Comments in interviews with ministry officials and UNICEF staff point to both duplication of indicators between surveys and the collection of more indicators than are absolutely necessary.
[23] http://devinit.org/post/household-surveys-competing-standards-serve-country-needs

need and content of data collection exercises, not the other way around. This approach may not be popular with ZimStat or donors but is a bitter pill worth swallowing.

2.7 Geographic disaggregation of data

The data that UNICEF – and government – needs to plan and monitor its services in the field has to reflect the localities of its interventions. It needs data disaggregated down to district and sub-district level. This requirement was stated repeatedly and very explicitly by all of UNICEF's operational sections.[24] Yet only 8 of the 47 surveys and censuses conducted in Zimbabwe can be disaggregated down to district level or below.[25]

Type	Disaggregation	
	Provincial	District
Censuses	9	4
Surveys	30	
Administrative systems	9	25

The recently completed National Nutrition Survey demonstrates that it is possible to deliver good quality district-level data at a reasonable price.[26]

The fact that 25 out of 34 administrative systems do provide district-or-below disaggregated data does not mean they produce data that is sufficiently comprehensive, consistent or accurate for them to replace less granular surveys. A combination of poor ICT infrastructures, technical and human capacity, and sustainable investment makes their progress slow. Many health facilities and district-level government departments still rely on paper-based data collection. This is by no means a problem that is unique to Zimbabwe

Nevertheless, the most cost-effective route to providing timely and accurate operational data about needs and services at the point of delivery lies in better investments in core administrative systems such as the HMIS.

2.8 Institutional and data silos

With ministries competing for limited resources it is perhaps unsurprising that there is little inter-departmental or inter-ministry coordination or sharing of resources, including data, whether at national level to inform policy or at district level to inform service delivery.

[24] Interviews with UNICEF staff, May 2018.
[25] Diagnostic Review of Data Sources. http://bit.ly/DI-UNICEF-ZW-3
[26] https://www.unicef.org/zimbabwe/Zimbabwe_2018_National_Nutrition_Survey_Report.pdf

Efforts are underway in a number of ministries to tackle this problem. In the Department of Social Welfare in the Ministry of Labour and Welfare, for example, there are four stand-alone administrative systems:

- Harmonised Social Cash Transfer Management Information System
- Case Management Information System
- Assisted Medical Treatment Orders
- Basic Education Assistance Module.

Efforts are underway to ensure that, using the national identity number as a common link, these systems can in the first instance cross-reference each other, and in future be integrated.[27] This does not in itself solve the problem owing to the current low level of registration and issuance of ID numbers at birth (see section 3.1).

Similarly, the Ministry of Health and Child Care is engaged in the Electronic Health Record programme to make links between the:[28]

- Heath Management Information System
- Electronic Patient Management System
- In-patient Morbidity and Mortality Information System
- Health Facility Assessment Survey
- Vital Medicines and Health Services Survey.

At a local level, however, there are bigger challenges. Both government departments and their development partner counterparts tend to work in sectoral silos. Scarce technical and human resources are rarely shared. Data collection and related learnings tend to flow vertically up departmental channels with little being reflected back down this supply chain, and even less across sectors at community or local government level.[29]

Adopting integration and interoperability strategies to maximise the effectiveness of data is a complex challenge involving the harmonisation of resources, administration and technology. Supporting emerging initiatives in this field will not only benefit the sectors involved, but act as a catalyst for similar exercises in other fields. UNICEF is in a position to encourage government-wide improvements to data governance, with interoperability being a key element in this.

2.9 Access to data

Many statistical publications are available through ZimStat and line ministries in paper or PDF format, but little is available in machine-readable format. There is a widely held view in government that releasing data in spreadsheets or other digital formats allows for the data to be tampered with in order

[27] Interview with UNICEF Social Protection staff.
[28] Interview with Ministry of Health and Child Care.
[29] This was a common perception reflected in interviews by all UNICEF's field-focused sections.

to produce incorrect and malicious analysis.[30] A second, also widely held, view is that it is sufficiently transparent to share data with individuals who have signed non-disclosure agreements.[31]

ZimStat directors are, however, very keen to express their eagerness to see the data they produce used more widely. Firstly, there is a commitment to improve data literacy and a wider understanding of the value of statistics.[32] Secondly, there is a desire to make more[33] of the microdata collected through surveys publicly accessible.[34] The World Bank has been training ZimStat staff in anonymisation techniques[35] to facilitate this process, though technical capacity challenges still exist in embedding these skills in the organisation.[36] ZimStat's plans in both these areas are hindered by a lack of financial resources.

A lack of resources has also hindered the development of ZimStat's website, ZimDat, which is difficult to access and is not up to date.[37] As a result, UNICEF has imported much of the available ZimStat data into its own DevInfo portal – which, confusingly, has also been named ZimDat.[38]

At district level there is little accessible data available for local government, service delivery agencies and civil society to plan and monitor development activities within and across sectors. Most of the data that is nationally available comes from surveys that cannot be disaggregated down to district level and below, and the lack of technical infrastructures in most district towns hinders the sharing of what useful data does exist. Of the 95 data sources identified in the landscape diagnostic,[39] 19 collect data on a timely and frequent[40] basis at district level or lower; 12 of these maintain their data in machine-readable formats. None of this data is publicly accessible and it is the authors' understanding that none is shared across ministries at district level.

Further down the data value chain there is even less sharing of data with facility and community stakeholders. Suppliers of data rarely have access to the systems or reports containing the information that they provide.[41] As a result, they often do not appreciate the usefulness of the data they supply and the incentive for them to offer up accurate data diminishes.[42]

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[30] Interviews with ZimStat officials. The authors did not, however, come across any specific examples of such misuse.
[31] Interviews, for example with Mr George Tembo, Director of the Food and Nutrition Council.
[32] Interview with Mrs Mungate, Director of Social Statistics, ZimStat.
[33] Microdata from MICS and Zimbabwe DHS is available on globally maintained platforms.
[34] Interview with Mr N Taruvinga, Director of Income Analysis, ZimStat.
[35] Interview with Mr R Swinkels, World Bank.
[36] Interview with ZimStat managers.
[37] http://www.zimstat.co.zw/zimdat
[38] http://devinfo.org/zimdat/libraries/aspx/Home.aspx
[39] Diagnostic Review of Data Sources. http://bit.ly/DI-UNICEF-ZW-3
[40] 'Timely' and 'frequently' refer to systems that are collecting data on a quarterly or more frequent basis.
[41] No evidence was found of the suppliers of data having access to their own data, but the study is not exhaustive.
[42] Interview with UNICEF Education section.

Systems producing timely and frequent district-level data	
Owner	**System**
Ministry of Lands, Agriculture and Rural Resettlement	Agricultural information management systems
Ministry of Primary and Secondary Education	EduTrac
	Teacher Development information System
Ministry of Health and Child Care	Early Infant Diagnosis
	Electronic Health Records
	Electronic Patient Management System
	Electronic Patient Maternal and Prenatal Monitoring System
	Health Management Information System
	Human Resource Information System
	In-patient Morbidity and Mortality Information System
	MOHCC Malaria Tracker (HMIS)
	National Malaria Control Program
	Village Health Worker
	Food Fortification Management System
Ministry of Labour and Social Welfare	Assisted Medical Treatment Orders
	Basic Education Assistance Module
	Case Management Information System
	Harmonised Social Cash Transfer Management Information System
Ministry of Water and Environment	Rural WASH Information Management System

Investments in ZimStat's data portal, including publishing anonymised microdata, would provide the catalyst to change attitudes towards sharing data in open, machine-readable formats in line with the UN Economic Commission for Africa's call for official statistics to be made open by default.[43] There is a real opportunity for ZimStat, supported by UNICEF, to play a leading role in driving an open data agenda across government as a whole.

2.10 Monitoring the SDGs

The six field-focused sections of the country office between them track 47 outcomes and 87 outputs. It is worth noting that the monitoring of outcomes relies primarily on survey data while outputs are assessed from administrative data. The main reason for this (as reflected throughout this report) is the lack of timely and geographically disaggregated data available from the survey programme. This does, however, raise the question of whether the inability to assess outcomes at district level is an acceptable state of affairs.

[43] See for example the 2018 Africa Data Revolution Report led by the UN Economic Commission for Africa. http://webfoundation.org/docs/2018/10/African-data-revolution-report-brochure-publish.pdf

Indicators monitored by UNICEF annual work plans							
		Health	HIV/AIDS	WASH	Nutrition	Education	Child Protection
Outcomes monitored							
SDG indicators		1	0	3	0	1	3
UNICEF indicators		12	6	4	9	7	9
Data sources[44]	Surveys	2	3	2	4	0	3
	Admin data	2	2	1	2	3	4
Outputs monitored							
UNICEF Indicators		18	12	15	11	13	18
Data sources	Surveys	0	0	0	0	1	3
	Admin data	5	4	6	4	5	3

Only 9 of UNICEF's 50 priority child-related SDG indicators are monitored directly through the country office's annual work plans. The Zimbabwe UN Development Assistance Results Framework (ZUNDAF),[45] while not strictly aligned to the SDGs, monitors a further 11 (see Appendix 4). The work plan is clearly, and correctly in the authors' view, focused on *meeting* the targets rather than just *monitoring* them, but this does raise the question as to who in Zimbabwe is responsible for monitoring the quality of all child-related indicators.

UNICEF's commitment to the SDGs would be improved through coordinating and ensuring that the monitoring of both the data and real-world progress for each of the child-related indicators was overseen by a named agency.

[44] The number of data sources used by the section for monitoring all indicators in their annual work plan.
[45] ZUNDAF 2016–2020. http://www.zw.one.un.org/sites/default/files/Publications/UNZimbabwe/ZUNDAF%202016%20-%202020.pdf

3 Recommendations in existing work plans

This chapter makes recommendations that, in the authors' understanding, could be implemented through the existing annual work plans and budgets of the UNICEF country office. Many of the proposals relate to matters of policy and advocacy. The suggestion is not that the recommendations can necessarily be achieved within a single year, but that they are likely to fit in with ongoing priorities and resources.

3.1 Civil registration

The registration of births and the integration of this process with a national identity system that provides validated access to a range of health, education, welfare and other civil services is arguably the single most important catalyst in ensuring that no one is left behind in the development of a country. The systems maintained by the Registrar General's Department in the Ministry of Home Affairs deliver a service that is technically fit for purpose in this respect. The civil registration and vital statistics and ID systems support the integration of national identity and birth registration and provide a range of agencies – from the passport office and social welfare to banks – with the ability to provide services based on validated identities.[46] While a system for the registration of deaths is in place no statistics on causes of death exist.

The problem, however, is that little more than 30% of children are registered at birth.[47] Firstly, many children are not born in health facilities. Secondly, many rural facilities do not yet have the technical infrastructure to issue birth notifications. Thirdly, notification of birth does not automatically lead to registration, for which parents need to make a separate visit. Furthermore, late registration is a slow and tortuous bureaucratic process involving witnesses and additional paperwork.[48] This results in substantial difficulties in identifying and delivering streamlined services to children – and invariably it is many of those people most in need who are failed by the system.

There are thus two urgent needs:

- to educate parents on the importance of birth registration
- to ensure that the technical infrastructures and administrative procedures needed are available throughout rural areas.

These objectives are already part of the annual work plan but are frustrated by a lack of political will from national and local government to prioritise this work.

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[46] Validation of identities through the Registrar General is not yet fully automated.
[47] The last MICS survey in 2014 recorded birth registration at 32.3%. According to UNICEF Social Protection staff this figure has not improved in the past five years.
[48] Interview with UNICEF Social Protection staff

3.2 Rationalising survey and administrative data

When it comes to *meeting* the SDGs, the consultants found unanimity across UNICEF sections on one issue: the majority of surveys conducted in Zimbabwe – including DHS and MICS – are of little value when it comes to planning and monitoring service delivery. Firstly, they do not provide timely data. Secondly, they do not provide district or sub-district-level data.

The operational data that is required more often than not needs to come from administrative data: systems collecting data from communities, schools and clinics, and managed through district offices. Public administration is a cornerstone of development, but without data it can neither plan nor monitor its work effectively.

While surveys may be expensive, they are relatively easy to operate as, unlike administrative systems, they do not rely on consistently available ICT infrastructures or sufficiently resourced human and technical capacity right down the data value chain.

Herein lies the dilemma. In an ideal world administrative data would be the primary source with surveys filling gaps and checking the integrity and quality of data being delivered through management information systems. How is it possible, in the long term, to move from the current to the ideal without disrupting immediate needs or putting off the strategic shift forever?

Strategic review

We recommend that ZimStat, supported by the Data for Development Working Group (currently co-chaired by ZimStat and the UN Population Fund) and UNICEF, be encouraged to undertake a strategic review of data collection priorities over the next decade. This exercise should focus on long-term national data priorities and inform a review of the National Strategy for the Development of Statistics.[49] While this has clear guidelines on data collection, with an emphasis on improving administrative systems, there is no reference to the governance of indicators.[50]

This review should focus in the first instance on determining data needs. This will best be done in the context of a new national development plan and the national SDG priorities that are likely to emerge after the forthcoming elections. The data-needs exercise should itemise what data is needed, by whom, how regularly and at what level of geographic granularity.

Only once this process is complete should data collection instruments, financing and technical capacity be considered. (The current process tends to work in the opposite direction: donors' decisions on what instruments to fund would appear to be the first, rather than last, consideration.)

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[49] National Strategy for Development of Statistics 2016–2020. http://nsdsguidelines.paris21.org/node/828

[50] A mapping exercise assessing data gaps in the delivery of SDG indicator data has been undertaken but a review of all data sources and indicators goes beyond this.

Registry of indicators

To facilitate this review, it is recommended that ZimStat, supported by UNICEF, creates a central, authoritative registry of indicators. ZimStat's Compendium of Statistical Concepts and Definitions used in the Zimbabwe National Statistical System[51] and the metadata stored in DevInfo[52] provide a good foundation on which to build this registry.

The registry should contain sufficient metadata (sources, classifications, timeliness, disaggregation and so on) to facilitate the review. It would also be a useful index for end users of data and statistics to explore what is available.

A sustainable registry would require investments in:

- technical expertise to design a useful and usable system
- a software platform
- ongoing maintenance by subject matter experts.

Transitioning indicators

One of the outcomes of this proposed review is likely to be a commitment, over time, to strengthen and refine existing administrative systems. To ensure that at least some of the outcomes of the review could be acted on immediately we recommend that two key principles underpin its framework:

- Duplication of indicators across data collection instruments should be identified and halted.
- Wherever and whenever survey-based indicators that are also collected through administrative systems *are deemed to be robust, accurate and sustainable* in the administrative system, the survey should drop the indicator. (Unless the survey is designed to fill gaps and check the integrity of administrative data.) This may well only gain traction over time but is a principle worth establishing now.

Integration of MICS and DHS

While it is beyond the scope of this report – as this is a global, not a country issue – the consultants believe it is important to point out that it is not in the interests (other than financial) of national statistics offices to run two relatively expensive surveys that are largely similar in content but different in methodology. In Zimbabwe this is exacerbated by the surveys being run through different divisions of ZimStat.[53]

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[51] http://www.zimstat.co.zw/sites/default/files/img/publications/Other/Concepts_and_Definitions.pdf
[52] http://devinfo.org/zimdat/libraries/aspx/home.aspx
[53] Interview with ZimStat managers.

3.3 Focus on health systems

A number of health information systems are well established in Zimbabwe and already play a critical role in the data ecosystem. They are being highlighted in this section for three reasons:

- there is much room for improvement
- they are critical to a number of UNICEF sections' work
- the lessons learned from building a well integrated, geographically distributed suite of health information systems will have benefits for the development of other sectors.

Improving the Health Management Information System

The HMIS is one of the most developed administrative systems in Zimbabwe yet still faces many challenges.

- Most health facilities do not have the infrastructure or capacity to capture data electronically. Paper forms are filled out monthly and submitted to districts for keying into the system.
- HMIS does not capture adequate data on malnutrition and HIV/AIDS. There is no reason why it should not.[54]
- The main HMIS system (DHIS2[55]) provides facility-level monthly statistics. It does not capture the underlying patient data (which is manually aggregated).

We recommend that UNICEF could take the lead in mobilising donor resources to:

- tackle ICT infrastructure problems for rural clinics. All clinics should have sustainable access to electricity, internet connectivity and digital data collection equipment[56]
- train all professional staff in health facilities in digital data input
- modify the suite of indicators and data entry interfaces to make them both more useful and easier to use. This exercise should seek to both extend the scope (to cover nutrition and HIV/AIDS) and simplify the number of data fields
- make detailed HMIS data available to staff at facility and district level
- make district-level aggregations of HMIS data available publicly
- provide anonymised aggregations of ePMS data in the HMIS as it becomes available (see next section).

Scaling up the Electronic Patient Management System (ePMS)

ePMS is currently operational in district hospitals. It provides a portable electronic record[57] of a patient's health and treatment that should be able to be accessed by any authorised health facility.

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[54] UNICEF and the World Health Organization are working on improvements to DHIS2 modules in these areas.
[55] https://www.dhis2.org
[56] Digital data collection can be done through computers, tablets and other mobile devices.
[57] A portable record can be accessed by different systems at different facilities.

While this is important in providing cost-effective and streamlined health services to all citizens, it is of particular relevance to the ongoing treatment of HIV/AIDS patients.

- We recommend that UNICEF urges the donor community to prioritise its investments in this system, noting that it is, as is the HMIS, dependent on rural clinics having robust ICT infrastructures.

3.4 Interoperability of systems

The diagnostic highlighted the lack of intersections in the data collected and processed between sectors and agencies – and even within agencies. Ensuring that systems and datasets can be integrated is critical for maximising the usefulness of the data and contextualising the information they produce.

Encouraging work is starting to take place in this area and warrants attention.

The Electronic Health Record

The Ministry of Health and Child Care is engaged in an integration exercise that could lead to major improvements in the delivery of health services. It maintains a number of important systems, including the:

- Heath Management Information System
- Electronic Patient Management System
- In-patient Morbidity and Mortality Information System
- Health Facility Assessment Survey
- Vital Medicines and Health Services Survey.

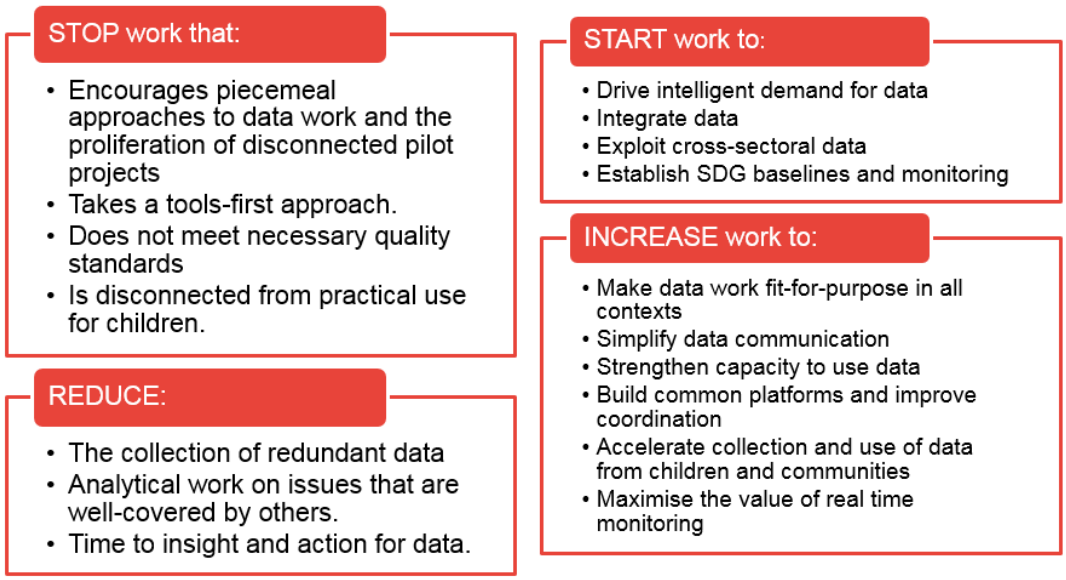
The Electronic Health Record programme aims in the first instance to make these systems interoperable – allowing data from one to be compared with another. This exercise is a first step to greater integration of systems across the health service.

- ***We recommend that this work is supported generously with both financial and technical assistance.***
- ***Technical lessons learned in this work should also be shared with similar ongoing exercises, such as the work being done to integrate social welfare systems. This is an area of work that would benefit greatly from regional and global knowledge sharing.***

3.5 Section-specific recommendations

In this section of the report we make sector-specific recommendations for each of UNICEF's sections.

The recommendations are tabulated using the challenges laid out in UNICEF's Data for Children Strategic Framework.



Condition	Section	Problem	Recommendation
STOP work that: Does not meet necessary quality standards	Health	The length of data capture forms, and the way in which questions are sometimes asked in HMIS and ePMS can lead to poor quality data being entered.	Support a review of HMIS indicators and data entry interfaces that results in a simpler, more accurate data capture regime.
	HIV/AIDS	UNAIDS spectrum[58] algorithms delivering national estimates are deemed to be questionable and are therefore a credibility risk.	Invest politically and financially in the development of ePMS and HMIS systems to improve patient and facility level data.
STOP work that: Is disconnected from practical use for children	Health	Reliance on MICS and DHS provincial-level data cannot provide timely and sufficiently granular evidence for district and sub-district planning and monitoring.	
	Nutrition	Reliance on MICS and DHS provincial-level data cannot provide timely and sufficiently granular evidence for district and sub-district planning and monitoring.	Improve HMIS design and content to provide timely and accurate data on stunting and malnutrition. Liaise with HQ program on new DHIS2 modules.
	WASH	Reliance on MICS and DHS provincial-level data cannot provide timely and sufficiently granular evidence for district and sub-district planning and monitoring.	Build on the successes of RWIMS to make it fit-for-purpose as the primary source of data for WASH indicators, including the World Health Organization/UNICEF Joint Monitoring Programme.[59]

[58] UNAIDS National HIV estimates file. http://www.unaids.org/en/dataanalysis/datatools/spectrum-epp This opinion was expressed strongly by CO staff. The authors do not have the expertise to form an opinion on this.

[59] https://washdata.org

Condition	Section	Problem	Recommendation
REDUCE: The collection of redundant data	Health	Indicators collected by DHS, MICS and HMIS overlap imprecisely and in non-compatible formats.	Review and rationalise indicators across both surveys and administrative systems. Work, also, in the development community to harmonise and rationalise indicators by all donors and implementing agencies.
	HIV/AIDS		
	Programme Effectiveness	Regular and timely (e.g. annual) monitoring of programmes requires merging of indicator data from incompatible sources.	
	Social Policy & Research		
REDUCE: Time to insight and action for data	Education	The lack of ICT infrastructure available to rural schools is a problem: it is far from ideal for the education system to rely on EMIS data collected once a year.	Exert influence on government and those donors supporting infrastructure programmes to prioritise rural electrification and internet connectivity for all schools and health facilities.
	Health	Relying on paper rather than digital data capture in health facilities is costly, untimely and inaccurate.	
	Nutrition	National Nutrition Survey 2018 came 8 years after the previous survey. There is no guaranteed plan for when the next survey will take place.	Support a strategic review of data collection to rationalise and prioritise investments in censuses, surveys and administrative data.
START work to: Integrate data	Child Protection	The Social Security Department of the Ministry of Labour and Welfare maintains four stand-alone administrative systems. The lack of interoperability makes it difficult to track people and cases across systems.	Support the efforts of the Ministry of Labour and Welfare to integrate its stand-alone systems handling case management, cash transfers, basic education assistance and assisted medical treatment. This may best be achieved through regional and global knowledge sharing and technical expertise in the interoperability of systems.
	Health	There is no integration across health systems. Patient records are therefore disconnected and aggregations from patients to facilities are not possible.	Current work by the MOHCC to integrate HMIS with other systems – particularly ePMS – should be strongly supported.
	HIV/AIDS	Data on HIV/AIDS and nutrition are collected and stored separately from general health data.	HMIS (with ePMS) should be able to provide HIV/AIDS and nutrition practitioners with all the data they need.
	Nutrition		
	WASH	Health-related WASH data is collected and stored separately from general health data.	HMIS needs strengthening to allow integration with RWIMS.
START work to: Exploit cross-sectoral data	Programme Effectiveness	Much of the available data is stored in sectoral silos and consumed in the confines of the sector.	Wherever possible illustrate case studies or reviews with comparisons or contextualisation of data from different sectors to stimulate cross-sectoral analysis.
	Social Policy & Research	Information on international and domestic resource flows is not available in an accessible integrated format for decision-makers – and those holding them to account – to identify funding overlaps and gaps.	Advocate for national budget breakdowns to be published in machine readable formats. Encourage all development partners to publish timely and comprehensive data on their activities to the IATI standard to increase visibility of resource flows across all sectors

Condition	Section	Problem	Recommendation
START work to: Establish SDG baselines and monitoring	All Sections	Only 10 of UNICEF's 50 priority child-related SDG indicators are monitored directly through the country office's work plan.	Organise a monitoring framework among agencies to ensure there is proactive monitoring of all child-related indicators.
INCREASE work to: Make data work fit-for-purpose in all contexts	Child Protection	Only 30% of children are registered at birth.	Advocate for the merging of birth notification and birth registration into a single process. Advocate for a simplification of the procedures required when civil registration has not taken place at birth.
	Health	Malnutrition and HIV/AIDS data captured in HMIS is currently inadequate.	HMIS (with ePMS) should be able to provide HIV/AIDS and nutrition practitioners with all the data they need.
	Nutrition		
	HIV/AIDS	It is difficult for patient records to be transferred between health facilities. (This impacts on all patients, but on HIV/AIDS in particular.)	ePMS needs support in expanding its coverage, ensuring that patients are accurately tracked between appointments, and the data capture forms are kept as brief and useful as possible.
	Social Policy & Research	It is difficult to assess resource flows in the context of the 2030 SDG agenda.	Combine data on international and domestic financial resources with SDG indicators to improve the allocation of resources across all development partners and sectors.
	WASH	RWIMS is one of UNICEF's success stories in tracking rural resources, but rapid urbanisation has created major challenges in relation to both services and data.	Apply the lessons of RWIMS to improving data on urban WASH.
INCREASE work to: Simplify data communication	Education	Schools do not reap the insights and benefits that can be derived from the data they provide.	Information derived from the annual school census should be made available to schools and their communities. More regular data is also needed (see EMIS below).
	Social Policy & Research	Many government departments and agencies believe that sharing data openly in machine-readable formats will result in misuse.	Make the case that the benefits of opening up data to the public outweigh the potential damage that can be done by the misuse of shared data.
INCREASE work to: Strengthen capacity to use data	Health	Most data collected at district and sub-district level is fed upstream with little direct use in the areas where it is most needed.	Appropriate portions of HMIS and Health Facility Assessment data – aggregated to district level – should be made publicly available.
	Nutrition		Improve the access and use of data by district committees to ensure that quality district micro-plans are produced.
	WASH		District and village access to information derived from RWIMS data would improve awareness and effectiveness of governance structures.

Condition	Section	Problem	Recommendation
	Social Policy & Research	The lessons and benefits of emerging best practices in data collection and access are not widely promoted.	Use the best practice developed in RWIMS and National Nutrition Survey to highlight to both government and the development community the possibilities of timely, comprehensive and cost-effective data collection and production
INCREASE work to: Build common platforms and improve coordination	Child Protection	There is little sharing of resources across sectors at sub-district level.	Share and coordinate village childcare worker data collection resources and information across all community-based structures.
	Health		Share and coordinate village health worker data collection resources and information across all community-based structures.
	Nutrition		Community-based management/NRTM governance, data collection resources and information should be shared across all community-based structures.
	Programme Effectiveness	ZimStat cannot currently deliver a national data portal to the standards that it aspires to.	Prepare for the eventual handover of DevInfo to ZimStat
	Social Policy & Research		Support ZimStat to improve its website: connectivity, data storage, release of anonymised microdata.
INCREASE work to: Accelerate collection and use of data from children and communities	Education	Data on schools is only collected once a year.	Seek donor support for the Ministry of Primary and Secondary Education to procure an EMIS (together with capacity to implement it) so that administrative data from schools is available on a regular basis.
	Health	There is currently no connection between data collected by health facilities and community workers.	Accelerate electronic capture and integration of village health worker data into HMIS.
	Social Policy & Research	Cross-sectoral coordination of data collection and sharing is virtually non-existent.	Make the political case for better coordination of resources and information at community level.
INCREASE work to: Maximise the value of real-time monitoring	Education	Most data on education is only collected on an annual basis.	In the absence of monthly or quarterly data from EMIS, relevant data collected by district inspectors, and data from Teacher Development Information System, should be used to flag issues that might only become apparent in the annual census of schools.
	Health	The timeliness of health data is hindered by poor ICT infrastructures.	All health facilities' access to electricity and reliable internet access is an urgent priority. With this in place the replacement of paper forms with electronic data capture for HMIS and ePMS should be prioritised.
	Nutrition	Timeliness of data is not, government-wide, a pressing need, as the potential for it to be delivered is not appreciated.	Ensure the successful expansion of the NRTM programme to make the case that timely data collection is an achievable goal.
	Programme Effectiveness	Most key indicators used by national policymakers are not collected on an annual basis, making it difficult to assess progress.	Make the case for a light touch annual national survey that tracks key indicators of direct relevance to national policymakers.

Notes: EMIS: Education Management Information System; MOHCC: Ministry of Health and Child Care; NRTM: Near-Real-Time Monitoring System; RWIMS: Rural WASH Information Management System

4 Recommendations for new initiatives

In this chapter, six recommendations are made that are beyond the scope of existing work plans. They do not fit easily within existing outputs and budgets. The recommendations made in Chapter 3 involve, in the main, incremental improvements to existing systems or processes. The ideas introduced here present a step-change in the data revolution for sustainable development data. In the authors' opinion they fill important gaps in the data landscape and are worthy of substantial investment.

4.1 District-level dashboards

This is an idea that the World Bank is discussing with ZimStat.

Data disaggregated down to district level or below can be found in various systems and datasets. It is, however, difficult for stakeholders operating at this level to access data beyond their immediate sectoral responsibility. A publicly accessible collection of all district and sub-district data, leading eventually to the development of district-specific dashboards presenting key indicators, would provide an indispensable resource to district and community planners – and for citizens to hold them to account.

This could be introduced gradually in a staggered process:

- Curate a standardised collection of spreadsheets for each district. This would involve:
    - ensuring that all sectors employ the same geographic coding so that data on districts, wards and villages can be aligned and compared
    - standardising the formatting of time periods and units of measure
    - employing a standard system for defining indicators and their associated metadata; this links to the recommendation in section 3.1 for a central registry of indicators
    - storing these spreadsheets on a simple, easy-to-access website.
- Convert these into a mini data portal as part of a strengthened national data portal:
    - section 4.4 recommends a substantial rebuild of the ZimStat/ZimDat portal, including the integration of DevInfo
    - this new portal should include a page for each district from where **all** district datasets are available.
- Create user-friendly, publicly accessible district dashboards highlighting key indicators:
    - using the district pages and data referred to earlier, design user-friendly, interactive visualisations of value to development practitioners and concerned citizens alike.
- Build awareness and capacity for the dashboards to be used by government officials, parliamentarians, the private sector, academics, civil society organisations, journalists and concerned citizens.

4.2 Sharing data capture resources at ward level

UNICEF is providing tablets and SMS services at ward level for capturing a number of sector-specific community-based data collection exercises. The tablets relay their data to district or national-level servers whenever they have an internet connection. With each sector organising their own systems costs are rising.

If every one of the 1,200 wards in the country had reliable access to shared tablets, loaded with a suite of sector-specific applications, a major resource challenge could be solved. The initial costly investment would reap major savings over time.

Such a system would require:

- a sustainable supply of tablets. Wards may need more than one each depending on the volume and timing of data-collection exercises
- connectivity software that ensures that data from all installed applications is transferred upstream whenever the tablet has internet access
- a district-level switching system that ensures that transferred data is delivered to its rightful central server
- a small delivery and maintenance infrastructure at national and provincial level to install software, train users, monitor usage and manage hardware and software problems. This would be most cost-effective if hosted within a designated ministry's (ICT or local government, for instance) existing technical services framework.

4.3 A holistic approach to community-based data collection

Many disconnected data demands are made on villages across a number of sectors. Community leaders are approached with requests to manage or participate in data collection from multiple, disconnected and uncoordinated sources. The previous recommendation is essentially a technical adjustment. This proposal covers the same ground in a far-more-ambitious way that would involve substantial political commitments.

A single combined community-based register meeting the needs of all sectors would be more cost effective than current practices and lead to the production of what, de facto, could become an annual census. An exercise like the Electronic Village Register was piloted in Zimbabwe a few years back by a local NGO in conjunction with ZimStat.[60] It is believed to have been received favourably by ZimStat but foundered in its inability to coordinate the necessary support required from a number of ministries and agencies.[61]

A working model of such a system already exists in Uganda. The Uganda Bureau of Statistics (UBOS) is rolling out its Community Information System,[62] which is now operational in about half of its 130 districts. A paper-based village register, similar to a census questionnaire, is maintained in each village. Trials are underway to supplement the paper register with tablet data collection. UBOS staff at district level train parish (ward) representatives in maintaining the register. They in turn train a village

[60] The Electronic Village Data for Development System developed by Research and Information Services. http://www.researchandinfo.org/#work
[61] Interviews with ZimStat officials.
[62] Pilots for Perpetual Censuses: Community-based data collection: Ugandan experience. Presentation made at the UN World Data Forum – Cape Town South Africa, by Herbert Buyondo, Principal Statistician, UBOS, 15 to 18 January 2017. https://undataforum.org/WorldDataForum/wp-content/uploads/2017/01/TA3.04_Herbert-Buyondo-1.pdf

elder or secretary. The register remains with the village and UBOS collects the data once a year. Data collected through the Community Information System was compared with the 2014 National Population and Housing Census and differences were found to be statistically insignificant.[63]

> **"The Community Information System (CIS) is a government programme that has been established to ensure that households and communities have access to and make use of reliable and meaningful data and information generated at household, parish and sub-county levels. The CIS generates basic information from communities to monitor households' welfare as well as promote efficient utilisation of information at grassroots level."[64]**

Establishing a system such as this would be an ambitious undertaking. It would involve:

- major political commitments from the Office of the President and a number of ministries
- the design of a questionnaire that met the needs of all sectors without being too long and complicated
- the production of paper-based registers for data entry at village level, and an application for electronic data capture and validation at ward level
- the training of trainers at district and ward level, and the training of village enumerators.
- the development of a central database to store and process the data
- an ICT infrastructure to transmit data upstream from wards through districts to a central server
- design of an architecture and development of processes to integrate the data with other information systems both in ZimStat and line ministries
- a downstream infrastructure to deliver information back to communities. This would fit in well with the proposal for district-level dashboards highlighted in section 4.1.

4.4 Supporting ZimStat's commitments to open data

Anonymising microdata

Statistics produced from censuses and surveys provide selected extractions and snapshots that have been aggregated to provide analysis for particular scenarios or use cases. The underlying microdata can, however, be filtered, aggregated and analysed in many other useful ways.

The opening up of existing microdata, if responsibly handled, is arguably the biggest and quickest win to turn the data aspects of the leave no one behind agenda from rhetoric into reality.

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[63] Data from UBOS reproduced in http://devinit.org/wp-content/uploads/2017/01/Long-term-investments-in-a-short-term-world.pdf
[64] http://www.ubos.org/onlinefiles/uploads/ubos/Amolatar.pdf

ZimStat is keen to open up the microdata that it holds[65] but it needs support in:

- developing its expertise in anonymisation to ensure that the privacy of both individuals and vulnerable groups is protected. Universal, standardised techniques exist for these processes but technical skills – data processing and programming – are needed to implement them[66]
- improving its data management capacity to maintain and synchronise both comprehensive and anonymised databases
- improving its website infrastructure to allow for access to large datasets
- building usable interfaces that allow for the discovery and querying of microdata.

The World Bank and UNICEF are both well equipped to provide political and technical support to ZimStat, as well as to mobilise additional resources from other donors.

National data portal

Multiple country data portals duplicate efforts, waste resources and confuse users (e.g. with different versions of the same data). The UN Statistical Commission is looking to a new approach for SDG reporting through a federated system of national data portals.[67] A single, comprehensive national data portal managed by the national statistical office and representative of all data produced across the entire national statistical system is the ideal solution.

UNICEF's DevInfo is the most comprehensive, robust and extensible portal available. DevInfo was developed as a tool for government and that is where it belongs. At an appropriate time – when ZimStat has the capacity to maintain it and the web infrastructure to host it, it should be transferred.

This, again, requires investment in ZimStat's:

- website infrastructure
- data management
- user interfaces.

This recommendation relates closely to section 4.1, an idea that the World Bank is already considering. A financing and technical assistance partnership involving the World Bank, UNICEF and a data-focused donor such as the UK Department for International Development may produce promising results.

4.5 Harnessing satellite data

Current data sources are inadequate for providing timely and accurate data for preparing for the effects of climate change. Satellite data, if properly harnessed and integrated with national geospatial and administrative data, can mitigate against climate change and improve food security.

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[65] Interviews with ZimStat directors.
[66] The World Bank is already involved in training ZimStat in this field.
[67] https://unstats.un.org/unsd/capacity-building/meetings/National_Platforms_for_SDGs

The Global Partnership for Sustainable Development Data, in conjunction with NASA and other geospatial agencies, is developing the African Regional DataCube[68] to share satellite imagery and integrate it with national administrative data in a cost-effective manner. Once pilots in five countries are complete this service will be extended to other countries.[69] Open data in a usable format is expected to be available for all African countries by the end of 2019.

The technical skills required to configure and align the data to existing national systems is not insubstantial, but relatively inexpensive capacity-building programmes will become available over the next few years. It is recommended that UNICEF familiarises itself with this programme and encourages the relevant government agency to engage as an early adopter of this ground-breaking, cost-saving initiative.

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[68] http://www.data4sdgs.org/initiatives/africa-regional-data-cube
[69] http://www.data4sdgs.org/news/brokering-solution-address-country-level-challenges-africa-regional-data-cube

5 Appendices

5.1 Appendix 1: Acronyms

AMTO	Assisted Medical Treatment Orders
BEAM	Basic Education Assistance Module
CBM	Community Based Management
CCWs	Child Care Workers
CPAP	Country Programme Action Plan
CPD	Country Programme Document
DFID	Department for International Development (UK)
EHR	Electronic Health Records
EMIS	Education Management Information System
EPMS	Electronic Patient Management System
Finscope	Financial Inclusion and Exclusion Survey
FNC	Food and Nutrition Council
GoZ	Government of Zimbabwe
HFA	Health Facility Assessment Survey
HMIS	Health Management Information System
HSCT	Harmonized Social Cash Transfer Management Information System
ICDS	Inter-Censal Demographic Survey
IMERP	Integrated Monitoring, Evaluation and Research Plan
IMMIS	In-patient Morbidity and Mortality Information System
MDAs	Ministries, Departments and Agencies of Government
MICS	Multiple Indicator Cluster Survey
MIMS	Multiple Indicator Monitoring Survey
MOHCC	Ministry of Health and Child Care
MOLSW	Ministry of Labour and Social Welfare
MOPSE	Ministry of Primary and Secondary Education
NAC	National AIDS Council
NCU	National Coordination Unit
NNS	National Nutrition Survey
NNS	National Nutrition Survey
NRTM	Near-Real-Time Monitoring System
NSDS	National Strategy for Development of Statistics
NSO	National Statistics Office
NSS	National Statistics System
PICES	Poverty Income Consumption and Expenditure Survey
RWIMS	Rural WASH Information Management System
SDGs	Sustainable Development Goals
SHaSA	Strategy for the Harmonisation of Statistics in Africa
SIG	School Improvement Grant database
STWP	Small Town WASH Programme Survey

TDIS	Teacher Development information System
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VMAHS	Vital Medicines and Health Services Survey
WASH	Water, Sanitation and Hygiene
ZDHS	Zimbabwe Demographic and Health Survey
ZELA	Zimbabwe Early Learning Assessment
ZimAsset	Zimbabwe Agenda for Sustainable Socio-Economic Transformation
ZIMPHIA	Zimbabwe Population-Based HIV impact assessment survey
ZimStat	Zimbabwe National Statistics Agency
ZUNDAF	Zimbabwe UN Development Assistance Framework

5.2 Appendix 2: Interviewees

Institution	Department	Position	Name
Zimbabwe National Statistics Agency (ZimStat)	Agriculture and Environmental Statistics Branch	Manager	Mr Kaseke Brian
	Education and Gender Branch	Manager	Mr Tinashe
	Income Analysis	Director of Income Analysis	N Taruvinga
	Industry, Mining and Energy Statistics	Manager	Mr Godfrey Makware
		Statistician	Mrs Charlotte Kumalo
	Population Census Division	Census and Surveys Manager	Mr Langton Chikeya
	Price Statistics department	Manager	
	Social Statistics	Director of Social Statistics	Mrs Mungate
	Tourism, Migration and Cultural Statistics Manager	Manager	
	Transport, Infrastructure and ICT Statistics	Manager	Mr Dominic Tafirenyika
		Manager	Mr Ziswa
Food and Nutrition Council		Director	George Kembo
Ministry of Health and Child Care	AIDS and TB Unit	Director	Dr Mugurungi
	Human Resources	Principal Human Resources Officer	Mrs Manuwere
		Human Resources Assistant	Mrs Harisson
	Performance Monitoring and Evaluation	Director	Dr Rugare Abigail Kangwende
		Electronic Health Record Coordinator	Dr R. Gongora
		HMIS Officer	Rutendo Munharira
	Programme Coordination Unit	M&E Analyst	Dr Pamela N Magande
	Quality Assurance	Director Quality Improvement/ Quality Assurance	Musiwarwo Chirume
Ministry of Labour and Social Welfare	Social Welfare	Director	Tuso Mapala
		Deputy Director	Stanislaus Sanyangowe
		M&E Officer	Ezilde Mutsikiwa
		Child Welfare Officer	Khanyile Sibanda
Ministry of Primary and Secondary Education	Planning, Research and Statistics	Director	Enock Chinyowa
Ministry of Water and Environment	WASH National Coordination Unit	Urban WASH Officer	Mr Tau Maja
	M&E	Director	Amon Mpofu

Institution	Department	Position	Name
National AIDS Council		Data Modelling and M&E Coordinator	Isaac Taramusi
		DREAMS' Coordinator	Musimba Nyamucheta
IrishAid			Dumisile Msimanga
World Bank	Poverty and Equity Analysis Global Practice	Senior Economist,	Rob Swinkels
UNICEF	Education	Chief	Niki Abrishamian
		Education Specialist	Simplisio Rwezuva
	HIV/AIDS	Chief	Chiara Pierotti
		M&E Officer	Frank Chikhata
	Nutrition	Manager	Ismael Teta
		Information Manager	Anna
	Planning, M&E	Chief	Vikas Singh
		M&E Specialist	Getrude Matsika
	WASH	Chief	Aidan Cronin
		Planning and Monitoring Specialist	Moreblessing Munyaka
	Social Policy and Research	Chief	Tawanda Chinembiri
	Communications	Chief	Denise Shepherd-Johnson
		Communications Officer	Shepherd Mutsiwegota
UN Resident Coordinator		Head of Office	Ms Kanako Mabuchi

5.3 Appendix 3: Surveys conducted[70]

Latest	Name	Location disaggregation	Owner
2009	Multiple Indicator Monitoring Survey	District	ZimStat
2010	Business Tendency Survey	Province	ZimStat
2010	ICT business surveys	Province	ZimStat
2011	Child Labour Survey (Part of Labour Force Surveys)	Province	ZimStat
2011	Baseline Survey on Life Experiences of Adolescents	Province	ZimStat
2011	Survey on violence against children	Province	ZimStat
2012	Census post enumeration survey	Province	ZimStat
2013	Survey of Services	None	ZimStat
2013	Zimbabwe Central Business Register Inquiry 2013	Province	ZimStat
2014	Financial Inclusion and Exclusion Survey	Province	ZimStat
2014	ICT household surveys	Province	ZimStat
2014	Labour Force Surveys	Province	ZimStat
2014	Migration Survey (Part of Labour Force Surveys)	Province	ZimStat
2014	Multiple Indicator Cluster Survey	Province	ZimStat
2014	Social Amenities Survey	Province	ZimStat
2015	Agricultural and livestock surveys	Province	ZimStat
2015	Foreign Private Capital Survey Report	None	ZimStat
2015	Health facility assessment	Province	MOHCC
2015	Small Town WASH programme baseline survey	District	ZimStat
2015	Trade in Services Survey	None	ZimStat
2015	Volume of manufacturing surveys	Province	ZimStat
2015	Zimbabwe Demographic and Health Survey	Province	ZimStat
2016	Rural WASH survey	Province	ZimStat
2016	Visitor Exit Survey	Province	ZimStat
2016	Waste and water statistics survey	Province	ZimStat
2016	Zimbabwe Population-Based HIV impact assessment survey	Province	MOHCC
2017	Census on ICT access and use by Education institutions and health facilities	Province	ZimStat
2017	Harmonised social cash transfers impact evaluation	District	ZimStat
2017	Infrastructure Statistics	Province	ZimStat
2017	Inter-Censal Demographic Survey	Province	ZimStat
2017	Poverty Income Consumption and Expenditure Survey	Province	ZimStat
2017	Rent and Domestic workers surveys	Province	ZimStat
2017	School fees surveys	Province	ZimStat
2018	Consumer surveys	Province	ZimStat
2018	Domestic and Outbound Tourism Survey	Province	ZimStat
2018	National Nutrition Survey	District	FNC
2018	Urban livelihoods assessment survey	Province	FNC
	Vital Medicines and Health Services Survey		MOHCC

FNC: Food and Nutrition Council; MOHCC: Ministry of Health and Child Care

[70] Diagnostic Review of Data Sources. http://bit.ly/DI-UNICEF-ZW-3

5.4 Appendix 4: Monitoring of UNICEF child-related SDG indicators

Monitoring of UNICEF-designated child-related SDG Indicators		
SDG indicator	**Monitored by**	**Indicator description**
1.1.1	ZUNDAF	Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)
1.2.1	ZUNDAF	Proportion of population living below the national poverty line, by sex and age
1.2.2	ZUNDAF	Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
1.3.1		Proportion of population covered by social protection floors/ systems, by sex, and distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, new-borns, work injury victims, and the poor and the vulnerable
1.4.1		Proportion of population living in households with access to basic services
2.2.1	ZUNDAF	Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age
2.2.2		Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and 2.2.2a overweight)
3.1.1		Maternal mortality ratio
3.1.2	UNICEF – Health	Proportion of births attended by skilled health personnel
3.2.1		Under-5 mortality rate
3.2.2		Neonatal mortality rate
3.3.1	ZUNDAF	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
3.3.2		Tuberculosis incidence per 1,000 population
3.3.3		Malaria incidence per 1,000 population
3.4.2		Suicide mortality rate
3.6.1		Death rate due to road traffic injuries
3.7.1	ZUNDAF	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
3.7.2	ZUNDAF	Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group
3.8.1	ZUNDAF	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, new born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)
3.9.1		Mortality rate attributed to household and ambient air pollution
3.9.2		Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe WASH services)
4.1.1	UNICEF – Education	Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex
4.2.1		Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex

Monitoring of UNICEF-designated child-related SDG Indicators		
SDG indicator	**Monitored by**	**Indicator description**
4.2.2	ZUNDAF	Participation rate in organised learning (one year before the official primary entry age), by sex
4.5.1		Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected as data become available)
4.6.1		Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex
4.a.1	UNICEF – WASH	Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking-water; (f) single-sex basic sanitation facilities; and (g) basic hand-washing facilities (as per the WASH indicator definitions)
5.2.1	UNICEF – Child Protection	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months, by form of violence and by age
5.2.2	UNICEF – Child Protection	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the previous 12 months, by age and place of occurrence
5.3.1		Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
5.3.2		Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age
5.4.1		Proportion of time spent on unpaid domestic and care work, by sex, age and location
5.6.1	ZUNDAF	Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
6.1.1	UNICEF – WASH	Proportion of population using safely managed drinking-water services
6.2.1	UNICEF – WASH	Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water
7.1.2		Proportion of population with primary reliance on clean fuels and technology
8.7.1		Proportion and number of children aged 5–17 years engaged in child labour, by sex and age
8.b.1	ZUNDAF	Total government spending in social protection and employment programmes as a proportion of the national budgets and GDP
10.1.1		Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population
11.1.1		Proportion of urban population living in slums, informal settlements or inadequate housing
12.8.1		Extent to which (i) global citizenship education and (ii) education for sustainable development (including climate change education) are mainstreamed in (a) national education policies, (b) curricula, (c) teacher education and (d) student assessment
13.1.1		Number of countries with national and local disaster risk reduction strategies
13.1.2		Number of deaths, missing and persons affected by disaster per 100,000 people
16.1.1		Number of victims of intentional homicide per 100,000 population, by sex and age
16.1.2		Conflict-related deaths per 100,000 population, by sex, age and cause

Monitoring of UNICEF-designated child-related SDG Indicators		
SDG indicator	**Monitored by**	**Indicator description**
16.2.1		Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
16.2.3	UNICEF – Child Protection	Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18
16.9.1	UNICEF – Child Protection	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age
17.18.1		Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics
17.19.2		Proportion of countries that (a) have conducted at least one Population and Housing Census in the past 10 years, and (b) have achieved 100 per cent birth registration and 80% death registration

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Contact
Bill Anderson
bill.anderson@devinit.org

To find out more about our work visit:
www.devinit.org
Twitter: @devinitorg
Email: info@devinit.org

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UK OFFICE
Development Initiatives
North Quay House
Quay Side, Temple Back
Bristol, BS1 6FL, UK
+44 (0) 1179 272 505

KENYA OFFICE
Development Initiatives
Shelter Afrique Building
4th Floor, Mamlaka Road
Nairobi, Kenya
PO Box 102802-00101
+254 (0) 20 272 5346

DEVELOPMENT RESEARCH AND TRAINING (DRT)
Ggaba Road, Mutesasira Zone, Kansanga
PO Box 22459
Kampala, Uganda
+256 (0) 312 – 263629/30
+256 (0) 414 – 269495
www.drt-ug.org

US OFFICE
Development Initiatives
1110 Vermont Ave NW,
Suite 500, Washington DC
20005, US