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United Nations Population Fund

Country programme document for Zimbabwe

Proposed indicative UNFPA assistance:	$30 million: $9.4 million from regular resources and $20.6 million through co-financing modalities or other resources
Programme period:	Five years (2027-2031)
Cycle of assistance:	Ninth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2027-2031

Note: The present document was processed in its entirety by UNFPA

I. Programme rationale

1. Zimbabwe faces a pivotal demographic window, with its population projected to grow from 16.2 million in 2026 to 21.2 million by 2042, at an annual growth rate of 1.5 per cent. Harnessing this demographic transition for inclusive growth will require navigating ongoing economic and climate pressures. Women of reproductive age account for nearly half the female population. While the total fertility rate declined from 4.3 in 1994 to 3.9 in 2023/2024, significant disparities persist between rural (4.6) and urban (3.1) areas.

2. With 66 per cent of the population under the age of 30, Zimbabwe has significant potential to harness a demographic dividend aligned with Vision 2030 and its National Development Strategy II. Yet this opportunity is constrained by economic volatility, climate shocks and persistent inequalities, particularly in rural areas, where over 61 per cent of the population resides.

3. In 2023, Zimbabwe ranked 0.598 on the human development index, placing it in the medium human development category, reflecting continued gaps in health, education and living standards. While mining, agriculture and tourism remain key economic drivers, growth is volatile and highly vulnerable to climate shocks, commodity price fluctuations and low investor confidence. Fiscal space is constrained by high debt, inflation and currency instability, limiting investment in social services. Poverty and labour challenges persist, with 42 per cent of the population living in extreme poverty (2022) and higher unemployment among women, 19.3 per cent compared 11.8 per cent for men. These constraints are worsened by a large informal economy, limited access to credit and assets, and urban–rural disparities, underscoring the need for inclusive growth, job creation and investment in human capital and resilience.

4. Zimbabwe has made commendable progress in sexual and reproductive health and rights, successfully transitioning to UNFPA tier 2 status. The country has met the global target for family planning, with 87 per cent of demand satisfied through modern methods. The contraceptive prevalence rate among married women has risen to 70 per cent, with unmet need at 9 per cent. Consequently, the maternal mortality ratio has significantly declined by 67 per cent in the last decade, from 651 per 100,000 live births in 2015 to 212 in 2023/24.[1] Complementary evidence shows persistent geographic disparities, with the maternal mortality ratio higher in rural areas (402) than in urban areas (298).[2] Critically, approximately 37.4 per cent of all maternal deaths occur among young women under the age of 24.[3] While skilled birth attendance has reached 85 per cent, the quality of emergency obstetric and newborn care remains a critical bottleneck, undermined by high attrition among skilled health workers, inadequate infrastructure and recurrent stock-outs of life-saving commodities.[4]

5. The youth bulge intersects with a stalled transition in adolescent sexual and reproductive health and rights. While national family planning targets have been met with a modern contraceptive prevalence rate of 69 per cent, unmet need remains disproportionately high among married young women (15-19 years) at 14.6 per cent, with Bulawayo province at 13 per cent. Child marriage is at 33.2 per cent among women 20 to 49 years old who were married by the age of 18. The adolescent birth rate remains elevated, with 23.2 per cent of girls 10 to 19 years old having been pregnant, intertwining with a rising incidence of HIV among adolescent girls and young women.[5]

6. Access to sexual and reproductive health and rights information and services for youth is further complicated by the 2024 Criminal Laws Amendment and the Public Health Act, which set the age of consent to sex and marriage at 18.[6] Youth drug and substance abuse is a growing concern, identified as a weak signal in foresight analysis, posing a major disruptor that heightens risky sexual behaviours and sexual and reproductive health and rights vulnerabilities, further exacerbating challenges for adolescents. Zimbabwe achieved the 95-95-95 targets, with adult HIV prevalence (15 to 49 years old) declining from 12.69 per cent in 2019 to 9.8 per cent in 2024. However, prevalence remains higher in females (14.4 per cent) than males (8.7 per cent) and prevalence among young women (4.7 per cent) is nearly double that of young men (2.6 per cent).

[1] Zimbabwe Demographic and Health Survey, 2023–2024, Harare, Zimbabwe National Statistics Agency and ICF International, June 2025.
[2] Zimbabwe Population Projections Report, 2022–2042, Harare, Zimbabwe National Statistics Agency, June 2024.
[3] Brief on Zimbabwe Maternal Mortality using the 2022 Population and Housing Census Data, Zimbabwe National Statistics Agency, 2024.
[4] Health Sector Performance Report, Ministry of Health and Child Care, 2021–2025.
[5] Zimbabwe Demographic and Health Survey, 2023–2024, Harare, Zimbabwe National Statistics Agency and ICF International, June 2025.
[6] Adolescents parental consent required to access vital sexual and reproductive health and rights services.

Historically, HIV drove high maternal mortality, but the integration of antiretroviral therapy has successfully reduced HIV-related maternal deaths by 91 per cent. Nevertheless, high HIV prevalence stigma continues to restrict young women's reproductive autonomy and decision-making, while reliance on declining donor funding is leading to shortages of essential sexual and reproductive health and HIV commodities. Despite government commitments to the International Conference on Population and Development (ICPD) agenda, a persistent gap remains between policy pledges and actual budget allocations, with national health spending consistently fluctuating between 7 and 13 per cent, well below the 15 per cent Abuja Declaration target. The political economy of financing for sexual and reproductive health and rights remains precariously dependent on external aid, a vulnerability starkly exposed by the recent United States funding freeze, which serves as a profound contextual shock to health and HIV programming

7. Gender inequality and gender-based violence remain deeply entrenched structural barriers to women's empowerment and well-being. An estimated 30 per cent of women 15 to 49 years old have experienced physical or sexual violence at some point in their lifetime. The highest prevalence is among women 25 to 29 years old at 37 percent.[7] Gender inequality, harmful norms, poverty and climate shocks continue to fuel vulnerabilities, limiting women and girls' autonomy and access to justice. Drought significantly increases the distance women and girls travel to fetch water (averaging 4 kilometres in rural areas), which directly leads to a 5.16 per cent increase in violence risks at water collection points during severe droughts. Each unit increase in drought exposure is associated with a 46 and 74 per cent increase in non-partner sexual violence and non-partner emotional violence, respectively.

8. Inadequate funding, weak legal frameworks and limited interoperability within the national statistical system hinder leaving-no-one-behind planning and disaggregated data availability. While the 2022 census and the 2023–2024 Zimbabwe Demographic and Health Survey established critical baselines, resource gaps limit in-depth analysis. Evidence for the new programme will be supplemented by the 2025–2026 Multi-Cluster Indicator Survey. These systemic challenges restrict the timely, rights-based data needed for effective national development programming.

9. Zimbabwe is highly climate-vulnerable, ranking 171 on the Notre Dame Global Adaptation Index. El Niño-induced droughts and cyclones increase gender-based violence risks and disrupt essential reproductive health services. Despite regulatory progress, weak institutional capacity and limited finance access hamper responses. These structural risks disproportionately burden women, persons with disabilities and rural communities, who possess the least adaptive capacity to withstand systemic shocks

10. The ninth country programme builds on significant achievements, notably a $4.7 million matched funding arrangement for contraceptives and an 85 per cent skilled birth attendance rate. Through the electronic logistics management information system (eLMIS) rollout across 1,400 facilities, 99 per cent avoided stockouts, while 95 per cent of clinics provided essential emergency obstetric care. The programme exceeded targets for obstetric fistula repairs (104 per cent) and youth empowerment, reaching 6.5 million young people (153 per cent). Legislative progress included the abolition of child marriage and the launch of the national gender policy. Gender-based violence services supported 188,583 survivors (108 per cent of target) and reached 2 million people via equality campaigns. Finally, data systems were bolstered by the 2022 Census and Zimbabwe Demographic and Health Survey, increasing Sustainable Development Goal (SDG) indicator availability from 65 to 85.5 per cent.

11. Lessons learned from the eighth country programme evaluation emphasize that strong multisectoral partnerships and coordination with government, United Nations organizations and civil society are decisive for sustainability in volatile environments. Effectiveness was driven by geographic targeting, data utilization and scaling community models such as the "Not in My Village" campaign. Strategic advocacy remains essential to mobilizing domestic and innovative financing for reproductive health and population data systems. The evaluation also highlights that survivor-centred, integrated programming—backed by robust monitoring and evaluation—improves resilience and quality. Finally, adaptive management and delivering-as-one approaches are critical for translating digital innovations and behavioural interventions into long-term development impact.

12. However, the country programme evaluation highlighted critical vulnerabilities: (a) a heavy reliance on external donor funding (accounting for 80 per cent of HIV and 54 per cent of climate action funds), jeopardizing sustainability amid a shrinking global donor footprint; (b) persistent delays in fund disbursements and the limited absorptive capacity of implementing partners hindering timely delivery; (c) siloed programming across

[7] Zimbabwe Demographic and Health Survey, 2023–2024.

the sexual and reproductive health and rights and youth sectors diluting impact; and (d) while demographic data generation is strong, the institutional framework for the Zimbabwe National Statistics Agency to integrate administrative data needs strengthening.

13. Furthermore, the evaluation identified persistent structural and operational challenges, including health service delivery undermined by high staff attrition, equipment shortages and rising operating costs, affecting service quality and continuity. Limitations of access to health services for adolescents and youth linked to the increase in the legal age of consent to 18 and insufficient linkages to economic empowerment and livelihood opportunities. Gender-based violence interventions were particularly affected, resulting in the temporary closure of one-stop centres and exposed vulnerabilities in service sustainability. These lessons point to the need for the ninth country programme to prioritize systems strengthening, domestic financing, legal and policy reform, and equity-focused data and accountability mechanisms to safeguard and deepen achieved gains.

14. The United Nations common country analysis confirms this rationale by highlighting that while Zimbabwe has achieved notable gains in maternal and child health and HIV reduction, these improvements remain fragile due to structural constraints, economic volatility and recurrent climate shocks. The analysis identifies severe interconnected challenges, including deep-seated gender inequalities, a growing youth bulge facing high rates of adolescent pregnancies, and systemic barriers that disproportionately affect women, girls and persons with disabilities. To address these risks and accelerate progress toward national goals such as Vision 2030 and the National Development Strategy II, the analysis stresses the urgent need for inclusive, transformative action focused on strengthening foundational health and education systems, empowering women and youth, and utilizing data-driven approaches.

II. Programme priorities and partnerships

15. Aligned with national development priorities, the programme supports the country's Vision 2030, which aims to transform Zimbabwe into a prosperous, inclusive and sustainable middle-income economy through implementation of National Development Strategy II, 2026–2030. Anchored in the United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes (2027–2031) and aligned with the UNFPA Strategic Plan, 2026–2029, its three transformative results and four strategic plan outcomes, the programme advances key SDGs, particularly 1, 3, 5, 10, 13, 16 and 17, and reinforces voluntary national commitments under ICPD 25 and renewed commitments of ICPD30—specifically focusing on the national commitments to reduce maternal mortality, expand youth-friendly sexual and reproductive health and rights services, and eradicate gender-based violence and child marriage. The programme directly contributes to the UNSDCF pillars on: (a) human capital development and social protection; (b) inclusive governance, human rights, rule of law and social cohesion; and (c) gender equality, women's empowerment and social inclusion.

16. Capitalizing on a transformative vision, the ninth country programme seeks to accelerate equitable access and progress in sexual and reproductive health and rights for young people, women, vulnerable and marginalized groups including in humanitarian settings. To achieve its vision, the country programme commits to a measurable end-state by 2030: accelerating the reduction of maternal mortality to below 70, decreasing the unmet need for family planning among adolescent girls to 10 to 12 per cent, and reducing the prevalence of gender-based violence to 22 per cent. This will be realized through an interdependent strategy where robust demographic intelligence and climate-risk forecasting (output 4) identify populations left furthest behind and directly inform the targeted deployment of resilient, high-quality health systems (output 1). These strengthened systems deliver the integrated sexual and reproductive health and rights and gender-based violence services necessary to build adolescent agency and empower youth to make informed choices (output 2), sustained by community-led interventions that dismantle harmful social and gender norms (output 3). To elevate this ambition, the programme actively resolves critical structural barriers. It tackles climate vulnerability by bridging anticipatory climate data (output 4) with climate-resilient health service delivery, such as solar-WASH and the minimum initial service package (output 1), alongside economic empowerment initiatives to build resilience for climate-affected women (output 3). Concurrently, it programmatically addresses the restrictive legal age of consent by embedding targeted policy dialogue, legal literacy and advocacy within health and youth interventions (outputs 1 and 2) to reform parental consent laws and ensure unhindered sexual and reproductive health and rights access for all adolescents.

17. Central to this vision is a deliberate prioritization of adolescent girls, especially those facing the compounded "triple threat" of HIV infection, teenage pregnancy and gender-based violence, alongside persons

with disabilities, who remain underserved due to persistent barriers to inclusive services and the absence of disaggregated, rights-based data. By concentrating investments on those furthest behind and on high-burden geographies, the programme aims to convert demographic potential into tangible human capital gains while reducing entrenched inequalities. The ninth country programme will prioritize a geographic and equity focus in the four highest-burden provinces: Manicaland, Mashonaland West, Masvingo and Midlands.

18. The programme will strengthen policy advocacy and partnerships to expand domestic financing, leverage public–private partnerships, reinforce state stewardship, and enhance system and institutional resilience. This includes broadening non-state actor partnerships (civil society organizations, academia) and intensifying domestic resource mobilization, including cost recovery and equity-based mechanisms such as the Community Health Equity Fund for primary care.

19. The ninth country programme transitions to a sustainable financing model focused on high-impact investments and government co-investment. Central to this is a matched-funding framework to increase domestic public financing for reproductive health commodities. UNFPA will leverage innovative instruments, including a contraceptive cost recovery framework and the Community Health Equity Fund, a public-private partnership promoting financial inclusion and community-led governance within the informal sector.

20. The niche of UNFPA in Zimbabwe within the United Nations country team lies in its trusted convening power and strategic influence at both policy and community levels. With a strong track record and deep government trust, the office plays a pivotal upstream role in shaping national priorities, including the National Development Strategy II and the National Youth Empowerment Strategy. It anchors coordination and thought leadership across critical platforms, including co-chairing data and gender-based violence mechanisms, and leading key United Nations structures such as the Programme Management Team, United Nations Data Group, and Youth Thematic Working Group, while also chairing the inter-agency protection from sexual exploitation and abuse platform. This is complemented by strong joint programming across the United Nations system and innovative, community-rooted approaches, positioning UNFPA as a central actor linking policy, partnerships and people-level impact.

21. The ninth country programme adopts five strategic shifts to ensure long-term sustainability and national ownership. It transitions from direct commodity provision to building a sustainable national health financing architecture and moves beyond service delivery to advocate for rights-based legal and policy reforms. To modernize evidence-based action, the programme shifts from periodic surveys to real-time demographic intelligence. Furthermore, it evolves from donor-dependent gender-based violence interventions toward nationally budgeted prevention systems. Finally, the model pivots from UNFPA-led programming to a locally led, youth-accountable delivery framework that leverages the agency of civil society and youth-led organizations.

A. Output 1. By 2031, strengthened national health systems deliver high-quality, integrated sexual and reproductive health and rights, gender-based violence and HIV services, including emergency obstetric care for women, adolescents and marginalized groups across development and humanitarian settings

22. This output prioritizes health system resilience to deliver integrated sexual and reproductive health and rights, HIV and gender-based-violence services. It will scale access to high-impact interventions—including emergency obstetric and newborn care, skilled birth attendance and HIV prevention—ensuring services are inclusive of persons with disabilities. Building on a robust family planning foundation, the focus will be on integrating linkages between contraception, the reduction of teenage pregnancy, and prevention of mother-to-child transmission.

23. The key strategies aim to: (a) increase domestic resource mobilization and innovative financing to include wider sexual and reproductive health and rights priorities beyond family planning (maternal health, gender-based violence prevention, and adolescent health), including, for example, cost-recovery and community health equity-based financing mechanisms; (b) improve quality of care by strengthening facility readiness to deliver integrated sexual and reproductive health and rights services, including fistula care, prevention of mother-to-child transmission, HIV/sexually transmitted infections and cervical cancer services, supported by essential commodities, referral systems, maternal perinatal death surveillance and response, expanded midwifery models, and minimal initial services package in emergencies; (c) use innovative solutions (e-learning, virtual reality and artificial intelligence for midwifery, e-motive bundle) interventions for

prevention and treatment of postpartum haemorrhage and tele-medicine to strengthen midwifery capacity; (d) scale up integrated sexual and reproductive health and rights, gender-based violence and HIV service delivery through innovative approaches, such as self-care models, including youth friendly services; (e) enhance and sustain demand for and utilize sexual and reproductive health and rights services to reduce teenage pregnancy, unmet need for family planning and HIV transmission; (f) increase access and availability of quality family planning information and services, including use of long-acting and reversible contraceptives, to increase women's autonomy and decision-making on sexual and reproductive health and rights; (g) quantification, procurement, distribution, storage and last mile assurance, including eLMIS to strengthen end to end supply chain systems.

B. Output 2. By 2031, adolescents and young people, especially girls and young women, increase their agency to access and utilize sexual and reproductive health and rights and gender-based violence services and information to enhance their socioeconomic status

24. This output will contribute to human capital development and broader national development by strengthening young people's empowerment and agency through knowledge acquisition and decision-making skills, fostering their participation and leadership and maximizing their integrated sexual and reproductive health and rights, HIV and gender-based violence service utilization.

25. The high impact pathways will aim to: (a) advance advocacy and implementation of inclusive policies, legislation and accountability mechanisms to protect young people's rights, including menstrual health; (b) enhance multisectoral collaboration and systems capacity to prevent and respond to adolescent pregnancies and HIV infections, alcohol, drug and substance abuse, promoting holistic mental wellness; (c) scale up delivery of integrated comprehensive sexuality education and social behaviour change communication, using integrated and innovative modalities and leveraging information and communication technology and new media to build youth agency and resilience; (d) expand empowerment interventions, such as safe spaces, mentorship, sexual and reproductive health and rights self-care, and integration of sexual and reproductive health and rights into economic empowerment initiatives and livelihood programmes, including vocational skills training and financial literacy, to foster financial independence and reduce youth vulnerability to transactional sex and gender-based violence; (e) enhance access to quality integrated comprehensive sexuality education, sexual and reproductive health and rights, gender-based violence and HIV information and services; (f) scale up community-led initiatives engaging religious and traditional leaders, including campaigns such as 'Not in My Village', to prevent and end teenage pregnancy and advance adolescent sexual and reproductive health and rights; (g) strengthen youth-led accountability through organizations, networks, innovation hubs and participation mechanisms; (h) revitalize the UNFPA leadership role in HIV prevention, including comprehensive condom programming to advance universal access to sexual and reproductive health and rights; (i) develop and strengthen strategic partnerships with government, the private sector, including telecommunications and fintech companies for digital innovations, the United Nations and academia (such as the University of Zimbabwe) to drive innovation, operational research and address sexual and reproductive health and rights, gender-based violence and HIV issues affecting young people.

C. Output 3. By 2031, institutions and communities have strengthened capacities to implement multisectoral, rights-based policies and interventions that transform harmful social and gender norms and eliminate gender-based violence and harmful practices

26. This output addresses the harmful gender and social norms, through a 'whole of system' approach and application of human rights-based approaches. It prioritizes strengthening partnerships with traditional leaders, parliamentarians and disability-led organizations. Key interventions include standardizing gender-based violence prevention via the essential service package and addressing emerging threats such as technology-facilitated gender-based violence. By ensuring inclusive service delivery across the humanitarian-development-peace continuum, the programme fosters systemic resilience and high-quality response for all survivors.

27. The high impact strategic interventions include: (a) strengthening the multisectoral legal and policy framework, including the review of the Domestic Violence Act (2007); (b) addressing harmful social and

gender norms by conducting a national social norms survey and promoting its effective utilization for programming; (c) increasing availability and accessibility of sustainable, inclusive, quality gender-based violence response services, including mental health and psychosocial support, through enhanced capacity of front line workers using innovative approaches, ensuring all one stop centres and safe spaces are physically accessible and adapted with inclusive communication materials for persons with disabilities; (d) building resilience and preventing gender-based violence and child marriage through economic empowerment initiatives in partnership with community-based actors and national institutions to foster sustainable development and empower vulnerable populations; (e) improving capacity and enhanced resilience of key stakeholders for addressing gender-based violence in emergencies across the humanitarian-development-peace continuum; (f) scaling up the gender-based violence information management system to enhance its data management, analysis and use to inform policies and programmes; and (g) scaling up partnership and coordination with the Government, parliamentarians, United Nations organizations and other key stakeholders for joint programming, and enhancing domestic financing and improved coordination; and (h) strengthening national capacities to prevent and respond to technology-facilitated gender-based violence and harmful practices, through survivor-centred systems and evidence-based social norm change.

D. Output 4. By 2031, the national statistical system is strengthened to generate, analyse and use high-quality, disaggregated population data, leveraging demographic intelligence, foresight analysis and modern technologies to inform inclusive, rights-based policy decision-making and development programming

28. This output strengthens national data systems through digital innovation, demographic intelligence and strategic foresight. Moving beyond mere collection, UNFPA will use demographic dividend analysis to inform policy and the leave-no-one-behind agenda. By ensuring timely, disaggregated and geo-referenced data, including disability-specific metrics, the programme improves planning and evidence-based advocacy. This approach addresses governance challenges, inequalities and social instability risks by closing service gaps and meeting youth expectations through more precise, data-driven national and sectoral policies.

29. Key strategic intervention priorities will include: (a) strengthening national statistical systems for demographic intelligence, foresight and early warning by integrating climate-risk, disaster and humanitarian data to enable timely emergency preparedness, anticipatory action and responsive sexual and reproductive health and gender-based violence interventions for vulnerable populations; (b) strengthening the legal, institutional and coordination frameworks for data governance, including the review and operationalization of the Census and Statistical Act, with a specific focus on harmonizing administrative data systems, such as civil registration and vital statistics and the Health Management Information System, to establish real-time monitoring and reduce reliance on periodic surveys; (c) supporting the formulation of rights-based population policies, ensuring that no one and no place is left behind, including the review and implementation of national population policy; (d) expanding strategic partnerships and diversifying resource mobilization initiatives; (e) strengthening national capacity to make use of modern technologies, digital systems and forecasting tools, including big data and real-time analytics to improve the timeliness, granularity and responsiveness of population data; (f) improving dissemination and utilization of data for evidence-based programming and policy formulation, aligned with the ICPD Programme of Action, UN2.0, the 2024 quadrennial comprehensive policy review of operational activities for development of the United Nations system, the Pact for the Future, and national development frameworks; and (g) supporting the strengthening of the routine Health Management Information Systems to improve the availability, quality and timeliness of service delivery and population health data.

III. Programme and risk management

30. Under the coordination of the Ministry of Finance, Economic Development and Investment Promotion, the programme uses the delivering-as-one framework to promote national ownership and joint accountability across sectors. Strategic, competitively selected partnerships will drive transformation in health, youth and gender. UNFPA will apply the harmonized approach to cash transfers, leveraging risk assessments and inter-agency collaboration for efficiency, and use joint United Nations mechanisms and trust funds to operationalize

the humanitarian-development-peace continuum. Following a satisfactory audit, all recommendations will be implemented to strengthen governance, compliance and risk management.

31. A strategic partnerships and resource mobilization plan will guide efforts to expand the resource base, strengthen partnerships and enhance visibility. It will diversify funding by engaging with non-traditional partners, joint United Nations programming, public–private partnerships, and bilateral and multilateral actors, while advocating for broader domestic financing of sexual and reproductive health and rights, including maternal health, gender-based violence prevention and adolescent health.

32. The programme will utilize the framework of South-South and triangular cooperation to mobilize resources, technical expertise, knowledge and skills from Global South countries. This collaboration will enhance national capacity and knowledge sharing for mutual benefit.

33. UNFPA will leverage critical expertise from multiple sources, including staff in regional and headquarters offices, the United Nations country team, development partners and regional technical institutions (including academia), as well as through surge deployment in case of emergencies. A human resources plan will be developed to guide country office staffing, specifically prioritizing the recruitment and retention of technical expertise in innovative financing, digital health transformation and climate adaptation to successfully execute the programme's strategic shifts.

34. The country programme's development process identified significant political, economic, social and environmental risks that could negatively impact the programme's implementation and the achievement of its expected results. These potential risks include: (a) macroeconomic instability and strained international relations impacting access to international credit and debt relief; (b) dependence on external funding; (c) the evolving regulatory landscape, including the 2025 Private Voluntary Organisation Amendment Act, presents a unique opportunity for UNFPA to refine its operational strategies. (To mitigate this, the programme will systematically adapt its implementation mechanisms and strengthen localization strategies to ensure the resilient and uninterrupted delivery of sexual and reproductive health and rights and gender-based violence services to vulnerable populations. By proactively diversifying delivery models and deepening partnerships with academic institutions and the private sector, UNFPA will ensure the steadfast continuity of essential services while adapting effectively to new administrative requirements); (d) increased frequency and intensity of climate shocks (droughts, floods) and rising temperatures, exacerbating health risks and food insecurity; (e) the growing crisis among young people linked to mental health issues and adolescent pregnancies, which could undermine human capital development.

35. UNFPA will regularly assess operational, security, economic, sociopolitical and fraud risks, using audit findings to strengthen enterprise risk management. In collaboration with the United Nations country team, it will update contingency plans and enhance emergency preparedness for timely humanitarian response. Where needed, UNFPA will reprogramme funds to respond to emergencies. To mitigate the 2025 Private Voluntary Organization Act risks, it will build non-governmental organization compliance capacity and diversify partners to include academia and the private sector.

36. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

IV. Monitoring and evaluation

37. UNFPA will implement a robust results-based management approach to guide programme monitoring and evaluation. This will be anchored in a monitoring and evaluation plan, informed by the programme’s theory of change and the recommendations from the eighth country programme evaluation. To enhance coherence and data quality, UNFPA will leverage existing monitoring frameworks from key partners’ national data sources, including the census, the Demographic and Health Survey, the Multiple Indicator Cluster Survey, the Health Management Information System, and the Education Management Information System, which will be utilized to inform programme performance and results. Annual review and planning meetings and joint field monitoring visits will be convened with partners to assess progress and recalibrate strategies as needed. A midterm review of the programme will be undertaken to ensure continued relevance and effectiveness. Additionally, a quality

assurance system will be developed and embedded within the monitoring and evaluation plan to uphold standards and accountability. To foster a culture of results-based management among implementing partners, UNFPA will provide targeted capacity-building support on monitoring and evaluation practices, ensuring institutional learning.

38. Through an inclusive and consultative process, UNFPA will closely collaborate with national stakeholders, including the Government, development partners and the United Nations country team to ensure alignment and ownership. The results framework will be aligned with monitoring and evaluation frameworks of the UNSDCF, the SDGs and the National Development Strategy II.

39. UNFPA will monitor the full implementation of the comprehensive costed evaluation plan in line with its global evaluation guidelines. To maximize efficiency and coherence, the evaluation plan will be integrated, wherever feasible, with the UNSDCF and other national evaluations scheduled during the same period.

40. The costed evaluation plan is designed to strengthen evaluation capacities at both internal and national levels by enhancing individual competencies, institutional systems and the broader enabling environment. Internally, UNFPA will participate in cross-regional workshops and regional initiatives that promote learning, knowledge exchange and networking. Nationally, the plan will support mentorship for evaluators, particularly young and emerging professionals, while fostering collaboration through joint initiatives with stakeholders to advance the professionalization of evaluation. It will also contribute to the development of national/sectoral evaluation policies, the establishment of evaluation functions within government institutions, and participation in regional and global evaluation events to reinforce a culture of evidence-based decision-making.

41. UNFPA will play a strategic role in supporting national efforts to monitor the SDGs and in facilitating national dialogues on SDG progress, and it will provide technical support to voluntary national reviews and engage in the Universal Periodic Review process.

RESULTS AND RESOURCES FRAMEWORK FOR ZIMBABWE (2027-2031)

NATIONAL PRIORITY: National Development Strategy II. Pillar 7. Social Development, Gender and Social Protection.				
UNSDCF OUTCOME: All people, especially those at risk of being left behind, benefit from strengthened, integrated health, nutrition, education and social protection systems that deliver equitable, quality, inclusive, skills-enhancing and shock-responsive services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2029, the reduction in the unmet need for family planning has accelerated; 2. By 2029, the reduction of preventable maternal deaths has accelerated.				
UNSDCF outcome indicator(s), baselines, target(s)	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNFPA Strategic Plan outcome indicator(s): ● Percentage of women of reproductive age (15-49) whose need for family planning is satisfied with modern methods of contraceptives Baseline (2024): 85%; Target (2031): 88% ● Percentage of births attended by skilled health personnel Baseline (2024): 86%; Target: 90% (2031)	Output 1. By 2031, strengthened national health systems will deliver high-quality, integrated sexual and reproductive health and rights, gender-based violence and HIV services, including emergency obstetric care for women, adolescents, and marginalized groups across development and humanitarian settings.	● Proportion of health facilities with no stock-outs of selected tracer contraceptives (control-combined oral contraceptive pill) *Baseline (2025): 96%; Target (2031): 96%* ● Proportion of health facilities offering the full range of basic emergency obstetric and newborn care *Baseline (2025): 5%; Target (2031): 7%* ● Proportion of hospitals (district/general/mission) offering the full range of comprehensive emergency obstetric and newborn care *Baseline (2025): 41%; Target (2031): 50%* ● Proportion of the Government's contribution against the national annual requirement in the procurement of contraceptives using domestic financing *Baseline 20% (2025); Target (2031): 40%*	Ministry of Finance, Economic Development and Investment Promotion, Ministry of Health and Child Care, Zimbabwe National Family Planning Council, civil society organizations, United Nations organizations, funding partners	$10.9 million ($3.3 million from regular resources and $7.6 million from other resources)
NATIONAL PRIORITY: National Development Strategy II. Pillar 7. Social Development, Gender and Social Protection; Pillar 6. Job Creation, Youth Entrepreneurship and Development, Creative Industry, Sport and Culture.				
UNSDCF OUTCOME: All people, especially those at risk of being left behind, benefit from strengthened, integrated health, nutrition, education and social protection systems that deliver equitable, quality, inclusive, skills-enhancing and shock-responsive services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2029, the reduction in the unmet need for family planning has accelerated; 2. By 2029, the reduction of preventable maternal deaths has accelerated; 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated.				
UNFPA Strategic Plan outcome indicator(s): ● Percentage of women 20-24 years old who were married or in a union before: (a) age 15; and (b) age 18 Baselines: (a) 4.4 per cent; (b) 32.4% (2024); Targets: (a) 1%, (b) 28% (2031)	Output 2. By 2031, adolescents and young people, especially girls and young women, increase their agency to access and utilize sexual and reproductive health and gender-based violence services and information to enhance	● Proportion of facilities certified to provide adolescent and youth-friendly services that meet national standards *Baseline (2025): 38% . Target (2031): 48%* ● Proportion of secondary school girls who drop out of school due to pregnancies *Baseline (2025): 15.49 % . Target (2031): 12%* ● Proportion of chiefs that have developed and implemented community by-laws against child marriage in supported provinces *Baseline (2025): 0 % . Target (2031): 50%*	Ministry of Finance, Economic Development and Investment Promotion, Ministry of Health and Child Care, Zimbabwe National Family Planning Council, Ministry of Primary and Secondary Education, Ministry of Youth, National AIDS Council, Population Services Zimbabwe,	$10.million ($2.8 million from regular resources and $7.2 million from other resources)

	their socioeconomic status.		Planning International, Zimbabwe Youth Council, civil society organizations, United Nations organizations, Funding Partners	
NATIONAL PRIORITY: National Development Strategy II. Pillar 7. Social Development, Gender and Social Protection.				
UNSDCF OUTCOME: Women, girls, boys, men and all persons at risk of being left behind are free from all forms of violence, actively and meaningfully engaged in development processes, and enjoy equal rights and opportunities across economic, political and social spheres.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated.				
UNFPA Strategic Plan outcome indicators ● Percentage of women 15-49 years old who have ever had a husband or intimate partner who have experienced emotional, physical or sexual violence by any husband/intimate partner in the last 12 months *Baseline (2024): 25.1%; Target (2031): 22%* ● Percentage of women 15-49 years old participating in decisions regarding women's own health care, major household purchases and visits to family or relatives *Baseline (2024): 75%; Target (2031): 77%*	Output 3. By 2031, institutions and communities have strengthened capacities to implement multisectoral, rights-based policies and interventions that transform harmful social and gender norms and eliminate gender-based violence and harmful practices.	● Number of provinces with a gender-based violence information management system that meets inter-agency data sharing and ethical standards *Baseline (2025) 0; Target (2031) 4* ● Proportion of UNFPA-supported gender-based violence service points meeting at least 80 per cent of the national minimum standards for the essential services package (including social health, psychosocial support and safety/justice) *Baseline (2025): 70 %; Target (2031) 100%* ● Proportion of gender-based violence survivors reached with gender-based violence services in UNFPA-supported facilities who report high satisfaction with the quality of services received disaggregated by sex, age and disability *Baseline (2025) 85 %; Target (2031): 89%* ● Number of national and provincial preparedness, response, climate adaptation and disaster risk reduction plans that integrate sexual and reproductive health and protection measures against gender-based violence risk and harmful practices *Baseline (2025): 0; Target (2031): 5*	Ministry of Women's Affairs, Community, Small and Medium Enterprises Development; Ministry of Health and Child Care, Zimbabwe National Statistics Agency, Parliamentarians, civil society organizations, (international) non-governmental organizations , United Nations organizations, women and youth-led organizations	$5.9 million ($1.9 million from regular resources and $4.0 million from other resources)
NATIONAL PRIORITY: National Development Plan II. Pillar 10. Good Governance, Institution Building, Peace and Security.				
UNSDCF OUTCOME: All people, especially those at risk of being left behind, benefit from effective, accountable, responsive, data-driven and devolved governance institutions, systems and services that uphold human rights standards, promote inclusive participation, adhere to the rule of law and foster social cohesion.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices**.**				

• Proportion of sustainable development indicators produced at the national level, with full disaggregation when relevant to the target, following the Fundamental Principles of Official Statistics *Baseline (2025): 86%; Target (2031): 100%*	Output 4. By 2031, the national statistical system is strengthened to generate, analyse and use high-quality, disaggregated population data, leveraging demographic intelligence, foresight analysis and modern technologies to inform inclusive, rights-based policy decision-making and development programming.	• Availability of 2027 Intercensal Demographic Survey report *Baseline (2025): No; Target: (2028) Yes* • Number of advocacy, knowledge and population analysis products officially published and disseminated *Baseline (2025): 21; Target (2031): 37* • Availability of the revised national population policy that integrates demographic intelligence, climate-resilience and rights-based frameworks *Baseline (2025): No; Target (2031): Yes* • Number of documented national statistical system coordination products developed annually through a functional national statistical system coordination mechanism *Baseline (2025): 1; Target (2031): 12*	Zimbabwe National Statistics Agency, Ministry of Finance, Economic Development and Investment Promotion, Ministry of Health and Child Care, Office of the President and Cabinet, other government ministries, United Nations organizations, funding partners, academia, African Development Bank	$3.2 million ($1.4 million from regular resources and $1.8 million from other resources)