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Population Fund and the United  
Nations Office for Project Services**

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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Zimbabwe**

Proposed indicative UNFPA assistance: \$59.0 million: \$8.8 million from regular resources and \$50.2 million through co-financing modalities or other resources

Programme period: Five years (2022-2026)

Cycle of assistance: Eighth

Category per decision 2017/23: Red

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework, 2022-2026

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	5.5	38.0	43.5
Outcome 3	Gender equality and empowerment of women	0.9	8.1	9
Outcome 4	Population dynamics	0.9	4.1	5
Programme coordination and assistance		1.5		1.5
<b>Total</b>		8.8	50.2	59.0



## I. Programme rationale

1. Zimbabwe's population was estimated at 15.5 million in 2020 and is projected to grow to 19.3 million by 2032. Two-thirds of the population lives in rural areas; 63 per cent is under the age of 24; 52 per cent is female; 48 per cent is of reproductive age; and 9 per cent has at least one type of disability. With its large and youthful population, Zimbabwe could benefit from its demographic dividend, which began around 2004 and is projected to last until 2060. However, the country requires an appropriate socio-economic context and a supportive policy framework for the benefits to be harnessed. The National Development Strategy (2021-2025), acknowledging that young people are a valuable resource for Zimbabwe if they can grow and flourish, focuses on youth issues to ensure the country reaps its demographic dividend, outlining key strategies that include developing an enabling legal and policy framework and increasing the number of youth accessing empowerment opportunities in all sectors of the economy.

2. Zimbabwe's economic growth has seen a mixed performance over the past four decades, with its strongest performance recorded in the first two decades after independence (1980- 1999). Between 2000 and 2008, the economy sustained a cumulative decline of nearly 50 per cent, with a high level of inflation peaking at 231 per cent in July 2008, before recovering again (2009-2012). Zimbabwe's real gross domestic product (GDP) was estimated to have shrunk by 6 per cent in 2019 and to further contract by 4 per cent in 2020 due to GDP the continued impact of climate shocks, including cyclone Idai and recurrent droughts, and the disruptive effects of the COVID-19 pandemic. The Government projects the economy to grow in 2021 by 7.4 per cent, thanks to comparatively successful containment of the COVID-19 pandemic, a bountiful harvest of crops, and the deepening commodity value chains. It projects at least 5 per cent annual real GDP growth through 2025. However, the economic and business environment remains depressed and fragile, which has also led to a decline in social indicators. The COVID-19 pandemic has disrupted livelihoods, especially in urban areas, increasing the number of the extreme poor by 1.3 million. The extreme poor are now estimated at 7.9 million, almost 49 per cent of the population. A 2020 survey showed that employment levels in urban areas dropped by at least 18 per cent due to business closures caused by the pandemic. The Common Country Analysis (CCA) shows that the COVID-19 pandemic has exacerbated social assistance needs, as Zimbabwean citizens returning from neighbouring countries often returned without savings or assets and required transitory social protection support as they settled and recovered from the shock.

3. In recent years, Zimbabwe has experienced multiple hazards, including droughts, floods and cyclones. Disease outbreaks, such as malaria, typhoid and cholera, cyclically affect the country. The COVID-19 pandemic has led to disruptions in the provision of sexual reproductive health and reproductive rights (SRHR) services. One major challenge for the country is the development of resilient strategies that reduce or mitigate the diverse and complex impact of climate change.

4. The CCA shows that Zimbabwe has made notable progress on several key health indicators over the last decade, though gaps persist. The contraceptive prevalence rate for modern methods increased from 58 per cent in 2010 to 66 per cent in 2015 and is one of the highest in Africa. The unmet need for family planning among all married women has declined from 19 per cent in 1994 to 10 per cent in 2015. In comparison, the unmet need for contraception among adolescents remains relatively high (12.6 per cent). Adolescents have poor access to comprehensive sexual and reproductive health (SRH) and HIV services, partly due to stigma, insufficient support by health care workers, low-risk perception and economic disempowerment or poverty, resulting in high incidences of HIV and teenage pregnancy. Despite the relatively high contraceptive prevalence rate and a low unmet need, family-planning commodity security is under threat, as procurement and supply-chain management are largely donor-funded. About \$8 million is required annually to ensure universal access to family planning; and condom requirements account for an additional \$8 million needed.

5. The maternal mortality ratio has declined significantly, from 960 maternal deaths per 100,000 live births in 2010 to 462 per 100,000 live births in 2019. Despite this progress, maternal mortality is still unacceptably high. The high maternal mortality occurs within a context of a high level of skilled attendance at birth (86 per cent). The disconnect is due to the poor quality of services and the weak health system: underfunding of the health sector; shortages of medicines and equipment; a weak referral system; poor maintenance of infrastructure; and a skills gap in the public health sector. The provision of emergency obstetric and neonatal care is inadequate.

6. Teenage pregnancy is also a major health and social concern. Overall, 22 per cent of adolescent females have begun childbearing, with the rate higher in rural areas (27 per cent) than in urban areas (10 per cent). Also, 25 per cent of reported institutional maternal deaths are adolescent girls. The COVID-19 pandemic risks reversing the fragile gains made over the past decade by disrupting provision and access to essential SRH services.

7. HIV prevalence has steadily decreased, from 18.1 per cent in 2005 to 13.8 per cent in 2015, and the country is on track to achieve the first two fast-track targets of HIV testing and treatment by 2020. The HIV incidence has declined, from 1 per cent in 2009 to 0.5 per cent in 2019. However, the rate of decline is slowing down, and at the current rate, the country will not achieve the global targets by 2030. The HIV incidence among females aged 15-24 years is four times higher than that of their male counterparts, and 50 per cent of the annual HIV infections among women occur in this age group. The HIV prevalence among female sex workers is estimated at 54 per cent.

8. The incidence and mortality due to cervical cancer have increased. The age-standardized incidence rate of cervical cancer is 62.3 per 100,000 women, which is three times the global average. Cervical cancer, though preventable and curable, is the leading cause of death from malignancies in Zimbabwe. According to the CCA, Zimbabwe has a much lower coverage of services for a rising level of non-communicable diseases. The projected annual cost by 2030 of the top 10 non-communicable diseases, including cervical cancer, is \$57.22 per capita, with a \$1 billion annual cost to the health sector and \$3.6 billion total costs to the economy.

9. The CCA shows that gender-based violence (GBV) is widespread in Zimbabwe. The proportion of girls and women aged 15-49 years experiencing physical violence since age 15 increased from 35 per cent in 2015 to 39.4 per cent in 2019 while 49 per cent of ever-married adolescent girls and women aged 15-49 years have experienced some form of emotional, physical, or sexual violence committed by their current or most recent husband or partner. Child marriages have persistently remained high; the share of women aged 20-24 years married or in a union before age 18 rose from 32.5 per cent in 2015 to 33.7 per cent in 2019. Discriminatory social norms and policies and laws failing to protect women and girls, within the context of widespread poverty, exacerbated by the increasing frequency of floods, droughts and epidemics, are some of the key drivers of GBV and child marriage. During droughts, women and girls in rural areas travel long distances to fetch water or food, exposing them to protection-related risks, including threats to their physical safety and an increased vulnerability to sexual assault. Epidemics and climate change often lead to food insecurity, putting pressure on men's traditional roles as providers, leading to an increase in negative coping mechanisms, such as abuse of alcohol, resulting in violent conflict with their partners.

10. The rights of the vulnerable and disadvantaged, such as persons with disabilities, women, young people, children, victims of sexual discrimination, sex workers, migrants and the elderly, are not fully protected and fulfilled. Access to services by vulnerable groups is poor. Young people and other vulnerable groups also have limited civic participation opportunities. Drug and substance abuse is an increasing problem among young people. Moreover, there are rural-urban disparities in accessing the various social and protection services.

11. The national statistical system in Zimbabwe is fairly developed. It is built around strong routine information systems and a comprehensive national household survey

capability programme. There are, however, data gaps in geographical coverage, timeliness, accessibility and the level of disaggregation, particularly by appropriate age, disability status and socioeconomic status, across the various social, economic, environmental, development and humanitarian sectors. Other challenges include weak coordination of statistical production and research as well as limited sharing, dissemination and use of data. The open-data portal of the Zimbabwe National Statistics Agency linked to the Sustainable Development Goals (SDGs) has significant indicator gaps and time lags; this makes it harder to monitor progress, identify trends and close gaps.

12. Lessons learned from the previous country programme underscored the need for an improved geographical focus and an emphasis on vulnerable populations. Therefore, five provinces (Manicaland; Mashonaland East; Mashonaland Central; Matabeleland North; Midlands) will be targeted for strengthening the integrated provision of high-quality SRHR, HIV and GBV services. These provinces have high maternal mortality and high HIV incidence and teenage pregnancies rates. The programme will build on the support provided during the last cycle. The sustainability of results achieved under the previous programme has also been under threat due to the weak health system. The programme will focus on improving the resilience of the health system in collaboration with other development partners.

## II. Programme priorities and partnerships

13. The new country programme is aligned to Zimbabwe's Vision 2030, the National Development Strategy 2021-2025, the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026 and other national strategies, such as the National Health Strategy 2021-2025. The UNSDCF strategic priority on people-centred, equitable human development and well-being aims to ensure that all people in Zimbabwe, especially women and girls and the most vulnerable and marginalized communities, realize their rights to equitable and high-quality social services and protection. This feeds into the key national priorities in the national development plans on improving reproductive, maternal, newborn, child and adolescent health; nutrition; and reducing morbidity and mortality from communicable and non-communicable diseases.

14. The UNSDCF will contribute by improving equitable access to high-quality basic services, reducing sexual and gender-based violence and harmful practices, and advancing gender equality and women's empowerment. The programme will also support the realization of Zimbabwe's ICPD commitments made at the Nairobi Summit on ICPD25, which include harnessing the demographic dividend, ending GBV and reducing maternal mortality. The country programme will support the achievement of SDGs 1, 2, 3, 4, 5, 6, 10, 11, 16 and 17 and strengthen the humanitarian-development-peace nexus.

15. The overall vision of the country programme is to improve the health and well-being of women, young people and vulnerable and marginalized groups in Zimbabwe by ensuring universal access to high-quality integrated SRHR information and services in an enabling environment. This will contribute to the achievement of the three transformative results of UNFPA: zero unmet need for family planning; zero preventable maternal deaths; zero gender-based violence. It will also support the East and Southern Africa regional priority of ending sexual transmission of HIV. The country programme further aims to reduce the unmet need for family planning for married women aged 15-19 years (from 12.6 per cent to 10 per cent).

16. The development of the programme was guided by the principle of 'leaving no one behind'. Key stakeholders and beneficiaries, including the Government, non-governmental organizations, adolescents and young people, women, hard-to-reach communities such as people with disabilities, and key populations, were consulted and engaged in the programme design to ensure national ownership. The programme will primarily target young people aged 15-24 years and women of reproductive age, including those in hard-to-reach communities, particularly in areas prone to climate change-triggered natural disasters

such as droughts or cyclones, as well as marginalized groups such as key populations and people with disabilities. Based on the recommendations from the evaluation of the previous country programme, the new programme will be implemented primarily in the above-mentioned five provinces of Zimbabwe, to consolidate past achievements and scale up good practices.

17. The programme will strengthen the humanitarian-development-peace nexus, applying a continuum approach to ensure that the humanitarian assistance and emergency response to multi-hazard crises incorporate access to essential high-quality and inclusive SRHR and GBV services, including the prevention of sexual exploitation and abuse. Development efforts will help to strengthen the health and protection systems and increase the resilience of national institutions and communities, thus improving their capacity to plan for and respond to all kinds of emergencies. Lessons learned from the Zimbabwe multi-hazard context, including climate change, economic hardship and the COVID-19 pandemic, which is expected to continue to impact programming, will be systematically applied to support preparedness and response planning. Peacebuilding efforts will focus on fostering dialogue among communities, leaders, women, young people and marginalized groups, including on combatting GBV and other harmful practices.

18. The programme will be implemented in close collaboration with other United Nations agencies under the framework of ‘delivering as one’. This will include joint programmes such as the Spotlight Initiative on gender-based violence and the multisectoral youth programme, which will be coordinated through the United Nations mechanisms. Other partners will include civil society and the private sector.

19. The programme has three outputs on sexual and reproductive health and on gender equality and women’s empowerment that are aligned with the UNSDCF strategic priorities on people-centred, equitable human development and well-being, which aims to ensure that all people in Zimbabwe, especially women and girls and those in the most vulnerable and marginalized communities, realize their rights and have access to equitable and high-quality social services and protection. The fourth programme output is a critical enabler for two of the strategic priorities of the UNSDCF: (a) people-centred, equitable human development and well-being; and (b) transformative, accountable, equitable and inclusive governance. The strategic objective on governance seeks to ensure that by 2026, all people in Zimbabwe, especially the most vulnerable and marginalized, benefit from more accountable institutions and systems for the rule of law, human rights and access to justice. The country programme will, therefore, contribute mainly to two of the four UNSDCF strategic priorities.

20. To enable the utilization of people-centred, high-quality, integrated sexual and reproductive health and reproductive rights services and contribute to the accelerated reduction in maternal deaths, the unmet need for family planning and gender-based violence, and improve the availability and use of population data to better address the needs of those left behind within the context of the humanitarian, development and peace continuum, the programme will (a) strengthen the health system, to better address the SRH needs of women, girls and vulnerable groups, by providing high-quality integrated services at all levels of care, including in humanitarian settings; (b) strengthen the demand for sexual reproductive health services by empowering adolescents, young people and marginalized groups to meaningfully participate in decision-making at all levels and exercise their sexual and reproductive health rights; (c) strengthen the capacities of communities and institutions to prevent, mitigate and respond to GBV and other harmful practices against women, adolescents and young people, including in humanitarian settings; (d) scale-up evidence-based advocacy for sustainable financing for SRH services, including family planning commodities; (e) strengthen the national statistical system to generate and disseminate disaggregated data for policy formulation and decision-making that reduces inequalities and advances the inclusion of marginalized groups, including those with disabilities, in programming; (f) continue evidence-based advocacy for laws and policies that support women, young people, and marginalized groups in exercising their SRHR and

choices; and (g) enhance coordination for SRH and GBV preparedness and response in humanitarian contexts.

#### **A. Sexual and reproductive health**

21. *Output 1. Strengthened institutional capacity to deliver high-quality, integrated SRHR services and information, including for adolescents and vulnerable groups, at national, provincial, district and community levels, including in humanitarian situations.*

22. The output will focus mainly on SRH in the health sector. It aims to strengthen the health system and improve the efficiency and effectiveness of SRH systems to respond to the SRHR needs of women, adolescents, young people as well as other vulnerable groups. The SRHR services include antenatal, delivery and post-delivery care, family planning, adolescent sexual and reproductive health, safe post-abortion care and prevention of cancers of the reproductive health system.

23. UNFPA will strengthen delivery of high-quality integrated SRHR services at all levels of the health system, in collaboration with relevant United Nations agencies and other partners, through the following strategic interventions: (a) support readiness (basic infrastructure; staff; equipment; supplies) of selected health facilities to offer comprehensive emergency obstetric and neonatal care, cervical cancer prevention and youth-friendly integrated SRH, HIV and GBV services ; (b) technical assistance to improve high-quality SRHR service delivery, including the use of maternal and perinatal death surveillance and response as a quality-improvement tool; (c) build capacity of the Government to effectively forecast, procure, distribute and track the delivery of SRH commodities, to reduce stock-outs of contraceptives and other essential SRH medicines and supplies; (d) ensure continuity of SRHR services during emergencies and humanitarian situations through the distribution of life-saving reproductive health kits, menstrual hygiene kits and mainstreaming the minimum initial services package within the health delivery system; (e) strengthen the capacities of career training schools (midwifery, medical) to improve competency-based training and support health management and in-service clinical skills for delivering high- quality integrated SRHR services, including for adolescents and young people; (f) advocacy to invigorate and better integrate comprehensive condom programming, including for key populations; (g) develop strategic partnerships and cooperation with the Government, the private sector, the United Nations and academia to drive innovation (including e-learning), strengthen health management information systems, encourage operational research, documentation and dissemination of information and best practices to enhance service delivery, including for humanitarian response; (h) strengthen advocacy with the Government to increase domestic funding for family planning and SRH, and expand human resources for health management, including bringing innovation to the issue of staff retention, to facilitate the provision of high-quality integrated SRH services; and (i) support the Ministry of Health and Child Care and other ministries to operationalize the National Health Strategy and other strategic plans on strengthening reproductive, maternal, newborn, child and adolescent health.

24. *Output 2. Adolescents and young people, including vulnerable groups, are equipped with the knowledge and skills to participate in decision-making and make informed decisions on SRHR.*

25. This output focuses on strengthening the demand for SRHR services, particularly among adolescents and young people. It also seeks to economically empower young people to build economic assets through strategic partnerships with other development partners, non-governmental organizations and the private sector.

26. The programme will (a) support advocacy and development of inclusive policies, legislation and accountability mechanisms for the promotion and protection of the rights of young people, including menstrual health management for all adolescents, key populations and young people with disabilities; (b) strengthen the capacities of educational and community institutions, faith-based organizations and youth networks to design and implement innovative integrated approaches to deliver high-quality comprehensive

sexuality education and tailored social and behaviour change communication interventions for in-school, tertiary and out-of-school youth; (c) support access to comprehensive sexuality education, SRHR, GBV and HIV information and services by young people and strengthen their agency to make informed decisions; (d) provide technical support for innovations to facilitate access to information and services on menstrual health and hygiene for adolescents and young girls, including continued support for developing eco-friendly and reusable sanitary pads; (e) support national and subnational platforms that facilitate the generation, dissemination and sharing of strategic information on best practices around adolescents and young people to inform programmes and policies; (f) develop strategic partnerships and strengthen cooperation with the Government, the private sector, the United Nations and academia to improve innovation and operational research and explore emerging issues in adolescent SRHR to economically empower adolescents and young people.

## **B. Gender equality and women empowerment**

27. Output 1. *Strengthened national, provincial, district and community capacity to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings.*

28. This output will support efficient and effective GBV risk mitigation, prevention and response systems, and ensure availability and accessibility of essential multisectoral GBV services, especially for girls and women, including in humanitarian settings.

29. UNFPA will support: (a) advocacy for the development and implementation of gender-responsive legislation, policy guidelines and strategies, and improved funding for reducing GBV; (b) improve knowledge of women and girls on life skills, gender-equitable norms, attitudes and behaviours, including sexuality and reproduction, self-confidence and self-esteem, and their capacity to adequately access GBV services; (c) enhance the capacity of national and subnational partners on GBV in emergencies preparedness; (d) support male engagement interventions on positive masculinities for the active involvement of men and boys to prevent and address gender-based violence; (e) strengthen the capacities of communities to ensure gender equality and increase the agency of women and girls; (f) strengthen the integrated essential services package on GBV within the health, judicial and other sectors, including ‘one-stop centres’, community shelters and safe spaces; (g) scale-up mobile and remote GBV essential service provision models in remote and hard-to-reach areas; and (h) scale-up partnership and coordination and cooperation with the Government, United Nations agencies and other key stakeholders for joint programming and improved coordination to address gender-based violence and early marriage.

## **C. Population dynamics**

30. Output 1. *Strengthened capacity of the national statistical system to produce, analyse and use disaggregated population data to inform policy decision-making and development programming, including in humanitarian situations.*

31. The output is a critical enabler for the attainment of the UNSDCF outcomes. It is aligned with the UNSDCF outcome on ensuring that by 2026, all people in Zimbabwe, especially the most vulnerable and marginalized, benefit from more accountable institutions and systems for the rule of law, human rights and access to justice. UNFPA support on strengthening the availability and use of timely and disaggregated data seeks to inform national policies, improve planning and targeting of programmes and enable evidence-based advocacy to advance the agenda of leaving no one behind.

32. UNFPA will (a) advocate and support the use of new technologies and sustainable funding for the national statistical system; (b) generate knowledge around the demographic dividend based on the latest population data; (c) strengthen sector information management systems (health, education, GBV) and their inter-linkages; (d) build capacity on data analysis and utilization for producers and users of data at national and subnational levels; (e) strengthen partnerships with international financial institutions and research bodies on

the coordination of national statistics, partnerships in data generation and use during humanitarian response and in research; and (f) coordinate and collaborate with other United Nations agencies, especially for data generation and analysis in humanitarian settings, including vulnerability analyses.

### **III. Programme and risk management**

33. 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 for country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

34. The Ministry of Finance and Economic Development is the national coordination authority and will oversee the execution of the country programme. Partnerships with key line ministries will be established or strengthened to implement the programme and ensure government ownership and sustainability of interventions.

35. Whenever feasible, joint proposals will be developed with other United Nations agencies for funding from the Government, development partners and the private sector. UNFPA will play an active role in the coordination of the UNSDCF through leadership and contributions to results groups. UNFPA, as the leading United Nations agency on SRHR, will play a key role in implementing, monitoring and evaluating SRHR-related strategies in the UNSDCF.

36. UNFPA will continue to implement the harmonized approach to cash transfers jointly with other United Nations agencies. Partners will be selected based on their strategic relevance and ability to produce high-quality results, after appropriate risk analysis. National execution will be the preferable implementation modality. A monitoring and evaluation plan will be developed and implemented; this will include frequent spot checks, field monitoring visits, quarterly and annual programme reviews and training of implementing partners, where appropriate, in collaboration with other United Nations agencies.

37. Policy changes or lack of alignment with national priorities due to the evolving socio-economic, political and humanitarian environments could present challenges. UNFPA will proactively scan the environment to explore strategic windows to maintain the delivery of programme results. In humanitarian situations, UNFPA will, in consultation with the Government, re-programme funds, as required, to respond to emerging issues within its mandate.

38. Programme implementation might be impacted by reduced financial resources and accountability capacities. To mitigate these risks, the resource base will be diversified and partnerships broadened, including by leveraging domestic resources, partnerships with the private sector and engagement with non-traditional funding partners. The COVID-19 pandemic and natural disasters linked to recurring adverse weather conditions, such as floods or cyclones, may also hinder programme implementation. A mitigation strategy for the programme is mainstreaming the minimum initial service package in emergencies through the Government. The business continuity plan will also outline actions for continued implementation of the programme within the context of emergencies.

39. A resource mobilization and partnership plan has been drafted for the programme and articulates a comprehensive strategy for effectively mobilizing resources, including mapping of key partners and identifying innovative financing solutions. UNFPA will also develop a communication plan that will facilitate communication of results and deliverables from the programme and enhance the visibility of UNFPA and partners. These plans will be reviewed periodically to reflect current realities and ensure accountability.

40. The country office will engage in a human resources realignment exercise to address identified human resources capacity and skills requirements to deliver the programme



results effectively. It will, where appropriate, work with other United Nations agencies through joint programmes and will seek technical assistance from other country offices, the regional office and UNFPA headquarters, including through South-South cooperation initiatives in strategic areas. The enterprise risk management system will be reviewed to leverage existing resources and integrate lessons learned.

#### **IV. Monitoring and evaluation**

41. UNFPA will implement results-based management for programme monitoring and evaluation, based on a robust monitoring and evaluation plan. Building on the programme theory of change and recommendations of the previous country programme evaluation. UNFPA will work with national stakeholders, including the Government, development actors and the United Nations country team (UNCT) through an inclusive and consultative process. It will integrate the monitoring and reporting of the country programme results framework with UNSDCF and SDG monitoring; these will also be aligned to the National Development Strategy monitoring and evaluation framework.

42. A costed monitoring and evaluation plan will be developed, outlining how results will be monitored and measured, identifying gaps in implementation that will guide corrective action, and monitoring financial performance, risks and assumptions. The plan will include economic analysis to assess value for money, as well as field visits, quarterly and annual reviews, and programme evaluations. Real-time monitoring, including the use of innovative methods such as remote monitoring and reviews and third-party monitoring, will be conducted in conjunction with partners, to address the evolving operational programme delivery environment due to the COVID-19 pandemic other humanitarian situations, and in cases where areas are inaccessible for field visits. A dedicated monitoring and evaluation budget will be included in annual workplans. As part of the evaluation plan, innovative and participatory thematic and programme evaluations, baseline studies and reviews will be conducted. Quality assurance, including data-quality assessments and capacity building of implementing partners, will be conducted together with the UNCT and a range of stakeholders, to promote a results-based management culture and strengthen the generation of high-quality disaggregated data appropriate for monitoring.

43. UNFPA will contribute to the United Nations ‘delivering as one’ integrated and multidimensional programming process through active participation in the joint planning, programming, monitoring, reporting and evaluation of the UNSDCF. This will be done through participation in the operations management team, the monitoring and evaluation technical working group, and the data for development working group, among others. Joint workplans will be developed, taking into consideration agency-specific activities and results, aligned with government priorities, and with roles and responsibilities articulated. The UNSDCF will be reviewed annually and evaluated ahead of the new programming cycle. Joint activities will include periodic programme reviews, quality assurance and reporting through UN INFO, in collaboration with the UNCT. The country programme will support the strengthening of national monitoring mechanisms and rely on them to systematically obtain evidence to track results. Monitoring of recommendations and feedback mechanisms will be set up to inform programme management.

## RESULTS AND RESOURCES FRAMEWORK FOR ZIMBABWE (2022-2026)

<b>NATIONAL PRIORITY:</b> Improve the quality of life, and improve life expectancy at birth from the current 61 years to 65 years. Reduce morbidity and mortality due to communicable and non-communicable diseases				
<b>UNSDCF OUTCOME INVOLVING UNFPA:</b> All people in Zimbabwe, especially women and girls and those in the most vulnerable and marginalized communities, realize their rights and have access to equitable and high-quality social services and protection				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Sexual and reproductive health. Adolescents and youth				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
UNSDCF Outcome indicators: <ul style="list-style-type: none"> <li>• Skilled birth attendance <i>Baseline 86% (2019); Target: 92%</i></li> <li>• Unmet need for family planning among currently married women <i>Baseline (2020): 10%; Target: 8.5%</i></li> <li>• Client satisfaction index <i>Baseline (2020): 75%; Target: 80%</i></li> </ul>	Output 1. Strengthened institutional capacity to deliver quality, integrated SRHR services and information, including for adolescents and vulnerable groups, at national, provincial, district and community levels, including in humanitarian situations	<ul style="list-style-type: none"> <li>• Proportion of health facilities with no stock-outs of modern methods of contraceptives in supported provinces <i>Baseline (2020): 96.5%; Target: 98%</i></li> <li>• Percentage of district hospitals with capacity and readiness to provide comprehensive emergency obstetric and newborn care services in supported provinces <i>Baseline (2020): 90%; Target: 94%</i></li> <li>• Proportion of facilities providing adolescent and youth-friendly services that meet national standards in supported provinces <i>Baseline (2020): 78%; Target: 90%</i></li> <li>• Percentage of clients that received two or more SRHR, HIV and SGBV services in supported provinces <i>Baseline (2020): 24%; Target: 60%</i></li> </ul>	Ministry of Health and Child Care; National AIDS Council; Zimbabwe National Family Planning Council; provincial and district-level authorities; UNAIDS; UNICEF; WHO; Plan International; World Vision	\$37.0 million (\$5.5 million from regular resources and \$31.5 million from other resources)
	Output 2. Adolescents and young people, including vulnerable groups, are equipped with knowledge and skills to participate in decision making and make informed decisions on SRHR and their lives	<ul style="list-style-type: none"> <li>• Number of young people reached with life skills programmes that build their health, social and economic assets in schools, universities and communities in supported provinces <i>Baseline (2020): 2,563,084; Target: 5,000,000</i></li> <li>• Number of key ministries and institutions that effectively engage youth networks in policy dialogue and programming <i>Baseline (2020): 12; Target: 20</i></li> </ul>	Ministry of Youth, Sports, Arts and Recreation; Zimbabwe Youth Council; UNICEF; UNAIDS; UNESCO	
<b>NATIONAL PRIORITY:</b> Improved care and protection of vulnerable groups				
<b>UNSDCF OUTCOME INVOLVING UNFPA:</b> All people in Zimbabwe, especially women and girls and those in the most vulnerable and marginalized communities, realize their rights and have access to equitable and high-quality social services and protection				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Gender equality and women's empowerment				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
UNSDCF Outcome indicators: <ul style="list-style-type: none"> <li>• Percentage of currently married women aged 15-49 years</li> </ul>	Output 1. Strengthened national, provincial, district and community capacity to	<ul style="list-style-type: none"> <li>• Proportion of SGBV survivors who report to health facilities within 72 hours in supported provinces <i>Baseline (2020): 26%; Target (2026): 32%</i></li> </ul>	Ministry of Women Affairs; Adult Rape Clinic; Family Support Trust;	\$9.0 million (\$0.9 million from regular

<p>participating in decisions regarding their own health care, major household purchases and visits to family or relatives <i>Baseline: 72%; Target: 75%.</i></p> <ul style="list-style-type: none"> <li>Percentage of ever-married women aged 15-49 years who have experienced physical or sexual violence committed by a current or recent husband/partner in the 12 months preceding the survey <i>Baseline: 20%; Target: 17%</i></li> </ul>	<p>prevent and respond to gender-based violence and harmful practices, including in humanitarian settings</p>	<ul style="list-style-type: none"> <li>Number of women, men, girls and boys reached with community programmes to promote gender-equitable norms, attitudes and behaviours, including concerning women's and girls' sexuality and reproduction <i>Baseline (2020): 1,475,700; Target (2026): 2,227,500</i></li> <li>Number of survivors of gender-based violence who have received at least one essential service (social services, health, police or justice) <i>Baseline (2020): 95,517; Target (2026): 211,000</i></li> <li>Availability of a functional gender-based violence information management system <i>Baseline (2020): No; Target (2026): Yes</i></li> </ul>	<p>Leonard Cheshire Disability Trust; UNICEF; WHO</p>	<p>resources and \$8.1 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> Improved care and protection of vulnerable groups</p>				
<p><b>UNSDCF OUTCOME INVOLVING UNFPA:</b> All people in Zimbabwe, especially women and girls and those in the most vulnerable and marginalized communities, realize their rights to equitable and quality social services and protection. All people in Zimbabwe, especially the most vulnerable and marginalized, benefit from more accountable institutions and systems for rule of law, human rights and access to justice</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Population dynamics</p>				
<p><b>UNSDCF outcome indicators, baselines, targets</b></p>	<p><b>Country programme outputs</b></p>	<p><b>Output indicators, baselines and targets</b></p>	<p><b>Partner contributions</b></p>	<p><b>Indicative resources</b></p>
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> <li>Number of national development policies, strategies and action plans that are based on or refer to up-to-date evidence (less than 5 years) <i>Baseline (2020): 1; Target: 5</i></li> <li>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 <i>Baseline (2020): 55%. Target: 60%</i></li> </ul>	<p>Output 1. Strengthened capacity of the national statistical system to produce, analyse and use disaggregated population data to inform policy, decision-making and development programming, including in humanitarian situations</p>	<ul style="list-style-type: none"> <li>Number of in-depth analysis reports from census, ZDHS and other surveys produced <i>Baseline (2020): 18; Target: 38</i></li> <li>Proportion of UNFPA-selected SDG indicators with up-to-date data (not more than 5 years old) <i>Baseline (2020): 65%; Target: 100%</i></li> <li>Existence of an interactive data platform with indicators on transformative results, SDGs and National Development Strategy <i>Baseline (2020): No; Target: Yes</i></li> </ul>	<p>Ministry of Finance and Economic Development; Zimbabwe National Statistics Agency; Population Services International; University of Zimbabwe</p>	<p>\$5.0 million (\$0.9 million from regular resources and \$4.1 million from other resources)</p>