



UNFPA ZIMBABWE 2024 Annual Report

Keeping the promise of the
International Conference on
Population and Development
alive: 30 years on

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Zero Maternal Deaths

Zero Unmet Need for Family Planning

Zero Gender Based Violence and Harmful Practices

Zero New HIV Infections

**Keeping the
promise of the
International
Conference on
Population and
Development alive:
30 years on**

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UNFPA Zimbabwe 2024 Annual Report

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Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

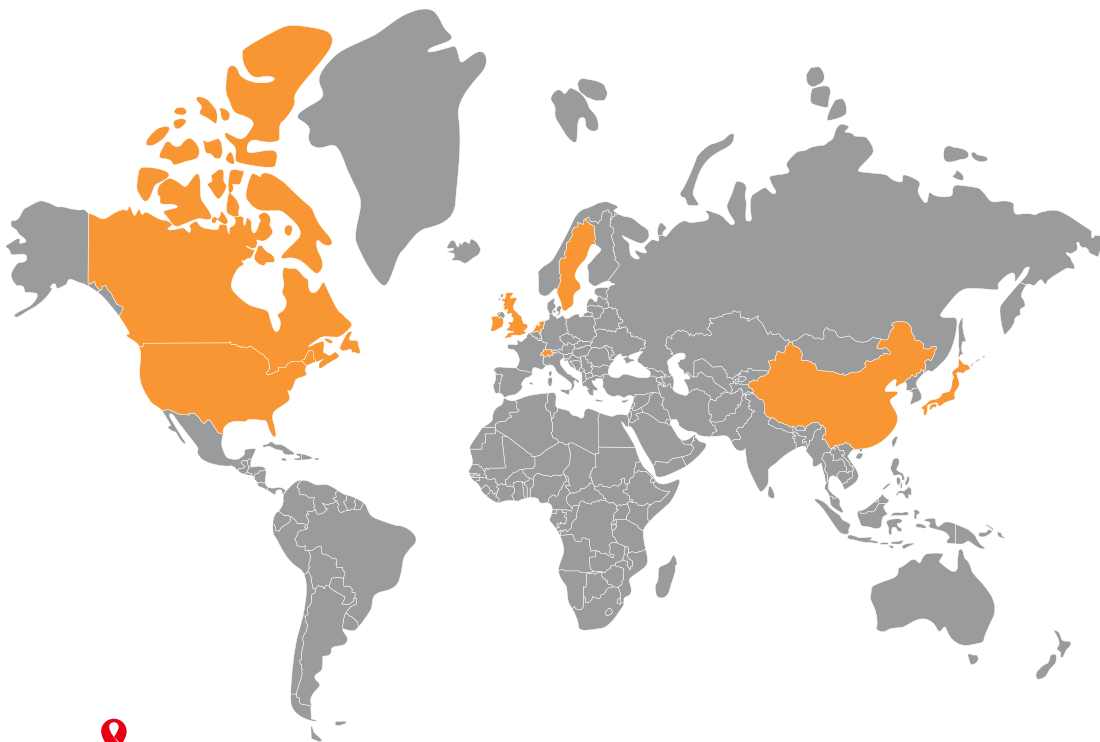
UNFPA Zimbabwe 2024 **Annual** Report

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

Acknowledgement of Donor Support

The United Nations Population Fund (UNFPA), the United Nation's Sexual and Reproductive Health (SRH) agency extends its deepest appreciation to all funding partners who enabled us to champion the Sexual and Reproductive Health and Rights (SRHR) of women and young people in Zimbabwe. Their continued support and collective commitment is instrumental in delivering critical services, in building a brighter future where every woman and young person can access SRHR and live a life free from violence, particularly in the face of evolving challenges.

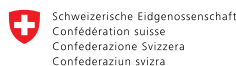
- The People's Republic of China
- European Union
- Foreign Commonwealth and Development Office (FCDO)
- Global Fund
- Embassy of Ireland
- Kingdom of Netherlands
- Government of Sweden
- Swiss Agency for Development and Cooperation (SDC)
- Takeda Pharmaceuticals



Ambasáid na hÉireann
Embassy of Ireland



Kingdom of the Netherlands



Swiss Agency for Development and Cooperation SDC





“

UNFPA continued to play a pivotal role in delivering life-saving services, shaping policies, and driving advocacy efforts to ensure that no one is left behind.



Foreword



Ms. Miranda Tabifor
UNFPA Representative, Zimbabwe

I am pleased to present the UNFPA Zimbabwe 2024 Annual Report, which highlights our collective achievements and the transformative impact of our interventions. Guided by our global vision of ensuring that every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled, UNFPA Zimbabwe remains committed to advancing sexual and reproductive health and rights (SRHR), gender equality, and youth empowerment.

The year 2024 was marked by both progress and challenges. We witnessed significant strides in reducing maternal mortality, expanding access to family planning, and strengthening gender-based violence prevention and response. Through strategic partnerships with the Government of Zimbabwe, development partners, civil society, and communities, UNFPA continued to play a pivotal role in delivering life-saving services, shaping policies, and driving advocacy efforts to ensure that no one is left behind.

Key milestones include the increased availability of modern contraceptives, improved maternal and neonatal health services, and the expansion of youth-friendly health services. Our support for the implementation of Comprehensive Sexuality Education (CSE) and economic empowerment programs for young people has further reinforced our commitment to enabling a healthier and more empowered generation. We also deepened our efforts in humanitarian settings, ensuring access to SRHR services during emergencies, including our rapid response to the cholera outbreak and the El Nino drought response that affected pregnant women, new mothers and affected communities.

Despite these achievements, challenges remain. Gender-based violence (GBV) continues to threaten the well-being of women and girls, with those in rural areas significantly disadvantaged.

The economic and social impacts of climate change and humanitarian crises further strain health systems and essential services. These realities call for strengthened collaboration, innovative solutions, and sustained investment in sexual and reproductive health programs.

“

UNFPA

Zimbabwe remains committed to advancing sexual and reproductive health and rights (SRHR), gender equality, and youth empowerment.

Innovation is at the heart of UNFPA Zimbabwe's mission to advance SRH and end GBV. Through innovations such as the "Not-In-My-Village" campaign we are working to address the challenge of adolescent pregnancy in Zimbabwe. Towards ending and responding to the challenge of GBV innovations such as One Stop Centre (both mobile and static) are ensuring we reach survivors with life saving services. Through innovations such as E-Motive, Midwifery E-Learning and the Maternal Death Surveillance and Response (MDSR) UNFPA is making critical investments to improve maternal health outcomes. These innovations are transforming how we respond to the various challenges affecting women and young people and ensuring that no one is left behind in the journey towards health, dignity, and equality.

As we look ahead, UNFPA Zimbabwe reaffirms its dedication to working with all stakeholders to accelerate progress toward achieving the Sustainable Development Goals (SDGs) and the International Conference on Population and Development (ICPD) commitments. We remain committed to supporting national efforts to achieve universal access to reproductive health services, eliminating maternal deaths, ending gender-based violence, and empowering young people to lead healthy and productive lives.

On behalf of UNFPA Zimbabwe, I extend my deepest appreciation to our government counterparts, donors, implementing partners, and communities for their unwavering commitment and support. Together, we will continue to advance a future where every woman and young person in Zimbabwe can exercise their rights and reach their full potential.

Sincerely,

Ms. Miranda Tabifor
UNFPA Representative, Zimbabwe



Women at
the Center



The context

in which we work to deliver rights and choices

Zimbabwe, a landlocked nation in Southern Africa, faces a complex set of development challenges that directly impact access to SRHR of its population, particularly women, girls and young people.

Zimbabwe's population

The 2024 population projections estimate Zimbabwe's population at 15.68 million, with a nearly equal distribution between males (48%) and females (52%). This translates to a sex ratio of 92 males per every 100 females. According to the 2022 Population and Housing Census at least 61,4% of the population lives in the rural areas while 38,6% lives in the urban areas. (sources)

The 2024 population projections estimate Zimbabwe's population at



15.68
million

48%
men



52%
women

Life Expectancy

The average life expectancy at birth is 64,7 years, with females living longer (68 years) than males. Latest Data from Zimbabwe Demographic and Health Survey (ZDHS) 2023/24 key Indicators Report (KIR), indicates that the Crude Birth Rate is 28,9 births per 1,000 population, while the Total Fertility Rate (TFR) is 3,9%. Fertility is higher in rural areas (4,6) compared to urban areas (3,1), largely due to disparities in access to family planning services. The national disability prevalence is estimated at 1,6%, underscoring the need for inclusive programming to ensure no one is left behind.



The average life expectancy at birth is

64.7
Years

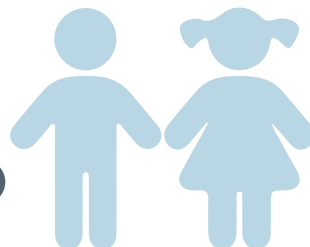
Females living longer **68** years than males.

Young people

Data from the 2022 Zimbabwe Census indicates that youth aged between 10-35 years constitute 46% of the total population (52% female, 48% male). Notably, 51% of youth are under 20 years old, and 22% are adolescents (15-19 years old). The working-age youth (15-35 years) make up 72%, while the 10-14 year age group accounts for 28%. Given this high proportion of young people, Zimbabwe has the potential to reap a demographic dividend if it invests in their health and education.

Youth aged between 10-35 years constitute

46%
of the total population

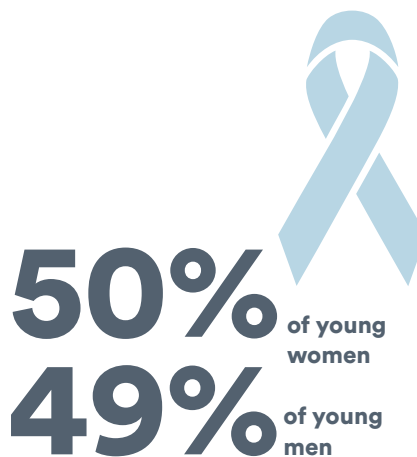


72%
is 15 - 35 years

28%
is 10 - 14 years

HIV

Young women and adolescent girls remain disproportionately affected by HIV. HIV prevention knowledge is lowest in Matabeleland North (39% among women) and Matabeleland South (25% among men). Only 50% of young women and 49% of young men aged between 15-24 years have comprehensive knowledge about HIV prevention. HIV testing coverage is uneven, with 83% of women and 71% of men aged between 15-49 years having ever been tested and received results. However, only 46% of women and 33% of men were tested in the past year before the ZDHS survey.

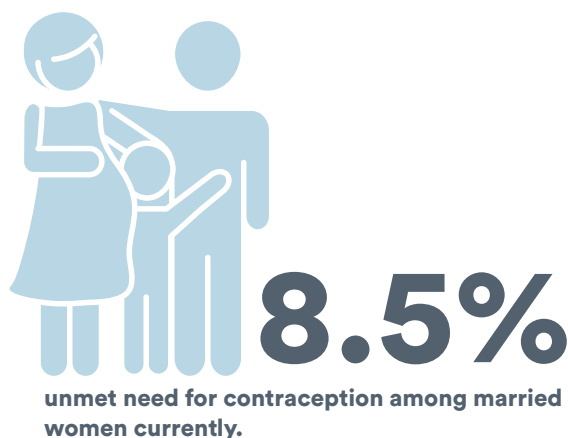


50% of young women
49% of young men

aged between 15-24 have comprehensive knowledge about HIV prevention.

Family Planning

Results from the ZDHS 2023/24 KIR indicate significant progress in family planning. The unmet need for contraception among currently married women declined to 8.5%. The Contraceptive Prevalence Rate (CPR) stands at 70,1%, with 68,7% using modern contraceptive methods, nearing the national target of 73%. Zimbabwe ranks among the top African countries with the highest modern CPR. The total demand for family planning has risen to 78,6%, with 89,2% of the demand satisfied and 87,4% satisfied through modern methods. Among sexually active unmarried women, CPR is 75,1%, with 74,4% using modern methods. However, rural areas face greater challenges, with the unmet need higher at 9,5% compared to 7.2% in urban areas, reflecting disparities in access to family planning services.



Rural areas have a higher unmet need of

9.5%

Urban areas have an unmet need of

7.5%

Maternal mortality

The maternal mortality rate (MMR) has declined over time, from 651 deaths per 100,000 live births in 2015, to 462 in 2019 and further to 362 in 2022. However, this remains above the Government of Zimbabwe's target of 314. The institutional maternal mortality rate increased to 114 per 100,000 live births in 2023, compared to 107 in 2022, missing the Ministry of Health and Child Care's target of 73. Despite 86% of births being attended by skilled personnel, poor quality of care remains a contributing factor to high maternal mortality.

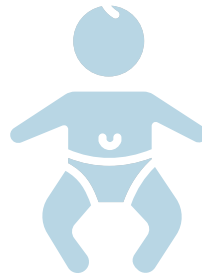


As of 2022 maternal mortality rate stands at

362/100.000
live births

Antenatal and neonatal care

The ZDHS 2023/24 KIR highlight both progress and challenges in antenatal and neonatal care. A total of 91,8% of pregnant women receive antenatal care from a skilled provider. However, only 71,2% attended four or more antenatal care visits, reflecting a decline from previous years. The neonatal mortality rate stands at 37 deaths per 1,000 live births, the highest ever recorded in ZDHS. The infant mortality rate is 56 deaths per 1,000 live births, while the under-five mortality rate is 69 deaths per 1,000 live births. Additionally, 67,8% of mothers received a postnatal check within the first two days after birth, which is crucial for managing post-delivery complications. Strengthening maternal and neonatal health services, especially in rural areas, remains a critical priority.



91.8%

of pregnant women receive antenatal care from a skilled provider.

67.8%

of mothers received a postnatal check within the first two days after birth.

Neonatal mortality rate stands at

37/1000 live births

Gender Based Violence

GBV is widespread in Zimbabwe but vastly underreported due to stigma, shame and fear of reprisal. According to the 2019 ZIMSTAT Multiple Indicator Cluster Survey (MICS) 39.4% of women and girls aged 15-49 years, have experienced physical violence and 11.6% have experienced sexual violence.¹ With 42.5% of women (aged between 15-49 years) indicating that they have experienced a form of physical and/or sexual violence (MICS 2019). This is well above the global and regional averages of 27% and 33% respectively². Other forms of GBV include child marriage, with 18.9 percent of women aged between 20-24 years, getting married or getting into unions before attaining the age of 18. The proportion was higher, at 27.4 percent in rural areas compared to 10.2 percent in urban areas³.



42.5%

of women and girls aged 15-49 years have experienced physical and /or sexual violence

Child marriage is at

18.9%

The proportion is higher in rural areas at

27.4%

and

10.2%

in urban areas

¹ ZIMSTAT (Zimbabwe National Statistics Agency). (2019). Zimbabwe Multiple Indicator Cluster Survey (MICS) 2019.

² World Health Organization. (2021). Violence against women prevalence estimates, 2018.

³ ZIMSTAT (Zimbabwe National Statistics Agency). (2022). Zimbabwe population and housing census, 2022.

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



The year 2024 in numbers

Key achievements



Supply chain management

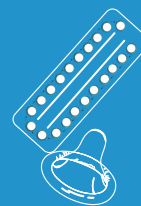
To enhance contraceptive visibility, tracking and distribution to the last mile, **150** health facilities were capacitated in the Electronic Logistics Management (eLMIS) bringing to a total of **1400** health facilities across the country with capacity to use e-LMIS.



Smart advocacy is bearing fruit:

USD **\$1,600,000** million worth of contraceptives procured by GoZ using domestic funding bringing to USD **\$4,700,000** million GoZ contribution in the last 3 years

This complemented UNFPA investment of **\$6,117,670** million for the procurement of contraceptives in 2024. This is a contribution of over 60% of the forecasted national contraceptives needs.



Impact of using contraception in 2024

With provision of family planning in 2024, approximately **2,250,000** million women used modern contraceptives in Zimbabwe. As a result, **810,000** unintended pregnancies, **202,000** unsafe abortions and **2,300** maternal deaths were averted.

Ending Maternal Deaths



Procurement of life saving medicines

37,000

vials of Tranexamic Acid. This medicine controls bleeding and helps blood to clot.

30,000

disposable blood collection drapes and 600 reusable blood collection trays.

2,100

Non-Pneumatic Anti-shock Garments (NASG) were procured. The NASG is a low-cost first-aid device that limits persistent post delivery bleeding in women who have given birth.



Procurement of life saving equipment

over USD

\$3,5

million worth was procured and distributed to 68 health facilities (central, provincial and district) for the provision of EmONC services:

76

anaesthetic machines

56

theatre beds

20

vacuum extractors and neonatal care equipment

50

incubators

60

phototherapy machines



Service delivery

100%

of national health districts (63) capacitated to provide EmONC through mentorship of 476 health workers

214

health workers (doctors, nurses and midwives) from 8 provinces were trained in Comprehensive Abortion Care using new guidelines developed. This will contribute to better management of abortion related complications such as bleeding and sepsis.

106

obstetric fistula repairs were conducted at mission (94) and provincial hospitals (12)



Humanitarian Action

12 districts and 2 health facilities in Harare City supported with

516

dignity kits and hygienic kits and

520

maternity kits.

150

cholera beds and 30 tents were distributed to health facilities

30

spaces for cholera management and safe birth of pregnant women with cholera were set up

48

Provincial Health Executives were capacitated in a national trainer of trainers on provision of Minimum Initial Service Package (MISP) on SRH services during emergencies



Gender Based Violence

Service provision

8,479

SGBV survivors accessed health services in supported provinces and 2,333 accessed within 72 hours.

59,585

women, men, girls and boys were reached with community programmes to promote gender equality and provide information on SRHR and GBV through community dialogues, women and girls' safe spaces and awareness raising sessions. This brings the total number of people reached to 1,975,913 since 2022

17,475

GBV survivors received life saving services through mobile one stop centres, shuttle services, the national GBV hotline and public health facilities in the 5 UNFPA focus provinces. This brings the total to 188,511 survivors who accessed essential multi-sectoral GBV services since 2022

Secondary level facility with a minimum of 3 trained health workers for the provision of clinical management of rape increased from 55% to 61%



Adolescents and Youth

ASRH quality service provision

Strengthened the capacity of.

1,450

health care providers (pre and in service) to deliver quality and youth friendly SRH and HIV services in 32 districts

6,500

adolescents (female 5,586 & male 914) and youth reached through integrated SRHR/HIV/GBV services through 10 MOHCC outreach camps conducted in 5 provinces

695

unintended pregnancies and 173 abortions averted in 2024 due to the comprehensive ASRH service package under the self-care interventions project in 6 pilot districts

Empowerment of young people with life skills

6,485,208

young people reached through various interventions which build their social, economic (YEE), health assets in the communities, tertiary institutions (SBCC) and schools (CSE).

Capacity building of key institutions to engage young people in policy and programming

1,079,649

youths accessed youth desks due to increased capacity of GoZ to mainstream youth policies in policies and programmes.





Building Transformative Partnerships

“

UNFPA is indebted to the financial support from funding partners whose contributions made it possible for UNFPA to meet its obligations.

UNFPA worked in partnership with Government Ministries and departments, parastatals, academia, private sector, and civil society organisations. With overall coordination support from the Host Ministry, the Ministry of Finance and Economic Development, UNFPA continued to work in close collaboration with the Ministry of Health and Child Care in promoting access to and utilisation of SRHR services; the Ministry of Women Affairs, Gender, Small and Medium Scale Enterprises in GBV prevention and response; and Ministry of Primary and Secondary Education in providing age-appropriate comprehensive sexuality education in-schools. Partnership with leading parastatals and quasi government institutions namely the Zimbabwe National Family Planning Council, National AIDS Council,

the Zimbabwe Youth Council, and the Zimbabwe National Statistics Agency.

UNFPA also explored new partnerships with the Ministry of Environment, Climate and Wildlife to promote integration of SRHR, Gender and Youth in Climate Action; and the Zimbabwe Cricket Association to raise awareness on the importance of SGBV survivors’ timely access to SGBV services; Council of Social Work to put in place a GBV case management system.

UNFPA is indebted to the financial support from funding partners whose contributions made it possible for UNFPA to meet its obligations. UNFPA also appreciates the Government of Zimbabwe’s commitment and contributions towards UNFPA core resources and the Global Commitment on Family Planning. This saw the government through domestic financing procuring family planning commodities worth US\$1.6million to which UNFPA provided match funding of US\$2million.

UNFPA extends its gratitude to the following partners:

Funding partners:

- Government of the People's Republic of China
- The European Union
- Foreign, Commonwealth and Development Office
- Embassy of Ireland
- Government of Japan
- Embassy of the Kingdom of Netherlands
- Swedish International Development Agency
- Swiss Agency for Development and Cooperation
- Takeda Pharmaceuticals
- UN CERF
- UNFPA Supplies and Partnerships
- Government of Canada

Government Partners:

- Ministry of Health and Child Care
- Ministry of Women Affairs, Gender, Small and Medium Enterprises
- Ministry of Primary and Secondary Education
- Ministry of Environment, Climate and Wildlife
- Ministry of Youth, Sports, Arts and Recreation
- Zimbabwe National Family Planning Council
- National AIDS Council
- Zimbabwe National Statistics Agency
- Zimbabwe Youth Council
- Council of Social Work

Civil Society Organisations and other:

- World Vision
- Musasa Project
- Plan International
- Students and Youth Working on Reproductive Health Action Team
- Population Services Zimbabwe
- Artemedis
- Zimbabwe Cricket
- Zimbabwe Council of Social Workers
- Young People's Network on Health and Well being

UN Agencies:

- The Resident Coordinator's Office (RCO)
- World Health Organisation (WHO)
- International Labour Organisation (ILO)
- United Nations Children's Fund (UNICEF)
- United Nations Development Programme (UNDP)
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Educational, Scientific, and Cultural Organisation (UNESCO)
- United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)



Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

Ending Maternal Deaths

Ensuring no woman dies while giving life



Ending Maternal Deaths

UNFPA interventions supported policy reviews, service delivery, and innovations in Emergency Obstetric and Neonatal Care (EmONC) with the following key achievements:

Policy, strategies and guidelines

National EmONC guidelines updated to standardise the provision of quality maternal health services in line with emerging innovations in obstetric care such as E-Motive

Service delivery

Following the review of the EmONC guidelines:

100% of national health districts (63) capacitated to provide EmONC through mentorship of **476** health workers

In addition to the equipment the capacity of health workers to provide quality EmONC services was enhanced through clinical mentorships and on the job training.

EmONC and Basic Emergency Obstetric and newborn care (BEmONC):

To address the gaps in health facilities readiness to provide EMONC AND BEMONC services life saving equipment worth US\$3,5 million was procured and distributed:

68 health facilities (central, provincial and district) were equipped with essential equipment for the provision of EmONC services:

Provision of Comprehensive Abortion Care

To strengthen, Comprehensive Abortion Care (CAC) life saving care that prevents maternal morbidity and deaths from complications of abortions such as hemorrhage and sepsis

214 health workers (doctors, nurses and midwives) from **8** provinces were trained in CAC using new guidelines which will contribute to better management of abortion related complications such as bleeding and sepsis.

Restoring dignity of women and girls through obstetric fistula repair surgery

Obstetric fistula is a hole in the birth canal caused by prolonged labour without prompt medical intervention, usually a Caesarean section. The woman is left with chronic incontinence and in most cases a stillborn baby.

“

106 obstetric fistula repairs were conducted at mission (94) and provincial hospitals (12)

8 of the women who received this life changing surgery had lived with fistula for between 11 and 20 years, and **4** women for more than 20 years.



Medical team repairing obstetric fistula at Mashoko Mission Hospital in June 2024



Focus for 2025

- An in depth analysis of the Harmonised Health Facility Assessment for emergency obstetric data complimented by a light EmONC assessment will be conducted. The results will be used to develop a comprehensive National EmONC improvement plan and implementation of the national plan supported.
- Strengthen use of maternal and perinatal death surveillance and response as a quality improvement tool and production of dash boards and mapping of hotspots for maternal deaths for action at facility, district, provincial and central levels.
- Scale up of innovations for reduction of maternal morbidity and mortality - E-MOTIVE, e-learning, e-partograph based on lessons learnt will be supported
- Provide technical support in the review and development of the National Health, RMNCAH and Midwifery strategies.
- Expand implementation of obstetric fistula interventions - integration of community engagement and service delivery.

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



Ending Unmet Need for Family Planning

Family planning is one of the high impact interventions for reduction of maternal deaths and child deaths. Critical investments have been in the procurement of family planning commodities and distribution through the National Pharmaceutical Company (NatPHARM) to the service delivery points and capacity building of health workers to provide comprehensive family planning services with the following key achievements:

Strategic focus

A SMART Advocacy Plan aimed at increasing domestic financing for contraceptives was developed. Advocacy efforts included engaging the Parliamentary Portfolio Committees on Health and Finance.

Supply chain management

To enhance contraceptive visibility, tracking and distribution to the last mile, **150** health facilities were capacitated in the Electronic Logistics Management (eLMIS) bringing to a total of **1400** health facilities across the country with capacity to use e-LMIS

Service delivery

To improve on the method mix, key stakeholders were supported to roll out self-care for Sayana Press:

4 rural provinces (Mashonaland East and Central, Midlands and Matebeleland South) and 1 urban province (Bulawayo) supported to roll out self care for Sayana Press

97% of health facilities were offering family planning services; oral contraceptives, injectables and implants being provided in 86% (oral contraceptives), 84% (injectables) and 62% (implants) of the health facilities, respectively

Impact of using contraception in 2024

With provision of family planning in 2024, at least **2,250,000** million women used modern contraceptives in Zimbabwe.

As a result, **810,000** unintended pregnancies, **202,000** unsafe abortions and **2,300** maternal deaths were averted.

...Smart advocacy is bearing fruit

In 2024 the government of Zimbabwe procured contraceptives worth **USD1,6** million using domestic funding bringing to **US\$4,7** million GoZ contribution in the last 3 years

This complemented UNFPA investment of **US\$6,117,670** million for the procurement of contraceptives in 2024. This is a contribution of over 60% of the forecasted national contraceptives needs.

Focus for 2025

- Strengthen and expand the self care models to provide family planning and other SRH services.
- Continue SMART advocacy with the Government including through innovative financing mechanisms to further increase domestic funding for family planning and SRHR.
- Roll out the e-LMIS to all health facilities for maternal and reproductive health commodities
- Conduct Service Delivery Survey







Ending Gender Based Violence

Interventions in 2024 focused on a multi-faceted approach to combat GBV through evidence-based advocacy to drive policy reform and promote gender equality with the following key achievements:

Strategic focus, policy engagements and advocacy

Technical and financial support provided for the development and adoption of the Intersectionality Guidelines on Disability Inclusion to the Ministry of Public Service, Labour and Social Welfare (MPSLSW). The guidelines include the concepts of Gender Equality, GBV, Stigma, Discrimination and participation of persons with disabilities in national development initiatives

Agreement made with MoWACSMED, MPSLSW and Ministry of Higher and Tertiary Education and academic institutions for the establishment of a standardized and accredited GBV Case Management curriculum to enhance the quality of GBV services

Service provision

8,479 SGBV survivors accessed health services in supported provinces and 2,333 accessed within 72 hours. To improve reporting within 72 hours a multi media campaign and community outreach was conducted. It will run until April 2025.

59,585 women, men, girls and boys were reached with community programmes to promote gender equality and provide information on SRHR and GBV through community dialogues, women and girls' safe spaces and awareness raising sessions. This brings the total number of people reached to **1,975,913** since 2022

17,475 GBV survivors received life saving services through mobile one stop centres, shuttle services, the national GBV hotline and public health facilities in the 5 UNFPA focus provinces. This brings the total to 188,511 survivors who accessed essential multi-sectoral GBV services since 2022

Secondary level facility with a minimum of **3** trained health workers for the provision of clinical management of rape increased from **55%** to **61%**

Focus for 2025

- Reinforce resource mobilisation efforts including undertaking a study on the Economic Cost of GBV, investment case and financing models to estimate and quantify the economic costs of GBV
- Strengthen data collection and analysis through the implementation of the Gender-based Violence Information Management System (GBVIMS)
- Enhance Disability-inclusive GBV service provision
- Strengthen engagement with community leaders to address harmful social norms and practices including through integrated strategies such as the Not-In-My-Village Campaign
- Mainstreaming Gender and GBV issues into national development strategies (NDS-2, National Health Strategy) and UN Cooperation frameworks





Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



Ending **New** HIV Infections

In 2024 UNFPA supported the provision of integrated SRH/GBV/HIV including for family planning with the following key achievements:

Strategic focus

Technical support provided for the development of the HIV Sustainability Roadmap through review of the Transformation framework and participation in the 7 thematic area working groups.

Technical support in National Prevention Programmes through representation and participation in key coordination mechanisms and committees

- National Validation Committee of the Triple Elimination of Mother to Child Transmission of HIV, Syphilis and Hepatitis B Infection
- Global Fund CCM Oversight Committee
- UN Joint Team on HIV

Service provision

Technical and financial support provided for the roll out of integrated SRHR Self-care models (Sayana Press, cervical cancer and HIV screening and treatment).

22 health service providers from **4** provinces trained in provision of integrated Self Care services

Focus for 2025

- Support the revision of the Reproductive, Maternal, Newborn, Child, Adolescent and Nutrition Strategy to include EMTCT and integrated SRH/HIV strategies
- Expand and integrate HIV/Comprehensive Condom Programming (CCP) guided by the 10 step approach
- Support and participate in national HIV/AIDS, Condom Programming, key populations work in collaboration with strategic partners.



Cross
Cutting
Issues

Adolescents and Youth

UNFPA focused on policy advocacy, Comprehensive Sexuality Education, improving access to ASRH including through self-care; Youth Economic Empowerment (YEE) and SRHR integration, Social Behaviour Change Communication and Young People's Networks capacity strengthening with the following key achievements:

Strategic focus

Technical and financial support for the Development of the National Adolescent and Youth Health Implementation Plan (AHIP) which advocates for improved access to essential SRHR services for adolescents and youth completed⁴

Supported assessment of integrated SRHR service provision in 15 Higher and Tertiary Education Institutions that will be used to advocate for greater investments in the health and wellbeing of young people in these institutions

Launch of the "Not-In-My-Village"⁵ campaign to end teenage pregnancy in Zimbabwe. The Campaign won the UNFPA Global Award in the Digital Spotlight category in November 2024.

Supported development of the multi sectoral framework for prevention and management of adolescent pregnancies in Zimbabwe



Supported the adaptation of the WHO SRHR self care guidelines aiming to promote and standardise implementation of SRHR self-care in Zimbabwe.

Members of Parliament committed to further engage the Ministry of Finance to increase budget allocations for youth as a result of **378** young people from 10 provinces supported to advocate for a youth-friendly 2025 national budget.

ASRH quality service provision

Strengthened the capacity of **1,450** health care providers (pre and in service) to deliver quality and youth friendly SRH and HIV services in 32 districts.

6,500 adolescents (female 5,586 & male 914) and youth reached with integrated SRH/HIV/GBV services through 10 MOHCC outreach camps conducted in 5 provinces.

⁴ This is aligned with key strategies and frameworks including the new WHO AA-HA2 Guidance, the National Health Strategy, and the National Family Planning Strategy

⁵ Co-created and implemented with the Young People's Network on Health and Well Being

695 unintended pregnancies and **173** abortions averted in 2024 due to the comprehensive ASRH service package under the self-care interventions project in 6 pilot districts.

Empowerment of young people with life skills

6,485,208 young people reached through various interventions which build their social, economic (YEE), health assets in the communities, tertiary institutions (SBCC) and schools (CSE), including through:

- **140** national and subnational education staff capacities built on safeguarding circulars on breaking barriers to access education especially for marginalized young people⁶

- **823** Junior Members of Parliament, Councillors and Senators empowered to become champions of sexuality, lifeskills information dissemination in the various schools and communities they represent

Capacity building of key institutions to engage young people in policy and programming

Increased capacity of Government to mainstream youth issues in policies and programmes through operationalisation of youth desks in all 23 ministries. **1,079, 649** youth accessed services through youth desks

Focus for 2025

Reducing adolescent pregnancy:

- Support youth networks and CSO led advocacy for clarity on the age of consent to ensure continued ASRHR access as provided for in the national constitution and the National Health Strategy.
- Strengthen efforts to end adolescent pregnancy in Zimbabwe including expanding the Not-In-My-Village Campaign in additional eight districts and expanding the ASRH self-care interventions
- Finalization and operationalization of the Multi-sectoral framework on the prevention and management of adolescent pregnancy.
- Support national coordination for HIV prevention and response in Zimbabwe



⁶ Among other topics the circulars provide guidance on continuation of education for pregnant girls, management and prevention of drug and substance abuse, implementation of CSE and Life Skills Empowerment, and Menstrual Health Management.

ASRH AND QUALITY IMPROVEMENT



POPULATION BREAKDOWN

NEKOVU CLINIC

POPULATION BREAKDOWN:	2022
TOTAL POPULATION:	6779
GROWTH RATE:	1.4%
< 1 YEAR	276
1-4 YEARS	101
5-14 YEARS	129
15 YEARS	254
EXP. ANC.	40
EXP. BIRTHS	
EXP. V...	

DAILY ASRH

Province/District/IP

Achievements

...



Recommendations

...



Population and Development

UNFPA supported data collection, analysis, use through key surveys such as 2023/24 Zimbabwe Demographic and Health Survey and Census Thematic Analysis Reports. Focus was also on facilitating Zimbabwe's periodic review of the implementation of the International Conference on Population and Development after 30 years (ICPD30).

Key Achievements:

Enhancing Data Availability for Evidence-Based Decision-Making

Technical and Financial support provided for the undertaking of the Zimbabwe Demographic and Health Survey (ZDHS) which aids in monitoring Sustainable Development Goals indicators and guides programming in multiple sectors, positioning UNFPA as the primary data agency

Technical and financial support to produce 5 thematic reports on the 2022 Census focusing on mortality, youth, disability, maternal mortality and fertility

Tracking and monitoring of ICPD commitments

Technical and financial support was provided for the:

Production of a national report on Zimbabwe's progress in implementing the ICPD Commitments highlighting gaps and challenges to advocate for policy changes and inform national development goals and priorities.

High-Level Meeting on the Country Progress Review of the Implementation of the Programme of Action of the ICPD and launch of the 2024 State of the World Population Report. This provided a platform for validation and reaffirmed the ICPD agenda as a priority for the GoZ ahead of the 57th Session of the Commission on Population and Development in New York.

Support for access and use of data

Technical support provided for the set up of GitHub repository and platform which serves as a crucial resource for developers and researchers, offering country-specific data and real-time tracking of Zimbabwe's progress on the SDGs

Improved coordination on data production and use for evidence based decision making

Support for the revitalization of the Data for Development and Innovation Technical Working Group which seeks to strengthen data coordination mechanisms among key stakeholders within the national statistics ecosystem

Support for the Data User-Producer Symposium to facilitate dialogue, build consensus, and address critical data issues in Zimbabwe.

Focus for 2025

- A multi-pronged fundraising approach is being adopted to mobilize sufficient resources for enhancing data production and utilization in Zimbabwe, including through building and leveraging partnerships with private sector entities, development partners, and academic institutions
- Ensure that population and demographic issues are effectively integrated and prominently reflected in key national development strategic frameworks that include NDS11, CPD
- Support the production of the full report, conduct in-depth extended analyses of the ZDHS, and provide both technical and financial assistance for key national surveys, including the Multiple Indicator Cluster Surveys (MICS)



Humanitarian and Emergency

Responding to GBV in Humanitarian settings

Strategic focus

GBV Coordination

Enhancing GBV coordination across the humanitarian and development continuum at national, provincial and district levels, strengthening referral pathways to safely link survivors and those at risk of GBV to qualified, supportive and competent services.

Support provided to strengthen GBV Coordination in humanitarian settings through the GBV Sub Cluster, which has expanded to over 33 members including NGOs, CSOs, Government partners and UN agencies

883 non GBV actors from the food security, nutrition, agriculture, livelihoods and WASH sectors) were capacitated on GBV in emergencies and integration of GBV risk mitigation activities in their interventions.

40 women's rights organisations' capacity strengthened on Gender in Humanitarian Action and GBV in Emergencies.

40 emergency safe spaces set up in 8 drought affected districts to enhance access to life-saving GBV services and information

Service provision

17,475 GBV survivors of GBV reached through mobile One-Stop Centers, shuttle services and **40** safe spaces providing multisectoral GBV response services including case management, health, legal and police services and information in **8** drought affected districts.

26 districts were capacitated in responding to GBV in Emergencies in the context of the El Nino drought

Technical and financial support provided to scale up GBV and Prevention of Sexual Exploitation and Abuse (PSEA) risk mitigation actions across all humanitarian response sectors through capacity building of frontline responders across sectors

Provision of Sexual and Reproductive health services during emergencies *Cholera outbreak*

In response to the cholera outbreak, a rapid assessment was conducted and gaps identified and addressed as follows:

- **12** districts and 2 health facilities in Harare City supported with 516 dignity kits and hygienic kits and 520 maternity kits.
- **150** cholera beds and **30** tents were distributed to health facilities
- **30** spaces for cholera management and safe birth of pregnant women with cholera were set up
- **48** Provincial Health Executives were capacitated in a national trainer of trainers on provision of Minimum Initial Service Package (MISP) on SRH services during emergencies

Innovations

Innovation is at the heart of UNFPA Zimbabwe's mission to advance SRH and end GBV. These innovations are transforming how we respond to the various challenges affecting women and young people and ensuring that no one is left behind in the journey towards health, dignity, and equality.

“A number of innovations that include E-MOTIVE for the managing of post-partum haemorrhage, the Electronic Maternal and Perinatal Death Notification System (e-MPDNS) and E-Learning for midwives were supported.

E- MOTIVE

This innovation is focused on managing post delivery bleeding, the leading direct cause of maternal deaths. E-MOTIVE can reduce maternal mortality due to bleeding by up to 60%. In this piloting stage of the innovation, support has been provided for the procurement of medicines and blood collection supplies needed for the successful implementation of E-MOTIVE:

37,000

vials of Tranexamic Acid. This medicine controls bleeding and helps blood to clot

30,000

disposable blood collection drapes and 600 reusable blood collection trays.

2,100

Non-Pneumatic Anti-shock Garments (NASG) were procured. The NASG is a low-cost first-aid device that limits persistent post delivery bleeding. The NASG reduces blood flow to the uterus and treats shock.

MIDWIFERY E-LEARNING

The Midwifery E-learning is a platform that provides midwives in training an online platform with learning materials to undertake their studies. In the context of high staff attrition and shortage of tutors, the system will also allow simultaneous provision of lectures by a tutor to a number of training schools.

To strengthen Midwifery training:

6

pilot Midwifery Schools (Chinhoyi, Karanda, Masvingo, Sally Mugabe, Mpilo and St. Lukes) were equipped with ICT equipment such as computers, projectors and television screens to facilitate E-learning

A total of

143

students were trained in the use of the E-learning platform

E- MPDNS

Support was provided to the revamping and functionalisation of the e-MPDNS that provides real time data on maternal and perinatal deaths and enables generation of dashboards and visual maps to stimulate actions to prevent future deaths. It is linked to the District Health Information System - 2, which is a tool for collection, validation, analysis, and presentation of aggregate and patient-based statistical data.

Support provided to the analysis and compilation of the 2023 annual MPDSR report. Below are the key findings from the MPDSR report. Analysis presented of this data showed that the major direct causes of maternal mortality were:

- Haemorrhage (30%)
- Hypertensive disorders of pregnancy (21%)
- Sepsis (17%).

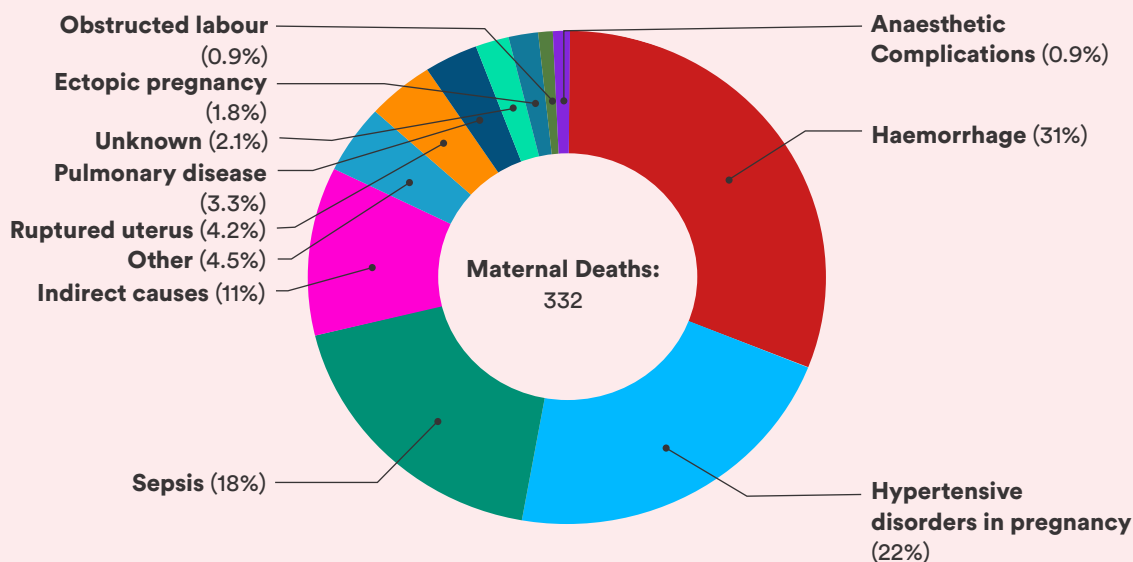
"Not-In-My-Village" campaign

In 2024 UNFPA launched the "Not-In-My-Village" campaign to end teenage pregnancy in Zimbabwe. This was co-created and implemented with the Young People's Network on Health and Well Being. The "Not-in-My-Village" takes a unique approach by engaging traditional leaders and key opinion figures as champions for positive change.

The campaign acknowledges the vital role these individuals play in shaping community norms and values, and aims to harness their influence to create a supportive environment for adolescent girls and is an inspiring response to the pressing issue of adolescent pregnancy in Zimbabwe. The Campaign won the UNFPA Global Award in the Digital Spotlight category in November 2024.

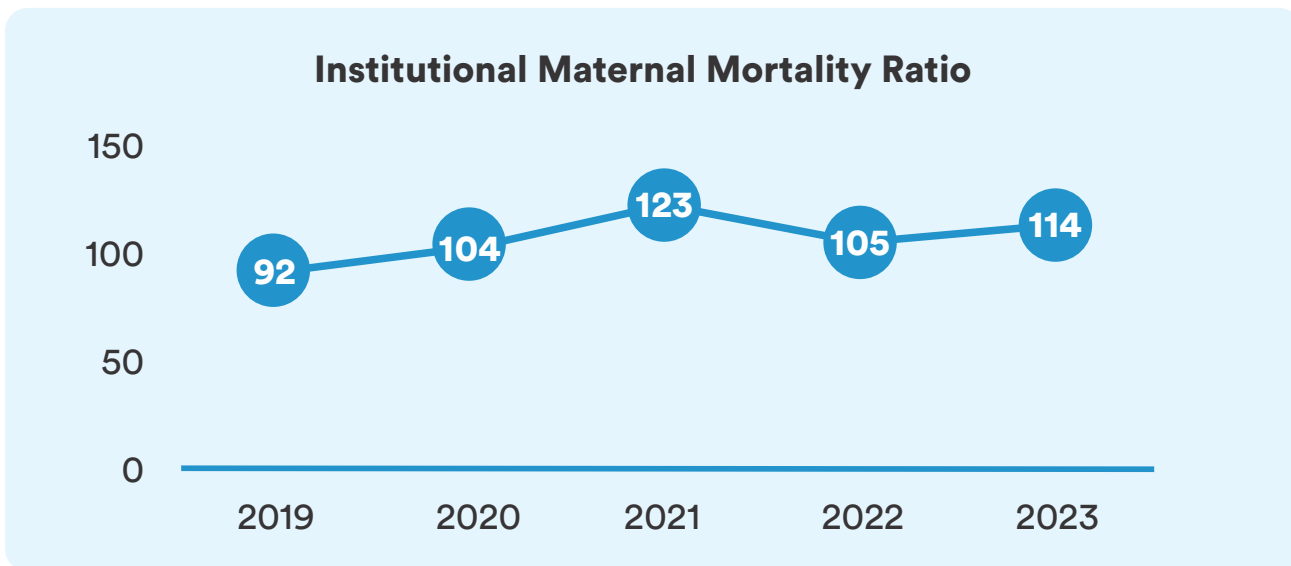


Staff celebrating winning the UNFPA Global Award in the Digital Spotlight category in November 2024.



Causes classified under haemorrhage included postpartum haemorrhage, antepartum haemorrhage and peribortol haemorrhage. Haemorrhage, hypertensive disorders of pregnancy and sepsis accounted for 71% of the maternal deaths.

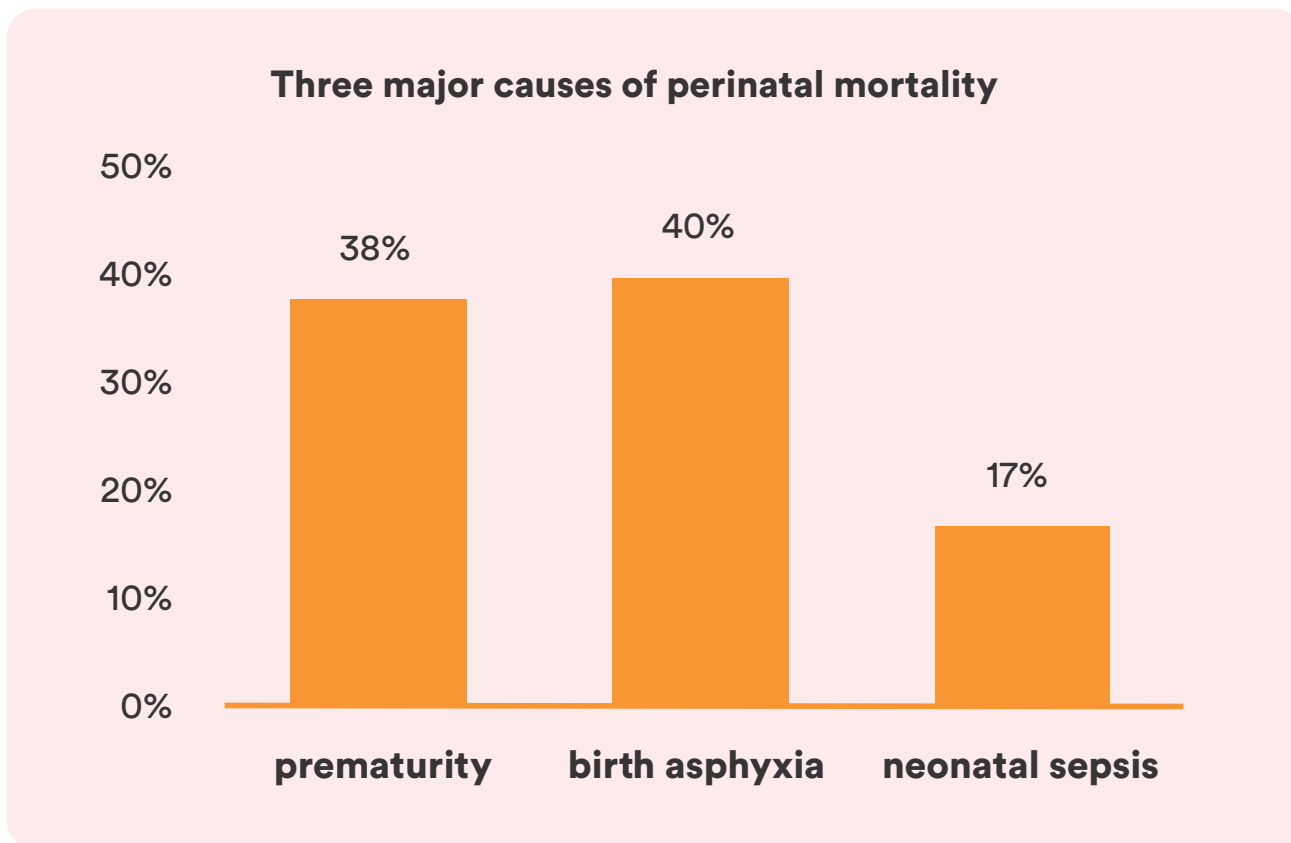
Below are the trends in institutional mortality from 2019-2023



Perinatal mortality

Prematurity, birth asphyxia and neonatal sepsis accounted for 95% of the direct causes for perinatal deaths. Institutional Perinatal Mortality Rate (IPMR) has been increasing over the past 5 years from 31 deaths per 1,000 births in 2019 to 33 deaths per 1,000 births in 2023 (MoHCC HMIS).

Leading causes of perinatal mortality are shown below





Programme Challenges and Outlook

Limited domestic funding across all programme areas in the context of dwindling donor support and geo political developments

Donor dependency for funding for commodities and supplies remains a challenge in Zimbabwe. Progress has been made in domestic resource mobilisation, however, inadequate domestic funding for essential commodities and supplies is still a challenge in the context of reduced donor funding.

UNFPA continues to advocate for domestic resources and alternative funding mechanisms.

Insufficient human resources due to out-migration of skilled personnel including social workers and health professionals as a result of the declining economy.

Persistent gender disparities, harmful social norms, religious and cultural practices which sustain GBV and harmful practices, including child marriage.

The new Protection of Children and Young Persons Act which sets 18 years as the legal age of consent to both sex and marriage will likely impede access to SRHR services especially by sexually active adolescents.



Meet the Team



Partnerships





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