



UNFPA

8th Country Programme of
Cooperation with the

Government of Zimbabwe

2022- 2026

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Zero maternal deaths

Zero Gender Based Violence and harmful practices

Zero unmet need for family planning

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1.1 FOREWORD

Over the last decade Zimbabwe has made notable progress on several key health indicators including a decline in maternal deaths, the unmet need for family planning and HIV prevalence. However, there are still gaps which have been perpetuated by persistent economic challenges and multiple climate change hazards such as droughts, floods, and cyclones.

The Covid-19 pandemic has further negatively impacted on the progress the country had made. These diverse challenges call for the development and implementation of sustainable and resilient strategies.

UNFPA has been operational in Zimbabwe since 1981. This new Country Programme (2022 to 2026) marks its 8th cycle of assistance. The programme is aligned to Zimbabwe's Vision 2030, the National Development Strategy 1 (2021-2025), the United Nations Sustainable Development Cooperation Framework (UNSDCF, 2022-2026) and other national strategies, including the National Health Strategy (2021-2025).

It seeks to address key reproductive, maternal, neonatal, child health and adolescent health (RMNCH-A) challenges; non-communicable diseases with a focus on cervical cancer; Gender Based Violence (GBV) and harmful traditional practices including child marriages; young people empowerment; and data.

Its overall vision is to improve the health and well-being of women, young people, vulnerable and marginalized groups in Zimbabwe by ensuring universal access to high-quality integrated Sexual Reproductive Health and Rights (SRHR) information and services in an enabling environment

To achieve this UNFPA will spearhead the following strategies: (a) Health systems strengthening to better address the SRH needs of women, girls, and vulnerable groups; (b) Improve adolescents and young people, and marginalised groups access to and utilisation of SRHR through integrated demand generation; (c) Institutional and communities capacity strengthening to prevent, mitigate, and respond to GBV and other harmful practices;

(d) Evidence-based advocacy for sustainable financing for SRH services, including family planning commodities; Strengthen the national statistical system to generate and disseminate disaggregated data for policy formulation and decision-making; (f) Advocacy for laws and policies that support women, young people, and marginalized groups in exercising their SRHR and choices; and (g) Enhanced coordination for SRH and GBV preparedness and response in humanitarian contexts.

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; as well as the Eastern and Southern Africa priority on ending HIV infections.

To accelerate implementation of these strategies the programme will employ five key accelerators:

- Leaving no one behind
- Human rights based and gender transformative approaches
- Innovation and digitalisation
- Partnerships
- Data and evidence
- Resilience and adaptation

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.

It will consolidate past achievements and scale up good practices. 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 incorporates access to essential high-quality and inclusive SRHR and GBV services, including the prevention of sexual exploitation and abuse.

1.2 Acknowledgement *of donor support*

UNFPA Zimbabwe would like to express its profound gratitude to the funding partners listed below who continue to support us to deliver Sexual Reproductive Health and Gender Based Violence services for the women and young people of Zimbabwe.



Ambasáid na hÉireann
Embassy of Ireland



Sweden
Sverige



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development
and Cooperation SDC



From
the People of Japan



中国援助
CHINA AID
FOR SHARED FUTURE



Kingdom of the Netherlands



THE WORLD BANK
IBRD - IDA | WORLD BANK GROUP



USAID
FROM THE AMERICAN PEOPLE



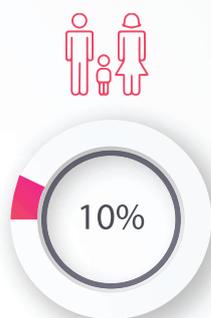
Country context



- Zimbabwe's population is 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% are under the age of 24
- 52% are female and 48% are of reproductive age



● High maternal mortality of 363 maternal deaths per 100,000 live births despite declining from 960 maternal deaths per 100,000 live births in 2010.



● 10% unmet need for family planning among all married women



● High unmet need for contraception among adolescents at 12.6%.



in rural areas



in urban areas

● 22% of adolescent females have begun childbearing, with the rate higher in rural areas (27%) than in urban areas (10%).



● 25% of reported institutional maternal deaths are adolescent girls.



● The share of women aged 20-24 years married or in a union before age 18 rose from 32.5% in 2015 to 33.7% in 2019



● 49% 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.



1.3 UNFPA Zimbabwe Country Programme Summary of

interventions and strategic focus

1.3.1 Sexual and Reproductive Health

1.3.2 Adolescents and Young People

1.3.3 Gender equality and women empowerment

1.3.4 Population Dynamics



1.3.1 Sexual and Reproductive Health

UNFPA will support strengthening institutional capacity to **deliver high-quality, integrated SRHR services and information**, including for adolescents and vulnerable groups at all levels, including in humanitarian situations.

- High maternal mortality of 363 maternal deaths per 100,000 live births despite declining from 960 maternal deaths per 100,000 live births in 2010.
- High unmet need for contraception among adolescents at 12.6%.
- 6% skilled attendance at birth
- Age-standardized incidence rate of cervical cancer at 62.3 per 100,000 women, which is three times the global average.
- 13.8% HIV prevalence rate.
- 66% contraceptive prevalence rate for modern methods



Despite the high skilled attendance at birth, maternal mortality remains high. Major challenges include poor quality of services, underfunding of the health sector; shortages of medicines and equipment; a weak referral system; poor maintenance of infrastructure; human resources shortages and skills gap in the public health sector; adolescents poor access to comprehensive sexual and reproductive health services. In addition, family planning commodity security is under threat, mainly due to lack of funding as the procurement and supply-chain management is largely donor funded.

This will undermine gains made in reducing unmet need for family planning and achieving a high contraceptive prevalence rate.

To address these challenges UNFPA 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.

Key interventions will include:



ADVOCACY

- Advocacy to invigorate and better integrate comprehensive condom programming;
- Strengthening advocacy with the government to increase domestic funding for family planning and SRH; and
- Supporting the Ministry of Health and Child Care and other ministries to operationalize the National Health Strategy and other strategic plans.



CAPACITY BUILDING

- Capacity building of national institutions to effectively manage the supply chain for SRH commodities;
- Strengthen the capacities of career training schools;



SERVICE DELIVERY

- Strengthen readiness of health facilities to offer comprehensive health services and youth-friendly integrated SRH, HIV and GBV services;
- Provide technical assistance to improve high-quality SRHR service delivery, surveillance, and response;
- Ensuring continuity of SRHR services during emergencies and humanitarian situations;
- Developing strategic partnerships and cooperation with the government, the private sector, the United Nations and academia;



1.3.2 Adolescents and Young People

Focus for the 8th Country Programme is to ensure that Adolescents and Young People (AYP), including vulnerable groups, are equipped with the knowledge and skills to participate in decision-making and make informed decisions on SRHR.

County context

- Young people constitutes 63% of the population.
- High unmet need for contraception among adolescents at 12.6%.
- 22% of adolescent females have begun childbearing, with the rate higher in rural areas (27%) than in urban areas (10%).
- 25% of reported institutional maternal deaths are adolescent girls.
- HIV incidence among females aged 15-24 years is four times higher than that of their male counterparts, and 50% of the annual HIV infections among women occur in this age group.
- The HIV prevalence among female sex workers is estimated at 54%.

The rights of the vulnerable and disadvantaged such as young people, persons with disabilities, children, the elderly, sex workers are not fully protected and fulfilled. Access to services is poor partly due to stigma, insufficient support by health care workers, low-risk perception, and economic disempowerment or poverty and they have limited civic participation. In addition, drugs and substance abuse is becoming an increasing problem as well as teenage pregnancies and child marriages

Youths in Zimbabwe face challenges such as unemployment, unaffordable education, and lack of access to health care due to excessive poverty, forced mobility (migration) due to limited opportunities, child marriages and sexual abuse of young women among others.

The COVID-19 pandemic is reversing the fragile gains made over the past decade by disrupting provision and access to essential SRH services, with concerning increases in teenage pregnancies.

With its large and youthful population, Zimbabwe could benefit from its demographic dividend, which began around 2004 and is projected to last until 2060. The National Development Strategy (2021-2025), 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.

STRATEGIC INTERVENTIONS

UNFPA will support strengthening the demand for SRHR services, particularly among adolescents and young people as well as support to economically empower young people to build economic assets through strategic partnerships with other development partners, non-governmental organizations and the private sector. Interventions will include:

- Supporting advocacy and development of inclusive policies, legislation and accountability mechanisms for the promotion and protection of the rights of young people and key population;
- Strengthening 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;
- Supporting access to comprehensive sexuality education, SRHR, GBV and HIV information and services by young people;
- Providing technical support for innovations to facilitate access to information and services on menstrual health and hygiene;
- Supporting national and subnational platforms that facilitate the generation, dissemination and sharing of strategic information; and
- Developing strategic partnerships and strengthening cooperation with the government, the private sector, the United Nations and academia to improve innovation and operational research.



1.3.3 Gender equality and women empowerment

Focus in the 8th Country Programme will be to strengthen national, provincial, district and community capacity to prevent and respond to Gender Based Violence (GBV) and harmful practices, including in humanitarian settings.

Country context

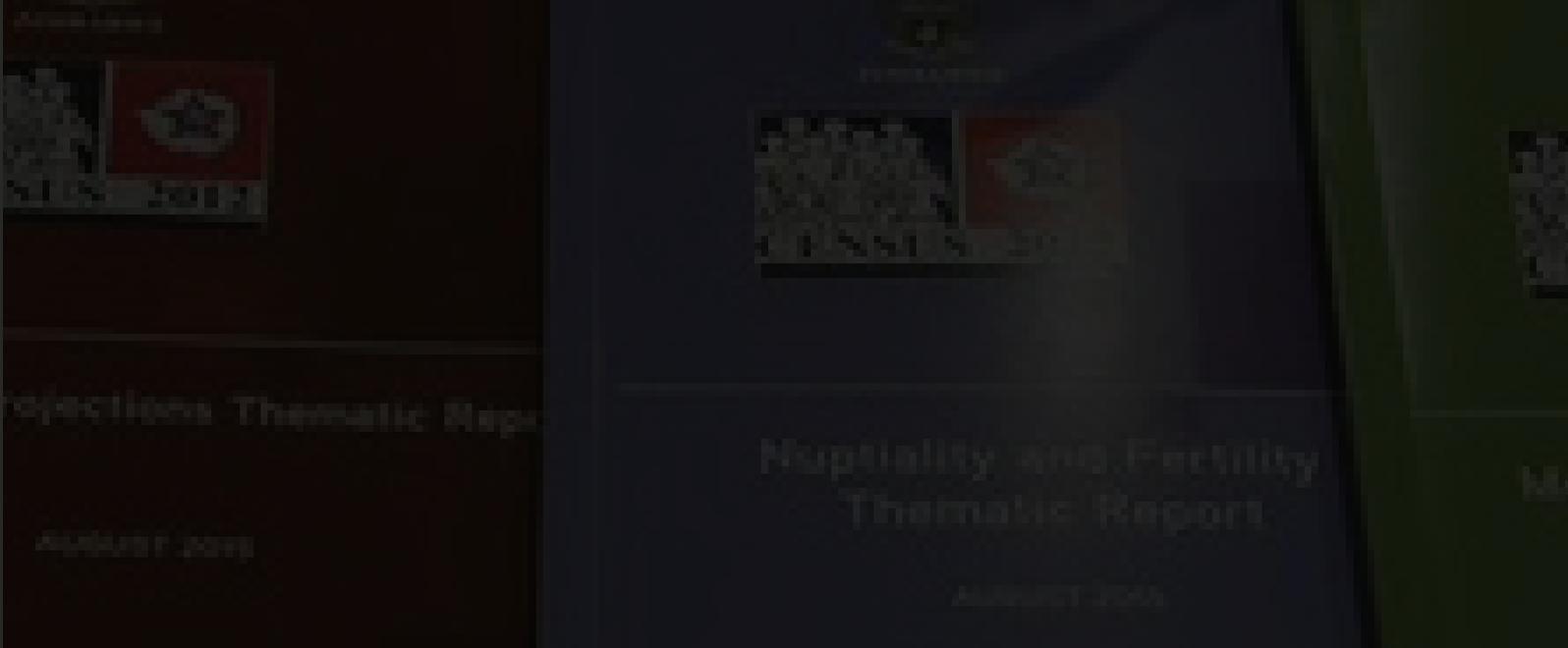
- The proportion of girls and women aged 15 -49 years experiencing physical violence since age 15 increased from 35% in 2015 to 39.4% in 2019.
- 49% of ever-married adolescent girls and women aged 15-49 years have experienced some form of emotional, physical, or sexual violence committed by their current or most recent husband or partner.
- The share of women aged 20-24 years married or in a union before age 18 rose from 32.5% in 2015 to 33.7% in 2019.

The country analysis shows that GBV is widespread in Zimbabwe. Child marriages have persistently remained high. Discriminatory social norms and policies and laws fail 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.

STRATEGIC INTERVENTIONS

UNFPA 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 through the following interventions:

- Advocacy for the development and implementation of gender-responsive legislation, policy guidelines and strategies, and improved funding for reducing GBV;
- Improving 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;
- Enhancing the capacity of national and subnational partners on GBV in emergencies preparedness;
- Supporting male engagement interventions on positive masculinities for the active involvement of men and boys to prevent and address gender-based violence;
- Strengthening the capacities of communities to ensure gender equality and increase the agency of women and girls;
- Strengthening the integrated essential services package on GBV within the health, judicial and other sectors;
- Scaling-up mobile and remote GBV essential service provision models in remote and hard-to-reach areas; and
- Scaling-up strategic partnerships to address gender-based violence and early marriage.



1.3.4 Population Dynamics

The 8th Country Programme will focus on strengthening 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.

Country context

- Zimbabwe's population is 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% are under the age of 24
- 52% are female and 48% are of reproductive age
- 9% have at least one type of disability.

STRATEGIC INTERVENTIONS

UNFPA support will focus on strengthening the availability and use of timely and disaggregated data to inform national policies, improve planning and targeting of programmes and enable evidence-based advocacy to advance the agenda of leaving no one behind. This will be achieved through the following interventions:

- Advocating for and supporting the use of new technologies and sustainable funding for the national statistical system;
- Generating knowledge around the demographic dividend based on the latest population data;
- Strengthening sector information management systems (health, education, GBV) and their inter-linkages;
- Building capacity on data analysis and utilization for producers and users of data at national and subnational levels;
- Strengthening partnerships with international financial institutions and research bodies on the coordination of national statistics, partnerships in data generation and use during humanitarian response and research; and
- Coordinating and collaborating with other United Nations agencies for data generation and analysis in humanitarian settings, including vulnerability analyses.

Partnerships

