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Country programme document

Zimbabwe

Summary

The country programme document (CPD) for Zimbabwe is presented to the Executive Board for discussion and comment. The CPD includes a proposed aggregate indicative budget of \$33,400,000 from regular resources, subject to the availability of funds, and \$607,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2022 to 2026.

* E/ICEF/2021/23.



Programme rationale

1. Zimbabwe has a population of approximately 15 million inhabitants, of which 53.6 per cent are under the age of 20 years. While the country made progress on reducing maternal and under-5 mortality and increasing primary school enrolment, it continues to face challenges in meeting several Sustainable Development Goal targets.
2. Zimbabwe underwent a political transition in 2017 and a new Government was elected in 2018. The National Development Strategy 1: 2021–2025 was developed with the aim of achieving middle-income-country status by 2030. A reform on devolution and decentralization was initiated to promote inclusive local governance and service delivery.
3. The country continues to face weak economic growth, with per capita real gross domestic product averaging negative 2.1 per cent over the past five years.¹ The coronavirus disease 2019 (COVID-19) pandemic exacerbated the economic situation, with the economy estimated to have declined by a further negative 10 per cent in 2020. Low social sector investment and fiscal instability deepen inequality and poverty. The Gini coefficient has increased from 44.7 (2017) to 50.4 (2019). Over 70 per cent of the population live in poverty and 61.3 per cent of children experience multidimensional poverty, which is worse in rural areas, high-density and peri-urban informal settlements and among those living with disabilities. The situation has been exacerbated by climate-induced shocks from successive droughts, floods and cyclones, including cyclone Idai in 2019, and health emergencies, such as cholera outbreaks and the COVID-19 pandemic.
4. Between 2010 and 2019, the maternal mortality rate decreased from 960 to 462 per 100,000 live births.² Between 2014 and 2019, under-5 mortality declined from 75 to 65 deaths per 1,000 live births. However, the neonatal mortality rate has remained practically unchanged since 1988, at 31 deaths per 1,000 live births, representing 47.7 per cent of all under-5 mortality. Malnutrition is an underlying factor in 45 per cent of deaths of children under 5 years of age. The principal causes of non-neonatal child deaths include AIDS, pneumonia, malaria and diarrhoea. Maternal, neonatal and child health interventions and immunization coverage, particularly in remote and poor urban areas and for women and children with disabilities, remains low due to weak and underfunded health systems characterized by poor quality of care, insufficient qualified and motivated human resources and weak governance and accountability frameworks. Demand for community-based primary health-care systems remains weak. Harmful social norms, including religious beliefs and practices that exclude women and girls, persist.
5. Malnutrition affects one in three children. While stunting rates have significantly declined since 2007, stunting affects 24 per cent of children (0–5 years), with higher rates in boys than girls. Around 12.6 per cent of children are born with low birth weight. Only 59 per cent of children are exclusively breastfed for the first six months. Furthermore, 15 per cent of children (5–19 years) are overweight. Poor dietary intake is influenced by inadequate knowledge, cultural and gender norms and the poor quality of nutrition services within the health system. Food legislation does not comply with international standards. Subnational nutrition governance structures are weak. There is chronic food insecurity in the southern regions and increasing

¹ Data on the economic situation from International Monetary Fund, “World Economic Outlook”, October 2020; Ministry of Finance and Economic Development, National Development Strategy 1, 2021–2025; National budget statement; and 2020 monetary policy statements.

² Data on health and nutrition from Zimbabwe National Statistics Agency (ZIMSTAT), Multiple indicator cluster survey 2019.

urban and peri-urban vulnerability, which are worsened by the impact of climate change and emergencies.

6. Only 37 per cent of young children engage in early stimulation and responsive care with a household member. Only 71 per cent of children (36–59 months) are developmentally on track.

7. The rate of adult HIV prevalence is 12.9 per cent.³ While the rate of maternal antiretroviral treatment (ART) coverage has surpassed 90 per cent, the mother-to-child-transmission (MTCT) rate is only 8 per cent and paediatric ART coverage is low. Adolescent and young people (15–24 years) account for one third of all new infections. Adolescent girls and young women are twice as likely to contract HIV than males and only 25.8 per cent access HIV prevention programmes. Stigma and health workers' negative attitudes towards adolescents seeking HIV and sexual and reproductive health services persist, and adolescents have limited access to youth-friendly health services. The adolescent pregnancy rate is 21.6 per cent and 30 to 33 per cent of maternal deaths are among adolescents. There is limited space for the meaningful participation of adolescents in decision-making.

8. Progress on water, sanitation and hygiene (WASH) is regressing. Between 2000 and 2020, coverage of basic drinking water and sanitation declined from 72 to 63 per cent and from 46 to 36 per cent, respectively.⁴ Only 42 per cent of households have basic hygiene services. Access to basic water services in urban communities is 45 percentage points higher than in rural areas. Over one third of schools lack access to basic water services and 37 per cent lack handwashing facilities. Only 17 per cent of health-care facilities have basic sanitation services and 58 per cent have basic handwashing services. Challenges include weak institutional coordination and capacity, including to maintain WASH infrastructure, insufficient water supplies, contamination, distance to water points and insufficient menstrual health management services and support. Urbanization has resulted in new settlements with limited access to effective WASH services. Increasingly extreme climate-induced events impact WASH services and lower community resilience, placing Zimbabwe among the most at-risk countries globally.

9. While 93.6 per cent of children (6-13 years) are enrolled in primary school, 68 per cent of pre-primary aged children (3–5 years) and 47 per cent of adolescents (13–18 years) are out of school. Demand for pre-primary education is low. While more girls than boys complete primary education, more girls drop out by Form 4, mainly due to pregnancy, early marriage, school-related gender-based violence, parents' prioritization of boys' education and insufficient gender-sensitive infrastructure. Intersectoral barriers to children's access to education include household poverty, abuse, remoteness and sociocultural norms. Many children do not achieve learning targets. Insufficient teacher capacity and attrition and emergencies jeopardize learning quality and continuity. Access to learning opportunities for out-of-school children is limited. Few schools provide non-formal education programmes. The COVID-19 pandemic resulted in the loss of learning for 4.5 million children in 2020. Only 6.8 per cent of children had access to digital learning.

³ Data on HIV from Ministry of Health and Child Care, "Zimbabwe population-based HIV impact assessment", 2020; Health Management Information System; Joint United Nations Programme on HIV/AIDS, "Country factsheet", 2019.

⁴ Data from World Health Organization/UNICEF joint monitoring programme for water supply, sanitation and hygiene.

10. One third of girls experience sexual violence before their 18th birthday.⁵ Child marriage rates remain high, driven by poverty and fuelled by social norms. Child labour affects 35 per cent of children (5–14 years). The COVID-19 pandemic engendered a sharp rise in reported violence against children and gender-based violence as well as an increase in the need for mental health and psychosocial support (MHPSS), while the capacity to provide child protection services, particularly to adolescents and those in humanitarian situations is inadequate. Despite significant progress in establishing a national case-management system, the child protection sector remains fragmented, with shortages in the social service workforce; minimal investment in child-sensitive justice and social welfare systems; and limited implementation of legislation. The birth registration rate is 48.7 per cent, with a large rural-urban divide. These gaps are exacerbated during emergencies.

11. Owing to constrained fiscal space, Government spending on social sectors has remained inadequate and dependent on donor funding. The devolution agenda has been marred by weak local capacity to plan, manage and spend decentralization resources. The social protection system has insufficient coverage to adequately respond to increasing vulnerabilities.

12. Among lessons learned from the previous country programme and the pandemic response are that (a) resilience-building interventions cannot be isolated from mainstream development programmes; and (b) integrated multisectoral approaches improve programme efficiency and enhance harmonized action, including with other United Nations agencies.

13. While Zimbabwe has ratified the Convention on the Rights of the Child, the implementation of related laws and policies remains a challenge. UNICEF Zimbabwe has strong comparative advantage as a credible advocate for child rights and evidence-based policy and multisectoral strategy development, as well as in fostering innovative solutions to address child deprivations.

Programme priorities and partnerships

14. Supporting the Government's vision of a prosperous and empowered upper-middle-income society, the country programme is aimed at contributing to sustainable socioeconomic development that provides all children, including adolescents, with opportunities to fulfil their potential, lead a healthy life, access quality learning and protection and meaningfully participate in society. The country programme includes seven components:

- (a) Maternal, newborn, child and adolescent health;
- (b) Nutrition;
- (c) HIV/AIDS and adolescent development and participation;
- (d) Climate-resilient WASH;
- (e) Quality learning and skills development;
- (f) Child protection;
- (g) Social inclusion.

15. UNICEF will enhance its joint and complementary work with other entities of the United Nations, contributing to all outcomes under the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2022–2026:

⁵ ZIMSTAT, "National baseline survey on life experiences of adolescents report", 2011

(a) Equitable and quality social services and protection, especially for women and girls;

(b) Greater environmental stability and robust food systems in support of healthy lives and equitable, sustainable and resilient livelihoods;

(c) More inclusive and sustainable economic growth with decent employment opportunities;

(d) More-accountable institutions and systems for rule of law, human rights and access to justice.

16. Building on lessons from the pandemic response and opportunities to strengthen resilient systems, the programme will promote integrated and convergent interventions and consolidate synergies with other United Nations agencies and build on the country's devolution process. It will focus on regions with the greatest deprivations and those that are particularly vulnerable to climate-related shocks, as well as remote rural and urban poor areas with the hardest-to-reach children. Emergency preparedness and response are embedded within each programme component, reinforcing humanitarian-development linkages.

17. Joint programming will focus on climate action and multisectoral community resilience; addressing gender-based violence, HIV/AIDS and sexual and reproductive health needs; and mental health and the COVID-19 response.

18. Strategies include:

(a) Data and evidence generation to inform equity-focused decision-making;

(b) Advocacy for policy development, sector planning and resource allocation;

(c) Systems strengthening, improving national and subnational institutional capacities and local-level accountability and devolved service delivery;

(d) Social and behavioural analytics, and fostering community, civil society organizations' (CSOs) and adolescent engagement in advancing child rights;

(e) Partnerships with donors, the private sector and regional/international financial institutions (IFIs);

(f) Innovation and digital transformation to scale up service coverage, real-time monitoring and accountability to affected populations.

Maternal, newborn, child and adolescent health

19. This programme component supports the people-centred outcome of the UNSDCF, focusing on helping children, particularly adolescent girls, and young women, especially from rural and poor urban settings, to utilize quality equitable and high-impact health interventions and increasingly adopt healthy behaviours.

20. The first emphasis is on improving maternal and newborn health by supporting the Ministry of Health and Child Care to strengthen referral systems, build the capacity of health-care workers and community-based health-care providers and improve infection prevention and control in health facilities.

21. Secondly, UNICEF will focus on improving access by all children to primary health-care services to prevent and treat common childhood illnesses and non-communicable diseases; it will also promote optimal child development and nurturing care. Support will range from evidence-based planning, costing, and capacity building to scale up high-impact child-survival interventions, including innovative cold-chain technology. The extended programme for immunization will serve as a platform for integrating essential health-care package delivery.

22. Thirdly, the capacity and resilience of community-level service-delivery platforms will be strengthened to equitably deliver gender- and disability-sensitive health services, with communities and village health-care workers engaged and innovation and technology leveraged to accelerate results. This will be complemented by integrated communication for development (C4D) strategies and social norms programmes to drive behaviour change for health.

23. Lastly, to strengthen and make the health system resilient, UNICEF will provide support to strengthen human resources, ensure health-care financing and improve the efficiency and transparency of health-care delivery management by reinforcing programme planning capacity, cross-sector coordination and knowledge management. UNICEF will also promote a harmonized cooperation framework and enhance capacity in multi-hazard risk surveillance, disaster governance, business continuity and early recovery, with a focus on accountability to affected people.

Nutrition

24. Multisectoral strategies supporting the UNSCDF outcomes on services and food systems will ensure that more children, adolescents and pregnant and lactating women with the highest risk of malnutrition benefit from quality diets, services and practices that support their optimal nutrition, and that child growth and development are promoted.

25. The component adopts a transformative systems-strengthening approach, leveraging the health, social protection, WASH, education and food systems, and promotes youth participation and entrepreneurship. It also coordinates an integrated early childhood development strategy.

26. First, UNICEF will help to strengthen national and subnational capacities to generate evidence, enhance multisystem coordination and food systems governance and design and implement food and nutrition legislation and policies targeting the most vulnerable women, children and adolescents.

27. The second priority will be to engage communities and address context-specific social and gender norms to increase capacity of households to improve the quality of diet and increase the use of nutrition services by children, adolescents and pregnant and lactating women.

28. Lastly, attention will be given to ensuring that essential nutrition supplies and services are accessible in development and humanitarian contexts. UNICEF will support the Ministry of Health in strengthening systems along the supply chain; mobilizing domestic and external financing for nutrition; advocating for fund allocations to provincial and district programmes; and engaging with IFIs.

HIV/AIDS and adolescent development and participation

29. This programme component contributes to all UNSCDF outcomes through improving adolescent engagement and increasing the use of integrated HIV prevention, treatment and care services, including MHPSS, and sexual and reproductive health and gender-based violence interventions for children, adolescents and young people.

30. The first priority is on multisectoral coordination and advocacy for evidence-based legislation, policies, plans and budgets in support of integrated services for adolescents, especially girls, adolescents with disabilities and adolescents in humanitarian situations. UNICEF will support partners to expand space for the meaningful participation of adolescents in decision-making.

31. Secondly, efforts will focus on strengthening the capacity of service providers to deliver HIV prevention and treatment services for children, adolescents and pregnant women. UNICEF will leverage delivery platforms within the health and related sectors to strengthen institutional capacity and increase demand for HIV testing, ART and reduce barriers to service utilization.

32. Finally, UNICEF will promote adolescent-friendly services through the health, education and social welfare systems to reach adolescents with information and services on MHPSS and sexual and reproductive health and rights. The focus will be on strengthening service providers' capacity to offer integrated adolescent-friendly services and use digital platforms to scale up service delivery.

Climate-resilient water, sanitation and hygiene

33. This programme component focuses on enabling children and families, particularly the most vulnerable, to benefit from adequate, equitable, affordable and climate-resilient drinking water, sanitation and hygiene in line with the UNSDCF. It will be responsive to the needs of children, particularly those with disabilities.

34. First, UNICEF will help to strengthen Government-led systems that build community resilience and enable affordable, equitable and sustainable WASH services that respond to the needs of girls and women, including for menstrual hygiene management. Efforts will support real-time monitoring and evidence generation to identify the most deprived communities and inform policies. UNICEF will help to enhance multisectoral coordination, develop standards and systems, and support the ministries responsible for health and education to streamline WASH services and create demand through sustainable community engagement. Efforts will support the mobilization of climate financing for WASH and other sectors and strengthen the capacity of local actors to plan, utilize decentralized financing and monitor the implementation of WASH services.

35. Another priority will be to empower parents, caregivers, girls and boys with the knowledge and skills to adopt safe WASH practices and demand accountability from service providers. UNICEF will target local leaders, change agents, teachers and children with social and behaviour change communication strategies; develop clear accountability and feedback mechanisms; and scale up best practices on community approaches to total sanitation.

36. Thirdly, UNICEF will focus on ensuring that the most vulnerable households and communities have improved access to safe WASH services, with an emphasis on the special needs of children with disabilities and girls, including in schools.

37. Finally, UNICEF will prioritize the integration of development, humanitarian, and climate-adaptation efforts to improve the long-term sustainability of WASH services, the resilience of communities and the effectiveness of humanitarian responses. It will support the Zimbabwe WASH Cluster and build the capacity of communities to prepare for and manage emergencies.

Quality learning and skills development

38. This programme component contributes to UNSDCF outcomes on services and inclusive development, focusing on enabling children and adolescents, particularly the most disadvantaged and those in humanitarian settings, to access equitable, high-quality learning opportunities in an efficient, effective and resilient education system.

39. The first priority concerns access to inclusive, high-quality basic education services and learning opportunities by all children. UNICEF will support the Government and partners to establish an early warning system to prevent dropout, especially of girls; support the reintegration of pregnant girls into schools; enhance

non-formal education options; and strengthen intersectoral collaboration on the right to education for children with disabilities. Promoting community engagement, UNICEF will undertake C4D campaigns to promote and increase demand and advocate for systematic adolescent participation in skills development.

40. Secondly, to improve learning environments, UNICEF will support teacher capacity development to promote expanded school connectivity and the use of community paraprofessionals to address the huge teacher shortage in Zimbabwe. The programme will also foster innovation in remote teaching, building upon the current experience and partnerships of UNICEF in digital learning.

41. Thirdly, to improve the efficiency and effectiveness of the education system, UNICEF will help to build capacity within the Ministry of Primary and Secondary Education in planning, budgeting, resource management and monitoring.

42. Finally, UNICEF will assist the Ministry to develop a disaster risk management and resiliency plan for the education sector and build the capacity to effectively implement the plan at all education levels. UNICEF will lead the education cluster and support service delivery during emergencies.

Child protection

43. Grounded in a rights framework, this programme component contributes to UNSDCF outcomes concerning protection services and institutions, particularly ensuring that children and adolescents are better protected from violence, abuse and exploitation, have their birth registered in a timely manner and benefit from improved prevention and response systems in development and humanitarian settings.

44. The first focus is on developing a legislative and normative framework around child protection, including child marriage and other forms of violence against children; civil registration; MHPSS; and access to justice. UNICEF will advocate for improving budget allocations and institutional reforms to scale up the national case-management system; strengthen child-friendly justice and law-enforcement systems and reinforce child-rights monitoring. Partnerships with organizations focusing on people with disabilities will enable the strengthening of institutional and normative frameworks on the rights of people with disabilities.

45. The second priority will be to strengthen social services and workforces for violence prevention and response. UNICEF will strengthen the institutional capacity of the social welfare, justice, law enforcement and civil registration sectors to deliver high-quality, gender-responsive protection services for children and adolescents, including those with disabilities; and enhance the quality of information management systems and the use of digital innovations.

46. Thirdly, the programme will reinforce positive societal attitudes on the prevention of violence and harmful practices and promote timely birth registration. UNICEF will introduce transformative gender and social norms that build community resilience and increase demand for child- and adolescent-sensitive protection services.

47. Lastly, UNICEF will foster the coherence and complementarity of humanitarian and development programming, lead the child protection subcluster for quality humanitarian responses in emergencies and strengthen protection-related risk surveillance.

Social inclusion

48. This programme component will enable the access of vulnerable children and adolescents, including those living with disabilities, to inclusive and resilient social protection and social services, contributing to UNSDCF outcomes targeting the most vulnerable.

49. The first focus is on public finance for children to promote child-friendly budgeting and policies to address socioeconomic vulnerabilities and improve the situation of children. UNICEF will partner with the World Bank and other partners to generate evidence on child deprivation and public expenditure and provide expert advice to the Government on inclusive policies and devolution.

50. The second focus is on inclusive shock-responsive social protection. Building on past experience, the programme will support the development of a comprehensive social protection policy, enhance the capacity of responsible ministries at the national and subnational levels to increase the reach of social protection programmes and strengthen coordination mechanisms between the Government and partners.

51. Finally, the programme will support critical household and national surveys on the status of children and adolescents and strengthen research networks to generate, analyse and share evidence to improve the situation of children, including multidimensional child poverty measurement and the analysis of the impact of climate change on children. UNICEF will strengthen the capacity of the national statistical system and partner with research organizations, CSOs, academia and the private sector to strengthen knowledge management.

Programme effectiveness

52. This component will support effective programme delivery, including managing for results, research and evaluation. It will coordinate cross-cutting programming, including strategic behaviour-change communication and advocacy, and manage resource mobilization and partnerships with the private sector and IFIs, while promoting innovation across programmes.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Maternal, newborn, child and adolescent health	3 800	319 000	322 800
Nutrition	2 400	23 000	25 400
HIV/AIDS and adolescent development and participation	1 900	16 000	17 900
Climate-resilient water, sanitation and hygiene	5 000	70 000	75 000
Quality learning and skills development	3 000	72 000	75 000
Child protection	3 300	57 000	60 300
Social inclusion	4 300	12 000	16 300
Programme effectiveness	9 700	38 000	47 700
Total	33 400	607 000	640 400

Programme and risk management

53. This country programme document summarizes the contributions of UNICEF to national results and is the principal mechanism for accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. The responsibilities and accountabilities of managers at the country, regional

and headquarters levels are defined in the policies and procedures regarding the organization's programmes and operations.

54. The programme will be coordinated as part of the UNSDCF and implemented and monitored in cooperation with the Government of Zimbabwe under the leadership of the Office of the President and with partners, donors, CSOs and academia. UNICEF will play a leadership role in various United Nations country team working groups to advance UNSDCF implementation.

55. The programme was prepared in the context of the pandemic and with consideration of the risks of high-impact natural disasters, climate change and health emergencies. Additional risks include limited government funding and the uncertainty of and decline in the volume of development aid to the country. UNICEF will monitor the situation to reassess planning assumptions and adjust the programme accordingly.

56. UNICEF will hold regular reviews with partners to assess strategic, programmatic, operational and financial risks, defining appropriate risk-control and mitigation measures and monitoring the effectiveness of governance and management systems, the stewardship of financial resources and the management of human resources, with a particular focus on the prevention of sexual exploitation and abuse. Management of the comprehensive harmonized approach to cash transfers (HACT) will be strengthened to mitigate risks in programme implementation.

Monitoring and evaluation

57. The integrated results and resources framework forms the basis for programme monitoring and evaluation. UNICEF will use and strengthen government data collection systems and mechanisms and such innovative data collection tools as U-Report to generate disaggregated data to monitor progress against programme targets.

58. Midyear and end-year reviews will be undertaken to monitor progress and bottlenecks and adjust accordingly. HACT will be followed to conduct programmatic and spot checks on ongoing programme implementation. Evaluations will focus on learning and on contributing to programme improvements.

59. UNICEF will lead the United Nations efforts to monitor the UNSDCF people-related outcome, organizing joint reviews and joint field monitoring and reporting.

Annex

Results and resources framework

Zimbabwe – UNICEF country programme of cooperation, 2022–2026

<p>Convention on the Rights of the Child: articles 2–40</p> <p>National priorities: National Development Strategy 1 2021–2025 priority areas on youth, sport and culture; food and nutrition security; social protection, health and well-being, human capital development and innovation</p> <p>Sustainable Development Goals: 2–5,10,13,16 and 17</p>
<p>United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:</p> <p>By 2026, all people in Zimbabwe:</p> <ul style="list-style-type: none"> – Especially women and girls and those in the most vulnerable and marginalized communities, benefit from equitable and quality social services and protection. – Especially the most vulnerable and marginalized, benefit from greater environmental stability and robust food systems in support of healthy lives and equitable, sustainable and resilient livelihoods. – Especially the most vulnerable and marginalized, benefit from more inclusive and sustainable economic growth with decent employment opportunities. – Especially the most vulnerable and marginalized, benefit from more accountable institutions and systems for rule of law, human rights and access to justice.
<p>Related UNICEF Strategic Plan Goal Areas: 1–5</p>

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
1. By 2026, children, adolescent girls, pregnant and young women, especially from rural and urban poor settings,	Proportion of pregnant women (15–49 years) receiving at least eight antenatal care contacts B: 10% T: 50%	Multiple indicator cluster survey (MICS)	The Ministry of Health has increased capacity to deliver high- impact maternal, newborn and adolescent health interventions.	Ministry of Health and Child Care United Nations Population Fund (UNFPA), World	3 800	319 000	322 800

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
increase the utilization of quality, equitable, high-impact maternal, neonatal, child and adolescent health and nutrition interventions and adopt optimal healthy behaviours.	Proportion of newborns receiving postnatal care during the first two days of life B: 91% T: 95%	Zimbabwe Demographic and Health Survey (ZDHS)/MICS	All children have access to an essential health-care package, including for immunization and non-communicable diseases. Community health-care systems drive positive behaviours and improve the uptake of health services. The capacity of the health system for human resources, financing and information management, and for preparedness and response to health epidemics and emergencies is improved.	Health Organization (WHO), World Bank; civil society organizations (CSOs), European Union, Foreign, Commonwealth & Development Office (FCDO), Swedish International Development Agency (SIDA), Irish Aid, Gavi, the Vaccine Alliance, other donors			
	Percentage of live births attended by skilled health personnel B: 86% T: 91%	ZDHS/MICS					
	Percentage of children (0–9 months) with diarrhoea receiving oral rehydration solution and zinc B: 16.5% T: 35%	ZDHS/MICS					
	Children < 1 year receiving DTP-containing vaccine at the national level B: 85% T: 90%	District Health Information Software 2 (DHIS2)					
2. By 2026, more children, adolescents and pregnant and lactating mothers in provinces with high malnutrition benefit from quality diets, services and practices that support their optimal nutrition, growth and development.	Percentage of children (0–5 years) who are stunted B: 23.5% T: 17%	MICS	The Government has improved capacities to design, coordinate and implement evidence-informed nutrition policies and legislation.	Food and Nutrition Security Council	2 400	23 000	25 400
	Percentage of children (10–19 years) who are overweight B: 13.3% girls; 1.4% boys T: 10% girls; 1% boys	ZDHS	The most vulnerable population groups access essential nutrition services and practise good nutrition behaviours.	Ministries of Health; Lands, Agriculture, Fisheries, Water and Rural Resettlements; and Primary and Secondary Education			
	Percentage of infants (0–5 months) exclusively breastfed B: 41.9% T: 60%	MICS	Children, adolescents and women affected by humanitarian crises access nutrition services.	World Food Programme (WFP), Food and Agriculture Organization of the			

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Percentage of children (6–23 months) fed a minimum number of food groups B: 16.7% T: 25%	MICS		United Nations (FAO), WHO, United Nations Development Programme (UNDP), Scaling Up Nutrition, CSOs			
	Percentage of children (0–6 years) who are developmentally on track in at least three domains (literacy-numeracy; physical; social-emotional; learning) B: 71% T: 80%	MICS					
3. By 2026, 90 per cent of children and adolescents, especially girls, and young women, including those with disabilities, demand and utilize quality and comprehensive services for preventing HIV and gender-based violence and addressing sexual, reproductive and mental health, and have strengthened participation and engagement in basic social service delivery.	Percentage of adolescent girls and young women reached with HIV prevention programmes in intervention areas B: 0% T: 85%	Programme report	National mechanisms are strengthened to plan and coordinate integrated services for adolescent development and participation Service providers have improved capacity to provide comprehensive HIV services to children, adolescents and women.	National AIDS Council Ministries of Health; and Youth, Sports and Art Youth-led organizations, UNFPA; Joint United Nations Programme on HIV/AIDS, Global Fund, Government of the Republic of Korea, CSOs	1 900	16 000	17 900
	Percentage of children (0–14 years) and adolescents and young people (15–24 years) living with HIV receiving antiretroviral therapy (ART) B: 67% (0–14 years) T: 84% (0–14 years) B: M 90%; F 88% (15–24 years) T: 95% (15–24 years)	DHIS2	Adolescents are aware and access adolescent-friendly services.				
	Percentage of adolescents in selected youth groups that meaningfully participate in civic engagement and decision-making around basic social service delivery B: N/A T: 85%	Programme report					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Percentage of HIV-positive pregnant and lactating women receiving ART to reduce mother-to-child HIV transmission B: 83% T: 95%	DHIS2					
4. By 2026, more children and their families, particularly the most vulnerable, benefit from adequate, equitable, affordable, climate-resilient drinking water, sanitation and hygiene (WASH).	Percentage of the population using basic drinking-water services B: 63% T: 65%	WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	Government-led systems are strengthened to deliver WASH services. Parents, caregivers, girls and boys have increased knowledge and skills to adopt safe WASH practices. Communities have improved access to basic WASH services, including in schools and health facilities. The Government and communities have increased capacities to prepare for and respond to disasters and adapt to climate change.	Ministries of Lands; Health; and Local Government, Public Works and National Housing Provincial and District Water and Sanitation Sub-committees, community-based groups WHO; FAO, UNDP, UNFPA, Sanitation and Water for All	5 000	70 000	75 000
	Percentage of the population using basic sanitation services B: 36% T: 40%						
	Percentage of the population using basic hygiene services B: 42% T: 50%						
5. By 2026, more children and adolescents, particularly the most disadvantaged and those in humanitarian emergencies, benefit from equitable, quality learning opportunities in an efficient, effective, and resilient education system.	Net enrolment ratio in pre-primary education B: 32.18% (M: 31.95%, F: 32.41%) T: 50% each	Educational management information system (EMIS)	The Government and partners have the capacity to increase the access of children to quality basic education and learning opportunities. Girls and boys benefit from an improved learning environment. The education system has improved capacity for planning, budgeting, resource management and monitoring. The education sector has the capacity for disaster risk	Ministries of Primary and Secondary Education; Youth; and Higher and Tertiary Education United Nations Educational, Scientific and Cultural Organization (UNESCO), WFP, FAO, Global Partnership for Education, FCDO,	3 000	72 000	75 000
	Transition rate from Grade 7 to Form 1 B: 82.16% (M: 80.7%, F: 83.59%) T: 90% each	EMIS					
	Continuance rate Forms 1–6 B: Forms 1–4: 84.2% (M: 86.11%, F: 82.23%, among secondary tier 3 schools)	EMIS					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Forms 1–6: 21.40% (M: 21.57%, F: 21.15%, among S3 schools) T: Forms 1–4: 90% each Forms 1–6: 35% each		management and the strengthening of resilience.	KFW Development Bank and other donors, CSOs			
	Percentage of pupils achieving at or above grade-appropriate level after completing Grade 2 Mathematics: B: 60% (M: 56.9%; F: 63.1%) T: 75% each English: B: 61.1% (M: 55.7%; F: 66.1%) T: 75% each	Zimbabwe Early Learning Assessment					
6. By 2026, children, adolescents and young people are better protected from violence, abuse and exploitation, are registered in a timely manner and benefit from improved prevention and response systems in development and humanitarian settings.	Proportion of women (15–19 years) having experienced sexual violence B: 4.7% T: 4%	MICS	The Government has strengthened policies, legislation and frameworks for child protection and prevention of gender-based violence	Ministries of Public Service, Labour and Social Welfare; Justice, Legal and Parliamentary Affairs; Information Communication Technology; and Women's Affairs	3 300	57 000	60 300
	Under-5 birth registration rate B: 48% T: 52%	MICS	Children and adolescents access quality child protection and birth registration services	Judicial Services Commission, National Prosecuting Authority, Zimbabwe Republic Police, UNFPA, UNDP; UNESCO, WHO; International Organization for Migration, private sector; SIDA; European Union, Swiss Agency for Development and			
	Number of survivors of gender-based violence provided with a comprehensive response B: 17,144 T: 20,000	CSO and Government administrative data, programme monitoring reports	Communities have knowledge and skills to address harmful social and gender norms Children and women are protected from violence and abuse in humanitarian situations				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
				Cooperation, USAID and other donors; CSOs			
7. By 2026, more vulnerable children and adolescents, including those living with disabilities, benefit from inclusive social services that protect them from poverty and promote social inclusion and resilience	Share of public spending on health, education and/or social protection benefiting children as a percentage of total budget B: 35% T: 40%	Budget briefs	The national capacity is strengthened for social-sector budgeting and public-finance management for children. The Government increases investment in inclusive shock-responsive social protection programmes. National institutions use equity-based information to develop child-sensitive policies and programmes.	Ministries of Local Government; and Public Service Parliament, United Nations, KFW Development Bank; World Bank, International Monetary Fund, CSOs, Zimbabwe Economic Policy Analysis Research Unit	4 300	12 000	16 300
	Share of public investments in non-contributory social protection programmes in real per capita terms B: 2.5% T: 3%	Budget briefs					
	Percentage of the 39 child-related Sustainable Development Goal indicators and aggregates with available estimates from the past five years based on country sources B: 56% T: 75%	MICS and other surveys					
8. Programme effectiveness	Percentage of country programme results on track or achieved Outcomes / outputs: B: 66% / 79% T: 100% each	Insight	Staff and partners are provided with the guidance, tools and resources to effectively design and manage programmes.	United Nations agencies, Office of the President, media, private sector	9 700	38 000	47 700
Total resources					33 400	607 000	640 400