

A COLLECTION OF REAL LIFE STORIES OF COMMUNITIES IN ZIMBABWE

IN QUEST FOR SEXUAL REPRODUCTIVE HEALTH AND RIGHTS



25 YEARS OF COMMITMENT TO THE INTERNATIONAL CONFERENCE ON POPULATION AND
DEVELOPMENT PROGRAMME OF ACTION 25 STORIES OF INSPIRATION AND RESILIENCE



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Zero Unmet need for Family Planning
Zero Gender Based Violence & harmful practices

Foreword

As the United Nations Populations Fund (UNFPA), the reproductive health and rights agency, we are supporting the Government of Zimbabwe's (GoZ) efforts towards improving the quality of life of Zimbabweans, especially women and young people, through promoting access to Sexual Reproductive Health Rights (SRHR) services. The 7th Country Programme running from 2016 – 2020, seeks, among other things, to reduce maternal mortality, end unmet need for family planning, reduce new HIV infections and Gender Based Violence (GBV). Our partnership with the GoZ began in 1981 with support to the country's first national census.

The year 2019 is a milestone year for us as the United Nations Population Fund (UNFPA) - we celebrate 50 years of delivering for women and young people on the SRHR agenda and 25 years of commitment to the International Conference on Population and Development (ICPD) Programme of Action. At this conference very important resolutions were made to improve access to sexual and reproductive health. The Programme of Action recognised that reproductive health and rights, as well as women's empowerment and gender equality, are cornerstones of population and development programmes. This important conference is what has grounded UNFPA's work over the years.

Since then we have seen marked progress in ensuring access to sexual reproductive health and rights the world over, including in Zimbabwe. For example, in 1994 modern Contraceptive Prevalence Rate in Zimbabwe was at 42% and today it stands at 67%, one of the highest in Africa. This is steady progress that Zimbabwe is making in the various areas related to the ICPD agenda.

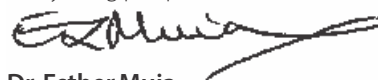
We have seen progress but we still have a lot more work to do to deliver on the ICPD Programme of Action as this advocacy booklet will show; we still have a lot of "unfinished business". There are still many people in marginalized rural communities who are failing to access essential SRH services that we need to reach in the best way we can. A significant number of women (about 8 women a day) are still dying whilst giving birth. In the 15-19-year age group, 110 per 1,000 girls are giving birth. Gender Based Violence sadly affects 1 in 3 women and girls. These few examples highlight the 'unfinished business' that Zimbabwe still faces and needs to focus on.

In this booklet we feature a collection of stories of how far we have come on the ICPD agenda and since 1981 when we began working in Zimbabwe. As the articles show some progress has been made in the realisation of Sexual Reproductive Health and Rights but there is still a lot more that still needs to be done to ensure universal coverage.

On Family Planning for example you will hear accounts of how far we have come from the days when women used to jump shrubs or tie knots around their waists as a means of family planning to today where we have modern and more effective means of contraceptive. We have accounts of women who have spent so many years in isolation with no dignity because of the lack of obstetric fistula repair surgery yet so resilient and strong in the face of such suffering and humiliation. We have accounts of young girls who have been given a new lease in life and who have big dreams in their lives thanks to mentorship from the Sista2Sista programme. We have accounts of how access to services has made a difference to survivors of GBV's lives, enabling them to find justice and move on from the trauma of their various experiences. By all accounts it is encouraging how far we have come in ensuring universal coverage to Sexual Reproductive Health and Rights.

May I express gratitude to the Government of Zimbabwe, implementing partners and funding partners quite notably the governments of Britain, Ireland, Sweden and the European Union who have walked this journey with us as we strive to better the lives of women and young people in Zimbabwe. It is our hope that more funding partners will join us on this journey as we go the last mile to complete the unfinished business. Together we will make a difference in the lives of women and young people and in the quest to achieve universal access to Sexual Reproductive Health and Rights (SRHR).

May I also express gratitude to the UNFPA leadership for the guidance and support in pursuit of rights and choices for women and young people in Zimbabwe.



Dr. Esther Muia

UNFPA Country Representative



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When all is not lost...

Cyclone Idai survivor

"I knew that at this hospital I would deliver my baby safely"

Maria Mwakutukusa (20) from Muchadziya area of Chimanimani was airlifted from her village to Chipinge District Hospital at the height of the devastation of Cyclone Idai. With the destruction of the road network that came with the cyclone and being pregnant with her first child, the nurses at Muchadziya Clinic advised her it would be best to stay close to her health facility in case of labour.

"When the cyclone began there were heavy rains and winds; it seemed the steel roof on our house would be blown off," recalls Maria. "I told my husband I was not comfortable sleeping in that house and we moved to our grass thatched kitchen hut with his two brothers. When we woke up the next morning the house we had abandoned had been razed to the ground and the roof blown away... we were all shocked."

Maria found she had lost all her belongings in the floods, including her "preparation" for her unborn baby.

"I tried to pick up some of the clothes and washed them but because it continued to rain for three days the clothes and mattress became all mouldy and we had to throw them away."

Maria Mwakutukusa

Maria was airlifted from her Muchadziya village on April 10, 2019 to Chipinge District Hospital and on arrival, an ambulance ferried her to Mutambara Mission Hospital in the Manicaland Province, about 350 kilometres outside the capital Harare.

“We stayed for four days at the clinic before we were airlifted. When the nurses called me I didn't think twice about it,” says Maria. “I knew I was still far off (32 weeks) but I did not want to take a chance with the roads destroyed. I knew that at this hospital I would deliver my baby safely.”

For many years now UNFPA has been responding to humanitarian situations like this – restoring dignity, protecting women and girls from harm and abuse and ensuring no woman dies due to pregnancy. Tropical Cyclone Idai disaster of March 15, 2019 resulted in injuries, loss of life and severe destruction to critical infrastructure (health, education, water and sanitation, electricity and shelter). Manicaland province was severely affected with the greatest impact and destruction being in Chimanimani and Chipinge districts. An estimated 237,000 people from the two districts were affected with about 75% of them being women, young people and children.



At the height of Cyclone Idai the UNFPA supported the airlifting of pregnant women to health facilities to ensure women have skilled birth attendance. The women were sheltered at Maternity Waiting Homes that were set up before the cyclone to provide temporary shelter to women with high risk pregnancies and to those who stay far from health facilities, another intervention to ensure women deliver their baby safely. It is through such lifesaving interventions supported by UNFPA and its partners that women like Maria look into the future with hope.


“While here at the shelter these women can have access to adequate health care; we check their blood pressure, baby's breathing (heart rate) on a daily basis and as soon as they go into labour it's a few minutes to get to the labour ward to get care; they do not have to worry about transport and other things that they would normally worry about at home,” explains Sister Mefou who oversees the Maternity Waiting Home at Mutambara hospital.

Maria safely delivered a bouncing baby boy at Mutambara Mission Hospital. She has called her baby Munamoto (prayer) because she says it is through her faith that she and her family are alive today. Now begins the journey of rejoining her family and rebuilding their lives after the devastation of Cyclone Idai.

~Bertha Shoko

Of dignity restored and lives changed forever

“For more than 10 years we tried to get help but failed”



Tendai Chimana's story is a true story of resilience. It is a story of humanity. Tendai resides in Birchenough Bridge in Manicaland, about 400kms outside the capital Harare. In 2006 at the age of 25 having gone into labour, Tendai spent 2 days at the local clinic but her labour failed to progress. She was referred to a higher level of care but by then it was too late for her and her baby. Her baby died. She developed an obstetric fistula leading to continuous leakage of urine.

“When the doctor explained what had happened to me I just could not understand it; I had never heard of anything like that in my life,” recalls Tendai. “I spent 3 months with a catheter as the doctors believed that I was young and I would probably heal but 3 months turned to 9 months and I did not heal and the doctor resolved to remove the catheter; it was a very difficult time in my life. I was then referred to a central hospital (Parirenyatwa) but even there the doctors couldn't do anything for me.”

The obstetric fistula and the loss of her baby led to the breakdown of her marriage and she moved back home to her parents where she met her second husband.

“I told him about my situation and he accepted me the way I was,” explains Tendai. “I asked him many times if my condition would not cause problems with his family and he assured me over and over again that he loved me the way I was and he would help me get better.”

Tendai Chimana

It took a while for Tendai to make the decision to commit again and eventually she did. Then with the support of her husband began the journey for her to get “better”. That journey included several visits to private doctors, hospitals, botched surgeries and finally a decision to just accept her situation.

“For more than 10 years we tried to get help but failed,” says Tendayi. “I then reached the stage where I told my husband that I was now too tired to continue looking for help; I thanked him for all his support. We had spent a lot of money on transport, medical costs and so on; I felt it was enough.”

Having given up all hope of ever getting well many years later Tendai met a nurse at a nearby police camp who was speaking about the obstetric fistula repair programme. She was looking for women with obstetric fistula in the community and rest as they say is history. Tendai is one of the many women who have received life changing surgery at Chinhoyi Provincial Hospital free of charge.

“At first I was sceptical; I wasn’t sure it would work. When I got to Chinhoyi hospital I met many other women, including those with worse situations than mine; others leaked faeces. It was so sad,” she explained.

Many women living with obstetric fistula are ostracised within their communities due to the bad odour that comes from constantly leaking urine or faeces or both. In the absence of

fistula repair surgery many women have lived for many years in isolation, poverty and with no dignity.

Today, Tendayi is a new woman thanks to UNFPA's Campaign to End Fistula which began in 2015. UNFPA in partnership with Ministry of Health and Child Care and Women and Health Alliance International (WAHA) conduct free fistula repair camps at Chinhoyi Provincial Hospital. There, local doctors are mentored by WAHA surgeons to be able to conduct the surgeries in future. To date over 500 women have been repaired free of charge through this programme.

~ Bertha Shoko



Tendai Chimana and her inlaws at their home in Birchenough

When experience is the best teacher

"I couldn't finish school because my parents couldn't afford it; there were too many of us to take care of"



Patricia Sigauke

Growing up 28-year-old Patricia Sigauke from Chibuwe village in Nyanyadzi, about 350km outside the capital Harare had ambitions of being a nurse. Sadly, she was not able to continue with school because her parents could not afford to continue schooling her.

"I grew up in a big family. There were six of us; life was not that easy to be honest as my parents struggled to take care of us," explains Patricia

At the age of 17, Patricia wrote her secondary level examinations and did very well passing 6 subjects. But without the mandatory English subject she could not proceed to nursing school. Her parents informed her that they could not afford to pay for her to resit her English examination. With her school of nursing dream dashed, Patricia got married 3 years later.

"I had nothing to do so I decided I would get married. We hardly had enough food to eat at home so I thought if I got married it would mean one less person to feed for my parents," says Patricia.

Today Patricia is a mother of two children. Based on her experience growing up in a big family, she has made the decision to have only one more child to make them a total of three. Many young people like Patricia in Zimbabwe are making the decision to have smaller families that they can afford due to increased knowledge of the benefits of Family planning and availability of a wide range of methods to choose from.

"I do not want to have children that I cannot take care of so my husband and I have decided to have no more than 3 children.

I failed to achieve my dream of being a nurse and ended up getting married because there was not enough money for school fees for all of us; once I had failed that English exam my turn had passed; it was time for my other siblings to go to school," says Patricia with a sad look on her face.

But as the old adage says: it is better late than never, this year Patricia sat for her English examination and she is looking forward to her results.

"My husband encouraged me to still pursue my dream of being a nurse; I am looking forward to the future. I have no hard feelings towards my parents; many people back then used to have large families because family planning was not readily available and also because people thought having many children would help with cheap labour in the fields and with various chores at home."

UNFPA working with the Government of Zimbabwe has been supporting family planning programmes in Zimbabwe expanding choice for many women and girls such as Patricia. Zimbabwe's Contraceptive Prevalence Rate of 67%, the highest in Africa is a sign of the changing fertility patterns in the country. The country is now taking the full range of contraceptive options to remote corners of the country by training health workers in remote health facilities on comprehensive family planning, including long acting reversible contraceptives, like implants and intra uterine contraceptive devices (IUCD) also called loops.

~Bertha Shoko



67% Zimbabwe's Contraceptive Prevalence



Pregnancy by choice **NOT** chance



“I realized that it had been a huge mistake to engage in unprotected sex.”

Vimbai Nyirenda, 18 from Ganye Village in Gokwe South of Midlands province sits on the floor in her mother's kitchen hut. Her mother, Gladys, 52 sits next to her and occasionally plays with the baby. Vimbai, having been 16 when she fell pregnant, is one of the many young girls who have had to stop their studies due to teenage pregnancy.

Vimbai said although she was aware of safe sex, she and her boyfriend always engaged in unprotected sex. She knew the consequences of her actions but she did not think much about it.

“I started having sex with my boyfriend when I was 16 years old, I had heard information from other girls on safe sex and use of condoms- both male and female, contraceptives to ensure I protected myself from STIs and HIV and unwanted pregnancy,” says Vimbai shyly.

“I also knew about the Emergency Contraceptive pill but I just chose to ignore this information. When I fell pregnant at a young age, I realized that it had been a huge mistake to engage in unprotected sex.”



Vimbai Nyirenda

Vimbai, moved from Norton, where she was staying with her sister, to live with her mother in the village as she waited to deliver her baby.

It was during the ante natal visits that she started learning more about contraceptive methods from the nurses at Gokwe District Hospital. She said learning more about the available family planning methods, she became more enlightened.

"I wished I had known these contraceptive methods before I started having sex, I am sure my life would have turned out differently – I would not have fallen pregnant. Of the family planning methods that the nurses taught us on, what interested me the most was the 'loop' (Intra Uterine Contraceptive Device - IUCD), I liked that it was long acting and that I could have it inserted soon after giving birth."

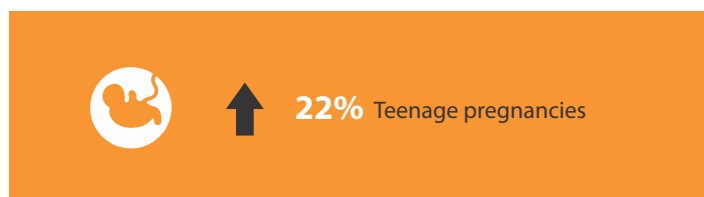
She immediately phoned her mother and sought her approval to have the IUCD inserted. It was easy to convince her mother, she had also heard about the benefits of the 'loop'.

"I had heard about the 'loop' from other women within our community, although I had initially thought I would encourage her to have Jadelle but I am glad that she sought to know more about contraceptives and has made her own choice," says Gladys Nyirenda, Vimbai's mother with hope in her eyes.

"My desire is for her to continue with her studies, so if she uses a method that is as long lasting as the 'loop', she can continue with her education without worrying about falling pregnant."

Vimbai had the IUCD inserted 14 weeks after giving birth, although she says she has not been sexually active since falling pregnant, she decided to take precaution just in case she meets someone.

Teenage pregnancies, have been cited as a major contributor to maternal and child mortality and remain high at 22% in the country as a result of lack of availability of family planning information and services for young people. Comprehensive sexuality education is essential to building the self-efficacy of young people to act on SRHR information that they receive.



UNFPA Supplies, by supporting Zimbabwe in procuring IUCDs, Implants and Injectables is hugely contributing to expanding choice and improving access to comprehensive contraceptive services. Delivered through public health systems, these contraceptives reach the last mile and benefit young clients like Vimbai all over the country.

~Jesilyn Dendere

“Family planning was not readily available during our days”



Evelyn Nyaruwe



Patricia Mhukayatadza



Rhoda Ndongana

Fifty-five (55) year Evelyn Nyaruwe from Nemutenzi village in Nyanyadzi Hotsprings of Manicaland province is a mother of 8 children. She says for women of her age it is not uncommon to have such large families. In the absence of modern FP methods women resorted to some unorthodox methods to space their children

“For many women of my generation, we had many children not by choice but because of the circumstances,” explains Evelyn. “Family Planning methods were not readily available. We used a lot of unorthodox methods to space our children. Most of these did not work because most of us ended up with many children that we could not afford to look after.”

One method Evelyn recalls was tying knots of medicinal herbs around one's waistline. The number of knots tied around one's waist symbolised the number of years the woman wanted between her last child and her next pregnancy. Another method used back was for men to go and work in the city or nearby South Africa for 2 or 3 years and only return when it is time for the next the child.

Sixty-two (62) year old Rhoda Ndangana from nearby Chibuwe village is a mother of four. She lost 4 other children in their childhood. She says as a woman of faith she used to use faith healing to space her children.

After giving birth I would go to church and speak to the man of God to pray for me to space my children,” says Rhoda. “The prophet would ask how many years you wanted to wait until the next baby. He would then spiritually tie the womb and give you some holy water to bath with to prevent any pregnancies during the said period.”

Rhoda says this method worked for some but not for others.

“For me it worked but for many others it didn't. We used these methods because there was no other option. I am however

encouraging my children to use modern family planning methods,” explains Rhoda. “The lucky part is that back then things were not as difficult as they are today. If you have many children what will you give them? School fees and food are expensive; these days children are learning up to university unlike back in our day when second year of high school was considered good enough,” says Rhoda.

From knowledge passed down by her mother, forty-two (42) year old Patricia Mhukayatadza, a mother of five outlines another method of family planning used by women. This entailed jumping over a shrub to prevent pregnancies and jumping over it again to trigger fertility for the next pregnancy. But what would happen when after 3 years that shrub becomes a tree or someone cuts it down for firewood?

“Once you identify your shrub it was important to continue tending it, making sure it remained small enough to jump over again when the right time came,” explains Patricia with a laugh. “At least that's what my mother told me,” she adds shrugging her shoulders and gesturing with her hands at the same time.

While for women like Rhoda and Evelyn family planning was by chance not choice due to limited choices those many years ago, today many women in Zimbabwe can celebrate the availability of a wide range of family planning methods on the market. UNFPA has supported the National Family Planning programme in Zimbabwe since the early 1980s. Zimbabwe's Contraceptive Prevalence Rate of 67% remains one of the highest in Africa. However, a lot more still needs to be done to end unmet need for FP, which is at 10.4% (national average) but higher (12.6%) among adolescents. With support from UNFPA and other partners, Zimbabwe plans to reduce unmet need for FP from 10.4% to 6.5%, and from 12.6% to 8.5% among adolescents.

~Bertha Shoko



Leaving no one behind





Bathabile

Bathabile's story

“I did not know that I had rights as a sex worker”

Twenty-six (26) year old Bathabile is a sex worker. Having lost her parents at a very young age she was left in the care of her grandmother. She was forced into sex work to take care of her herself and her grandmother.

“When my parents died my grandmother was already very old,” explains Bathabile. “She was forced to do menial jobs to take care of me and send me to school but we barely made ends meet. She was too old to take on more jobs and it got to a stage where she could not work anymore. This is how I ended up doing sex work.

One day while at home Bathabile heard about a meeting at the community hall.

“I attended the meeting because I had nothing to do; in fact I actually thought I would attend and get clients there,” laughs Bathabile at recollection. As it turned out the community meeting was an outreach meeting by the Centre for Sexual Health and HIV AIDS Research Zimbabwe (CeSHHAR) for sex workers.

Bathabile says this meeting changed her life forever. Through this CeSHHAR programme known as the Sisters with a Voice being implemented with support from the United Nations Population Fund (UNFPA) Bathabile says she has really found her voice.

“Before I became part of this programme I did not know I had rights as a sex worker; I looked down on myself very much because of my social status,” says Bathabile. “Through the CeSHHAR programme I began learning about so many things for example how to use a condom, how to negotiate for condom use and the services available to sex workers to stay healthy...”

Today she is a junior outreach officer with CeSHHAR in Bulawayo, Zimbabwe's second largest city. Her job is to conduct outreach campaigns among sex workers providing them with information about their health, distributing condoms as well as teach other sex workers how to use them correctly and consistently, among many other things.

Through her experience as a sex worker and her exposure to the Sisters with a Voice programme Bathabile is one of the founding members of the first ever Sex Worker Association in Zimbabwe where she is the Vice Chairperson. She and many other sex workers have also benefited from Paralegal Training for sex workers which was done by the Zimbabwe Lawyers for Human Rights, another UNFPA partner.

“This training opened my eyes to so many things; it was very empowering,” explains Bathabile. “I didn't know that as sex workers we actually have rights and that we are actually human beings. I know how to handle myself in cases of arrest by the police or when any of our members are arrested.”

Bathabile was also lucky to be part of a group of sex workers who went to India for a learning and support visit

“My being part of the CeSHHAR programme has opened me to a world of so many opportunities that I never dreamt of having in my life. I thought I would just be a nobody in life; I was just fleeting through life without any hope for the future but today that hope for a better future for me and my daughter has been restored. I have managed to reconnect with my daughter thanks to this programme. We must continue to reach more women and girls through this programme to empower them with information.”

The Zimbabwe National Sex Work programme began in 2010 with support from UNFPA and the National AIDS Council. The National Sex Work Programme now receives substantial funding through the Global Fund HIV grant for Zimbabwe. It is programmes such as these that have touched the lives of women like Bathabile in ways they had never imagined.

~Bertha Shoko





Ashley Phiri

Reaching populations with essential services

Ashley Phiri looks and sounds like the proverbial girl next door. The twenty-year-old Bulawayo resident has a bubbly demeanor and laughs easily.

Today, she is smartly dressed in a navy dress and black and white coat as she hands out boxes of condoms to sex workers outside a bar in Bulawayo. Ashely is also a sex worker.

“When I started sex work I was 15 years old. I went into sex work because I come from a child-headed family and I had to support my siblings – pay their school fees, make sure the rent is paid and the food is on the table, so I had to be the one going out looking for food and looking for money,” Ashely explains.

Her colleagues Petronella and Lillian, both in their early twenties, also speak of broken families and hardship pushing them into sex work. They have all faced violence and abuse.

Lillian tells of a horrific rape and beating by 3 men, followed by refusal of service at a local clinic. Denied treatment, she treated her wounds at home with salt and disinfectants.

All three women found help at CeSHHAR (Center for Sexual Health and HIV AIDS Research) which operates a key populations clinic offering clinical services to sex workers. These are services that sex workers would struggle to access in public health centers because of stigma associated with sex work.

However, above and beyond clinical services, CeSHHAR has equipped the young women with a renewed sense of direction and opened doors to other services that have allowed them to refocus their lives.

“When I started I didn't even know how to use a condom,” says Petronella. She also struggled to negotiate condom use and was sometimes robbed of her earnings. Today, she is a confident operator who, although she is HIV positive, understands how and why she must protect herself from reinfection.

After recovering from her rape ordeal, Lillian got tested for HIV at the Sister Clinic, another CeSHHAR initiative. When she tested negative, she was determined to maintain her sero status.

“After I tested HIV negative, I entered the PrEP trials and became a PrEP champion,” Lillian explains, “and thanks to CeSHHAR, my attitude towards dealing with people changed. I became a lot more easygoing.”

Through CeSHHAR, Ashley went from being a young woman on a downward spiral to being a PrEP Advocate and having the presence of mind to seek to complete her stalled education.

“When I came here everything was so cool. The staff are welcoming. You feel at home and you won't hide anything from anyone,” she explains.

For Ashley, Petronella and Lillian, CeSHHAR has been a portal into a mindset of safeguarding their health and empowering themselves and their peers.

“Through the DREAMS program I wrote my 'O' levels and I passed 2 subjects. Unfortunately, I didn't get them all, but I'm going back to school to write them all,” Ashley says.

~Ben Mahaka

“I thought I had been bewitched”

The Macheke roadside vegetable market on the highway between Harare and Mutare is a bustling one-stop shop for fresh strawberries, tomatoes, carrots and other vegetables at prices that are considerably lower than those in city supermarkets. The stalls are attended mostly by women who are the backbone of the smallholder farming community that takes advantage of the nearby Macheke river to irrigate their gardens all year round.

Tuwede Adam is one of the roadside vendors. She has lived and farmed with her husband in this community for over a decade, but she has only recently been able to fully participate in vending and other activities.

In 2006, at the age of 16, Tuwede suffered an obstetric fistula during child birth. The injury is an abnormal opening that connects the vagina to another organ, like the bladder or rectum. It was confusing, frightening and humiliating for Tuwede.

“Urine just came out uncontrollably. It came out if I laughed or walked. I couldn't do anything. I couldn't attend funerals or meetings. I just stayed at home,” Tuwede explains.

Confronted with a sudden inability to control her bladder, Tuwede and her husband sought to understand the cause of this debilitating condition.

“I visited prophets and witchdoctors. Some told me that my parents had bewitched me or a goblin wanted to drink my urine and I believed it at the time,” Tuwede remembers.

The misinformation resulted in discord in the family and left Tuwede in isolation.



Tuwede Adam

Then in 2016 a breakthrough came in the form of a radio program. "One day I heard on the radio that women were being treated for my condition in Chinhoyi. I took down the number and told my husband when he got home. We tried the number."

Tuwede was assessed over the phone and qualified for surgery. Arrangements were quickly made for her to receive transport money and travel to Chinhoyi.

The UNFPA, through the Ministry of Health and Child Care, helps women all over Zimbabwe to access information about obstetric fistula and to access corrective surgery. Many women who went to the fistula camp with help from UNFPA tell similar stories of fear, isolation, humiliation and misinformation as Tuwede does.

When she arrived in Chinhoyi, Tuwede was surprised to find that there were a lot of women with the same condition waiting to be treated. "There were so many women waiting. I thought I was the only one in the world. I started to believe that this thing could be treated," Tuwede exclaimed.

"I went for surgery and I had a catheter for a week after the operation," Tuwede recounts, "I knew then that I hadn't been bewitched by my parents. I had been injured during childbirth."

Today, Tuwede lives an active life with her husband, extended family and peers. She laments the fact that her father died before the truth about her condition was revealed, but she has managed to reconcile with her mother.

~Ben Mahaka



Tuwede and her husband



Tuwede pictured here with her sisters has been able to have a better relationship with her mother (second from right) since her obstetric fistula repair surgery

From victim of Gender Based Violence to survivor



Lilian's story

"I was raped and left for dead in the bush"

Twenty-four (24) year old Lilian Dube was raped and left for dead by three men. The eldest in a family of 6, Lilian had dropped out of school and resorted to selling sex to help her mother take care of her siblings. It was while working as sex worker in Gwanda located in the Matabeleland South province of Zimbabwe that she went through this gruesome experience.

"I met a man at a local bar and he said he wanted my services," says Lilian. "We left the bar and he led me to a bush. When we got there I found 2 other men there. I tried to run away but I was hit with a brick on the head and cut on the thigh with a knife and I lost consciousness. I was raped and left for dead in the bush."

The next morning Lilian says she woke up and made her way to the police station to make a report. From the police station she was taken to the hospital for medical attention. Lilian says her experience at the hospital hurt her bitterly.

“The nurses were so callous and they refused to treat me; one of them asked me what such a beautiful and young person like me was doing selling sex on the street instead of looking for decent work,” recalls Lilian. “These comments hurt me very much because these people were judging me without even knowing my situation and also blaming me for the attack. I wished I had not gone to the hospital...”

Back home Lilian nursed her wounds with salt and over the counter medicines.

Many sex workers like Lilian face such bad attitudes from public health professionals in their communities which greatly affects their health seeking behaviour. At times they are even refused access to health services due to stigma and discrimination and yet access to services for this key group is very central to HIV prevention efforts.

Zimbabwe has one of the largest and most sustained HIV epidemics in the world, though there is evidence that HIV prevalence is declining from 26.5% in 1997 to 14.9% to date (Zimbabwe Demographic Health Survey 2015). While the majority of HIV infections occur in the general population, specific sub-populations, including female sex workers (FSWs), are at higher risk. It is estimated that 11 per cent of new adult HIV infections occur among FSWs, their clients and clients' partners (Modes of Transmission Study, 2010). More specifically, HIV prevalence among FSWs is very high at 58% (CeSHHAR RDS Survey, November 2013)

Realising some of these challenges faced by sex workers such as Lilian UNFPA Zimbabwe has been working over the years with partners National Aids Council and CeSSHAR to ensure access to services for sex workers in a friendly and non-judgemental environment.

Since the programme began in 2010 at least 10 static sites and 30 outreach sites have been set up for sex workers that provide comprehensive reproductive health services, HIV testing and referral, health education, plus access to legal services.

“When I get to the CeSHHAR clinic I feel very comfortable and very free to discuss anything and ask anything to the nurse; it's a very friendly and non-judgemental environment,” says Lilian. “Back then if you got an STI you would be very scared to go to the public hospital because the nurses would not make it secret and scold you.”

Today Lilian is part of the PreP trials – PreP or Pre-Exposure Prophylaxis is the administration of specific ARV drugs in HIV negative clients to prevent HIV infection. She has learned a lot about how to protect her health and that of her clients through interventions under the National Sex Work programme.

~Bertha Shoko

A second chance in life: picking up the pieces



Ingidzai Chawasarirai's story

Sista2Sista mentorship club gave me a second chance in life

Ingidzai Chawasarira (24) became a mother at the age of 14 after dropping out of school.

'I gave birth to my first born in 2010 when I was 14 after dropping out of school. I was shy to associate with my age mates and lived in isolation for two years,' recalls Ingidzai.

"It is a difficult thing to carry a baby on your back when you are also a child; it was very difficult experience for me but there was nothing I could do to turn back the clock."

In 2012 Ingidzai joined the Sista2Sista club. Her mentor Apollonia Manyudzo helped Ingidzai build her self-esteem again and move out of isolation.

"She encouraged me to return to school and finish my studies. The S2S information empowered me to go to school knowing that I was not different from others. I then completed my ordinary level in 2014 and came out with flying colors," says Ingidzai.

"I then enrolled at Chaminuka Technical & Vocational Training Center and trained in hotel management and catering;

I had never imagined that after falling pregnant my life would change for the better as it has now."

There are many girls in Zimbabwe like Ingidzai who have had their lives touched by the Sista2Sista programme. Launched in 2013, the Sista2Sista programme offers a safe place where adolescent girls can speak with mentors and each other about their problems.

Girls in the club learn about sexual and reproductive health and rights, financial literacy, and how to navigate difficult social situations, including coercive relationships.

The Sista2Sista mentors deliberately mobilise vulnerable girls aged between 10 and 24 years within their communities and encourage them to join the club.

An assessment is done to determine if one qualifies to join. In addition to the mentorship, Ingidzai says the information she received from the programme has significantly empowered her. Today Ingidzai runs a cooking club and a goat project in her community.

~Zichire

Sista2Sista helped me get my life back on track



Vimbai Shumba

Vimbai Shumba is 18 years old. When she failed her Ordinary Level (O' Levels) exams in 2016, she thought her aspiration to go back to school and study again had reached a dead end. Her father had categorically told her that she had been playful resulting in her failing her exams.

Vimbai's parents told her that they did not have enough money for her education and she would have to stay at home helping with household chores so they could take her younger siblings to school. She was devastated.

"This broke me, because if my parents were not going to pay my school fees, who else would pay them," Vimbai says. "My only desire was to go back to school to secure my future, however I was not seeing any light at the end of the tunnel."

It was during this period, that she learnt about the Sista2Sista club and how they were helping young girls of her age. Vimbai immediately developed an interest and set on a journey to find out more on how she could be part of the initiative and how it could be of benefit to her.

Sista2Sista are clubs are run by mentors who work with girls aged between 10 – 24 to enable them to deal with life and its challenges. Vimbai joined the club with 24 other young girls. Some of the sessions Vimbai went through include sexual and reproductive health, self-awareness and financial awareness.

"The financial awareness sessions were very important to me, the mentors taught about being business minded in order to be self-sustaining and it gave me a bright idea," Vimbai says with a smile.

Vimbai managed to convince her parents to give her \$10 to start a small business. She started making samosas that she would sell to students at a school near her home. Through the encouragement of Sista2Sista Club peers and from the proceeds of her small business, Vimbai managed to enroll herself back into school.

She went back to Form 3 in 2018 and is set to re-sit her O' Level examinations this year. Vimbai has not stopped making samosas and her desire is to be able to continue paying school fees for herself and her younger siblings.

Vimbai is one of the many girls whose lives have been touched by the Sista2Sista programme in Makonde District.

Vimbai is happy that she joined the Sista2Sista club and is proud of how she has used it to advance herself.

"I am happy that I am back in school as I can now pay my own school fees and for my sister who is in Grade 7. My life is better than before. I now know that it is possible for other young girls to start income generating projects to sustain themselves and their families," she says confidently.

"Our mentors told us that girls should be empowered financially and where possible, be able to look after themselves and their families. I wake up at 3am to make the samosas that I sell at school during breaks. I am also part of a club with other Sista2Sista girls where we take turns to borrow money from the club's money investment project

~Jesilyn Dendere



When silence is a silent killer





Tendakai's story

12 years a Gender Based Violence survivor

At the age of 9 Tendekai (not her real name) was raped by a cousin. Growing up in a middle income family in an urban area in Mashonaland West province (200km outside the capital Harare) her parents were relatively well off and therefore respected in this community. They were also respectable church leaders in a very popular church. By virtue of this social standing and a common occurrence within most Zimbabwean families, Tendekai's family housed and helped lot of extended family, especially from the rural areas.

"I am one of 3 children born to my parents but I don't remember a time there were ever less than 8 children in our house. My parents were not just limited to us alone; they were parents to orphans, the homeless, relatives, and even strangers who were stranded. It was always a full house," recalls Tendekai.

It was through this goodwill by her parents that Tendekai found herself a victim of rape at such an early age.

For two years she bore this abuse; afraid to open up about the abuse and embarrass her parents who had such a social standing. One day she gathered courage and opened up about the abuse. What happened afterwards greatly disappointed Tendekai.

“My cousin was sent packing, back to his mother and I was told never to speak of the issue to anyone, the price of my silence was to preserve the family name,” recalls Tendekai. “There is a widespread misconception that rape is a poor people’s problem, that it only affects those who do not afford a certain number of meals per day... I was raped by someone very close to me someone whom my parents had welcomed in our home.”

Now an adult, Tendekai has lived with this pain and disappointment for many years and has battled depression since then. She is now working with UNFPA Implementing partner Musasa to move on from the abuse but it has not been easy.

“In 2017 after receiving psychotherapy for some time I thought I had healed but I relapsed and fell into depression. I felt defeated, angry, disappointed, let down by the only people I thought were meant to protect me. It is what it is, I guess, that my justice was placed last in favor of a good name which I do not even carry anymore,” says Tendekai.

Tendekai is one of many women and girls in Zimbabwe affected by Gender Based Violence. According to the Zimbabwe Demographic and Health Survey (2015) violence

against women and girls is a huge problem. At least 1 in every 3 women (15 – 49) has experienced physical violence (35%) while 1 in every 5 women (17%) has experienced sexual violence. In most cases, perpetrators are the intimate partners.

Gender-based violence is a well-documented human rights violation, a public health challenge, and a barrier to civic, social, political, and economic participation. It undermines the safety, dignity, and overall health status, social and economic wellbeing of the individuals who experience it.

Today Tendekai still battles a violation that happened in her childhood and hopes that one day she will be able to move from being a victim to a survivor having found closure. The counselling she is receiving are steps towards coming to terms with the abuse.

Ensuring access to services such as counselling, legal services and medical care for survivors is a key part of UNFPA's Gender Programme while working with partners such as Musasa and the Ministry of Women Affairs, Community, Small and Medium Enterprise Development. It is these interventions that will allow women like Tendekai a chance to move on from the abuse.

“I have just had my weekly session with the psychologist...steps towards healing, I can tell you this for sure, this journey has not been easy, it will never be.”

~Bertha Shoko with additional reporting from Musasa

A tale of two generations surviving rape

Eighteen-year old Thandeka Sithole (not her real name) is survivor of rape and a product of rape. She was conceived as a result of incest after her mother was raped by one of her uncles. The abuse was kept a secret by the family. When Thandeka was 9 years old her mother got married and left her in the custody of her grandmother. From the age of nine until she was 16 year old, Thandeka was repeatedly raped by her two uncles.

"My mother didn't want anything to do with me so she left me; that's when all the abuse started," explains Thandeka. "I was afraid; I had no one to talk to about the abuse. When my mother finally got an escape from the family through marriage she left me with my grandmother and never returned.

My mother did not have me by choice, how was she ever going to explain to her new husband who I was or who my father was?"

At the age of 16 she attempted suicide. She was referred to Adult Rape Clinic where she opened up about the abuse during a counselling session.

Thandeka's experience and that of her mother resonate quite strongly with the experiences of many other women and girls in Zimbabwe where Gender Based Violence is a huge problem and is driven by certain cultural factors that encourage victims to suffer in silence. It is a story of how many things go wrong when justice is denied. Thandeka's mother was raped and the family decided to keep the issue a secret.

Had the matter been reported, her mother could have accessed safe abortion services or even received counselling that could have changed the course of her life. Working with partners such as the Adult Rape Clinic the United Nations Population Fund is working to ensure that women and girls such as Thandeka and her mother do not have to go through such horrific experiences, find justice and have access to key services such as counselling, legal services and health care

At the age of 16 Thandeka found herself pregnant. Her matter is before the courts. She was granted an order to terminate the pregnancy. One of her uncles was arrested but the other one escaped and has not been seen since. Day by day Thandeka is trying her best to move on from the abuse and she says it has not been easy.

"I am currently undergoing trauma psychological counselling sessions and yet I still feel a sense of hopelessness, some days I have hope, some days I default but something tells me I have to keep telling this story, not just for me but for others. I guess the positive outcome at the moment is that I have managed to open up to you. I feel some form of relief," says Thandeka.

"I hope one day I can add more to it, a different narrative and energy than the one I have now, some light maybe, I hope I can speak about it in another tone, maybe this is just the beginning... just maybe. I am somewhat relieved that services like this are available, maybe if my mother had received the help I did things would be different."

~Bertha Shoko with additional reporting from Musasa



When hope is restored

Cyclone IDAI survivor's story

"I was afraid I was going to lose my unborn baby"



A young woman, looking tired, bends over a single bed with her elbows firmly on the small bed – her face indicates someone at ease. Several similar beds line the walls on either side. There are other women in the room, most of them are sitting on their individual beds. The women have something in common – they are all pregnant and staying at the Maternity Waiting Home at Mutambara Mission Hospital as they wait to give birth. The young woman lifts herself up and sits on the bed and she smiles. Her name is Chioniso Mutenda (18) and she is 9 months pregnant.

Chioniso is originally from Vimba, Chimanimani under Village Head Mitire. Weeks ago, she was not sure she would be in a safe health facility waiting to meet her first child. Her life and that of her child had been at risk. Chioniso was one of the women and girls who were left in urgent need of humanitarian assistance and critical sexual reproductive health services following the devastating Cyclone Idai.

“What we have come to know as Cyclone Idai started off with rains coupled with very fast winds that were lifting several things from the ground. The cyclone was very powerful. It destroyed houses, buildings and swept away several people,” Chioniso says as she looks into the distance.

“The first thought that came to my mind was my baby – I was afraid I was going to lose my unborn baby. Many people had died and this thought consumed me. We were lucky to survive but as information started coming in, we heard that major roads had been destroyed, this meant it would be difficult to go to the hospital when the time came – I was close to my expected delivery date.”

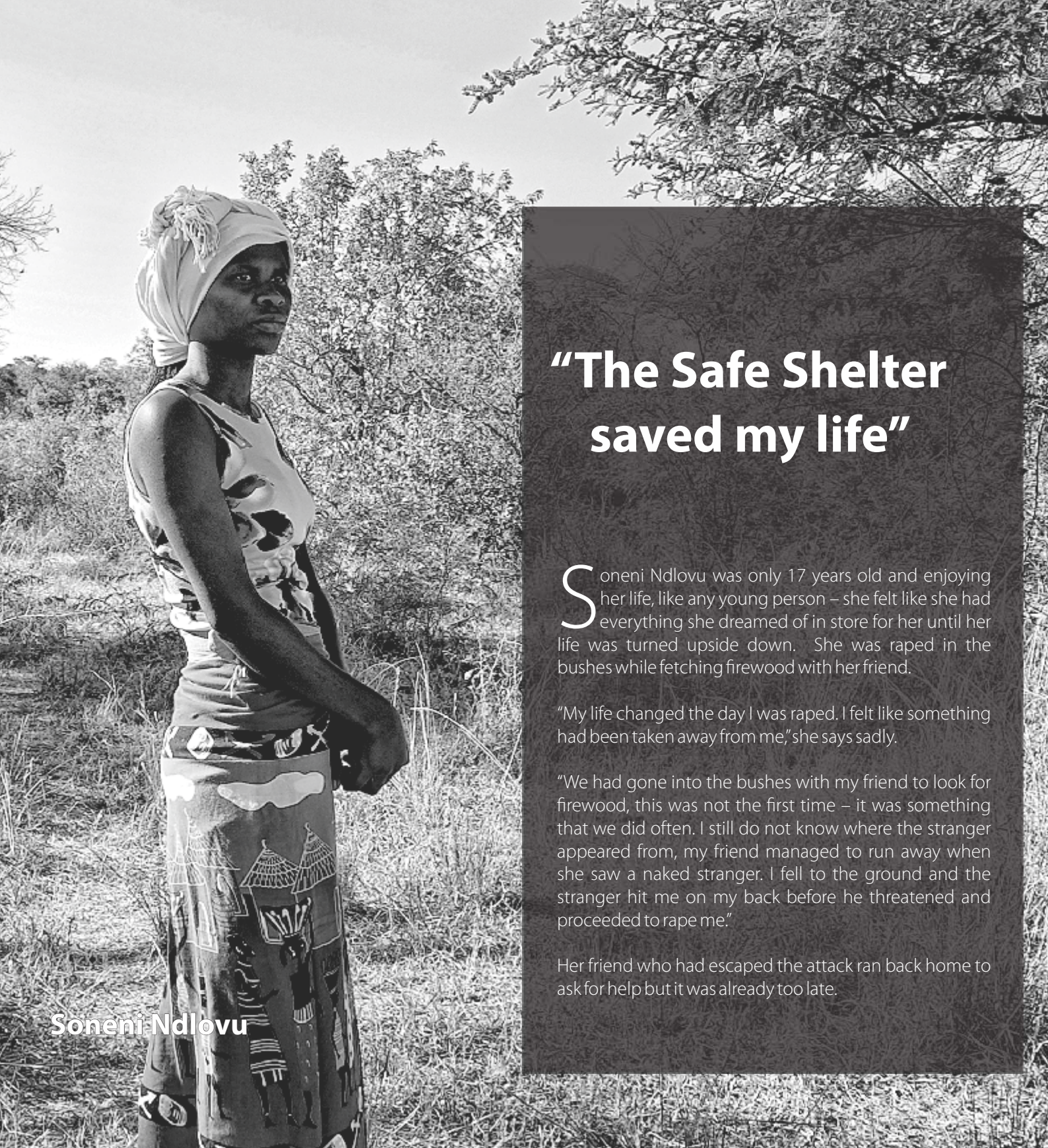
Chioniso says she and five other young pregnant women from the hard hit villages of Rusitu and Vimba are grateful for the support that eventually came through for them. The six are part of the 25 women who responded to the call for villagers to report to the nearest schools for distribution of food supplies and for pregnant women to report to a temporary clinic that had been set at a school. The messages were communicated by known village health workers from their communities.

“I was selected to be airlifted to Mutambara Mission because my due date was close – it did not take long for us to get registered. I became hopeful. I was happy because walking to a health facility in my condition would have been impossible and giving birth at home was not an option – I needed professional health care.”

With a smile on her face, Chioniso cannot hide the joy of having been on a 'chopper' and safe at the Maternity Waiting Home (MWH) She can temporarily put aside her sadness of being separated from her family.

Chioniso was lucky to have arrived at a health facility on time to access skilled birth attendance. An estimated 8 women die in each birth each day while giving birth. Many of them as a result of delays in accessing lifesaving obstetric care on time. For women like Chioniso it is interventions such as these MWHs that are the difference between life and death. Over the past years UNFPA Zimbabwe with support from development partners has supported the refurbishment of MWHs to ensure that women who live far from health centres are brought closer to hospitals.

~Jesilyn Dendere



Soneni Ndlovu

“The Safe Shelter saved my life”

Soneni Ndlovu was only 17 years old and enjoying her life, like any young person – she felt like she had everything she dreamed of in store for her until her life was turned upside down. She was raped in the bushes while fetching firewood with her friend.

“My life changed the day I was raped. I felt like something had been taken away from me,” she says sadly.

“We had gone into the bushes with my friend to look for firewood, this was not the first time – it was something that we did often. I still do not know where the stranger appeared from, my friend managed to run away when she saw a naked stranger. I fell to the ground and the stranger hit me on my back before he threatened and proceeded to rape me.”

Her friend who had escaped the attack ran back home to ask for help but it was already too late.

Soneni Ndlovu says she thought her life had ended. While her mother was supportive, she says the people in her community blamed her for the violation that she had experienced.

"I thought I had lost everything and I wanted to kill myself. Soon after the incident, people called me all sorts of names and said I had invited it upon myself because of the manner in which I dressed. It hurt me a lot," she says.

"When we reported the case to the police, we were told about a safe shelter that was a temporary home for Gender Based Violence (GBV) survivors. My mother took me there immediately."

At the safe shelter, Soneni says the shelter Matron straightaway arranged for her to be taken to the hospital to receive medication to prevent her from contracting HIV and to prevent her from falling pregnant. She says her three week stay at the Safe Shelter changed her outlook on the impact of the rape on her life.

"I stayed at the shelter for three weeks receiving counselling. It was the counselling that I received that saved my life. I had given up but the matron told me that life goes on," Soneni says. "I realised that I could lead a normal life and it was up to me to pick myself up and continue."

Shelter matron, Sarah Mashingaidze says Soneni looks and sounds much better than when she first arrived at the shelter.

"When she first came here, she was devastated but I am glad to see she has reintegrated into society and is leading a healthy and normal life," the matron says.

Matron says availability of and access to services for GBV survivors has improved over the years giving a life line to survivors compared to years back when women would suffer silently as there were no facilities like safe shelters to accommodate them and offer various services. UNFPA Zimbabwe has been working over the year to ensure survivors of GBV has access to these essential services.

~Jesilyn Dendere



Obrey's story

“Sometimes we went to bed to hungry”

For 23 year old Obrey, life has been a struggle since the death of his mother in 2014. It was the year he and his two brothers stopped going to school due to lack of money. He was in the third year of high school doing Form 3 then. His father struggled to put them through school moving from one menial job to the other. To help supplement the family's income at that early age, Obrey was forced to join the labour market fleeing from one menial job to the other. When his father remarried, Obrey says it became very clear that his two siblings were now his sole responsibility as his father's focus was now on his new wife and her four children.

“I have been taking care of myself and my siblings for some time now,” says Obrey. “They look up to me quite a lot.”

Obrey says although he worked very hard doing small part time piece jobs here and there, the money was only been enough for food. He could not send his brothers to school. “Every day was a struggle for survival. I would wake up every day not knowing where our next meal was going to come from. If we had at least one meal a day, we were happy but sometimes we went to bed hungry,” recalls Obrey.

Obrey

Obrey's story is one that is very common in the peri urban district of Hopley in Harare South, which is characterized by high levels of poverty, low education, poor infrastructure, weak social services, low education, high teenage pregnancy and child marriage, high unemployment and informality. These challenges are evidenced by the poor development outcomes for the residents and especially young people. Young people have limited access to work opportunities often relying on informal work, characterized by decent work deficits and working poverty.

Obrey was one of the many young people identified to benefit from a skills empowerment project for young people in Hopley implemented by the International Labour Organisation, UNFPA, City of Harare Health Department and private cement manufacturing company Lafarge. He trained in carpentry. He supported the construction of the clinic and youth centre.

In addition to the skills training, the young people were educated on sexual reproductive health and rights to ensure

they make the right choices in leading health and productive lives. The SRHR education for the young people in Hopley is also meant to reduce unwanted pregnancies, early marriages incidences of HIV which remain a challenge in the area.

“Before I dropped out of school, I used to do woodwork and I loved it very much, so when they picked me to do carpentry, I was very excited,” says Obrey. “I was happy to earn some money through the project, enough to take care of my brothers. I have managed to build a one roomed house and opened a market to sell groceries. I am now able to buy some clothes and shoes for ourselves. The clothes we had were torn and tattered...I will continue to use my carpentry skills to earn a living.”

Obrey's greatest desire is to be able to send his brothers back to school, so they can have a bright future and he says he is working towards that goal.

~Bertha Shoko

When information empowers and changes the course of lives



Christine Njolomola and grandson



Dorcas



Emily Chibuwe



Onwell and Bothwell

Christine's story

“Spacing the births of my children made me feel healthier,”

When Christine Njolomola (75) got married at 15 in 1970. She had been taught that her role was to grow the Njolomola family. She therefore did not see anything wrong with having one child after another. By the time she was 18 years old, Christine had three children and was expecting her fourth baby.

“I went to the clinic for a routine check-up and was surprised when the nurse who attended to me developed an interest in me as she started asking me a lot of questions – she told me that, at 18, I was too young to be expecting a fourth child,” Christine says with a shy smile.

“She taught me about family planning and why it is important to space births, at this time I was not using any contraceptives because I had no idea what benefit it was to me.”

Christine says after the nurse shared with her information on family planning and contraceptive she was convinced that it was good for her health but she opened up to the nurse that she was sure her husband would not approve.

“I knew that my husband would not approve because he said contraceptives resulted in difficulties in conceiving. The nurse told me she could give oral contraceptive pills and did not have to tell my husband that I was now on family planning and I agreed,” Christine says.

When she went on contraceptives, which she continued to take in secret – Christine went for four years without falling pregnant and her husband started asking questions. She told him the truth, that she had been taking contraceptives to enable her to space her births and allow her body to heal

naturally before planning on having another child. Her husband was furious.

“He accused me of cheating, I tried to make him understand but it was difficult and in the end we went to the clinic together and it was explained to him that use of contraceptives allows for birth spacing enabling me to regain my health after delivery. He was told that child spacing helps me give enough time and opportunity to love and provide attention to the husband and children. He was convinced,” Christine reveals.

After the clinic visit, Christine says her husband became more supportive and encouraged her to use contraceptives. Today Christine is a proud mother of 7 children.

“I had to stand up for myself, after all it is my body. Spacing the births of my children made me feel healthier,” Christine says confidently.

“When my daughter got married – use of contraceptives is one of the first things that I taught her and I am glad that she managed to space the births of all her children and is looking very healthy.”

Since 1981 UNFPA Zimbabwe has been supporting the National Family Planning programme helping expand choice for women and girls of reproductive age. With a Contraceptive Prevalence Rate of 67%, the highest in Africa, Zimbabwe's has made progress in this area.

~Jesilyn Dendere

Dorcas' story

“I was nervous about cervical cancer screening”

Dorcas Katima, (48) slowly walks into the medical examination rooms at Nyanga District Hospital. She looks nervous but the nurse gently holds her arm and reassures her that everything will be fine. Another nurse prepares the examination bed for Katima. She manages to lift herself up onto the bed and waits for the nurse to give her the next instructions.

Katima is at Nyanga District Hospital for cervical cancer screening. She looks nervous and is quick to say she is not sure of what the process entails.

“This is the first time I am getting screened for cervical cancer, I am nervous as I do not know what the results will say but I am determined to know,” she says.

Katima resides in rural Manicaland and is one of the few women that can afford to travel to Nyanga town for medical attention. Several of her fellow women in rural Manicaland cannot afford the journey to Nyanga for medical attention, let alone get screened for cervical cancer.

“The Village Health Workers in my community were moving around educating us about the importance of getting screened early and seeking medication in the event that one is found with the cancer,” Katima says. “I was reluctant at first – I thought it was not important but the health workers told us that cervical cancer is one of the leading causes of death among women of reproductive age, I now understand that they were not scaring us but trying to make us realize the importance of seeking early treatment.”

Screening is one of the key measures to prevention of cervical cancer. Before 2010, cervical cancer prevention activities in Zimbabwe were very limited. Screening was mainly based on PAP smears which are relatively expensive and have a long result turn-over time due to shortages of cytologists.

As the nurse readies Katima for the procedure, she puts on a brave face and says, “Whatever the result, getting screened for cervical cancer will still be a good decision, if no cancer is detected, all is well but if I am not so lucky, the nurses will advise me on what I need to do going forward,” she says bravely.

Nyanga District Hospital matron, Dorothy Toma says there is great need for services and information on cervical cancer and for screenings to be expanded to reach disadvantaged women residing far from health facilities that offer the screening services.

“Due to the urgent need for services in rural areas around Nyanga district, we have started operating mobile clinics that provide information and cervical cancer screening services for women who would not ordinarily afford to travel to the district hospital for these services,” says Toma, proudly.

The National Cervical Cancer Screening Programme was set up in 2015. To date 105 health facilities are offering cervical cancer screening, including Nyanga District Hospital where women like Katima are receiving this life saving service. Seventeen of the sites were set up in 2017. Since inception of the programme, a total of 452, 954 women have been screened at government health facilities.

~Jesilyn Dendere

In the line of duty

A community health worker's experience empowering women with SRHR information

At midday at a local church in Nyanyadzi Hotspings area of Manicaland Province, about 350 kilometres outside the capital Harare a group of women are enacting a drama.

In one scene a woman who has 4 children is speaking to a community health worker about how her husband would like more children while she does not want to increase the family size. She advises the community health worker that her husband has instructed she stops taking the pill so they can have a fifth child. The community health worker advises the troubled woman on some of ways she can convince her husband that their family size is adequate including having a family size that they can take care of and how having too many children can negatively affect her health etc. The community health worker offers to have a discussion with the troubled woman's husband if she fails to convince him otherwise.

In another drama enacted a woman approaches a community health worker seeking to be initiated on a family planning method. She is advised that she has to first visit a health facility so she can first get a pregnancy test done before being initiated on any family planning method.

Emily Chibuwe, a community health worker is listening attentively to the drama and looks on like a proud parent.

"Most of these women are now very well informed about their health; it shows that when we meet here every now and again and discuss various reproductive health issues they are actually paying attention," says Chibuwe. "It really makes me feel very proud because the power of information in communities cannot be overemphasized.

Many women are making very good decisions about their health and that of their families thanks to the information we share with them now and again."

As a community health worker Chibuwe's job is to teach women and men in her community about various Sexual Reproductive Health and Rights (SRHR) issues. It is foot soldiers like her that are the backbone of UNFPA Zimbabwe supported interventions.

"Sometimes I conduct door to door visits and at times I meet the women in group; meeting in groups is good as the women learn and share from each other's experiences and challenges," explains Chibuwe.

It is these seemingly insignificant and ongoing personal interactions that are making a difference in communities. In 2018 alone Behaviour Change facilitators conducted 589 143 home visits disseminating messages on HIV prevention, Gender Based Violence and SRH resulting in at least 312 000 referrals for SRH, HIV or GBV services.

~Bertha Shoko

2018

Behaviour Change facilitators conducted

589 143 home visits

Friends Like Family

The Story of Onwell and Bothwell

In Hurungwe district, many boys in their late teens have dropped out of school and are already involved in informal trade – farming or running small businesses.

But Onwell Mugore (19) has made different choices for himself, even though the temptation to follow a similar route as many of his peers has sometimes crossed his mind.

“When I finished O' Level and even passed, I did not want to continue with school,” he confesses. “Instead, I wanted to venture into full-time tobacco farming.”

Like many boys in the area, he had been allocated a piece of land to grow his own crop. His tobacco had done well that season and he imagined he could do farming for a living.

But his PCC mentor, Chipso Machokoto, talked some sense into him. “Through our conversation, she encouraged me to explore how I could become an even better farmer with a good education,” he says. “Some of my friends who have not had this opportunity are drunkards or have been responsible for impregnating girls in the area and I didn't want that for myself.”

As he speaks, a soberness colours his face. He still values the moment that Mai Machokoto, his mentor, intercepted his plans for his life. He is now in the sixth form and is studying Economics, Business Studies and Geography as his final high school examination subjects. Although he has not yet decided what he wants to study, he wants to proceed to university after finalising high school; a choice he seems quite proud of.

In fact, Onwell is using his newly restored enthusiasm for education to help some of his peers from falling into the same traps that he almost fell into, had it not been for the PCC programme. A prime example of this is that of his friend Bothwell whom Onwell sees as a brother, as they have been friends for a long time.

Onwell and Bothwell were both exposed to drug abuse when they were doing their O' Levels. Fortunately for Onwell, he managed to get enough passes to proceed to A' Level. Bothwell did not fare as well.

Bothwell explains that after attending some of his first PCC sessions, Onwell began to have a changed mind about dropping out of school and wanted to continue with his education. As Bothwell explains, this also made him keen to do the same.

Onwell helped in negotiating with Bothwell's parents who had initially refused to send him back to school after his poor exam results. Bothwell is back in school, doing Form Three and waiting to repeat his O' Level exams.

“When I joined PCC, I learnt about a number of mistakes that we were making as young people and I made a decision that we had to correct our mistakes,” Onwell explains. “Considering how close we are with Bothwell, I made a commitment that I would help him until he changed his ways.”

Bothwell is currently not in PCC, but he has been benefiting from Onwell's notes and feedback from the sessions he attends. Onwell further explains that he rationalised to himself that if Bothwell did not continue with school, then it would become more difficult for him to help him with employment or opportunities in future. This is where his determination to help Bothwell stop drug abuse and focus on school largely stemmed from.

“I still go to school with some of the boys we played with when I failed my O' Levels,” shares Bothwell. “But I have not been influenced by their behaviour because I spend most of my time with Onwell.”

“Were it not for him I would not be in school right now,” he says as he smiles at his friend.

A crucial turning point



Netty Chapo



Shiline Phiri

“A turning point for a traditional midwife”

Netty Chapo is 85 years old. In her prime Netty was a traditional midwife and she delivered several babies. Although she says her eyesight is still good and is very well aware of her surroundings – Netty no longer plays the midwifery role.

“I assisted a lot of women give birth years ago. We would use traditional methods and medicines,” Netty says. “I and other traditional midwives that I knew during that time were not professionally trained or registered; we just applied the knowledge that had been passed on to us by other traditional midwives before us.”

Netty says it is one complicated delivery that made her realise that she was not qualified to assist pregnant women – and she decided to stop conducting the home deliveries. The newborn had died soon after delivery while the mother almost died too.

“After she gave birth she bled a lot, she was very weak and we decided to take her and baby to the hospital – unfortunately the baby died on the way to the clinic. The health personnel at the clinic managed to save the woman's life,” Netty says.

“Women still come here asking me to deliver their babies but I tell them to go to a registered health facility. The only reason we used to assist was because there were no health facilities in some areas but today there are a lot of clinics and hospitals that pregnant women can go to.”

However high maternity fees, negative attitudes by some midwives continue to push pregnant women out of registered health facilities sending them to seek the services of traditional midwives. Some hospitals still detain women over the failure to pay maternity and hospital fees forcing them to seek the assistance of unregistered birth attendants.

In 2018, the Government of Zimbabwe scrapped off maternity fees for government hospitals to enable access to health care and ensure no woman dies while giving birth. The target for skilled birth attendance at delivery by 2020 is 90%.

“We have a role to play as traditional women in encouraging pregnant women to seek the services of skilled birth attendants and saying No to home deliveries,” Netty concludes.

~Jesilyn Dendere

“He would not stop beating me until I bled”

When Shiline Phiri got married at 16, she thought life would be rosy since she was now staying with the love of her life. Barely a year into her marriage disagreements between herself and her husband (19) started and this became her new life.

The disagreements moved to beatings and these happened very often – her husband would push the children around when he was angry and throw out household items. She stayed with her husband out of love for him although she was unhappy.

“The beatings would often occur if I asked for some money to buy food or to keep the household going, he didn't like that so he would beat me up,” Shiline says.

“When I started sharing my experiences with other women and family members, I was told ‘this was common in most marriages; that's what most people experience in their homes’, so I thought it was normal for couples to fight more so for the wife to be beaten by her husband. The advice was, ‘don't report your husband, who will look after your children.’ Shiline says the advice hurt her because she was now scarred because whenever he beat her, he wouldn't stop until she bled.

“It was years later when I started questioning myself if beatings that had the potential to leave me dead were an indication of love - beatings that had the potential to leave me dead. I was even afraid to seek medical attention as I would have been left without a choice but to report him,” she says sadly.

Nine years later, at 25 and with two children aged 9 and 4 – Shiline made a decision to seek for help. She approached Family Support who encouraged her to report the issue to the police while they helped her get accommodation for Shiline and her children at a safe shelter.

While at the shelter, Shiline received legal advice and was assisted to approach the courts for assistance. Nine years later, at 25 and with two children aged 9 and 4 – Shiline made a decision to seek for help. She approached the Family Support Trust who encouraged her to report the issue to the police while they accommodated her and her children at a safe shelter.

“The safe shelter was very helpful, I stayed there with my children while the case was before the courts. We were safe and we received support through counselling that helped me to look at life differently as a survivor. I can just imagine where women who were in the same situation as me used to go for help before this facility. Am sure even today there are many others who do not know about this facility who continue to suffer in silence,” she says. “The courts granted a Protection Order in my favour and I am happy to say things have changed at home,” Shiline says shyly. “The beatings have stopped and life is much better between us.”

Shiline's story is similar to that of several women who are abused by their partners. According to the Zimbabwe Demographic Health Survey for 2015, violence against women and girls remains a huge problem with at least 1 in every 3 women having experienced physical violence since the age of 15. At least 54% of women most commonly reported that the person committing the physical violence is a current husband or intimate partner.



Working with partners such as the Family Support UNFPA continues to touch the lives of many women and girls in Zimbabwe by providing services to survivor of Gender Based Violence around the country such as medical treatment, psycho social support and legal services.

~Jesilyn Dendere

Empowering young people



Jonathan's story

Empowered for job market and to live a healthy life

For a 26-year-old, Jonathan carries a lot of responsibility on his shoulders. He is taking care of at least seven of his nephews and nieces following the death of his two sisters from undisclosed illnesses. Jonathan says they had been ill for some time.

Initially, his nephews and nieces were under the care of his mother but are now under his care after the death of his own mother, 3 years ago. After writing his Ordinary Level exams, he could not continue with his studies due to lack of funds. Jonathan started doing small paid jobs in the community to enable him to look after his family, but these were not financially rewarding.

"Most of the work I used to find was mostly in the construction work, carrying bricks, helping mixing cement and water (dhaka boy), digging trenches" says Jonathan. "This was very demanding work but at the end of the day not very rewarding but I had no choice."

In 2017, Jonathan was among the 50 young people selected to be part of the skills development project in Hopley and trained in carpentry. He now earns a modest income from the construction of the clinic and youth centre in his community.

"I feel very lucky because many young people like myself in this community and other places in Zimbabwe are just sitting at home with nothing to do; they spend their days gambling, smoking and drinking because that's the only way they know to pass their time and manage the stress of being idle."

Jonathan says he found the project unique in that it trains young people in various skills but also gives them the opportunity to earn experience while building two important community resources - a clinic and youth centre.

"This is important because when you go and look for work those employing you want experience but where do you gain experience when there are no opportunities for you to do that. As it stands now I am now a step ahead in my career because I have a traceable employment record."

For Jonathan, the entry into the job market and skills empowerment has removed a huge burden on his shoulders. He is now certain of employability in the future and can therefore help support his nieces and nephews and perhaps, one day go back to school himself to further his education. Through this project Jonathan will ensure his nephews and nieces don't drop out of school or enter into child marriages.

There is hope that Jonathan, his nephews and nieces will also benefit from the Sexual Reproductive Health and Rights education, which was imparted to young people in Hopley. The Hopley project, apart from creating employment opportunities, seeks to support young people to lead healthy productive lives through reducing unwanted pregnancies, early marriages and incidences of HIV.

"The skills, experience and knowledge that I have gained working on the project will help me get employment and live a better and healthy life and be an example for my nephews and nieces," says Jonathan.

~Bertha Shoko

Daniel's story

"I now earn some money to help out at home"

Since 2017, 21-year-old Daniel has been working on the Hopley infrastructure development project as a builder. He trained at St Peters Kubatana Vocational Training Centre together with 50 other young people from the Hopley community. Daniel is now supporting the construction of a clinic and youth centre as part of a skills development programme.

Today, Daniel earns an income to take care of himself, his mum and young brother. Ten years ago if one had asked Daniel if he ever thought his life would ever turn out this way, he would have said no. In 2008, while just eleven years old (Grade 6), Daniel dropped out of school to take care of his sick mother and brother who had been diagnosed with Tuberculosis.

"My mum used to sew clothes and sell them in rural areas and farming communities; that's how we used to get money," recalls Daniel. "When she fell ill together with my brother, I was the only one available then to take care of them. My father had died many years ago and we couldn't go back to our rural home in Chipinge because my grandfather was said to have bought a goblin that was killing all the men in our family. It was believed that my father and many of his brothers died as a result, so my mum was against this idea."

But life in the urban areas without a source of income as his mother was bedridden with illness proved a huge challenge for Daniel's family.

"We ended living on the streets of Glen Norah because we could not afford the rent at the place we were staying," Daniel explains choking with emotion. "It was then that we moved from Glen Norah to Hopley after we were allocated land. As

my mother was still ill, I began doing small jobs at a very young age in order to put food on our table."

When his mother eventually recovered she was never able to raise as much money as she could to continue with her business again. They had been forced to sell her sewing machine and many other household goods to make ends meet. In the end, his mother started a vegetable market but the money was never enough for three meals a day let alone for school fees.

For Daniel being part of the Hopley project meant he is able to help supplement the family income.

"Every day, my brother, my mother and I go our different ways looking for ways to earn money so we can buy food. My mother has market stall and my brother looks for small jobs here and there while I worked at the Hopley project," says Daniel. "Since I started working at the Project, life became much easier as I now earn some money to help out at home."

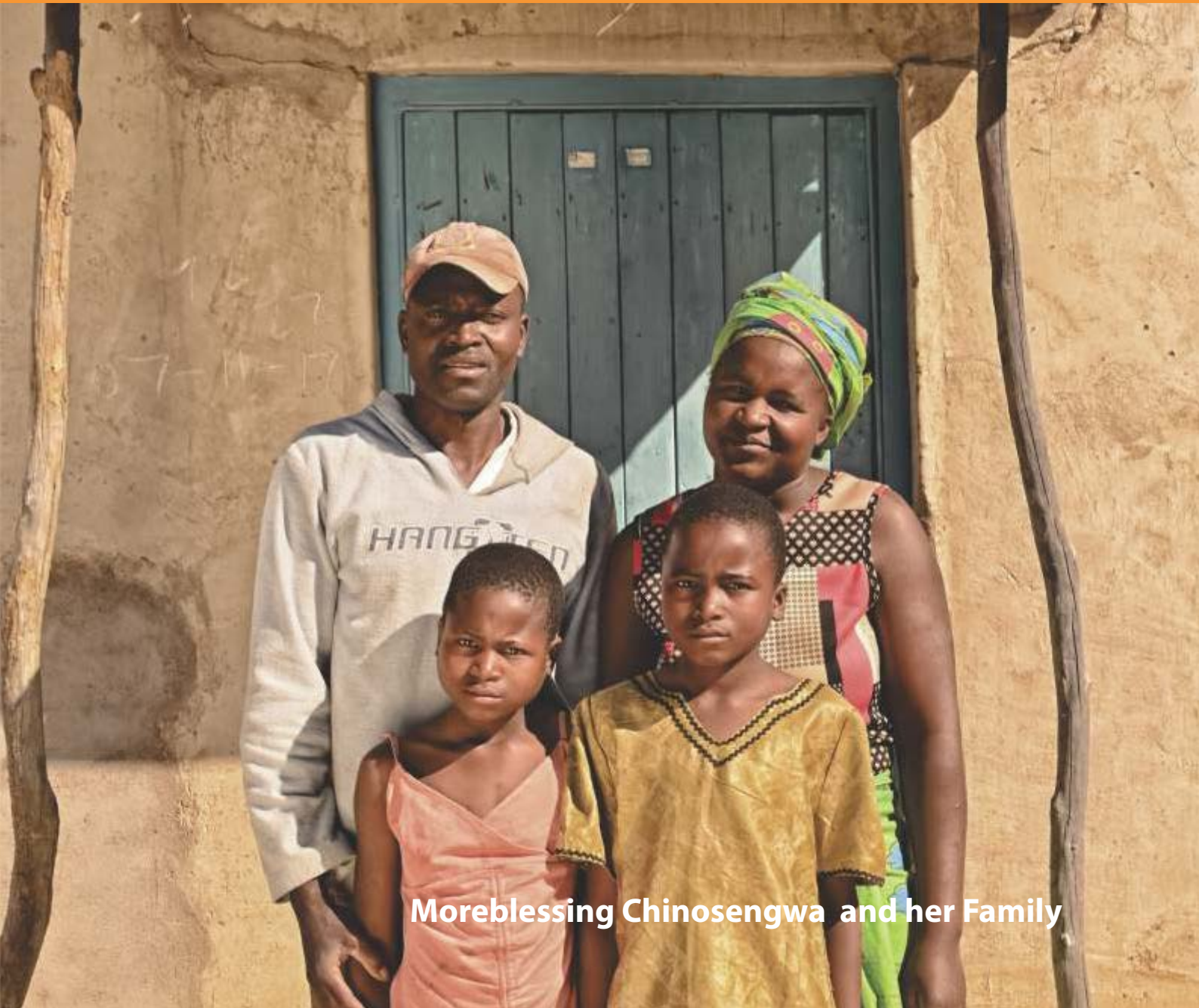
Daniel's biggest desire is to get a piece of land in a rural area, where he can do a number of projects, such as farming and poultry while he works part time too as a builder.

"I think life will be much cheaper for us in the rural areas because we will have no rent to pay and we will be able to grow our own food but for now I will continue to work as a builder to take care of my family."

As a young person, Daniel also benefitted from the training on Sexual Reproductive Health and Rights, which was part of the programme as efforts to support young people to lead healthy and productive lives.

~Bertha Shoko

A life saved in the nick of time



Moreblessing Chinosengwa and her Family

“I could have died if I had not arrived at the hospital on time”

The year was 2009, Moreblessing Chinosengwa now 32 years old, had fallen pregnant with her second child. Due to financial challenges - Moreblessing was unable to register her pregnancy at a health facility.

In her third month of pregnancy, Moreblessing realised that the pains she had been experiencing in her lower abdomen were not going away. She ignored the pain as she had no money for a hospital visit and yet the pain continued. She could not sleep on her side throughout the pregnancy and therefore resorted to sleeping on her back. In the 8th month, the pains became unbearable. She scrounged around for some money and went to the hospital.

“At the local health facility, I was told that 'my baby' was in a standing position and therefore would need to go to a hospital within 3 days. Before the three days, I started experiencing labour pains in the middle of the night.”

Moreblessing says her husband was not at home and in the absence of her mother-in-law, she had no choice but to awaken her father-in-law to take her to hospital.

“My father-in-law prepared the ox-drawn cart to take me to the local health facility, with his help I managed to get onto the cart. He suggested we pick up my sister-in-law on our way to accompany us to the clinic. While on our way, I felt that the baby was coming and had no choice but to deliver on my own,” Moreblessing says as she looks into the distance in thought.

“When we got to my sister in law's homestead I was bleeding profusely. She assisted in wrapping up the baby and then turned to me. She told me that my stomach still felt hard and suspected there was still another baby in my womb. I was very weak. I was not sure I still had strength to deliver another baby.”

Moreblessing was losing a lot of blood. Her sister in law gave her some warm water with sugar to help regain her strength and they proceeded to the clinic. On the way she delivered another baby. She had been carrying twins. When they arrived at the clinic, 30 kilometres away from their homestead, Moreblessing had lost a lot of blood.

“I was immediately put on a drip while some medical procedures were conducted to save my life. I passed out and only woke up on the following day,” she says with a smile.

“It scares me to imagine what could have happened if I had not made it to the clinic on time – I could have died. It made me think about other pregnant women who live in places where there are no health facilities or who do not manage to arrive at the hospital on time. They lose their lives when they could be saved by urgent medical attention.”

Severe bleeding post-delivery is one of the leading causes of maternal death. Urgent attention at a hospital by skilled birth attendants is crucial to save life. UNFPA has invested over the years in the health sector to ensure safe motherhood.

~Jesilyn Dendere

BEHIND THE SCENES PICTURES FROM OUR DOCUMENTATION MISSION!



Notes

2019

**A COLLECTION OF REAL LIFE STORIES
OF COMMUNITIES IN ZIMBABWE**



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