

A photograph of a family of four standing in front of a dark green wooden door set into a light brown, textured wall. The father, on the left, wears a light-colored long-sleeved shirt with "HANG TEN" printed on it and a tan baseball cap. The mother, on the right, wears a colorful patterned headwrap and a black and white patterned top. Two young children stand in front of them; the girl on the left wears a pink top, and the boy on the right wears a yellow top. A metal plaque is mounted on the door.

ANNUAL REPORT

2019

UNFPA

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

Zero maternal deaths

Zero unmet need for family planning

Zero Gender Based Violence and harmful practices

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Foreword

The United Nations Population Fund (UNFPA) is the United Nations' reproductive health and rights agency that began its work, 50 years ago in 1969. In Zimbabwe UNFPA has been supporting the Government of Zimbabwe's efforts to respond to the reproductive health needs of the population and efforts to improve the quality of life for Zimbabweans, with a particular focus of women and young people since 1981. This support began with support to conduct 1982 population census.

UNFPA is currently implementing the 7th Country Programme running from 2016 - 2020, which seeks to end maternal deaths, unmet need for family planning, new HIV infections and GBV and harmful practices. In 2019, UNFPA worked with the Government of Zimbabwe and other implementing partners who contributed immensely to ensuring access to reproductive health services for all.

The year 2019 was a huge milestone year for UNFPA globally as we celebrated 50 years of ensuring rights and choices for all and 25 years of commitment to the International Conference on Population and Development (ICPD) Programme of Action (POA). In 1994, at the ICPD conference – crucial resolutions were made to ensure there was improved access to sexual and reproductive health services. The Programme of Action (POA) recognised that reproductive health and rights, as well as women's empowerment and gender equality, are the cornerstones of development. This important conference is what has continued to drive UNFPA work over the years.

UNFPA Zimbabwe together with other Country Offices around the world organised a number of events to mark these two important milestones. The celebrations culminated in a huge global follow up meeting dubbed the Nairobi Summit on ICPD25 in November where governments, Zimbabwe included, civic groups and other stakeholders recommitted to ensure rights and choices for all by 2030. Over 1,200 concrete



commitments were made at this important Nairobi Summit.

UNFPA Zimbabwe has contributed, through various partnerships to the results and achievements detailed in this 2019 annual report. We will carry these partnerships forward in 2020 to ensure universal access to sexual reproductive health services. Although progress was recorded in 2019 – there is still a lot of unfinished business in various areas that requires our collective action to ensure universal access to sexual and reproductive health.

It is important that we must not leave anyone behind. In many marginalised and rural communities, women and young people still struggle to access reproductive health services such as family planning, cervical cancer screening and treatment. In addition, the number of maternal deaths in the country remain high; no woman should die while giving life and we must scale up our efforts to ensure results in this area. Another area of unfinished business is the problem of Gender Based Violence (GBV). This is an issue that is threatening to undue gains we have made in many other areas.

The latest Zimbabwe Demographic and Health Survey confirms that GBV remains a huge problem affecting 1 in 3 women and girls. These are some of the areas where we need to strengthen our partnerships, response and interventions to ensure we meet our 2030 targets



Zero Maternal Deaths



Zero Unmet Need for Family Planning



Zero GBV and Harmful Practices

Going forward in 2020 UNFPA remains informed by the recommitments from the Nairobi Summit on ICPD; the Programme of Action still stands relevant today as it remains rooted in advancing the health and rights of women. UNFPA Zimbabwe will redouble efforts to reach those who have not yet benefited from the promise of the ICPD – at the core of this is women's empowerment and development, universal access to education for women and girls, health, as well as the reduction of maternal and child mortality rates.

Ending GBV will also be the key focus in 2020. Gender equality is a human right. Women and girls are entitled to live with dignity and in safe environments in order to reach their full potential and contribute to the development of the country. It is important, however, to note that gender inequalities still exist particularly with regards to key decision making positions, access to education and economic and political empowerment. Gender inequality perpetuates GBV and therefore the protection and promotion of the rights of women and girls should be prioritized.

Violence against women and girls is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries

In conclusion, I would like to extend gratitude to the Government of Zimbabwe for the great partnership that has allowed us to make a difference in the lives of women and young people. May I also extend gratitude to the Governments of Britain, Ireland, Sweden, Switzerland, European Union and the UN Central Emergency Response Fund who continue to support our work as well as our future donor partners, who continue to show interest in our work in Zimbabwe. We look forward to working with all of you in 2020 to continue this important work to ensure rights and choices for all.

Dr. Esther Muia

UNFPA Zimbabwe Country Representative

Executive Summary



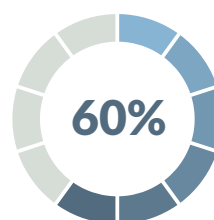
Executive Summary

UNFPA, the UN's reproductive health and rights agency supports the Government of Zimbabwe to improve the quality of life of Zimbabweans by responding to the sexual reproductive health needs of women and young people through promoting access to quality services. The 7th Country Programme running from 2016 - 2020, seeks to reduce maternal mortality, to end unmet need for family planning, new HIV infections and gender based violence and harmful cultural practices.

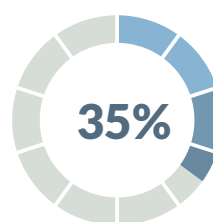
UNFPA continues to support the Ministry of Health and Child Care (MoHCC) to increase the national capacity to deliver high quality maternal services including in humanitarian settings. In the first quarter of 2019, UNFPA responded to the humanitarian needs of women and girls following the devastating effect of Cyclone Idai which hit the Manicaland and Masvingo provinces of Zimbabwe. UNFPA responded by ensuring provision of emergency obstetric and neonatal care in cyclone affected districts of Chimanimani and Chipinge. Pregnant women who were marooned after the cyclone were airlifted to health facilities. UNFPA Zimbabwe also procured emergency reproductive health kits, delivery beds, hospital beds and autoclaves to support the response to Cyclone Idai.

In 2019, there was a decline in the number of institutional maternal deaths. This is attributable to crucial investments made by UNFPA on safe motherhood such as mentorship and on the job training for doctors, midwives, anaesthetists and other health care workers. The Midwifery training curriculum was reviewed and training period was increased to two years from one year in line with the International Confederation of Midwives curriculum. Two major fistula repair camps at Chinhoyi Provincial Hospital were conducted in the year and one mini camp at Mashoko Mission hospital with a total of 99 repairs. A total of 80,624 women were screened for cervical cancer during the year.

The current Zimbabwe Demographic Health Survey depicts a picture where the family planning method mix is skewed towards short term contraceptives, mainly oral pills at 47%. In 2019, support to the Ministry of Health and Child Care focused on strengthening capacity and ensuring availability of broader choices for women, in particular, young women whose unmet need for family planning at 12.6% is higher than the national average of 10.4%. The objective was to improve accessibility of voluntary family planning services with a strengthened focus on awareness on long acting reversible contraceptives; the Intra Uterine Contraceptive Device (IUCD) and Implants as part of the family planning method mix. At least 200 health service providers were trained on IUCD and Implanon NXT, while 21 137 IUCD insertions and 131 860 implant insertions were made in 2019. On capacity building towards integration, 68 family planning service providers were trained on Sexual Gender Based Violence and syndromic management of Sexually Transmitted Infections as part of SRHR service package to be provided to clients seeking FP services.



Over 60% of Zimbabwe's population is below the age of 25



About 35% is between the ages of 15 and 35.

UNFPA empowers young people to engage in policy making processes and advocates for the rights of the young men and women including the right to accurate information and services related to their sexuality and reproductive health. In 2019, UNFPA supported healthcare facilities through the training of service providers to ensure provision of Adolescent and Youth Friendly Health Services for young people. Efforts in strengthening the Ministry of Primary and Secondary Education (MoPSE) capacity to effectively deliver Comprehensive Sexuality Education (CSE) in schools continued.

More than 61,000 young people were reached with Social Behaviour Change Communication and CSE programmes. Strengthening capacity of adolescents and youth networks to advocate and meaningfully participate in international, regional and national decision making platforms remains a key pillar in ensuring relevant programming for young people. At least 250 junior members of parliament and senators were trained in advocacy for SRHR and youth development in preparation of the opening of the 10th session of parliament. The Tariro Clinic and Youth Centre in Hopley under the joint programming for Adolescent and Youth Development was officially opened by His Excellency, the President of Zimbabwe Emmerson Mnangagwa on 11 July 2019 to mark World Population Day.

Work on ending GBV continued in 2019. UNFPA provided critical technical support to the Ministry of Women's Affairs Community and Small to Medium Enterprise Development (MWACSMED) for the coordination GBV stakeholders, including during drought and Cyclone Idai emergency response. Support included adaptation of GBV surveillance tools, introduction of innovative emergency specific service provision models for example safe spaces for women and girls and mobile One Stop Centres (OSCs). It also included harmonization of GBV risk mitigation non-food items and Prevention of Sexual Abuse and Exploitation and Abuse (PSEA) IEC materials. A mapping of partners' capacity and increased coordination on geographical coverage was done in an attempt to avoid response duplication and, address geo-coverage gaps.

Cyclone Idai emergency response was conducted through the partnerships with implementing partners such as International Rescue Committee, Family Support Trust, Musasa, Africa University and Family AIDS Caring Trust. Support included distribution of dignity kits, establishment and operationalization of safe spaces in affected areas, community outreach for GBViE risk mitigation and response, and PSEA sensitization for humanitarian aid workers. UNFPA also responded to GBV needs in five drought affected districts, through funding from the Zero Tolerance 365 programme and the UN's Central Emergency Response Fund (CERF) funding.

In order to raise awareness in the community about SRHR, HIV and GBV issues, UNFPA is working together with four NGOs to implement a community awareness programme that involves community based volunteers known as Behaviour Change Facilitators moving from household to household conducting sessions using a standard manual. The newly conceptualized programme for Young Women Selling Sex (YWSS), implemented by CeSHHAR/Sisters with a Voice started operating in the fourth quarter of 2019. At least 25 YWSS have been enrolled into vocational training programmes to date while at 80 took part in the community empowerment meetings in the last half of 2019.

UNFPA is the lead agency in the provision of data to inform policy and planning. UNFPA supports the Zimbabwe National Statistics Agency (ZIMSTAT) and other key Government line ministries to enhance their capacity to collect, analyse and utilize population data at national and sub-national levels, and to integrate population issues in development planning. Preparations for the 2022 population census were intensified in 2019. Key planning and preparatory documents for the planned census, a comprehensive project document, memorandum to Cabinet on the census and detailed budget were produced and approved by the Government. The Inter-Censal Demographic Survey (ICDS) report was produced and published - the results of these reports were disseminated and used to respond to the Cyclone Idai-induced humanitarian crisis.

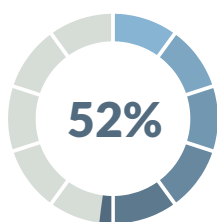
The commitments made at the Nairobi Summit on ICPD offer a framework for meeting the sexual and reproductive health needs of women, young people and marginalized groups. Zimbabwe will be no exception – we stand guided by the Programme of Action in supporting the Government of Zimbabwe to avail quality sexual and reproductive healthcare services to its people. We encourage to read further to see in greater detail our areas of work, our results and achievements.



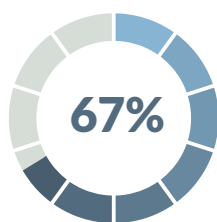
Introduction



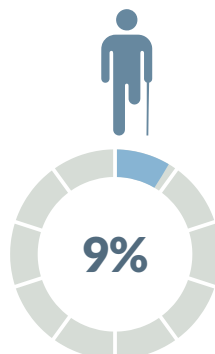
Zimbabwe population - 15.8 million



52% female



67% live in rural areas



9% of the population has a disability

Zimbabwe has a population of 15.8 million, 52% of whom are female and 67% live in rural areas¹. At least 9% of the population has a disability while life expectancy was estimated at 60 years in 2017². The population is young with about 67% being below the age of 25. According to the 2017 Poverty, Income and Consumption Expenditure Survey, whose results were published in 2019, 71 % of the population are considered poor. The country was faced with a very difficult macro-economic environment in 2019, which was characterised by rising inflation, foreign exchange shortages, limited international financial support and market distortions. This situation was aggravated by a severe 2018/2019 drought and an unprecedented Cyclone Idai, which caused food insecurity and, left more than 5 million people (about a third of the total population) in need of humanitarian assistance.

Cyclone Idai also caused widespread property and infrastructure destruction in the affected districts. A state of national disaster was subsequently declared, leading to a

humanitarian appeal for more than US\$400 million from the international community. Due to these shocks, the economy which grew by 3.4% in 2018 was projected to decline by 6.5% in 2019. The country's health system faced a plethora of challenges in 2019, including lack of financial resources, declining health worker morale, continued incapacitation, periodic strikes by health workers and poor working conditions, which pose a high risk to the delivery of quality health services to the population, particularly women, children, and other vulnerable populations. The Abuja target remained elusive for the country as government expenditure on health fell short of the set target of 15% of the total budget for the period 2012-2019. According to the 2019 Multiple Indicator Cluster Survey, 39% of women aged 15-49 reported having ever experienced gender-based violence since age 15.

This is the context that UNFPA Zimbabwe sought to deliver its mandate and support the Government of Zimbabwe.

¹ ZIMSTAT (2019), "Updated 2012 Population Census Projections Report"

² ZIMSTAT (2017), "Inter-Censal Demographic Survey, 2017"

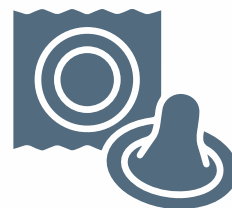
Population and data



UNFPA supports the Zimbabwe National Statistics Agency (ZIMSTAT) and other key Government line ministries to enhance their capacity to collect, analyse and utilize population data at national and sub-national levels, and to integrate population issues in development planning. In 2019 UNFPA worked with ZIMSTAT and key Government line ministries to prepare for the 2020 Zimbabwe Demographic and Health Survey (ZDHS) and 2022 Population Census.

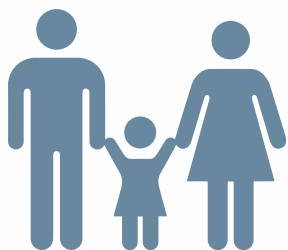
These are the two most important sources of comprehensive data on indicators relevant to UNFPA's areas of work. In order to improve access to such data, support was also provided on the maintenance and updating of web-enabled socio-economic and demographic databases.

Sexual and Reproductive Health and Rights (SRHR)



Comprehensive Sexual and Reproductive Health and Rights (SRHR) remains a priority for UNFPA. The year's focus was on ensuring that the ICPD Programme of Action agenda continued and to highlight some key achievements in the 25th year of ICPD Programme of Action. The beginning of the year was however hard hit by the devastating Cyclone Idai which negatively impacted the wellbeing of women and young girls in the affected districts. UNFPA was on the ground working with the government and other partners to ensure emergency obstetric and neonatal care. Life saving reproductive health kits, contraceptives, medicines for treatment of sexually transmitted infections as well as bedding and food for maternity waiting homes were provided. UNFPA continued to support the Ministry of Health and Child Care with technical and financial support for the provision of essential RMNCAH services, emergency obstetric and neonatal care, supply of contraceptives and reproductive health commodities. Capacity building of health workers was supported through on the job training and mentorship.

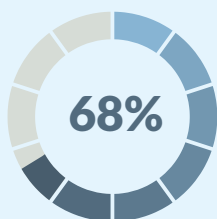
Family Planning



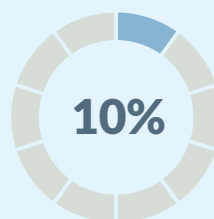
Family Planning programme in Zimbabwe has registered significant progress in the last two years. While the overall contraceptive prevalence rate has increased to 68% and the stock out levels of contraceptives have remained close to 10%, the method-mix continues to be skewed toward oral contraceptives. There remain sections of the population that still face challenges in accessing the full range of contraceptive services such as young people, persons with disabilities and those in hard-to-reach communities. Constraint fiscal space limits domestic funding for contraceptives, which are fully funded by donors. UNFPA support to the family planning programme goes toward addressing these major challenges.

In 2019 the UNFPPA continued supporting the Government of Zimbabwe in achieving its family planning goals and objectives as per the National Family Planning Strategy (2016-20) and the FP2020 Commitments, reiterated in July 2017 at the FP2020 Global Summit in London. Reflected in UNFPA Zimbabwe's Country Programme Action Plan (CPAP 2016-20), the programme aimed at strengthening national capacity; improving leadership and coordination; expanding method mix (with focus on Long Acting Reversible Contraceptives - LARC). It also focused on improving access to contraceptive services for young people; strengthening commodity security; enhancing delivery of quality integrated FP, SRHR and HIV/AIDS services and improving accountability through better evidence and data.

UNFPA provided technical, financial and in-kind support to the programme. The key activities included capacity building on comprehensive FP services, especially LARCs; strengthening national and sub-national coordination mechanisms and dissemination of National Family Planning Guidelines and the Advocacy and Communication Strategy developed in 2018. Additionally, parliamentarians were engaged for mobilising domestic resources. Communities, including tertiary educational institutes were reached with messages on FP and other SRHR services through inter-personal communication, media engagement and usage of IEC materials. Contraceptives were procured and technical and financial support was provided to national supply chain system to improve contraceptive security in the country.



Overall contraceptive prevalence rate



Stock out levels of contraceptives

Adolescent Sexual Reproductive Health



A high adolescent fertility rate (110 live births per 1000 women), a high HIV prevalence especially among girls and young women (6.7%) as well as a high rates of child marriage remain challenges affecting young people in Zimbabwe. The availability of sexual and reproductive health services alone is not enough to ensure that these challenges are addressed and adolescents and young people can fully fulfill their rights and make informed choices over their own bodies. Therefore, UNFPA Zimbabwe in 2019 had a strong focus on improving the policy and legal environment for addressing young people's issues. It also focused on capacitating the national health system in-order expand, respond to and deliver comprehensive quality integrated youth-friendly services and increasing the uptake of those services. In 2019 focus was also on improving the quality of CSE for in-school, tertiary and out of school young people. Through community engagement UNFPA empowered many vulnerable adolescents and young people to make informed decisions on SRHR, HIV and GBV. In addition, young people were supported to have a supportive environment at family level through the Parent to Child Communication. Support also centred on ensuring multi-sectorial coordination of ASRH interventions, knowledge exchange, documentation, youth engagement and participation.

HIV and Community



Latest estimates indicate that HIV prevalence among adults (15-49 years) has fallen to 10.9% (Spectrum 2020). Zimbabwe continues to see a decline in HIV incidence (currently at 0.3%, Spectrum 2020), half of the incidence rate in 2010. The rate of decline is however too slow to achieve global HIV commitments, including in eMTCT where the transmission rate stands at 7.6%. UNFPA supports programmes at community level that target vulnerable populations such as girls and young women both in rural and peri-urban areas, to reinforce HIV prevention and strengthen uptake of services. Work with key populations constitutes a second important programme pillar as key populations experience high HIV prevalence and barriers to service access. Support to the national STI and condom programmes complements the other pillars, including support for the national eMTCT programme that still lags behind in achieving the elimination targets for both HIV and syphilis. Integration of service delivery at all levels is key to improving access and usage of HIV/SRH/GBV services and forms an important component of UNFPA's programmes.

Gender

In 2019 UNFPA Zimbabwe focused on expanding safe spaces, distribution of dignity kits and capacity development of GBV sector on prevention and mitigation of GBV in emergency situations. The Cyclone Idai and the drought made us realize that as a country there is a need to invest in disaster preparedness and risk mitigation. One Stop Centres have continued to provide critical comprehensive support and services to GBV survivors. In order to reach everyone and not leave anyone behind UNFPA has expanded its disability inclusion work and mobile One Stop Centre outreach services in the country

In 2019, over 8,000 cases of Sexual violence were reported to health facilities, with only 27,8% of cases reporting within 72 hours. Women and girls are disproportionately affected by the protection consequences of climate change and economic hardship. In drought-affected areas, women and girls are forced to walk long distances to collect water, facing an increased risk of sexual violence. Furthermore, the modification of daily routines forces them to spend long hours away from home, generating tensions within the household, and increasing intimate partner violence. Unbalanced power dynamics also exacerbate exposure to sexual exploitation and abuse, as women and girls increasingly resort to trading sex as a means of providing the most basic needs for their families.

UNFPA humanitarian response

UNFPA Zimbabwe CO is the lead organization for GBV and SRH in emergencies response, and provides high level technical assistance to the Government of Zimbabwe during slow and rapid onset humanitarian crises, including climate change triggered disasters (drought, floods and cyclones), disease outbreaks and economic hardship related crises.

(i) Responding to GBV in humanitarian situations

The vulnerability of women and girls to GBV is heightened in the Zimbabwean multi-hazard humanitarian crisis, where violence and discrimination related to the emergency has also exacerbated pre-existing, persistent, gender and social inequalities, as well as traditional harmful socio-cultural practices.

The use of lobola (bride price) as an alternative income source is a documented practice in the current context, contributing to an increase in early marriage, while in areas where the Apostolic faith is predominant, communities marry girls at younger ages in the misguided belief that they will somehow appease "spirits" causing drought and economic hardship.

Women and girls with disabilities are among the most vulnerable and are three times more prone to GBV and harmful practices. The impact of the crisis on the health system also causes decreasing availability of clinical management of rape services, affecting timely access to life-saving support, particularly for those in remote areas. De-prioritization of GBV services also occurs as a consequence of the socio-economic impact of climate change triggered crises and economic hardship. As a result of all of these factors, more than 800,000 people –mostly women and girls –were at risk of GBV in 2019.

Ensuring continuation of essential GBV services, as well as setting up community based mechanisms to mitigate the risk of GBV and SEA, and enhancing the capacity of inter-agency humanitarian actors on GBV preparedness and response in multi-hazard humanitarian contexts such as Zimbabwe, is a critical action within the UNFPA mandate.

UNFPA is the GBV sub-cluster lead, and provides technical support as the chair of the GBV sub-cluster, in collaboration with the MOWACSMED (co-chair), to over 50 GBV sub-cluster partners. This includes UN agencies, international and local NGOs, CSOs, Red Cross and IFRC and Donors on GBViE strategic planning, resource mobilization, capacity building, knowledge management and advocacy.

As the first UN agency in Zimbabwe, for mandate and funding, to provide GBV risk mitigation and response in humanitarian crises, UNFPA, through its implementing partners supports:

- ➔ GBV risk mitigation initiatives, such as provision of psychosocial support to vulnerable women and girls through safe spaces, distribution of NFIs (dignity kits, menstrual health management)
- ➔ Provision of GBV essential services, through static and mobile One Stop Centres in remote and hard to reach areas
- ➔ Community-based GBV surveillance, including rapid assessments and data collection on GBV risk exacerbation, service mapping and accessibility constraints, strengthening and context adaptation of referral pathways, survivors' referrals to life-saving services, support to the establishment of community-based PSEA complaints mechanisms
- ➔ Capacity building of GBV actors on GBViE preparedness and response, GBV risk mitigation and response and PSEA integration across clusters response, in line with the IASC guidelines.

(ii) Sexual and Reproductive Health in Emergencies

UNFPA is a partner of the Health Cluster, and the lead UN agency for SRH in emergencies response. Humanitarian crises severely disrupt access to life-saving sexual and reproductive health services. Sexual and reproductive health and rights demand urgent attention. UNFPA works with the inter agency Humanitarian and country team counterparts to develop country preparedness, response and recovery plans.

The main focus of UNFPA is in ensuring:



Continuity of essential emergency services for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)



Supply of contraceptives and emergency reproductive health commodities



Supporting safe spaces (maternity waiting homes) for pregnant women and young girls



Strengthening the referral pathway for emergency obstetrics and neonatal care.



Zimbabwe recommitments to the ICPD agenda at Nairobi Summit

The year 2019 marked a huge milestone for UNFPA globally, Zimbabwe included, as UNFPA celebrated 50 years and counting of delivering for women and young people on the Sexual Reproductive Health and Right (SRHR) agenda. In the same year 2019, the agency celebrated 25 years of commitment to the International Conference on Population and Development (ICPD) Programme of Action. It was a year to strengthen partnerships and harness recommitments in the continued empowerment of women, young people and ensuring access to sexual reproductive health services.

At the Nairobi ICPD Summit, Zimbabwe was represented by the Chief Director in the Ministry of Health and Child Care, Dr Robert Mudyiradima where the Government of Zimbabwe made the following commitments:

- ↓ Curb teenage pregnancies from 21.6% to 12% by 2030; and
- ↓ Avail comprehensive short and long term; and permanent Family Planning methods at all Family Planning service provision points by 2030.
- ↓ Increase by 50% the maternal mortality reduction from the current 651 / 100000 live births by 2030;
- ↓ Develop a comprehensive national SRHR package and integrate it into the national UHC strategies, policies and programmes; and
- ↓ Deploy 2 trained midwives to provide integrated sexual and reproductive health services at all eligible primary health care facilities by 2030.
- ↓ Support all SRHR service provision points provide youth-friendly services;
- ↓ Support all schools, public and private, are delivering a quality-assured Comprehensive Sexuality Education (CSE) package appropriate for age, including HIV information, by 2030; and
- ↓ Ensure hard to reach populations such as Persons With Disabilities (PWD), PLRA, emergency areas, prisons, sex workers, young people in conflict with law have immediate access to comprehensive Sexual Reproductive Health and Rights (SRHR) services.
- ↓ Align all laws pertaining to marriage to the Constitution of Zimbabwe (Amendment No. 20) of 2013, by 2030;
- ↓ Implement the National Plan of Action on Ending Child Marriages, harmonize marriage laws and set age of marriage at 18 years, by 2030.

- Invest resources to provide comprehensive multi-sectoral services for survivors of GBV and to strengthen key institutions;
- Economically and socially empower women and girls to be actively engaged in Country's development; and
- Finalise and fully implement the Disability Amendment Act to support service access by women and girls with disabilities by 2030.
- Allocate at least 15 percent of the national budget to the health sector with specific allocation for SRHR and Family Planning, by 2030;
- Improve allocations from the HIV and Airtime levies to SRHR and Family Planning by at least 5 percent;
- Allocate 10 percent of the Global Fund allocated to Zimbabwe to SRHR and Family Planning as per Global Fund Financing Framework; and
- Finalise and implement the National Health Insurance Scheme.
- Improve youth involvement across sectors through enactment of the National Youth Act and its National Youth Commission;
- Proactively invest in post-secondary school skills building to reduce youth unemployment by half, by 2030;
- Define and implement policies that promote youth engagement in relevant developmental issues by 2030;
- Promote health for in school children through implementation of implement the Zimbabwe School Health Policy; and
- Support access to contraception for young people to reduce the high teen pregnancy by half by 2030
- Continue strengthening the production of quality, relevant, timely and, where possible, fully disaggregated vital country statistics through the decennial population census programme to inform policy planning, including SDG monitoring and reporting, by 2030; and
- Invest in the statistical lead agency, ZIMSTAT, to offer timely and accurate statistics.
- Ensure emergency preparedness across all relevant sectors, by 2030;
- Build or strengthen coordination structures for preparedness and response to emergencies; and
- Support strengthening of the Civil Protection Unit to coordinate humanitarian actors to prioritise Prevention of Sexual Exploitation and Abuse and Sexual Gender Based Violence in humanitarian situations.



World Population Day commemorations and launch of the Tariro youth centre and clinic by the President of Zimbabwe



World Population Day commemorations and launch of the Tariro Youth Centre and Clinic



Dr Muia speaking at the launch of the State of the World Population Report 2019



Official launch of the State of the World Population Report



Launch of the State of the World Population Report 2019



Media briefing on ICPD25 and UNFPA50



It was a year of celebration!



Dr Muia and the then Sweden ambassador to Zimbabwe Ms Sofia Caltorp and partners at the Zimpapers Television Network studios after a television show



H4+



Maternal Health



Maternal Health

UNFPA continues to support the Ministry of Health and Child Care to increase the national capacity to deliver high quality maternal services including in humanitarian settings. The main focus areas of support are strengthening Emergency Obstetric and Neonatal Care (EmONC) services; post abortion care; Maternal and Perinatal Death Surveillance and Response (MPDSR); clinical mentorship and strengthening midwifery pre-service training and service delivery.

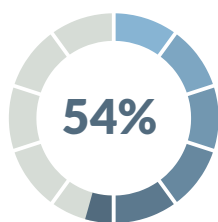
Highlights



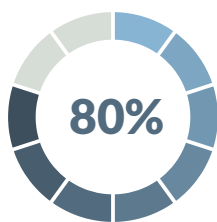
There is a decline in the number of institutional maternal deaths partially attributed to the mentorship and on the job training for doctors, midwives, anaesthetists and other health care workers



The treatment rate for VIAC positive women increased from 54% in first quarter to 80% in last quarter of 2019



Treatment rate for VIAC positive women in first quarter of 2019



Treatment rate for VIAC positive women in last quarter of 2019



The Midwifery training curriculum was reviewed and training period was increased to two years from one year in line with the International Confederation of Midwives curriculum.



Two major camps at Chinhoyi Provincial Hospital were conducted in the year and one mini camp at Mashoko Mission hospital

Humanitarian Response

In the first quarter of 2019, UNFPA responded to the humanitarian needs following the devastating effect of Cyclone Idai which hit Manicaland and Masvingo provinces. UNFPA responded by ensuring provision of emergency obstetric and neonatal care in cyclone affected districts of Chimanimani and Chipinge. UNFPA supported the airlifting of pregnant women who were marooned. Emergency reproductive health kits, delivery beds, hospital beds and autoclaves were procured in response to the crisis. To accommodate high risk pregnant women Maternity Waiting Homes (MWHs) were supported with bedding and food which was sourced through a partnership UNFPA entered in with the World Food Programme and CARITAS, Mutare (a Church run organization)

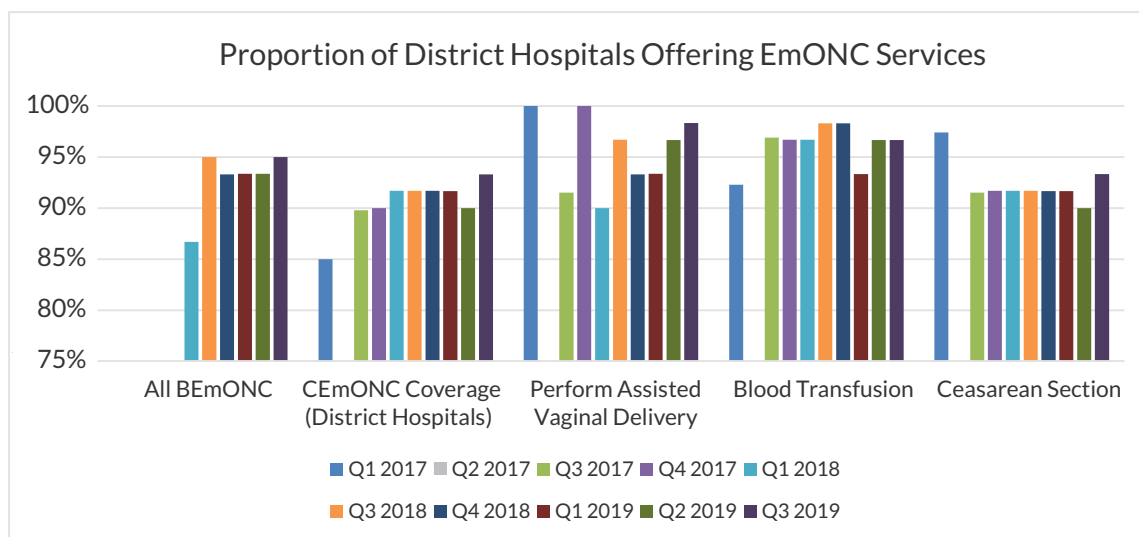


Emergency Obstetric and Neonatal Care (EmONC)

The proportion of secondary level hospitals offering Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services (all Basic EmONC signal functions together with blood transfusion and Caesarean section) dropped slightly from 92% in first quarter to 90% as shown in the graph below. Five hospitals were not providing CEmONC services for various reasons such limited human resources (doctors and anaesthetists) and inadequate or lack of infrastructure (operating theatres). Nyamandlovu, Esigodini, Mutawatawa and Shamva hospitals do not have surgical theatres. Trainings on EmONC and mentorship are ongoing in all the provinces.

The proportion of secondary level hospitals offering Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services (all Basic EmONC signal functions together with blood transfusion and Caesarean section) dropped slightly from 92% in first quarter to 90%

BEmONC and CEmONC coverage



Maternal and Perinatal Death Surveillance and Response



There is a general decline in the number of institutional maternal deaths. This is attributed partially to the mentorship and on the job training for doctors, midwives, anaesthetists and other health care workers. These strategies have seen a reduction in maternal deaths and improved quality of care. The delivery and caesarean section outcomes have improved. Some of the gains are lost through high staff attrition. The industrial action by doctors and flexi- hours worked by the nurse's compromise quality of care.

A total of 312 institutional maternal deaths were reported through the DHIS2 and of these 109 were in the first quarter of 2019 while 82 were reported in the second quarter. A total of 88 deaths were reported in the third quarter of the year and at least 75 in the last quarter. Harare and Bulawayo cities had the highest maternal deaths with 62 and 39 deaths respectively followed by Manicaland (38) and Mashonaland West (27). There was a reduction for Bulawayo from 59 in 2018 while Harare city had an increase from 50 in 2018.

Matebeleland North had the greatest decline in deaths from 13 in 2018 to 9 in 2019. The reduction is attributed to the robust mentorship and on the job training where the Provincial Medical Director was actively involved.

Reported neonatal deaths were 2,544. One provincial hospital (Bindura in Mashonaland Central) set up an Intensive Care Unit and now has a trained nurse in that unit. All the provinces conducted maternal and perinatal death audits throughout the year. The major causes of maternal deaths identified were Post-Partum Haemorrhage (PPH), eclampsia, sepsis and post anesthesia complications. Causes on neonatal deaths were prematurity and sepsis. Late referrals of complicated cases also contribute to poor delivery outcomes. The National MPDSR Committee audited maternal and perinatal deaths for all the provinces and central hospitals. The following were the noted key challenges:

- ✎ Anaesthetic machines at most facilities including at central hospitals not reliable and frequently breaking down
- ✎ Inadequate hand hygiene facilities (functional taps for hand scrubbing and soap dispensers) compromising infection control
- ✎ Inadequate resuscitators in theatre
- ✎ Inadequate sphygmomanometer for the maternity unit
- ✎ Flexi-working hours for nurses stretching midwives on duty and compromising the quality of care
- ✎ Low morale among the staff leading to industrial by the doctors.
- ✎ High staff attrition reverses the gains
- ✎ Shortages of life saving medicines, including antibiotics

Obstetric Fistula Repair

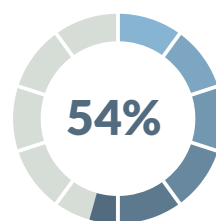


The repair of Obstetric Fistula (OF) faced challenges in 2020. The Women in Health Alliance International (WAHA), a key partner for UNFPA in OF repairs undertook a restructuring exercise resulting in the unavailability of surgeons for the greater part of the year. The industrial action by doctors also affected repairs by local doctors. Two major camps at Chinhoyi Provincial Hospital were conducted in the year and one mini camp at Mashoko Mission hospital. The international OF surgeons are now under a new branch known as Artemedis after the restructuring exercise and the Ministry of Health and Child Care continues to work with them. A total of 99 repairs were conducted (out of 131 admissions) against a target of 240. The duration that the women had lived with fistula ranged for 2 months to 49 years. Manicaland continues to have the most number of women with fistula as it accounted for the 38 out of the 99 repaired. At least 13 local doctors from United Bulawayo Hospitals, Parirenyatwa Central, Marondera Provincial, Murehwa District, Chinhoyi and

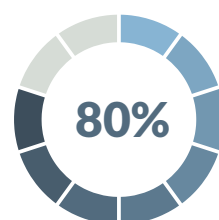
Kadoma Provincial hospitals were part of the surgical teams. Chinhoyi continues to have challenges of inadequate theatre space as the hospital now has specialist surgeons who have to share operating rooms.

Cervical Cancer Screening and Treatment

Cervical cancer screening using visual inspection with acetic acid and cervicography is supported at 105 sites, which include all district, provincial, central hospitals and selected city health clinics. A total of 80 624 women were screened for cervical cancer during the year against a target of 100,000. At least 904 women were VIAC positive and of these 738 were treated through either cryotherapy, thermocoagulation or LEEP. The treatment rate for VIAC positive women increased from 54% in the first quarter to 80% in fourth quarter. VIAC positive women seen during outreach continue to be referred for treatment at the district hospitals as portable equipment for treatment is not yet available. There was a delay in procurement as thermocoagulators are not in the UNFPA catalogue. Specifications for thermocoagulators have been submitted to the Procurement Service Branch (PSB) for sourcing of suppliers.

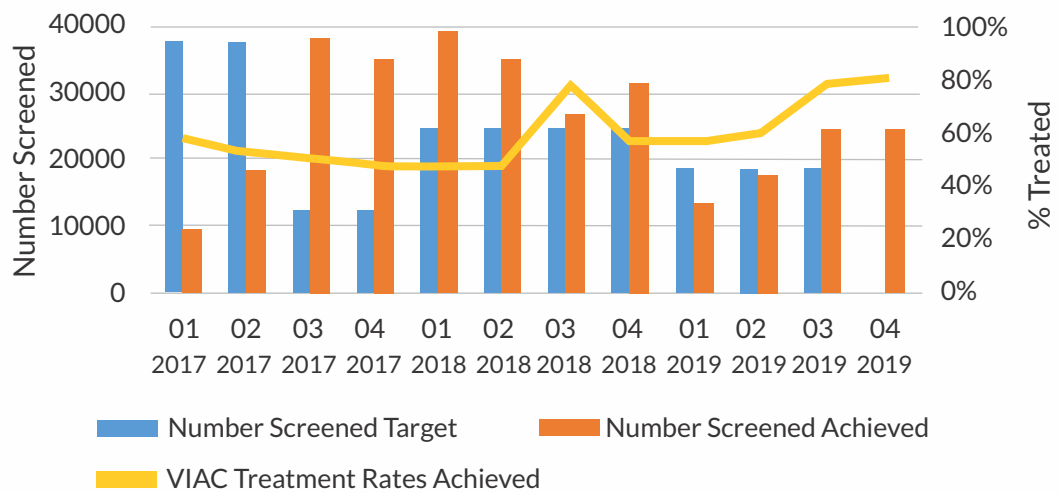


Treatment rate for VIAC positive women in first quarter of 2019



Treatment rate for VIAC positive women in last quarter of 2019

Cervical Cancer Screening Q1 2017 to Q4 2019 - MOHCC VIAC Reports



The provision of cervical cancer services has been compromised at the health facilities as some health workers are prioritising services such as voluntary medical circumcision procedure, where they are paid incentives. Other funding partners are also engaging VIAC nurses, paid in foreign currency, stationed at selected health facilities. This has affected the morale of the existing health staff at some VIAC sites, resulting in low reporting and treatment rates. The coordination of services was also affected by not having a coordinating officer at national level.

Midwifery Pre-Service Training and Service Delivery

Midwives play a key role in ensuring that a woman has a healthy pregnancy, safe child birth and essential care of the newborn. Well trained midwives could avert approximately two thirds of maternal and neonatal deaths.

UNFPA continues to promote midwifery education, training and support. The

Midwifery training curriculum was reviewed and training period was increased to two years from one year in line with the International Confederation of Midwives curriculum. The curriculum has a strong internship component to ensure that all midwives have the recommended competencies. The schools of midwifery and some selected clinical areas were assessed for readiness to offer the additional skills such as post abortion care and cervical cancer screening and treatment. The findings revealed the need to strengthen clinical supervision as there is not much support given to newly qualified midwives, partly due to over stretched responsibilities of the experienced midwives.

The mentorship and skills development through skills laboratory and clinical practice sessions are going to be strengthened. UNFPA supported the printing of internship guidelines.

All these areas of support with be strengthened in 2020.



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 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



Family Planning

Family Planning

In 2019, the Family Planning programme focused on consolidating the gains made in 2018 in:

- Expansion of family planning method mix
- Increasing access to FP services to marginalised populations
- Strengthening commodity security information systems and
- Improving awareness on FP services.

Highlights

- 200 health service providers were trained on IUCD and the new generation implant: Implanon NXT
- A total of 21 137 IUCD insertions and 131 860 implant insertions were made in 2019
- During year 2019, 2,600 health service providers were sensitised on delivery of SRHR, HIV and SGBV integration in the 13 focus districts using the facility based model
- 68 family planning service providers were trained on SGBV and Syndromic management of STIs as part of SRHR service package to be provided to clients seeking FP services
- Religious leaders including authorities at 2 Catholic Mission Hospitals were engaged; advocating for Family planning services at the institutions.



Expansion of Family Planning Method Mix

The Zimbabwe Demographic Health Survey of 2015 depicts a picture where the family planning method mix is skewed towards short term contraceptives, mainly oral pills at 47%. An IUCD qualitative study undertaken in 2016 revealed a multiplicity of misconceptions on IUCD. Guided by this, the UNFPA Zimbabwe 7th Country Programme sought to support Ministry of Health and the Zimbabwe National Family Planning Council to improve accessibility of voluntary family planning services with a strengthened focus on awareness on long acting reversible contraceptives; the IUCDs and Implants as part of the FP method mix. Support focused on both supply side (commodity security and service provider capacity strengthening), as well as demand side (development and distribution of IEC materials, inter-personal communication through community dialogues and home visits.

In the period under review, 200 hundred health service providers were trained on IUCD and Implanon NXT, thus meeting the annual target of 200. A total of 78 service providers were certified against a target of 79, (99%). A total of 21 137 IUCD insertions and 131 860 were made in 2019.

The gains in IUCD and implant insertions are attributed to the increasing number of trained health service providers in both IUCD and Implant (Jadelle and Implanon NXT) and continued demand generation for LARCs services. Additionally, improved community mobilisation as part of integrated demand creation through existing facility and community-based cadres played a key role in improving uptake of LARCs (IUCD and implants). National, provincial and district coordination, monitoring and supportive

supervision contributed to the improvement in the programme.

The FP Guidelines, FP Advocacy and Communications Strategy and IEC materials (including those in Braille (for members of the public with visual impairment) that were developed and printed in 2018 were disseminated/distributed to all the 10 provinces and 63 districts of the country. A LARCs review and planning meeting including Postpartum Family Planning was held in September 2019. The planned PPIUCD expansion was rolled out to 9 additional sites in Matebeleland South and Manicaland Provinces.

A Human Interest Story book was put together and printed in 2019. The booklet is a narrative of real life stories and experiences on how women, girls and their families have been impacted by family planning services. This will continue to be used to showcase success of the FP programme and support advocacy for remaining

The Family Planning Costed Implementation Plan (CIP) dashboard developed during the first half of the year was submitted to MoHCC for their approval. The ZNFPC Restructuring has been held up at the very last stages because the newly announce ZNFPC board members are yet to take office following approval by the Office of President and Cabinet (OPC). Once the board takes office, it is hoped that it will take steps in operationalising the restructuring plans. In view of the positive findings from the ECHO Trials which showed no relationship between DMPA and HIV acquisition, and emphasized the need for integrated FP and HIV services, UNFPA engaged Ministry of Health in planning for roll-out of DMPA Subcutaneous which will take off in 2020.

The Country Office continued its high level engagement of Parliamentarians, with a special focus on advocacy for allocation of domestic resources towards family planning commodities, which over the years have been wholly funded through donor support. The advocacy resulted in allocation of ZWL\$27,000,000 towards contraceptives including condoms in the 2020 fiscal year.

In 2019, UNFPA continued with its support to the Zimbabwe Assisted Pull System (ZAPS) as part of strengthening Reproductive Health commodity security. A delay in disbursement of funds towards contraceptive procurement as well as bottlenecks in the supply chain system resulted in COC (Control) stock raptures in some health facilities. As a way of mitigating this in future, a high level stakeholder forum that includes donors has been put together to provide leadership and guidance to MOHCC and Natpharm in commodity security. UNFPA supported Ministry of Health and Child Care in the development a Procurement and Supply Chain Management Strategy (PSM) towards the end of 2019. The strategy will be finalized in Q1 2020.

Challenges:

1. A number of activities including the joint ZNFPC, MoHCC and UNFPA visit to sensitise Provincial Medical Directors (PMDs) on FP and integrated services had to be postponed as attention was diverted to responding to the cyclone-induced humanitarian emergency.
2. PPIUCD training in Manicaland, Harare and Bulawayo in the second and third quarters of the year were stalled by the same devastating cyclone in Manicaland (which was the leading province for this process). The identified expansion sites of Chipinge and Birchnough Bridge were negatively impacted by the cyclone; serving as referral facilities for pregnant women and injured survivors from cyclone most affected sites of Chimanimani and Chipinge.
3. ZNFPC Restructuring has taken longer than anticipated, which to some extent reflects lack of coordination between different sections of the ministry and other key ministries and institutions.
4. Delayed disbursement of funds and bottlenecks in the ZAPS system resulted in stockouts of 'Control' in some health facilities

SRH, HIV, GBV Integration

Zimbabwe is one of the countries in the region implementing the 2Gether 4SRHR programme, focusing increasing access to SRHR services through integration of SRH, HIV and SGBV services. The programme is being implemented in 13 focus districts.

Heads of UN Agencies involved in the implementation of the programme (UNFPA, UNAIDS, UNICEF and WHO) met at the beginning of 2019 to discuss and provide guidance to the Country's Technical Working Group.

A facility readiness assessment was undertaken to guide the development of an implementation plan. Key highlights from preliminary findings of the assessment were that most facilities have some degree of capacity to offer integrated services on SRH, HIV and SGBV. Barriers to provision of integrated services were related to human resources (numbers and skills), space availability challenges and limited availability of medicines. Due to challenges related to limited space, provision of integrated services within the same department was deemed as not always possible leading to interdepartmental referrals rather than service provision under one roof.

Recommendations from the assessment included the need to strengthen service provider capacity to deliver integrated services, strengthening of referral pathways as well as tracking progress on integration of services. Each of the districts developed implementation plans guided by the findings of the assessment.

Capacity Building

At least 2,600 health service providers were sensitised on delivery of SRHR, HIV and SGBV integration in the 13 focus districts using the facility based model rather than workshop-based trainings.

A total of 68 family planning service providers were trained on SGBV and Syndromic management of STIs as part of SRHR service package to be provided to clients seeking FP services.

At least 29 OI/ART nurses were trained on Long Acting Family planning methods (Implants and IUCD service provision).

Religious leaders including authorities at 2 Catholic Mission Hospitals were engaged; advocating for Family planning services at the institutions.

Total of 30 staff from GBV Shelters and One-Stop Centres, as well as 166 multi-sectoral stakeholders from 12 districts were trained on the interface between SGBV, SRHR and HIV. Staff trained comprised of Shelter Administrators and One-Stop Centre Counsellors. Multi sector stakeholders included Police Officers from the Victim Friendly Unit, Social workers, District Development Officers and Community Volunteers.

At least 148 stakeholders who work closely with CSOs that interact with SGBV survivors were mobilised. This did not only increase their SGBV knowledge, but also improved their capacity to serve SGBV survivors. 4,460 SRHR, HIV and SGBV Linkages service package in the form of cue cards were printed for distribution in 2020.

Challenges:

In 2019 the programme implementation was significantly impacted by Cyclone Idai, a cholera outbreak in Harare, and macroeconomic as well as monetary policy challenges combined with job action especially by doctors and to a lesser degree nursing staff in the second half of the year. As a consequence, some planned activities could not take place, were delayed, or had to be implemented under different modalities.

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

When Christine Njolomola (75) got married at 15, 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 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 her to regain her health after delivery. He was told that it gives 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.

“I had to stand up for myself, it is my body and now I can know that I can plan when to fall pregnant and not by chance. 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.” – Jesilyn Dendere

A photograph of two young boys reaching up to catch a ball. The boy on the left is wearing a colorful striped shirt and black pants, while the boy on the right is wearing a yellow shirt and blue pants. They are standing in front of a tall, thin tree trunk. At the top of the tree, a metal ring is attached. A blue and white patterned ball is suspended in the air between the boys and the ring. The background shows a clear blue sky and some dry trees in the distance.

Adolescent Sexual and Reproductive Health and Rights

Adolescent Sexual and Reproductive Health and Rights



Empowering young people

Over 60% of Zimbabwe's population is below 25 years and about 35% is between the ages of 15 and 35. UNFPA empowers young people to engage in policy making processes and advocates for the rights of the young men and women including the right to accurate information and services related to their sexuality and reproductive health. Empowered with knowledge and skills to protect themselves and make informed decisions, young people can realise their full potential and contribute to a country's economic and social transformation. Young people in Zimbabwe face challenges that include teenage pregnancy, sexually transmitted diseases including HIV, unsafe abortions, child marriage and lack of access to sexual reproductive health information and services.

Highlights:

- ↘ The Life Skills Sexuality, HIV and AIDS strategy was finalized in 2019 and has a broader scope than its predecessor and is aligned to the school health package and to Regional frameworks
- ↘ The National Youth Policy draft has been validated by youth and stakeholders at national level and awaits final approval by the Ministry of Youth
- ↘ 91% of health facilities have been certified as meeting Youth Friendly Services Provision standards
- ↘ More youths accessed contraceptives at programme supported sites and there is an indication of a decrease in teenage pregnancies compared to 2018



More teachers trained in Guidance and Counselling on the Life-Skills Orientation Programme



Increased number of Tertiary institutions participating forum of college authorities on SRHR/HIV and GBV and fulfilled 90% of commitments made in 2019

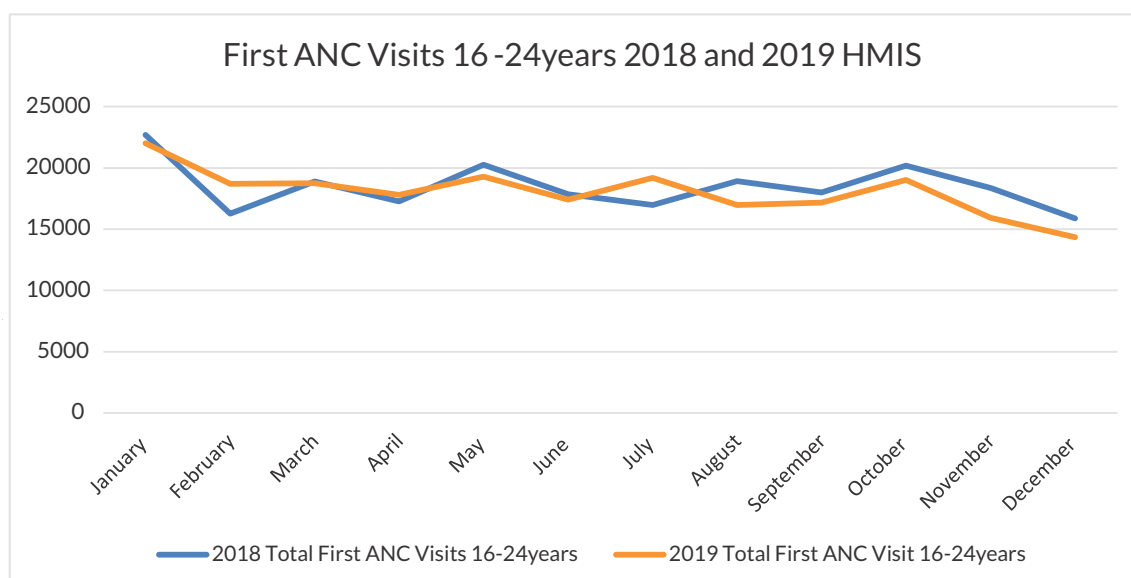
tutors from 25 State Registered Nursing schools, 22 Midwifery and 17 Primary Care Nursing schools were trained on the updated curriculum in 2019. Reassessments of the remaining 15% (48) of health facilities which did not meet the certification standard in 2018 was conducted. By the end of 2019, 91% (327/358) had been certified as meeting YFSP standards.

Youth Friendly Health Services

Building institutional capacity to provide comprehensive quality integrated youth friendly services remains one of the key interventions in ensuring that adolescents and youth can exercise their rights and make informed choices over their own bodies. A health workforce that is able to deliver high-quality, non-judgmental and confidential services to adolescents and youth is of paramount importance. Following the completion of the institutionalizing of Adolescent and Youth Friendly Health Services (AYFHS) in the preservice training curriculum of nurses in 2018, Principal nursing

Activities that support uptake of SRHR services by adolescents and young people continued throughout the year. A total of 168,962 against a target of 160000 new adolescents and young people (16-24 years) accessed contraceptives at programme supported sites. Uptake for the pill remains much higher when compared to other contraceptive methods amongst youth.

Overall, when compared to 2018, fewer AYP (16-24yrs) in 2019 registered their pregnancies. A positive trend in the decline of 1st ANC visits by young people may be a reflection of the decrease in teenage pregnancies



Quality comprehensive sexuality education in schools and tertiary education

In 2019, efforts in strengthening the Ministry of Primary and Secondary Education (MoPSE) capacity to effectively deliver Comprehensive Sexuality Education (CSE) in schools continued. Over 100% of the targeted 1000 teachers were trained in Guidance and Counselling on the Life-skills Orientation Programme (LOP). Additional funding for training teachers came from the Spotlight Initiative.

Support to work on improving the SRHR/HIV and GBV policy environment in tertiary institutions continued to yield good results in 2019. The Forum of Colleges Authorities in tertiary institutions was successfully convened. This platform serves as an accountability framework for improving the availability and access of SRH/HIV/GBV information and services in tertiary institutions. More tertiary institutions participated in the forum this year (17 compared to 8 in 2018) with new representation coming from Vocational training and Agricultural colleges in addition to Universities, Teachers colleges and Technical colleges. It is evident that college authorities are taking the fulfillment of annual commitments they make seriously as more than 90% of the commitments made in 2019 were fulfilled.

Community engagement for SRHR and against GBV

A range of community-based interventions aimed at providing improved information on SRHR, prevention of new HIV and STIs infections and ending gender-based violence took place in 2019.

In 2019, more than 61,000 young people were reached with Social Behaviour Change Communication and Comprehensive Sexuality Education Programmes.

Approximately 17,295 girls were recruited into Sista2Sista (S2S) clubs. Increased uptake of SRHR/HIV/GBV services remained one of the key outcomes for the program. A total of 36,789 girls were tested for HIV, whilst 88,083 girls used a family planning method. This was a 16% increase from 2018.

The Parent to Child Communication (PCC) on SRHR intervention is aimed at contributing to the reduction of teenage pregnancy, HIV and STI prevalence and early marriage among young people. Parents/guardians and their adolescent children are met in groups by mentors that take them through sessions that help to facilitate open communication on SRHR issues. The number of parents exposed to Parent Child Communication activities increased compared to 2018. At least 29,921 adolescents were recruited in to the PCC programme against a target of 29,040. In addition, 22,018 parents and guardians were recruited against a target of 21,780 while 24,961 adolescents and 18,481 parents completed the PCC sessions. The six weeks follow up visit to households conducted by mentors to track if families are engaging of SRHR issues indicated a positive outcome. Families are engaging on SRHR issues and the most discussed topics included, puberty, sexuality, prevention of teenage pregnancy and child marriages, menstrual hygiene and condoms.

Comprehensive Sexuality Education (CSE) is a community based intervention targeting out of school youths. Following the pilot in Mbire, Bulilima and Harare districts in Q4 of 2018, the intervention was rolled out to other 18 districts. 7,443 young people were recruited into CSE clubs against a target of 5,750. The high recruitment numbers show that communities have embraced the programme as it reaches out to out of school youths. Results from the post-test conducted by mentors at the end of sessions show that participating young people gained good knowledge in SRH, HIV and GBV issues.



Youth engagement and participation

Strengthening capacity of adolescents and youth networks to advocate and meaningfully participate in international, regional and national decision making platforms remains a key pillar in ensuring relevant programming for young people. At least 250 Junior Parliamentarians and Senators were trained in advocacy for SRHR and Youth Development in preparation of the opening of the 10th session of parliament. The training helped guide discussions on the key issues affecting young people from the different constituents they represent and informed the Child President's speech during the opening of the parliament. In addition to the training of junior parliamentarians and senators, capacity building of 30 Young People's Network members, 50 Youth policy tracking group members and 20 officers from different ministries on operationalisation Youth desks were conducted. The young people's network and youth policy tracking group members have

actively participated and contributed in the youth consultations and public discussions on the Marriages Bill, Education Amendment Bill and ICPD@25 discussions.

Coordination, knowledge exchange and documentation

Ongoing support for effective coordination, partnerships and monitoring of ASRH at national and subnational level continued in 2019. The national and provincial ASRH forum meetings were successfully convened in all 4 quarters. The ASRH Forums continues to play its multi-sectoral role in coordinating all stakeholders with vested interests in ASRH programming provincial and National level. Key issues coming from these platforms included the need for preparedness and response by stakeholders to ASRH issues in emergencies and humanitarian contexts, the need for a comprehensive approach to Menstrual Health Management and deliberate programming for young men and boys.

Innovative joint programming in Hopley

The construction of the Tariro Youth Centre and clinic in Hopley under the joint programming for Adolescent and Youth development was officially opened by His Excellency, the President of Zimbabwe Emmerson Mnangagwa in July 2019. The Tariro Clinic and Youth Centre was constructed by City of Harare through a skills development project for 100 young people in partnership with UNFPA, ILO and LaFARGE. The clinic is now fully operational and offering comprehensive set of integrated health services which include MCH, SRH and GBV. A

co-creation activity to help inform the use of the youth centre was conducted with youth, community members and stakeholders operating in Hopley. A clear outcome from the meeting was the need for the youth centre to be a multi-purpose resource centre which supports skills development and sustainable livelihoods in varied trade for the young people in Hopley, through a participatory approach. Procurements for the multi-purpose resource centre are underway with plans in place for the set-up of a multimedia computer lab, skills development courses which will include, but not limited to cookery, cutting and designing amongst other trades. The youth centre is expected to be fully operational in the first quarter of 2020.



Spotlight Initiative raises awareness of gender-based violence among peer educators in Zimbabwe

At the vocational training centre where he is studying, there is “a lot of abuse” in the form of sexual harassment, often perpetrated by young men, says Elijah Chipise, 20.

“There is clear evidence of sexual harassment, which is not reported or documented due to fear and lack of knowledge,” he says.

Mr. Chipise is a peer educator at Magamba Vocational Training Centre in Manicaland, a province targeted by the Spotlight Initiative. Under this initiative he received two days’ intensive training on gender-based violence (GBV) and harmful practices, as one of 15 peer educators.

“This training has made it possible to raise awareness within the institution and also among youth within our communities,” he says. “We can now support the most vulnerable and empower them to speak out.”

Munashe Grey, 20, a motivational speaker who dedicates most of her time to young people, wanted to tackle GBV but she did not feel adequately informed to discuss the subject. Also a student at Magamba Vocational Training Centre, she attended the same course.

“This training has equipped me to respond to questions on identification of abuse and places of safety and support,” she says. “Young women sometimes have difficulty in identifying abuse, and when they [do] know, they do not always know where to get help.”

The training was conducted by Students and Youth Working on reproductive Health Action Team (SAYWHAT) with support from partners, including Musasa Project and Magamba Health and Life Skills department, under the Spotlight Initiative project.

Magamba Vocational Training Centre in Manicaland province is one of 10 tertiary institutions being targeted under the initiative, which aims to end all forms of GBV and harmful practices and promote the sexual and reproductive health and rights (SRHR) of women and girls. The goal of the project is to end violence against women and girls in the targeted tertiary institutions.

With support from UNFPA, the United Nations Population Fund under the Spotlight Initiative, the objectives of the SAYWHAT training were to improve the peer educators' knowledge of GBV and harmful practices. It aimed to capacitate students as champions and agents of change in the eradication of GBV and harmful practices, as well as mobilizing female and male students to join the social movement of ensuring that women and girls can realize their full potential in a violence-free, gender-responsive environment.

The training clarified reporting and support structures. The trainees were sensitized on the importance of reporting and ensuring access to GBV services, including access to health services within 72 hours, which is critical for sexual violence, Ms. Grey says.

It also gave peer educators an opportunity to propose activities they can implement on campus, to raise awareness and put an end to sexual and gender-based violence and harmful practices.

The Zimbabwe Spotlight Initiative country programme targets 11 million beneficiaries directly and indirectly, particularly rural women and girls, women and girls living with disabilities, and women living with HIV.

Sixty per cent of the Spotlight Initiative country programme intervention will be implemented at community level in 23 districts in the five provinces of Mashonaland Central, Mashonaland West, Manicaland, Matabeleland South and Harare.



HIV and Community Engagement

HIV and Community Engagement

Highlights

- ↓ National Community Health Strategy 2020-2025 finalised and approved by secretary for Health and Child Care
- ↓ Behaviour Change Facilitators reached 248,683 households through the home visit approach.
- ↓ In 2019, BCFs issued 272,116 referrals for SRH, HIV or GBV services. The most common referrals were HIV testing and counselling which accounted for 40% of the referrals issued, cervical cancer screening at 17% and Voluntary medical male circumcision at 12%.
- ↓ 7,443 young people were recruited into CSE clubs against a target of 5,750.
- ↓ The newly conceptualized programme for Young Women Selling Sex (YWSS), implemented by CeSHHAR / Sisters with a Voice started operating in the fourth quarter of 2019. A total of 30 girls were enrolled into the YWSS programme and supported with vocational educational grants and monthly stipends.
- ↓ UNFPA is supporting country efforts towards dual elimination of HIV and Syphilis. This support is towards data quality audits and STI mentorships to ensure accuracy of data submitted. , in 2019 Syphilis treatment rate was at 78%. Challenges with supplies of Benzathine Penicillin negatively affected treatment rate for Syphilis in ANC.
- ↓ Support to the national programme coordination for condoms and STI contributed to distribution of 80 million Male condoms and 3,5 million female condoms



Zimbabwe continues to see a decline in HIV incidence (currently at 0.3%, Spectrum 2020). The rate of decline is however too slow to achieve global HIV commitments, including in eMTCT. UNFPA supports programmes at community level that target vulnerable populations such as girls and young women both in rural and peri-urban areas, to reinforce HIV prevention and strengthen uptake of services. Work with key populations constitutes a second important programme pillar as KP experience high HIV prevalence and barriers to service access. Support to the national STI and condom programmes complements the other pillars, including support for the national eMTCT programme that still lags behind in achieving the elimination targets for both HIV and syphilis. Integration of service delivery at all levels is key to improving access and usage of HIV/SRH/GBV services and forms an important component of UNFPA's programmes

Community

The development of the National Community Health strategy (jointly supported by UNFPA and Unicef), which started in 2018, continued in 2019 with two stakeholders' consultations to review and finalise the latest draft. Approval of the strategy was given by the permanent secretary of MOHCC in Q4. The finalisation and validation by stakeholders was moved to 2020 as the whole process had been delayed.

In order to raise awareness in the community about SRHR, HIV and GBV issues, UNFPA is working together with four NGOs to implement a community awareness and demand generation programme that involves community behaviour change facilitators moving from household to household conducting sessions using a standard manual.

Programmes are delivered in 21 rural districts (aligned with ASRH focal districts) and in the low-income areas of Harare province. At least 1,500 community facilitators are being supported by UNFPA. In 2019, Behaviour Change Facilitators reached 248,683 households against a target of 165,000 through the home visit approach.

This gives a cumulative 782,369 households reached representing 61% of the estimated 1,281,343 households in the 20 implementation districts. Throughout the year, BCFs issued 272,116 referrals for SRH, HIV or GBV services. The most common referrals were HIV testing and counselling which accounted for 40% of the referrals issued, cervical cancer screening at 17% and Voluntary medical male circumcision at 12%.

Comprehensive Sexuality Education (CSE) is a community based intervention targeting out of school youths. Following the pilot in Mbire, Bulilima and Harare districts in Q4 of 2018, the intervention was rolled out to other 18 districts. 7,443 young people were recruited into CSE clubs against a target of 5,750. The high recruitment numbers show that communities have embraced the programme as it reaches out to out of school youths. Results from the pre-test conducted by mentors at the being of sessions show that young people have good knowledge of SRH, HIV and GBV issues.

The Parent to Child Communication (PCC) on SRHR intervention is aimed at contributing to the reduction of teenage pregnancy, HIV and STI prevalence and early marriage among young people. Parents/guardians and their adolescent children are met in groups by mentors that take them through sessions that help to facilitate open communication on SRHR issues. At least 29,921 adolescents were recruited in to the PCC programme against a target of 29,040. In addition, 22,018 parents and guardians were recruited against a target of 21,780 while 24,961 adolescents and 18,481 parents completed the PCC sessions. Recruitment of adolescents and parents into the programme were disrupted by workers' strike that took place during the year.

Key Populations

The newly conceptualized programme for

Young Women Selling Sex (YWSS), implemented by CeSHHAR/Sisters with a Voice started operating in the fourth quarter of 2019. At least 25 YWSS have been enrolled into vocational training programmes to date. 80 took part in the community empowerment meetings in Q4 2019. This programme is a demonstration programme to complement the larger Sex Work programme, which is funded through Global Fund, and targets young women and girls not normally reached, in several pilot sites in greater Harare. The programme includes community mobilisation, peer support, referrals for treatment and care, and offers grants for education to YWSS who wish to exit sex work. YWSS are currently left out of the mainstream national programme due to the very sensitive nature of conducting work with minors, which requires close collaboration with the Social Welfare department, and creation of a nexus between child protection, human rights, and the need to prevent girls identified from evading contact for fear of being penalized or 'locked up'.

Work with MSM (UNFPA is the SSR for the GF grant module) has progressed despite initial operational challenges this year. Five Drop-in centres provided psychosocial support and HIV prevention services as well as referrals for clinical services.

In 2019, UNFPA continued to play a critical role in programme coordination for Key Population's through support to the KP Forum where community members, organisations and networks working with KP's highlight specific needs of different groups and advocate for these. UNFPA has been supporting capacity development efforts for the Sex Workers Association - Women Against all forms of discrimination.

In the second quarter of the year, UNFPA collaborated with the African Sex Worker Alliance (ASWA) to organise a learning visit. ASWA has a robust capacity strengthening curriculum, where targeted and needs specific interventions are implemented. One of the key resolutions from the Learning visit undertaken in second quarter of the year was the need for a formally constituted Zimbabwe Sex Workers Association to be formed.

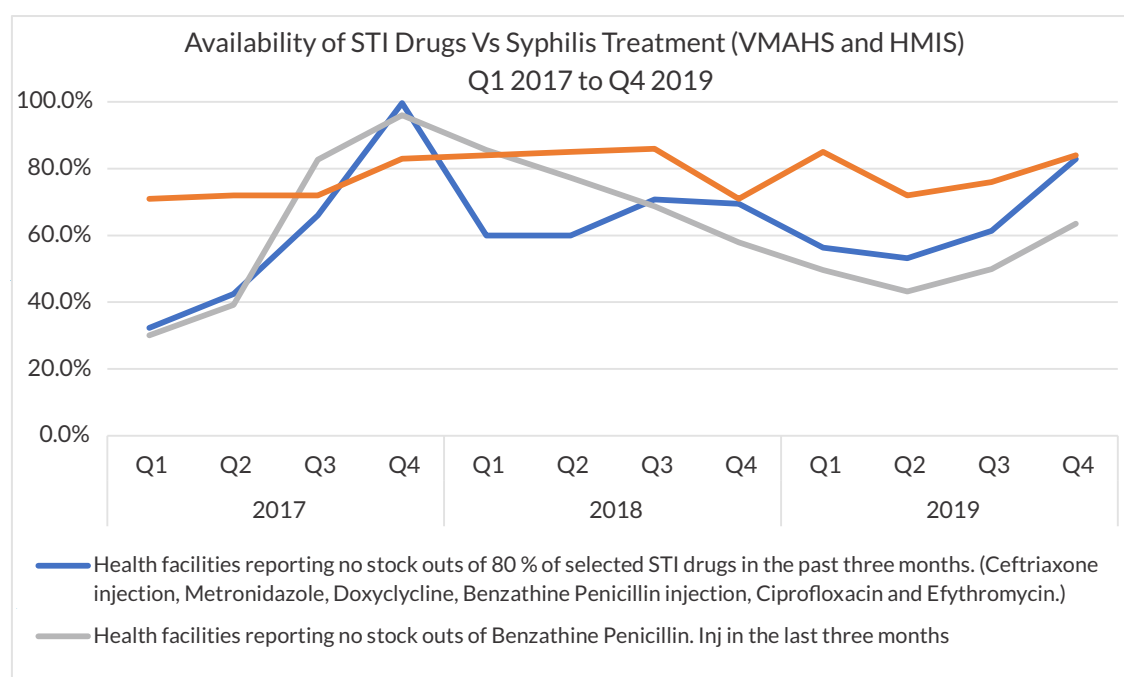
After this learning visit, support was provided to the first ever Sex Worker Conference in the second quarter. Sex worker led organisations met to discuss the current constitution of the Zimbabwe Sex Worker Led Association and the agreed on amendments to be made in order for it to be an organisation that can represent of all sex worker groups in country. Work on the amendment of the constitution was supported by Zimbabwe Lawyers for Human Rights (ZLHR) and was completed in last quarter of the year, paving way for the formation of the first ever inclusive Sex Worker Led Association. Progress has been made to ensure that the Sex Worker Movement is represented at community level after the movement was formulated with assistance from ZLHR.

Work on the National Key Populations Implementation Plan that began in 2018 was finalised in 2019. UNFPA in partnership with UNDP supported the National Aids Council to come up with the proposed implementation plan, which will be used as basis to design policy guidance on targeted approaches and recommend minimum standard service packages for targeted key populations and vulnerable groups in Zimbabwe.

Recommendations made in the KP Implementation plan form the basis of programmatic interventions currently being articulated in the Global Fund concept note writing process.

Comprehensive Condom Programming & STI Prevention

UNFPA is tracking availability of STI drugs in health facilities to ensure that clients infected by STI are treated. This include tracking Benzathine Penicillin injection that is used to treat syphilis in pregnant women. In quarter 4, 19% of facilities had stock out of this drug. During the year, 70 percent of facilities had no stock out of 80 % of essential medicines which include Ceftriaxone injection, Metronidazole, Doxycycline, Benzathine Penicillin injection, Ciprofloxacin and Erythromycin. As a result of availability of medicines, 82% of women attending ANC services who were positive for syphilis were treated during the year.



SRH/HIV/GBV Integration

Zimbabwe is one of five countries in the region fully implementing the 2Gether 4SRHR project. Heads of UN Agencies involved in the implementation of the programme (UNFPA, UNAIDS, UNICEF and WHO) met in the first quarter of the year to discuss and provide guidance to the Country Technical Working group of the programme. The meeting decided to focus the programme in 13 districts rather than the 21 districts earlier planned. This would result in greater impact of the programme in the focus districts.

A facility readiness assessment, though delayed in its implementation was undertaken and completed during the second quarter of the year in the 13 focus districts. Key highlights from preliminary findings of the assessment were that most facilities have some degree of capacity to offer integrated services on SRH, HIV and SGBV, barriers to provision of integrated services were related to human resources (numbers and skills), space availability challenges and limited availability of medicines. Due to limited space challenges, provision of integrated services within the same department was deemed as not always possible leading to interdepartmental referrals rather than service provision under one roof.



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



Gender Based Violence

Gender Based Violence



Strengthened response to GBV in Humanitarian Settings (Drought, Cyclone Idai)- safe spaces, capacity building and Protection from Sexual Exploitation and Abuse(PSEA).

Service Provision

A total of 3,450 survivors accessed counselling, access to police, legal and justice, health services and livelihoods projects. One Stop Centers provided services to 11, 214 survivors with more than 94% of the survivors being females. However an increasing trend is showing that girls between 12 and 19 are the highest age group experiencing Sexual Gender Based Violence. UNFPA and Implementing partners are coordinating with Department of Social Services

More than 66% of SGBV survivors accessed services within 72 hours. The Multi Sectorial Protocol on Management of Sexual Violence was reviewed and finalized. UNFPA continued to invest in capacity building for GBV multisectoral teams and health staff. Disability assessment was conducted to assess disability inclusiveness of GBV services provided - two Shelters (Bubi and Gutu) and Chinhoyi One Stop Centre had infrastructure upgraded with ramps and disability inclusive toilets and bathrooms for survivors. Multisectoral teams and service providers have been trained on how to communicate and provide support to survivors with hearing, speech and visual impairments.

Coordination

UNFPA provided critical technical support to the Ministry of Women's Affairs Community and Small to Medium Enterprise Development (MWACSMED) for the coordination of GBV stakeholders, including during drought and Cyclone Idai emergency response. Support has been provided to enhance coordination of the National Response. Coordination guidelines

Highlights



Post Cyclone Idai, UNFPA and partners established 3 safe spaces



Provided GBV prevention services through safe spaces to 23,365 survivors



UNFPA procured and distributed 4, 544 dignity kits and enhanced the capacity of 759 humanitarian aid workers on GBVIE integration



5 One stop Centres (OSC) were supported to provide comprehensive (legal, health, psycho- social) services to survivors of GBV. Mobile OSCs were launched in 5 Spotlight districts, in an effort to reach the most marginalized areas as well as hard to reach survivors.



2 safe shelters and One OSC had infrastructure and services upgraded to be disability inclusive.



Hashtag #72 hours and other communication tools launched to create awareness on the importance of accessing services within 72 hours for SGBV survivors.

have been developed with support from UNFPA and donor partners - SIDA and Irish AID. Capacity, building of Community and District Coordination teams has been provided under Spotlight Initiative.

Improved Response to GBV in Humanitarian Settings

Under the Humanitarian component of the GBV Programme, UNFPA continued leading the coordination of the GBV Sub-sector under the Protection sector of the Zimbabwe Humanitarian response, as co-chair (MoWACSMED chair). Support was provided to the implementation of critical GBV prevention and response interventions within the drought Flash appeal (launched in December 2018).

Furthermore, with the activation of the clusters system at the onset of cyclone Idai, which hit the eastern province of Manicaland on March 15th 2019, UNFPA assumed the key role of GBV sub-cluster lead, and worked closely with the protection cluster co-leads (UNHCR, UNICEF), the inter-cluster team led by OCHA and the RC office. UNFPA provided technical support to the Ministry of Women Affairs and CSO members of the GBV sub-cluster, to ensure lifesaving interventions in response to the cyclone in the most affected districts of Chimanimani and Chipinge were carried out.

In its role of GBV sub-cluster coordination, UNFPA further supported GBV national and international stakeholders during the drafting of the 2020 Humanitarian needs assessment and Humanitarian response plan. Interventions conducted within the 2019 multi-hazard humanitarian context include the following:

Technical support to GBV sub-cluster partners

UNFPA's technical support to the GBV sub-cluster partners continued in 2019, with a key focus on enhancing scope and scale of GBV preparedness and response in humanitarian settings. Support included adaptation of GBV

surveillance tools, introduction of innovative emergency specific service provision models (e.g. safe spaces for women and girls and mobile One Stop Centres – OSCs). It also included harmonization of GBV risk mitigation Non Food Items and PSEA IEC materials, mapping of partners' capacity and increased coordination on geographical coverage, in an attempt to avoid response duplication and address geo-coverage gaps. Focus was also on advocacy with NGOs and INGOs for operational scale up, towards a strengthened humanitarian – development nexus oriented programming. UNFPA further provided technical support for the development of the GBV sub-cluster GBViE strategy and results framework within the 2020 Humanitarian response plan, including continuous guidance on the design and uploading of partners projects into online project system, as a critical step for resource mobilization.

Drought response

UNFPA responded to GBV needs in 5 drought most affected districts, through complementing Zero tolerance 365 and CERF funding. GBV risk mitigation and response interventions included:

- Distribution of Dignity kits to vulnerable women and girls, as a GBV mitigation strategy
- Support to 2 GBV shelters in drought affected districts
- GBV and PSEA awareness (Radio programmes, IEC materials)

The GBViE project in drought affected districts reached 3 million individuals with dissemination of life-saving information on GBV through national radio messages. It supported 7,932 individuals with GBV multi-sectoral services, including 360 GBV survivors at two supported community-based shelters, 6,497 survivors through the district multi sectoral teams including legal and justice services as well as psychosocial support. At least 1,075 survivors of sexual violence access to clinical services (PEP) at the rural health facilities as well as district hospitals and 2,500 women and girls reached with dignity kits. Through the project, UNFPA and its partners also enhanced the capacity of 113 GBV service providers on GBV survivor – centered approach and PSEA.

Cyclone Idai Response

UNFPA as the lead UN agency on GBV risk mitigation and response, participated in the UN joint rapid needs assessment in Chimanimani and Chipinge on March 21st. The assessment provided the basis for the definition of the GBV strategic objectives within the revised flash appeal and informed GBV sub-cluster members prioritization in terms of both geographical and interventions focus.

The cyclone Idai emergency response was conducted through the collaboration of UNFPA with a number of Implementing partners on the ground, including International rescue committee (IRC), Family support trust (FST), Musasa, Africa University, FACT. The GBV prevention, mitigation and response programme in cyclone affected districts of Chimanimani and Chipinge includes the following interventions:

1. Dignity kits distribution to vulnerable women and girls: In the specific case of cyclone Idai response, a combination of three different types of kits, namely mama kits, family kits and dignity kits, were procured and distributed to affected population in order to assist those who had lost their homes and basic hygiene items. Besides catering for the basic hygiene needs of disaster affected populations, the kits also represent a GBV mitigation strategy in emergencies as they contribute to reducing the risk of exposure to specific GBV forms such as transactional sex.

Family kits: this type of kit caters for both women and men as it includes sanitary wear and underwear for women, a multi-purpose wrapper, a whistle, a shaving kit. A total of 1000 family kits were stockpiled in 2018, in collaboration with the UNFPA Kenya country office. The stockpiled kits were readily available at the onset of the cyclone and were utilized during the rapid response phase.

Mama Kits: this type of kit caters for new-borns. It includes Baby dresses, Bath towels, cloth nappies, Shoulder bag, a baby blanket,

bath Soap. A total of 1000 mama kits were distributed to cyclone affected mothers, as a protection measure associated to the broader SRH response in maternity waiting homes in the affected area.

Dignity kits: this type of kit caters mainly for women and girls and includes disposable and reusable sanitary pads, underwear, soap, toothbrush and toothpaste, washing powder, a torch, a multi-purpose wrapper. A total of 3000 dignity kits were distributed through the established safe spaces and community outreach, while 1000 were stockpiled for future emergencies.

As part of the mid-term support UNFPA also procured and distributed extra sanitary wear and blankets to cater for the population still hosted at the three temporary camps in Chimanimani.

2. Establishment and operationalization of 3 safe spaces in affected areas: The safe spaces were established in partnership with Musasa and IRC in Ngangu, Kopa and Chipinge. The safe spaces provide cyclone affected population with psychosocial support (PSS), sensitization on GBV and PSEA, while also representing entry points for the identification of GBV and SEA complaints and the provision of timely referrals to specialized GBV services in the targeted areas. Dignity, family and mama kits were also distributed to most in need clients of the safe spaces during the emergency phase.

Through the Cyclone Idai emergency response project, UNFPA and its partners provided GBV prevention and Psychosocial support services at established safe spaces to 24,365 individuals (4,925 males, 19,440).

3. Community outreach for GBViE risk mitigation and response: Enhanced community outreach was paired with the services provided at the safe spaces, in order to ensure GBV sensitization, case identification and referrals for those hardest to reach. A workforce of 60

Behaviour change facilitators were deployed in Chimanimani and Chipinge between April and October 2019. The BCFs played a critical role both in and out of temporary camps. The BCFs supported the humanitarian response through a revised and emergency – focused SRHR sensitization, including revised GBV surveillance tools to reflect emergency specific GBV forms (eg. SEA), timely referrals of GBV cases to specialized service providers, direct (door-to-door) distribution of dignity kits to those hardest to reach or in remote areas. Community volunteers' engagement during the cyclone emergency phase response also greatly contributed to monitor the quality of inter-cluster response and mitigate the risk of programmes-related unintended GBV increase, through collection of beneficiary feedback. GBV community-based sensitization and surveillance services reached a total of 7,370 individuals, while 80,666 individuals were reached with dissemination of life-saving information on GBV. At least 897 GBV survivors (684 females and 213 males) were timely referred to GBV specialized multi-sectoral services.

4. PSS and PSEA sensitization for Humanitarian aid workers:

UNFPA in partnership with FST and Africa University, responded to the dire need to support humanitarian workers operating in the cyclone area with psychosocial support. The sessions targeted all sectors of the civil protection and inter-sector team, including Health, Safety and security, Education, as well as community structures (Pastors and religious leaders) and included sessions on basic trauma counselling and Psychologic first aid skills. These were combined with a session on PSEA sensitization, which included an overview of PSEA principles and on the establishment of Community-based complaints mechanisms.

A total of 925 humanitarian aid workers were reached with PSS and PSEA sensitization.

Capacity building on Protection mainstreaming and PSEA

The programme continued strengthening the humanitarian preparedness and response

capacity of all sectors involved in emergency response, with particular focus on protection mainstreaming within the Cyclone Idai response. UNFPA, in close collaboration with the Protection cluster advisory group (UNHCR and UNICEF) organized and conducted a Protection mainstreaming training targeting humanitarian aid workers across sectors in cyclone affected districts of Chimanimani and Chipinge. The training, conducted from July 1st to July 4th, recorder the active participation of more than 84 frontline aid workers from the Food security, WASH, Health, Shelter and Camp management clusters. The GBV component of the training focused on the integration of GBV prevention and response (IASC Guidelines) within all clusters programmes, while providing an overview of the existing GBV services and referral pathways in the specific districts. A session on PSEA principles and the establishment of Community-based complaint mechanisms (CBCM) was also integrated in the workshop.

The training, which was a TOT, represented the first step of a broader protection mainstreaming capacity development strategy developed by the protection co-leads (UNHCR, UNFPA, UNICEF). The protection advisory group continued to advise the inter-cluster coordination team on the need to make protection mainstreaming a core element of all sectors and to be perceived as a country priority, rather than specific to the cyclone crisis, in the mid and long term response.

As part of the PSEA component of the operate of the protection sector, UNFPA also contributed to the development of a PSEA network TORs and continues to support the establishment of a more structures inter-sector and inter-agency PSEA system in Zimbabwe. In November 2019, UNFPA also contributed to the roll out of a capacity building session for all Irish INGOs on GBV in emergencies and GBV integration (IASC Guidelines), sponsored by the Irish Aid consortium and in collaboration with the GBV Area of Responsibility – East and Southern Africa.

The interventions implemented during the 2019 emergency response through the Zero tolerance GBV 365 programme, contributed, in complementarity with other emergency



funding streams, to reinforce synergies with GBV sub-cluster partners, including the UNFPA implementing partners, the Government of Zimbabwe and the GBV pool of trainers, demonstrating the effectiveness of the preparedness and capacity building initiatives conducted between 2016 and 2018 within the Zero Tolerance GBV 365 Humanitarian programme component. The recorded positive results achieved during the 2019 emergency response witness the greatly valuable impact of the Zero tolerance support, towards a more humanitarian oriented capacity of all stakeholders.

Prevention

UNFPA continues to provide the integration of GBV into the behavior change programme at community level. Trained Behavior Change Facilitators are engaged through tailored programmes targeting women and girls, men and boys. Key community interventions implemented in 2019 are home visits through interpersonal communication on SRHR/HIV/GBV services, Sista2Sista clubs for

vulnerable adolescent girls, Parent to Child Communication(PCC) on SRHR for parents and their adolescent children, condom promotion and distribution in hot spot areas. SGBV surveillance through BCFs; pilot of comprehensive Sexuality Education(CSE) for out of school youths in three districts and engagement of communities through community dialogues by community leaders on SRHR/HIV/GBV issues. In 2019, BCFs reached a total of 248,683 households for the first time through the home visit approach, while a total of 129,101 people were reached through community dialogues.

Data and Monitoring and Evaluation

The GBV community surveillance system and the GBV Knowledge portal continued to be implemented. However, there is a need to popularize the portal and to engage stakeholders on how to navigate the portal for its use by a wider range of stakeholders in GBV sector.

We are more empowered now”

- GBV Survivor

Cyclone Idai hit the eastern part of Zimbabwe, on 15 and 16 March, with Chimanimani and Chipinge districts in Manicaland Province being the most affected hardest-hit left 15,000 women and girls at risk of Gender Based Violence (GBV). The cyclone came at a challenging when the country is already grappling with a humanitarian crisis due to a drought further exposing women and girls to GBV increased exposure as they try to cope with limited access to food.

In Chimanimani and Chipinge significant damage to homes, schools and community structures forced the displaced community into temporary collective shelters (schools, churches) transit camps and with host families in several districts. Lack of privacy and safe spaces at emergency shelters triggered the vulnerability of women to all forms of GBV, including sexual abuse.

**Maria Ndagurwa (35), a mother of five from Old Location in Chimanimani says when she moved into a public place with her children after the cyclone had destroyed their home – she thought they were ‘safe.’ She did not suspect anything could happen since they were staying with people from her community whose houses had also been destroyed by the cyclone.*

Ndagurwa says when she arrived at the shelter, some male community members had been ‘chosen’ to be in charge of the food preparation and distribution.

“One of the men who was in charge of the food distribution started proposing love to me, promising that he would give me tinned beef and cooking oil to feed my family,” she says. “It made uncomfortable more so because this was someone I knew; someone I had lived with in the same community before the cyclone. It was also disturbing that the food was not his – this was food that had been donated by well-wishers.”

“When I started sharing with other women that the man had approached me proposing love, I realized that I was not the only woman who had been approached by these men. The men were demanding sex from several women including married females in exchange for food commodities. One woman confided in me that she had slept with the man in the bushes for a 2 litre bottle of cooking oil.”

Maria says when Musasa Project visited the shelter, it was indeed a stitch in time as the men had started sleeping with young girls as well. She says there was need for an intervention to address the problem that women and girls were now faced with at the shelter. She says Musasa sensitized the women on Prevention of Sexual Exploitation and Abuse (PSEA) as part of the response to the cyclone – they explained to us that what the men were asking for was not right as aid to cyclone affected population is for free and no one must propose sex in exchange of it.

"We trusted the women from Musasa enough to share what was happening at the shelter with regards to sexual exploitation in exchange for food – some women were however too scared to come out in the open to Musasa that they had been abused."

Following the revelations of sexual abuse at the temporary shelter – Musasa Project conducted sensitization sessions on PSEA for everyone including young women. They provided us with the information on where such cases could be reported and most important, they made us understand that reporting would not have any consequence such as being cut off the aid beneficiaries list – which was the main fear among us.

Sexual exploitation and abuse occurs in a situation where there is an exchange of money, shelter, food or other goods for sex or sexual favours from someone in a vulnerable position. It can also involve threatening or forcing someone to have sex or provide sexual favours under unequal or forced conditions.

Maria's story is similar to the cries of several women in temporary shelters in the aftermath of the devastating Cyclone Idai. The feeling of powerlessness in the decision – making process and the feeling of insecurity led to most women and girls being at risk of and exposed to GBV.

The United Nations Population Fund (UNFPA) in Zimbabwe is supporting implementing partners like Musasa Project, Family AIDS Caring Trust (FACT) and the International Rescue Committee (IRC) to assist women like Maria who have survived GBV with counselling services, and referrals to appropriate services. UNFPA is also providing these organisations with financial and technical support and tools necessary to provide GBV prevention and mitigation services in the specific emergency context.

Musasa Project and IRC are running 'safe spaces' which are non-stigmatizing locations where women may conduct a variety of activities and discuss issues related to well-being. The spaces also include counselling services - which may incorporate counselling for GBV survivors to help women cope with their situation and prepare them for eventual return to their communities.

During humanitarian crises, women are often exposed to GBV perpetrated by those who may be in charge of aid leaving women like Maria vulnerable. UNFPA has stepped in to ensure affected communities know their rights, are aware of the SEA complaints mechanisms and feel empowered to report cases through established channels, including community structures, hotlines and specialized services.

Furthermore, UNFPA is supporting Africa University to sensitize humanitarian workers on the ground on prohibited conduct in emergencies with specific focus on the Prevention and Response of Sexual Abuse and Exploitation of women and girls.

UNFPA has also distributed educational material for both communities and humanitarian aid workers on reporting systems and referral pathways. A pocket guide is also made available to all humanitarian workers. This summarizes the principles of code of conduct and PSEA for aid workers to aid in the discharge of duties.

*Not her real name

Population and Development



Population and Development

UNFPA supports the Zimbabwe National Statistics Agency (ZIMSTAT) and other key Government line ministries to enhance their capacity to collect, analyse and utilize population data at national and sub-national levels, and to integrate population issues in development planning. This generates data (sufficiently disaggregated by age, sex, place of residence and other characteristics) for evidence-based decision making and use in planning, monitoring, evaluation and reporting on the Sustainable Development Goals and other national development planning frameworks.

Highlights

- ↓ Planning documents for the 2022 Census were produced and approved by government
- ↓ Key members of the census management team were supported to undertake a study tour in Malawi
- ↓ The Statutory Instrument for the 2022 census, SI 265 of 2019, that fixes, by notice, the day or period during which the census will be undertaken, was also published.
- ↓ Inter-Censal Demographic Survey (ICDS) report was produced and published
- ↓ Consultations on the 2020 ZDHS were held with key stakeholders, including ZIMSTAT, MOHCC and USAID

Preparations for the 2022 population census were intensified in 2019. Key planning and preparatory documents for the planned census, a comprehensive project document, memorandum to Cabinet on the census and detailed budget were produced and approved by the Government. The Statutory Instrument

for the 2022 census, SI 265 of 2019, that fixes, by notice, the day or period during which the census will be undertaken, was also published.

Key members of the census management team were supported to undertake a study tour to Malawi to learn about that country's experience in using CAPI in census operations. Members of the team were also supported to attend training on CAPI and census data processing as well as SADC regional meetings on the 2020 Round of Censuses. Census mapping fieldwork commenced on the 1st of December 2019, and as at 31 December 2019, about 1 percent of the enumeration areas had been mapped and EA maps produced. Census mapping is expected to be completed by 31 May 2022, well ahead of the actual count (enumeration) planned for August 2022.

The Inter-Censal Demographic Survey (ICDS) report was produced and published - the results of these reports were disseminated and used to respond to the Cyclone Idai-induced humanitarian crisis.

Consultations on the 2020 ZDHS were held with key stakeholders, including ZIMSTAT, MOHCC and USAID, and these were followed by resource mobilization efforts. Support was provided to keep the web-enabled Zimbabwe National Statistics Database (ZIMDAT), which is used to track progress on SDG implementation, functional and updated. Efforts aimed at strengthening the country's civil registration and vital statistics system yielded some success when ZIMSTAT successfully re-engaged the Registrar General's Office to supply it with complete births and deaths registration records.

Secondary analysis of existing data, such as from VMAHS, was conducted to meet the needs of other country programme components such as family planning.

Partnerships



In 2019, UNFPA tapped into partnerships with different partners to deliver on the mandate of 'Ensuring Rights and Choices for All' and 'Leaving No One Behind.' These collaborations enabled the Zimbabwe Country Office to actively and adequately respond to the needs of the communities with regards to Sexual Reproductive Health and Rights (SRHR).

The year 2019 marked a huge milestone year for UNFPA - the agency's celebrations of 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, 25 years ago, very important resolutions were made to ensure improved access to sexual and reproductive health. Implementing partners including government ministries, funding partners and other UN agencies supported the Country Office in celebrating these milestones and committed to assisting UNFPA works towards ensuring access to sexual reproductive health services for all. The Programme of Action recognised that reproductive health and rights, as well as

women's empowerment and gender equality, are the cornerstones of population and development programmes. The ICPD was an important conference as it is what has continued to drive UNFPA work over the past years since 1994.

The partners that UNFPA worked with include the Government of Zimbabwe (GoZ), through the various ministries, UN agencies, funding partners, civic society groups and the private sector. UNFPA supports the people of Zimbabwe through the different and relevant line ministries. The Ministry of Health and Child Care implements sexual reproductive health programmes in cooperation with government units - National AIDS Council (NAC) and the Zimbabwe National Family Planning Council. The Ministry of Women Affairs, Gender and Community, Small and Medium Enterprise Development plays a key role in the implementation of gender related programmes while the Ministry of Finance and Economic Development, through ZIMSTAT focuses on the execution of population and development programmes. UNFPA works closely with the Ministries of Youth, Sport, Arts

and Recreation as well as Primary and Second Educations to ensure mainstreaming of youth issues and Comprehensive Sexuality Education in national programming.

Funding partners remain key in ensuring sustenance of programmes and efforts to strengthen partnerships with existing funding partners continued. Existing partners include DFID, EU, Global Fund, SDC and SIDA. The Country Office also made efforts to explore possible partners and grow the funding partners base through engagements with China, Japan and Korea. Working with UN

agencies remained key for UNFPA Zimbabwe as shown by the Joint programme with UNICEF funded by the Health Development Fund - a programme whose key outcomes are centered around Sexual Reproductive Health. The Spotlight Initiative is another joint programme with UN agencies funded by the EU - a multi-year partnership between the European Union and the United Nations, with 500 million euros globally in seed funding from the EU. The initiative is aimed at rolling out programmes to end violence against women and girls.



UNFPA Zimbabwe Team

Last but not least meet the team that works hard to deliver results!





Health walk and health day for staff and dependents to celebrate ILO (100years) and UNFPA (50 years) anniversaries



Staff and dependents had an opportunity to get health checks on the UN health day led by ILO and UNFPA



Soccer team and supporters for the Joint ILO and UNFPA health day activities



UN health day



UN health day



UN health day staff and dependents enjoying some Zumba!



