



***Delivering for  
women and young people  
in the face of COVID-19***



**ANNUAL  
REPORT 2020**

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Ending maternal deaths

Ending unmet need for family planning

Ending Gender Based Violence and harmful practices

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# Acknowledgement of donor support



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



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# Contents



Family Planning - 15



Maternal Health - 21



HIV and Community  
Engagement - 24



Adolescent Sexual and  
Reproductive  
Health and Rights - 28



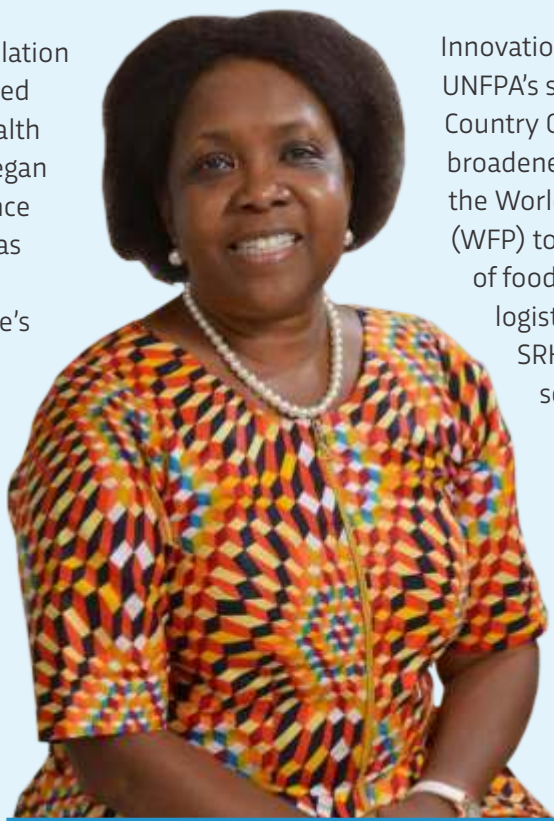
Gender Based  
Violence - 34



Population and  
Development - 44

# Foreword

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



In 2020, UNFPA worked with the Government of Zimbabwe and other implementing partners who contributed immensely to ensuring access to reproductive health services for all despite several challenges faced during that period, crowned by the COVID-19 pandemic in the last year of the 7th Country Programme (2016 – 2021). The pandemic posed unprecedented challenges for UNFPA programming, requiring us to relook at interventions and become more agile and innovative to ensure continuity with the delivery of critical and essential services for Gender Based Violence (GBV) survivors as well as continued access to reproductive health services for women and young people. With the national lockdown and associated travel restrictions, many people, particularly women and girls found it difficult to access both GBV and SRH services.

Innovations were critical in UNFPA's success in 2020. The Country Office strengthened and broadened its partnership with the World Food Programme (WFP) to include the utilisation of food distribution points and logistics to deliver GBV and SRHR information and services. Through this partnership, male and female condoms were distributed as well as sexual reproductive health information shared with communities during food distribution outreaches. Community health workers such as Behaviour Change

Facilitators, Village Health Workers and young condom promoters provided information on SRHR such as family planning, HIV, male and female condom usage and Gender Based Violence (GBV) at the food distribution points.

During the COVID-19 lockdown the country witnessed an upsurge in cases of GBV. To ensure access to information on prevention of GBV and access to services, UNFPA supported GBV risk mitigation initiatives such as provision of psychosocial support to women and girls through newly established safe spaces. GBV service delivery to remote areas was scaled up through mobile One Stop Centres. A shuttle service was also availed in hotspots to support transportation of GBV survivors to health facilities at any hour. All this was to ensure continuity of essential

service provision during the COVID-19 pandemic.

As the report will highlight, these are some examples of how COVID-19 challenged us to continue delivering GBV prevention and response as well as SRHR services with innovation. Indeed, it was a year like no other in our programming but we were able to continue supporting the delivery of information and services for women and young people against all odds.

As we end the 7th Country Programme 2016-2021 and move on to the 8th Country Programme of support 2022 – 2026, there remains some unfinished business that UNFPA will be taking forward as we scale up our efforts to deliver for women and young people in Zimbabwe. We must continue to ensure universal access to sexual and reproductive health, leaving no one behind. In many marginalised and rural communities, women and young people still struggle to access reproductive health services especially preventive services, with family planning, cervical cancer screening and treatment standing out. In addition, the number of maternal deaths in the country remains unacceptably high; no woman should die while giving life and we must scale up our efforts to realise results in this area. Another area of unfinished business is the elephant in the room, in the form of GBV which is threatening to undo gains 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. The advent of COVID-19 has worsened its impact on several dimensions of life.

As we ease into the 8th Country Programme we will endeavour to remain focused on the ICPD Agenda@25 Post Nairobi in

collaboration with the Government of Zimbabwe, strengthen partnerships, response and innovative interventions as well as ensure the development-humanitarian-peace nexus to best meet the needs of women and young people of Zimbabwe. UNFPA therefore continues to ensure:

### **Zero Maternal Deaths**

### **Zero Unmet Need for Family Planning**

### **Zero GBV and Harmful Practices**

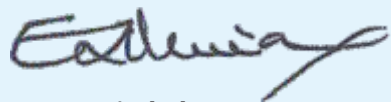
In conclusion, I would like to extend gratitude to the Government of Zimbabwe for believing in the UNFPA mandate and mission, resulting in a great partnership that has allowed us to make a difference in the lives of women and young people. May I also extend gratitude to the Governments of Britain, Ireland, Sweden, Switzerland, Japan, China as well as the European Union and World Bank who continue to support our work; and to our future donor partners, who continue to show interest in our work in Zimbabwe.

We value the Resident Coordinator's leadership, coordination and oversight role as well as our joint programming and implementation with our sister UN Agencies who continue to walk with us on this journey. Through joint programmes such as the Health Development Fund, the Spotlight Initiative to Eliminate Violence Against Women and Girls and 2gether 4 SRHR programmes we are delivering as "One UN" for the people of Zimbabwe. Our gratitude also goes to our various implementing partners who were key to the delivery of the results outlined in this report.

The ICPD Agenda is huge and we need help to carry it. We will continue to work with all stakeholders and together we will bring the desired change in "Beautiful Zimbabwe".



We look forward to continuing partnerships with all of you in 2021 and beyond to ensure rights and choices for all.



**UNFPA Zimbabwe Country Representative**  
**Dr. Esther Muia**



# Executive Summary





# Executive Summary



The United Nations Populations Fund (UNFPA), the United Nations' reproductive health and rights agency, is supporting the Government of Zimbabwe to respond to the sexual reproductive health needs of women and young people and addressing the problem of Gender Based Violence (GBV).

Under the 7th Country Programme (2016 – 2021) UNFPA support continues to focus on three transformative goals: ending maternal mortality, ending unmet need for family planning and ending Gender Based Violence and harmful practices

An assessment supported by UNFPA indicates that maternal mortality in Zimbabwe remains unacceptably high, with over 40% of the recorded maternal deaths women below 30 years of age. Health facilities offering maternal health services continue to face significant challenges compromising quality of care. The COVID-19 pandemic has further unmasked weaknesses in the health system, including sexual reproductive health services provision at all levels.

In 2020, UNFPA continued to support the Ministry of Health and Child Care (MoHCC) to increase capacity to deliver quality maternal services including within the COVID-19 environment. The main areas of UNFPA maternal health support included strengthening Emergency Obstetric and Neonatal Care (EmONC) services; post abortion care and obstetric fistula repair. It also focused on Maternal and Perinatal Death Surveillance and Response (MPDSR) and the Clinical Mentorship Programme and strengthening midwifery pre-service training

UNFPA, in collaboration with other partners, worked with the MoHCC to develop guidelines on the provision of essential MNCAH services in the COVID-19 environment and also supported Infection Prevention and Control interventions through supply of Personal Protective Equipment (PPE) and hand hygiene commodities to facilities across the country including Maternity Waiting Homes (MWHs). This ensured service provision continuity in the context of COVID-19. Among other key achievements towards improving maternal health was cervical Cancer management, with the treatment rate

of the cervical pre-cancer lesions as high as 71% exceeding the target of 65%. Due to COVID-19, fewer obstetric fistula repairs were done, as the “camps” could not be conducted with rising community transmission.

According to the Zimbabwe Demographic and Health Survey of 2015, Zimbabwe’s Contraceptive Prevalence Rate currently stands at 67%. In 2020, UNFPA programming was focused on strengthening commodity security, family planning coordination and service delivery. Service provision and information dissemination had to be sustained during the COVID-19 pandemic and UNFPA engaged radio and social media platforms to disseminate integrated information on family planning and COVID-19 awareness and prevention. The provision of Personal Protective Equipment (PPE) was a critical move by UNFPA that ensured those seeking family planning services continued to access it safely. The existing collaboration with the UN World Food Programme was broadened to include the distribution of male and female condoms as well as family planning IEC materials at over 1,500 food distribution points within communities in 60 districts of the country. Over 3 million male condoms and 100,000 female condoms were distributed to members of the community accessing the food distribution points. In other support, UNFPA provided technical and financial support to the National Family Planning Council and Ministry of Health and Child Care towards the development of a video on family planning methods in sign language for persons with hearing impairment for distribution in 2021.

UNFPA supports young people to ensure they reach their full potential. In Zimbabwe over 60% of the population is below the age

of 25 while 35% is between the ages of 15 and 35. Young people in Zimbabwe face many challenges that include unwanted sexual contact, unintended pregnancies, unsafe abortions, child marriage, Gender Based Violence and Sexually Transmitted Infections including HIV. In 2020, to respond to the needs of young people, UNFPA supported the development of youth friendly facilities and strengthened sexual reproductive health services for adolescents. Young people were also supported to engage in social and legislative processes and empowered with comprehensive SRHR/HIV/GBV knowledge – to enable them to make informed decisions. These interventions were realigned and adapted in response to the COVID-19 pandemic.

UNFPA has been working to intensify and scale up HIV prevention efforts in Zimbabwe since the country remains one of the countries with high HIV prevalence. Significant progress has been made towards the dual elimination of Mother to Child Transmission, but the final HIV infection rate after breastfeeding remains unacceptably high. UNFPA focus in 2020 was on promoting access to and utilization of integrated sexual and reproductive health and HIV services. A pilot programme for young women selling sex (YWSS) enrolled around 100 in first part of the year but was affected by the prolonged closure of educational institutions due to COVID-19. The programme continued to provide a modest stipend to the young women, enabling them to reduce or discontinue selling sex, and provided peer support and HIV & SRH service access through sex work clinics. Educational support will resume in 2021, when schools and training institutions reopen. In Harare, UNFPA managed to facilitate a new partnership between the key populations drop-in centre and the key population’s clinic under the City

of Harare. This resulted in bi-weekly clinical outreach services that provided a lifeline to KP clients who were unable to access clinics for Pre-Exposure Prophylaxis (Prep), ARV, or STI treatment.

Gender Based Violence remains an enormous problem in Zimbabwe affecting many women and girls. With funding from Governments of Ireland, Sweden and the Health Development Fund, UNFPA provided the Ministry of Women's Affairs Community and Small to Medium Enterprise Development (MWACSMED) with technical assistance for enhance coordination, GBV prevention and survivor support. Increased violence and discrimination directly related to natural disasters, deepening economic shocks, compounded by the socio-economic impact of the COVID-19 pandemic, continued to worsen pre-existing gender and social inequalities in 2020..Service delivery was scaled up through mobile One Stop Centres in remote areas, at the same time GBV risk mitigation and response, as well as Prevention of Sexual Exploitation and Abuse, in line with the IASC guidelines were put in place.

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 2020, UNFPA provided technical support for the upcoming 2022 Population Census. The Ministry of Finance and Economic Development was supported to organise an advocacy and resource mobilisation roundtable meeting on the census, attended by several donors and other development partners. A census publicity and advocacy strategy was developed to help support information dissemination and advocacy for the census. The Zimbabwe Demographic and Health Survey (ZDHS) was postponed to 2022 due to the fluidity of the Population Census dates then.

As the 7th Country Programme draws to a close and preparations for the next programme cycle gather momentum, the UNFPA

Country Office remains guided by Government of Zimbabwe's 2019 Nairobi Summit ICPD recommitments and national priorities which offer a comprehensive framework for responding to the sexual reproductive health needs of women, young people and key populations in Zimbabwe.





# Introduction



# Introduction

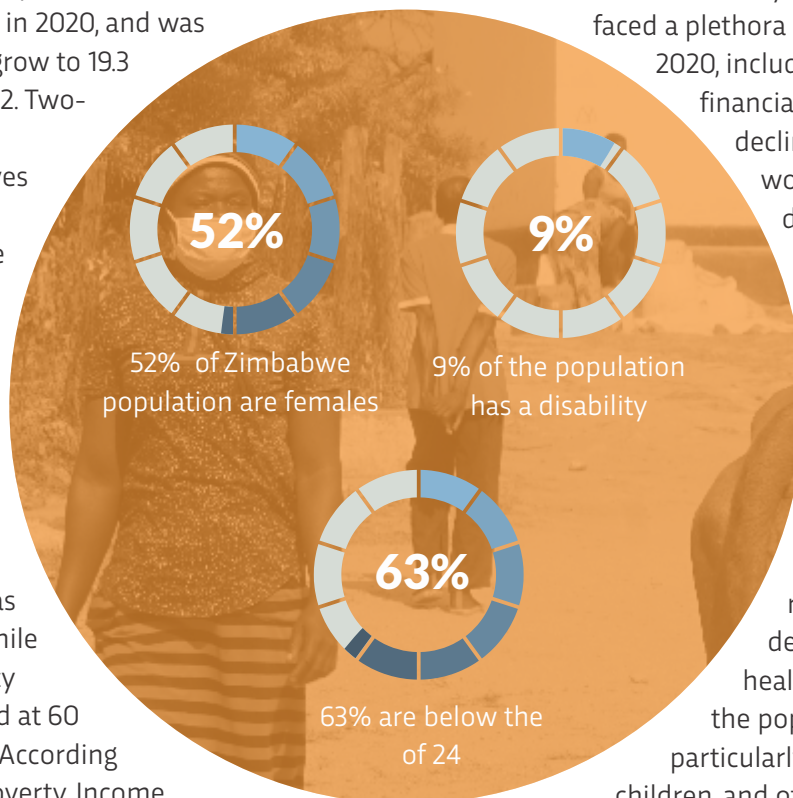
Zimbabwe's population was estimated at 15.5 million in 2020, and was projected to grow to 19.3 million in 2032. Two-thirds of the population lives in rural areas while 52% are females. The population is young with about 63% are below the age of 24. At least 9% of the population has a disability while life expectancy was estimated at 60 years in 2017. According to the 2017 Poverty, Income and Consumption Expenditure Survey (2019) 71 % of the population are considered poor.

Zimbabwe's economic growth has seen mixed performance over the past four decades, with its strongest performance being recorded in the first decade of independence, from 1980 to 1999. Zimbabwe's real GDP was estimated to have shrunk by 6% in 2019 and to further contract by 4% in 2020 due to continued structural deficiencies, impact of climatic shocks (cyclone Idai and persistent drought), and the disruptive impacts of the COVID-19 pandemic.

The current economic and business environment remains depressed and fragile though and has also led to a decline in social

indicators. The country's health system faced a plethora of challenges in 2020, including lack of financial resources, declining health worker morale due to poor working conditions and continued incapacitation leading to periodic strikes. This poses a high risk to the delivery of quality health services to the population, particularly women, children, and other vulnerable populations. This was further exacerbated by the COVID-19 pandemic which disrupted the provision and access to essential SRH services, including maternal health

Although Zimbabwe has registered notable progress with several key health indicators over the last decade, including significant achievements in maternal health and a decline in the prevalence and incidence of HIV. However, the number of women who continue to die in childbirth remains unacceptably high. Teenage pregnancy is also a major health and social concern. Twenty-two percent of adolescent females have begun child bearing with the rate higher in rural areas (27%) as compared to urban areas (10%).



Gender based violence is prevalent in Zimbabwe, with 49,4% of ever married adolescent girls and women age 15- 49 having experienced some form of emotional or physical, or sexual violence committed by their current or most recent husbands/partner (MICS, 2019). Child marriages have persistently remained high; the share of women age 20-24 married or in a union before age 18 rose from 32,5% in 2015 to 33,7% in 2019.

*This is the context in which UNFPA Zimbabwe continued to work to deliver SRH services to women and young people in 2020.*

### Maternal Health

Maternal mortality in Zimbabwe remains high with at least 45% of the maternal deaths being women below the age of 30 years. Women are still dying from preventable causes and the major direct

causes of maternal death include obstetric haemorrhage, hypertensive disorders of pregnancy and puerperal sepsis.

Two districts, Chipinge and Chimanimani, were severely affected by Cyclone Idai in 2019 and this affected provision of SRH services which were worsened by the COVID-19 pandemic.

The climate induced effects on SRH were worsened by the pandemic which was experienced in the country from March 2020 and worsened as the year progressed, this disrupted provision and access to SRH services. The focus for 2020 continued to be on supporting the government to strengthen the quality of maternal health care and mitigating the impact of COVID-19 and ensuring continuity of maternal health services, including family planning. Mentorship activities were scaled up integrating Infection Prevention Control and COVID-19 case management





## HIV

HIV prevalence in Zimbabwe continues to be the fifth highest in the world. While HIV incidence has declined by slightly more than 50% since 2010, girls and young women aged 15-24 years account for approximately half the new infections amongst women. Progress has also been made towards dual elimination of Mother to Child Transmission (MTCT), but the final HIV infection rate after breastfeeding remains unacceptably high at 8.2%. Community programmes for adolescent girls and young women aim to improve health outcomes for this group through a number of interventions. Programmes for key populations continue to gain in scope and coverage, with gaps remaining for special groups including young women selling sex and the focus for 2020 was to consolidate key population programmes implemented under the Global Fund grant, and continue a pilot programme for young women selling sex in Harare. Condom promotion and distribution especially among young people was supported in the context of combination prevention for HIV.



## Adolescent and Youth

Adolescents and young women particularly if poor or from rural and some peri-urban areas continue to face a number of challenges including unwanted sexual contact, unintended pregnancies, unsafe abortions, child marriage, GBV and sexually transmitted infections including HIV. This situation has been aggravated by the COVID-19 pandemic and the consequences of the lockdown restrictions such as the closure of schools. The programme rationale for 2020 ASRH programme focused on achieving positive SRHR outcomes for adolescents and youth. This was done through interventions focused on creating a conducive policy environment

in which youth friendly service capacity and availability is strengthened and demand for quality services is raised among youth while facilitating attitude and health seeking behaviour changes.

Intervention areas for 2020 therefore centred on supporting youth participation and their engagement in social and legislative process, empowering adolescents and young people with comprehensive SRHR/HIV/GBV knowledge, skills and agency for them to make informed decisions and support health facilities provide services which are youth friendly. These interventions however had to be realigned and adapted in response to the COVID-19 pandemic.

## Gender Based Violence

Gender Based Violence remains a huge problem affecting at least 1 in 3 women and girls in Zimbabwe. The situation was compounded by the COVID-19 pandemic which resulted in an increase in GBV cases which continued to worsen pre-existing gender and social inequalities in 2020, and drive GBV and child protection violations, as well as sexual exploitation and abuse. Focus for 2020 was on ensuring continuation of essential GBV static and mobile services, as well as setting up community based mechanisms to mitigate the risk of GBV and Sexual Exploitation and Abuse, and impact of COVID.

Efforts were made to improve GBV and child marriages prevention mechanisms through multi-media campaigns. High-level interfaith dialogues with Muslim community, apostolic sects and Pentecostal churches were also conducted, facilitated by the Ministry of Women Affairs Community Small and Medium Enterprises Development. Furthermore, UNFPA focused on increasing access to and availability of multi-sectorial services for GBV through One-Stop Centers (static and mobile), community shelters and faith based shelters. Additionally, work on men and boys' engagement was strengthened through community dialogues and online lectures.



# Family Planning





# Family Planning

UNFPA continues to support the family planning programme in Zimbabwe through strengthening commodity security, Family Planning (FP) coordination and service delivery. In 2021, this was, however, affected by the COVID-19 pandemic which started at the end of the first quarter of the year which resulted in among many other things, movement restrictions. Although family planning was among the essential services that were to continue even within the lockdown period, access to services was hampered by fears of visiting health facilities and consequently contracting the virus.

## Interventions

### ***Driving demand for services***

UNFPA supported the Zimbabwe National Family Planning Council (ZNFPC) and the Ministry of Health and Child Care (MOHCC) in introducing measures of improving access to services by engaging security authorities to allow passage of women and young people intending to visit health facilities for contraceptives and other healthcare services.

As access to services was hampered by the COVID-19 pandemic, family planning messages were disseminated to members of the public through national and community radios. These messages centred on the benefits of family planning and the availability of FP services as one of the available essential services and integrated COVID-19 awareness and prevention messages.

### **Procurement of PPE to support FP service provision**

The reluctance by healthcare workers to attend to clients without adequate Personal Protective Equipment (PPE) eased in the second half of the year after the distribution



of PPE and other infection prevention and control materials procured by UNFPA and other partners. UNFPA's contribution to PPE and infection prevention materials for the FP programme included 50 000 examination gloves, 2 500 litres of Sodium Hypochlorite, 1 000 litres of hand sanitisers, 250 000 surgical masks and 50 infrared thermometers which were distributed in the second and third quarters of the year. Additional infection prevention materials such as Povidone Iodine, autoclaves and Chlorhexidine were procured centrally by UNFPA through Procurement Services Branch.

## Capacity Building

At least 114 health care providers were trained in family planning including IUCD and Implants insertions and removals in second part of the year when COVID-19 restrictions eased.

The Country Office innovatively supported the Zimbabwe National Family Planning Council and MOHCC in developing a 'hybrid' family planning training model comprising virtual theoretical training coupled with mentorship at facility level. A total of 77 District FP mentors were trained and of these, 66 were certified using this method. These mentors will also be instrumental in implementation of the on-the-job training once the guidelines have been developed

## Achievements

### FP Commodity Supply Situation

Despite the challenges posed by the COVID-19 pandemic and industrial action by health care workers, the year witnessed an increase in the availability of most family planning commodities compared to last year. The proportion of health facilities eligible to provide family planning services with no stock out of combined oral contraceptives, the most popular family planning method, was 58% in the first quarter and increased in the second (66%), third (87%) and fourth (96%) quarters. A similar trend was observed with Progestogen only Pill. Availability in eligible facilities was 85% and 84% in first and second quarter respectively and increased to 92% and 85% in third and fourth quarters.

The proportion of health facilities with no stock out of long acting contraceptives (implants or IUCD) was relatively high in the first 3 quarters of the year (Q1 - 97%, Q2 - 86% and Q3 - 88%), before experiencing a depression in Q4 - 72%. This was however still above the target of 70%.

In late 2019, UNFPA supported the development of the Procurement Supply Management Strategy which was finalised in the first quarter of 2020. At least 800 copies of the strategy were printed in Q3 and dissemination done in Q4. A total of 33 Pharmacy managers from public and NGO sectors participated in the dissemination meeting.

### FP Service Delivery

Although there was a significant decline in the uptake of most family planning methods experienced in the second quarter of 2020, utilisation progressively increased in the last 2 quarters of the year. A total 16,616 IUCD insertions among women were done in 2020, against a target of 14,000. Similarly, 120,829

implant insertions were done in 2020, against an annual target of 77 000. These successes have been a result of concerted efforts in service provision through public and NGOs sectors utilising both static and outreach services.

The CO continued to strengthen and expand its collaboration with the UN World Food Programme by including the distribution of male and female condoms as well as family planning IEC materials at over 1,500 food distribution points within communities in 60 districts of the country. Over 3 million male condoms and 100,000 female condoms were made available to members of the community accessing the food distribution points reaching a total of 311,157 households.

UNFPA supported the MOHCC in the preparations for the introduction of Sayana Press. An Operational Framework was developed, initial implementation sites selected and relevant IEC materials printed. These included an information brochure, cue card on administering Sayana Press for service providers and an information brochure for the community. In addition, two videos for health care workers and one for community members were developed.

With a focus on Leaving No One Behind, UNFPA provided technical and financial support to the Zimbabwe National Family Planning Council and MOHCC towards the development of a video on family planning methods in sign language for persons with hearing impairment. These will be distributed in 2021. In addition, at least 1,000 IEC materials on family planning methods were produced in Braille for persons with visual impairment. The existing brochures and posters on IUCD, Implants and comprehensive FP methods were translated and printed in the two major vernacular languages (Shona and Ndebele). Translations into other minority languages spoken in Zimbabwe has been planned for 2021.



## Challenges

The COVID-19 emergency and related restrictions as well as the industrial action by health care workers contributed to the decline in FP service utilisation in the first few months of the year. This, however, improved with mitigatory measures put in place by Government of Zimbabwe with support from UNFPA

## Lessons Learnt

- › Collaborative efforts between UNFPA and the World Food Programme (WFP) to utilize their food distribution points to distribute condoms and SRHR IEC materials, ensured continuity of SRHR services at the height of the first wave of COVID-19. This needs to be continued beyond the COVID-19 pandemic. There is need to capacitate and expand the scope of work for the community health workers involved in these distributions to include the distribution of oral contraceptives and provide other health services such as cervical cancer screening and treatment
- › The development of a hybrid FP training model, comprising of virtual training for theory, coupled with mentorship at health facility level, ensured that healthcare workers were trained and certified to provide services even during the COVID-19 lockdown period
- › Reprogramming of FP activities in response to the COVID-19 outbreak for example, channelling some resources towards procurement of data for IPs to enable them to hold virtual meetings and the procurement of PPE ensured business continuity during the COVID-19 lockdown period.



## UNFPA & World Food Programme, partners working together to bring sexual and reproductive health services closer to communities at food distribution points

**Charity Fabeni (35)** is one of the beneficiaries of the World Food Programme food distribution exercise in Kamutanho village in Mutare district, about 400 kilometres outside Zimbabwe's capital, Harare. On a monthly basis she makes the 2 kilometre trip to the food distribution point at Kamutanho School to receive her ration. On one of her monthly visits and much to her delight, Fabeni learnt she could now collect condoms at the food distribution point. "My husband and I had to use condoms to prevent pregnancy for 3 weeks after we couldn't get family planning pills from our local clinic during the COVID lockdown. I have 6 children and the thought of getting pregnant really stressed me," explains Fabeni.

Fabeni is one of the women who have benefitted from the partnership involving the Ministry of Health and Child Care, the United Nations Population Fund (UNFPA) and the World Food Programme (WFP) in the distribution of male and female condoms, provision of information on Sexual Reproductive and Health Rights (SRHR) at food distribution points in Manicaland Province. This information dissemination includes sharing of various family planning IEC materials and educational sessions on issues such as family planning, Gender Based Violence and COVID-19 prevention. Local public health facilities and community health workers are involved in the initiative.

WFP has a standing arrangement with the Government of Zimbabwe for distribution of food at over 1,500 food distribution points, covering 311,157 households in 60 districts,

mainly over the lean season before the next harvest. Utilising these food distribution points for essential and life-saving SRHR services, including male and female condom distribution and dissemination of information on SRHR, facilitates increased access for communities beyond health facilities. With the COVID-19 lockdown and travel restrictions associated with it, many people, particularly women and girls are finding it difficult to access basic health services.

Early this year, UNFPA supported the Ministry of Health to conduct a Rapid Assessment of COVID-19 Response in the Context of Maternal and Sexual and Reproductive Health in Zimbabwe. The assessment sought to find Zimbabwe's preparedness to offer antenatal, delivery and post-delivery care to pregnant women infected by COVID-19. It also assessed potential impact on the provision of other sexual and reproductive health services. The assessment showed that the COVID-19 outbreak has affected women and young people's access to sexual and reproductive health services.

In light of the impact of COVID-19, UNFPA reprogrammed its work to come up with initiatives to ensure continuity in the provision of other sexual and reproductive health services. The partnership with WFP is one such initiative. Through the support of Health Development Fund (HDF) partners funded, the Governments of Britain, Ireland, Sweden and the European Union UNFPA is able to make a difference in the lives of women such as Fabien and bringing sexual and reproductive health services closer to communities.

Under HDF support, UNFPA is providing male and female condoms, contraceptives and sexual reproductive health information during these food distribution outreaches. Community health workers such as Behaviour Change Facilitators, Village Health Workers and young condom promoters, are providing information on SRHR such as family planning, HIV, male and female condom usage and GBV at food distribution points.

Hellen Jabwa Bishau, a village health worker since 2013, welcomed the initiative and suggested that the initiative be expanded to include contraceptive pills. "In our area we have some men who, for religious or other reasons, do not want their wives to use modern family planning methods such as the pill. Women in these unions then find it difficult to go to the clinic for family planning services," said Bishau. "Having pills distributed at these food points and in the community by us community health workers, would then provide an avenue to reach out to these marginalized women. If we are allowed to assist with distributing pills, we know how best to reach out to these women."

Plans are underway to continue and scale up awareness raising and basic service provision appropriately through this approach of integrating food distribution with materials and information on other SRH concerns including cervical cancer as well as obstetric fistula. The feasibility of providing outreach clinical services at some of the food distribution points is also being explored as some of the women have to walk up to 20km, to and from their nearest clinic to access such reproductive health services. "Food distribution points are deep in the communities and in close proximity

and reach to the general population, making them easier and more convenient for communities to access essential and life-saving SRHR service, including availing condoms that are key for preventing unintended pregnancies and HIV/STI infection prevention and transmission," said WFP Zimbabwe Representative and Country Director Eddie Rowe. "It is in the spirit of delivering as one UN and maximising on already existing platforms deep in the communities for the benefit and welfare of the general public.

This initiative enables efficient use of resources. Sustainable Development Goal 17, on partnerships, is enhanced, realised through this collaboration."

Although the distribution of food is mainly for the lean period, in some districts, it may extend beyond this period because of the envisaged poor harvest this year, thus widening the scope for greater collaboration.

"This partnership builds on the existing UNFPA, WFP Memorandum of Understanding (MOU) for supply of food to Maternity Waiting Homes where pregnant women, mainly those at obstetric risk, are housed towards their delivery date at a health facility for close monitoring," said UNFPA Representative Dr. Esther Muia.

The joint WFP and UNFPA partnership on maternity waiting homes program provides a food basket (cereal, pulse, oil and super cereal) to waiting mother's shelters in four provinces (Matabeleland North, Matabeleland South, Manicaland and Mashonaland Central). Also, earlier in February, WFP in collaboration with UNFPA, distributed Meals Ready to Eat (MRE) to pregnant and lactating women, registered as part of the general distribution in Rushinga.

# Maternal Health





# Maternal Health

UNFPA supports the Government of Zimbabwe through the MOHCC 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 services; post abortion care; obstetric fistula repair, Maternal and Perinatal Death Surveillance and Response (MPDSR); clinical mentorship and strengthening midwifery preservice training and service delivery.

## Interventions

### Emergency Obstetric and Neonatal Care (EmONC)

The majority of PHC facilities continued to offer maternal health services including basic and comprehensive EmONC during the COVID-19 pandemic. UNFPA in collaboration with other partners assisted the MOHCC to develop guidelines on the provision of essential MNCAH services in the COVID-19 environment. Support was given to infection prevention and control interventions including supply of personal protective equipment and hand hygiene commodities to facilities across the country, including maternity waiting homes. Equipment for provision of essential antenatal and delivery services including for EmONC and for ambulances was procured and distributed to health facilities. Equipment included sphygmomanometers (BP machines), Dopplers, anaesthetic machines and delivery beds among many others. Support for ensuring commodity security on life-saving maternal health drugs such as oxytocin and magnesium sulphate, used in delivery care in managing bleeding and hypertensive disorders of pregnancies respectively,



continued to be provided in 2020. At least 70,000 vials of oxytocin (10 IU) and 5000 units of magnesium sulphate were procured and routed to the national pipeline.

### Ensuring safe motherhood in humanitarian and emergency settings

Two districts affected by Cyclone Idai, Chipinge and Chimanimani, were supported to strengthen emergency obstetric and neonatal care. A total 32 health workers including trainers of trainers were trained in EmONC. The trainers are responsible for cascading the training through on the job training and mentorship. Reproductive health kits that contained medicines, delivery kits, caesarean section kits and other basic equipment for maternal health care were also procured and distributed in the supported districts. A total of 280 non-pneumatic anti-shock garments for use as first aid for managing haemorrhage were also procured for the districts. Compared to 2019, maternal deaths reduced by 46% in the supported districts in 2020.



Support was also provided to the midwifery programme, to operationalize the revised curriculum in line with the International Confederations of Midwives (ICM) standards. Capacity building of tutors on the implementation of the curriculum and printing of logbooks for the student midwives was done.

At the end of 2020 and partly attributable to the support by UNFPA, results showed that 7.6% of the primary health care facilities were providing basic emergency obstetric and neonatal care excluding assisted vaginal delivery. This translates to 5 health facilities per 500,000 of the population. This was above the minimum recommended 4 per 500,000 of the population.

Of the 63 district hospitals, 91.67% had the capacity to provide comprehensive emergency obstetric and neonatal care, seven basic signal functions as well as caesarean section and blood transfusion. This translates to 2 district hospitals per 500,000 population. This was also above the minimum recommended of 1 CEmONC facility per 500,000 population.

### Obstetric Fistula

Quality of maternal healthcare remains an issue and the country continues to face challenges with women developing obstetric fistula. Fewer obstetric fistula (OF) repairs were however done because of the COVID 19

pandemic. Three planned obstetric fistula repair camps were cancelled due to the COVID-19 movement restrictions and prioritisation of emergency cases. One repair camp was held at Mashoko Mission hospital where a total of 24 women with obstetric fistula were repaired against an original annual target of 70.

### Cervical Cancer Screening and Treatment

The uptake of cervical cancer screening and treatment continued to improve in 2020. A total of 139,493 women were screened and 7,476 found to have suspected pre-cancer lesions. Of these 5,296 (71%) were treated. The treatment rate (71%) of the cervical pre-cancer lesions exceeded the annual target of 65%.

### Challenges

COVID-19 restrictions and industrial action by nurses and doctors negatively affected the implementation of maternal health activities at some health facilities as some services including obstetric fistula repairs were de-prioritised and considered non-emergencies.

### Lessons Learnt

- > Continuous monitoring of access and provision of services during a humanitarian situation such as the COVID-19 pandemic is critical to ensure continuity and that gains made in maternal health service delivery are not reversed.
- > Blended learning strategies made it possible to train health workers in cervical cancer screening and treatment. Theoretical input was given virtually through Zoom and this was followed up by on the job training for the practical sessions where facilitators visited the trainees at their workplaces

# HIV and Community Engagement





# HIV and Community Engagement

UNFPA works to intensify and scale up HIV prevention efforts in Zimbabwe which retains the fifth highest HIV prevalence in the world. According to recent surveys, approximately 50% of the new HIV infections among women occur in the age group 15–24 years, indicating that programmes for adolescent girls and young women need to be further strengthened.

## Interventions

Country office efforts are focused on promoting access to and utilization of integrated sexual and reproductive health and HIV services. Programmes focus on integrated community based demand generation through Behaviour Change Facilitators (BCFs) in 23 districts with information on HIV, GBV and SRH services available to them, targeted community programmes for adolescent girls and young women, condom programming, support to SRH/HIV/GBV linkages, STI prevention and control. Programmes for key population include support to public-sector led mobilisation of sex workers, a pilot programme for young women selling sex, and implementation of the Men Having Sex with Men (MSM) programme as part of the Global Fund HIV grant.

## Programme results

### Community engagement

A number of key results were realised due to community engagement by the 2,600 BCFs and mentors of young women in the

Sista2Sista clubs on Sexual and Reproductive Health (SRH) and COVID-19. This included a total of 2,060,293 persons exposures to Social Behaviour Change Communication and community programmes in 23 districts and at least 197,995 households were reached through home visits conducted by the BCFs.

Through their community engagement efforts BCFs referred a total of 72,212 people for COVID19 screening while about 1,1 million people were reached through electronic messages sent by BCFs.

There were 697,550 person exposures among young people outside school settings through Sista2Sista girls mentoring clubs, Comprehensive Sexuality Education (CSE), Parent to Child Communication (PCC) in 23 districts. A total of 18,909 adolescent girls and young women in Sista2Sista mentorship clubs in target districts were supported through mentors virtually and by individual follow-up until clubs resumed in Q3. COVID-19 prevention was systematically included in all interventions

Nationally over 5 million condoms were distributed by BCFs who promoted and distributed the condoms within their communities targeting primarily young men. Total distribution was 5,111,628 condoms (4,610,478 male and 501,150 female).

## Reaching key populations

A total of 6,892 person exposures among female sex workers to SRHR-related interpersonal communication were achieved against a target of 3,600 through sex worker peer educators in 6 rural districts not reached by the Global Fund supported National Sex Work Programme. Information on both COVID-19 and continuation of access to essential SRHR and SGBV services was disseminated by 384 peer educators who

were supported with airtime and data bundles to ensure they had access to up-to-date information on Covid-19 issues.

At least 2,171 sex workers were seen in public sector health facilities in hotspot districts against a target of 1,275 indicating that public sector health services can be made acceptable to key populations.

A pilot programme for Young Women Selling Sex (YWSS) enrolled around 100 in the first quarter of the year but was affected by the prolonged closure of educational institutions due to Covid-19. The programme continued to provide a modest stipend to the young women, enabling them to reduce or discontinue selling sex, and provided peer support and HIV & SRH service access through the sex work clinics. Educational support will resume in 2021, as soon as schools and training institutions reopen

Key population drop-in centres in five cities continued their operations after a brief interruption in the second quarter of the year due to Covid-19 restrictions and provided counselling services as well as access to HIV prevention and referrals for services. In Harare, UNFPA managed to facilitate a new partnership between the drop-in centre and the key populations' clinic implemented by City of Harare. This resulted in bi-weekly clinical outreach services that provided a lifeline to KP clients who were unable to access clinics for Post Exposure Prophylaxis, ARVs, or STI treatment.

UNFPA also supported key population service provision in the context of the Covid-19 pandemic by providing PPE and Infection Prevention Control items to the national Sex Work Programme, to the five drop-in centres and to more than 300 key population peer educators.

As part of the COVID-19 reprogramming, support was provided to increase capacity of a National Youth Helpline which also set up a key population's helpline desk to help with the dissemination of information, providing on-going counselling services, referrals and follow ups. Over 10 000 callers were supported by the helpline with high impact psychosocial and clinical services with over 92% clients tracked and 87% referral confirmations. A total of 11,817 adolescents and key populations were engaged via digital platforms and 27,109 reached with SRH information via Bulk SMS

### Challenges

The advent of Covid-19 and related public health measures resulted in initial programme disruption both for community and health services. This threatened access to services, and was exacerbated by intrusive and sometimes disrespectful controls at checkpoints which discouraged potential patients.

### Lessons learned

After provision of Personal Protective equipment, the 2,600 community health workers supported by UNFPA played an important role in disseminating information to their communities, including identifying and supporting survivors of GBV. New modalities of engagement were developed such as use of electronic platforms, and service provision in outreach modus. While this was successful in many settings, COVID-19 restrictions resulted in the poorest and most marginalised losing access to information and services.

## SRH/HIV/GBV Integration

As part of strengthening the capacity of health care workers to provide integrated SRHR, HIV and SGBV services in HIV treatment (OI/ART) settings, 60 nurses were trained in comprehensive family planning services including long acting reversible contraceptives (LARCs - implants and IUCDs). This exceeded the set target of 39 by 54% as more nurses could be accommodated for training as the theoretical component of this training was done virtually. Practical mentorship and certification will be finalised in 2021.

A total of 71 nurse tutors from 26 Nursing schools were trained in SRH, HIV and SGBV integration. The sensitised nurse tutors will facilitate the implementation of the revised pre-service nursing curriculum that now includes integrated SRHR, HIV and SGBV service provision.

At least 22 Youth-friendly Trainers drawn from the MOHCC and the National Family Planning Council were trained in the provision of SRHR, HIV and SGBV services for adolescents living with HIV utilising the module developed in 2018 to complement the existing ASRH Training Manual. The existing SRH and HIV Cue cards (job Aids) were revised to include ASRH and SGBV components and 7,200 copies were printed and will be distributed in the first quarter of 2021.

The Vital Medicines Availability and Health Services Survey (VMAHS) done in the last quarter of 2020 found that 95.86% of the health facilities surveyed provide integrated HIV and Sexual Reproductive Health services and 87.32% of these health facilities offering integrated services have staff trained in SRH services. All provinces have above 70% of their health facilities with nurses trained in SRH integration

## Challenges

- > COVID-19 lockdowns and interruption of non-critical services impacted on health service delivery mostly in the second quarter of 2020
- > Procurement of medicines such as syphilis test kits suffered delays and was also affected by monetary policy changes which affected the use of locally generated funds for international procurements
- > Community work was briefly interrupted by the first COVID-19 lockdown and movement restrictions in April 2020 but was able to resume after procurement and distribution of PPE to community volunteers, and adopting a different approach such as the use of gatherings for food distribution and the electronic sharing of information were among the measures adopted

## Lessons Learnt

- > COVID-19 lockdowns and associated restrictions prompted the strengthening and broadening of existing - UNFPA is working with WFP to use food aid distribution which reaches the majority of districts in Zimbabwe, to distribute condoms and SRH information through community health workers.
- > Electronic sharing of information and reporting were introduced as a result of contact and movement restrictions due to COVID-19 and proved feasible for the majority of community workers.
- > Use of electronic training and quality assurance platforms needs to be strengthened to mitigate against sudden disruptions such as the impact of Covid-19.



# Adolescent Sexual and Reproductive Health and Rights



# Adolescent Sexual and Reproductive Health and Rights

## Introduction

UNFPA advocates for the rights of adolescents and young people (AYP) of Zimbabwe, including the right to accurate information and services related to their sexuality and reproductive health. Young people can realise their full potential and contribute to the economic and social transformation if they are empowered with knowledge and skills to protect themselves and make informed decisions. Key challenges faced by adolescents in Zimbabwe include teenage pregnancy, sexually transmitted infections including HIV, unsafe abortions and lack of access to sexual reproductive health and information services. Interventions implemented in 2020 focused on addressing these key challenges through, 1) support for creation of an enabling environment for improved inclusive policies and legislature and the participation of young people in these processes, 2) empowering AYP with knowledge, skills and agency to make informed choices, 3) promoting access to quality SRHR, GBV and HIV integrated services.

## Interventions

### Strengthened enabling environment

Despite COVID-19 induced challenges, planned interventions were implemented in virtual

and physical spaces where possible. A number of activities that seek to promote youth participation and their engagement in social and legislative process were supported:

- > Provision of mobile data to young people enabled their participation in online public hearings on the Constitutional Amendment Bill 2 and the Cyber Security and Data Protection Bill. Young people unpacked the National Development Strategy (NDS) 1 and developed draft strategies which were submitted to Government
- > The Zimbabwe Youth Council organised a number of engagement meetings, called YouthChats with national and local authorities on youth priorities and engagement with Parliament on the Youth Act. During the *YouthChats*, issues around livelihoods, education and health were raised by young people and these were addressed and taken up in the follow up meetings with relevant Ministries and other stakeholders
- > A new Junior Parliament was elected and received capacity building to advocate for SRHR, menstrual health management and COVID-19. The Junior Parliament met twice with the Parliamentary Portfolio Committee on Primary and Secondary Education to share children's concerns regarding opening of schools in light of the COVID-19 pandemic. The Junior Cabinet also met with His Excellency the President of the Republic of Zimbabwe and his Cabinet to discuss the alignment of laws that affect children especially the age of consent, access to SRHR in communities and schools for children and the safety of children as schools reopen.



## JUNIOR CABINET MEETING WITH HIS EXCELLENCY THE PRESIDENT OF THE REPUBLIC OF ZIMBABWE CDE E.D MNANGAGWA, 25 SEPTEMBER, 2020 ONLINE, REPORT



*The President of the Republic of Zimbabwe, Cde E.D Mnangagwa flanked by his Vice President Honourable Rtd General Dr. CDGN Chiwenga, and the Minister for Youth, Sport, Arts and Recreation Honourable Dr. Kirsty Coventry.*

- > 30 members of the Young People's Network on Sexual and Reproductive Health and HIV & AIDS (YPNRHHHA) received training and participated in 3 policy dialogues: 1) on the termination of pregnancy, 2) ESA commitment review and extension, 3) on age of consent to access SRHR, HIV and AIDS services with MPs and Ministry of Health and Child Care
- > In November, 2020 the first National Menstrual Health Management (MHM) symposium was convened – the event was a starting point to discuss the possible creation of a Zimbabwean MHM coalition which would include governmental actors, civil society as well as academia.

### Strengthened demand through empowerment:

Adolescents and young people were supported to have increased knowledge, skills and agency to make informed decisions and positive actions about their body, their life

and their world. Interventions were supported through the in-school system and the community

### In-school

Due to COVID-19 and the closure of schools, some activities such as teacher trainings and school community – dialogues on health promotion could not be implemented. However, to ensure learners continued to access lifesaving CSE funds were reprogrammed for the development of Guidance and Counselling Life skills, Sexuality, HIV&AIDS radio lessons for primary and secondary level. In collaboration with Ministry of Primary and Secondary Education (MoPSE) and UNESCO a total of 54 lessons for primary level and 80 for secondary level were produced and aired.

Interactive platforms were also created through the use of radio where learners, guardians and teachers could exchange. The radio lessons provided an opportunity to



reach more marginalized children with no access to online schooling or other online outreach activities. However, the radio lessons had their limitations as not all households own a radio. Through other stakeholders in the education cluster, complementary printed learner packs for those without radios were developed. In some of the communities, children were able to attend lessons through available community radios.

UNFPA in collaboration with MoPSE, MoHCC and World Vision developed and distributed over 38,000 COVID-19 awareness raising posters on handwashing and correct use of cloth face masks in primary and secondary schools in the 20 focus districts.

### Community based interventions

During the year, 18,909 girls were reached through the Sista2Sista clubs. Of these 15,825 completed at least 75% of the sessions, 84% of the 2020 target. Sista2Sista club members received sanitary pads (disposable, menstrual cups and reusable options) as part of essential services in the lockdown period. Parent to Child Communication (PCC) sessions were stopped for over half of the year due to the national lockdown. When lockdown regulations eased, 16,531 adolescents completed at least 4 PCC sessions while 10,826 parents/guardians completed at least 4 PCC sessions. At least 9,820 out of school youths were recruited for Comprehensive Sexuality Education (CSE). Of these 7,272 completed at least 75% of the sessions. An additional 1,615 girls were reached at a youth centre in Hopley.

Mobile data was provided to 350 Behaviour Change Facilitators and 250 peer educators and young people who engaged in SBCC online activities such as WhatsApp and Facebook discussions. For these interactions, several social media posters were developed and distributed. Other SBCC activities which

took place online included a COVID-19/SRHR awareness raising video competition and radio messages with various Zimbabwean artists.

Despite not having physical Condomize activities, the online campaigns had a bigger reach as they were broadcasted on Facebook. All the 4 episodes carried out had a minimal reach of 15,000 viewers with the most watched episode exceeding 30,000 views. All these activities resulted in a cumulative reach of over 1 million SRHR/HIV/GBV mass media person exposures against a target of 700,000 for the period under review.



Due to the national lockdown which disrupted most services and saw the closure of schools, the need for SRHR/HIV/GBV referrals to operating sites for psychosocial and mental health support services became apparent. Support was provided to increase capacity of a National Youth Helpline which also set up a key population's helpline desk to help with dissemination of information,

providing on-going counselling services, referrals and follow ups. Support provided by UNFPA included helpline counsellor allowances, call centre airtime, bulk SMS and a system upgrade to include additional lines and call routing for counselling to offsite counsellors including for KPs. The number of calls at the Helpline increased by over 330% from the beginning of the lockdown.

To date, the youth helpline has supported over 10,000 callers with high impact psychosocial and clinical services with over 92% clients tracked and 87% referral confirmations. A total of 8,561 were adolescents and young people (aged 10–24) of which 2,084 were KP. At least 11,817 adolescents and key populations were engaged via digital platforms and 27,109 reached with SRH information using bulk SMS.

### Youth Friendly Services

There was an increase in equitable access to quality SRHR, GBV and HIV integrated services, which are adolescents and youth friendly. The provision of quality integrated facility wide youth friendly services remains one of the key interventions for young people. However, many of the activities faced challenges due to the COVID-19 pandemic but the following results were nevertheless achieved:

- > The percentage of health facilities providing youth friendly services increased from 91% in 2019 to 92.5%
- > Strengthening pre-service capacity of nursing training institutions on ASRH with a focus on Youth Friendly Service Provision was supported. All targeted 24 RGN and 22 Midwifery Training Schools mainstreamed ASRH within their training curricula and had ASRH and YFSP on their lesson plans. 632

registered general nurse students and 314 student midwives receiving ASRH sessions using the developed teaching guide.

- > A planned South to South collaboration and knowledge sharing visit between Mbira (district performing poorly on YFSP) and Mt Darwin (good performing district) was conducted following the easing of the lockdown restrictions. The visiting District Health executive team from Mbire appreciated how the setting up of ASRH committees, which work closely with the Health Centre Committees in the district, was facilitating community involvement in ASRH planned activities and support for adolescents and young people to access services

### Challenges

- > Access to sexual and reproductive health services for young people was a major challenge during the pandemic as many health facilities were closed or were only offering emergency services.
- > When schools reopened at the end of November/beginning of December it was expected that many children and especially girls would not be returning to school due to child marriage, pregnancies and/or economic hardship.
- > During the first period of the lockdown parliament business/activities stopped, and this also slowed down the process of youth participation. However, the move to online activities ensured most of the planned activities were done.

## Lessons Learnt

- > The use of online options leaves the most marginalized groups behind - provision of mobile data for young people is one solution to address this challenge. Online interventions are more successful if conducted on Facebook or WhatsApp as young people normally buy social media bundles and not regular internet bundles which makes accessing websites or apps more difficult for them.
- > Radio lessons help address challenges related to connectivity, but some challenges persist especially reaching marginalized children and youth (e.g. those without access to radios and those with disabilities like hearing impairments).
- > Uploading the content developed for radio programming on Guidance and Counselling Lifeskills, Sexuality, HIV and AIDS on other alternative learning digital platforms of the MoPSE ensures continuous access to this material.
- > There is need to strengthen and promote mobile outreach services to facilitate access to services by young people at all times and especially in emergency situations such as COVID-19 pandemic.
- > Whilst promoting access to SRHR/HIV/GBV services by adolescents and young people, there is need to ensure mental health and psychosocial support is also provided.
- > With adequate support, young people are keen to active engage, participate and contribute to policy and legislative discussions.





# Gender Based Violence



# Gender Based Violence

UNFPA works with the Ministry of Women's Affairs, Community, Small and Medium Enterprises Development, sister UN agencies and civic society towards increasing availability and utilization of GBV services by survivors as well as reducing tolerance for GBV communities. The main focus of the programme is to increase awareness of gender responsive laws and services, provision of GBV clinical services, psychosocial support and legal aid to survivors of GBV, mobilizing men and young people to support gender equality, GBV prevention through community mobilization and supporting GBV referral and coordination mechanisms at district and community level.

## Service Provision

A total of 14,435 women and 6 414 girls subjected to violence accessed the essential services package. The increase in number of survivors accessing services was a result of increased rates of GBV during the COVID-19 lockdowns, targeted multi-media campaigns on awareness and referral pathways and innovations adopted that include GBV shuttle

services for survivors. In 2020, mobile one-stop centres managed to increase UNFPA implementing partners' reach in geographically remote areas in the country, resulting in more girls accessing services. The number of GBV survivors who received services at One-stop centres was 76,935 against a planned target of 70,905.

At least 18,582 survivors accessed shelter services against a planned target of 17,949. The Gender Programme adopted some innovations in response to the COVID-19 pandemic to sustain GBV service provision during the crisis. Isolation tents and IPC essentials were provided to shelters to manage the transmission of COVID-19 to survivors. Virtual debriefing sessions for shelter staff helped to maintain their morale and resilience during the crisis. Two shelters, Gutu and Sote facilities were upgraded to facilitate access by survivors with disabilities. Staff at shelters were capacitated with skills to provide disability friendly services and to overcome communication barriers with survivors with hearing and speech impairments. Active engagement has been made with disabled persons' organisations on GBV referral pathways. These improvements have directly resulted in increased awareness of GBV services offered and hence increased access by GBV survivors.



The number of Sexual Gender Based Violence (SGBV) clients who accessed services within 72 hours in 20 supported districts was 10,334, against a target of 10,930, a 95% achievement for 2020. This, however, is a significant increase from the 2019 achievement of 8,704 survivors who accessed services within 72 hours. The online innovations/campaigns such as #72Hours contributed to the increase in 2020.

At least 64% of health facilities have at least two health care providers with knowledge and skills to provide clinical management of SGBV cases and refer survivors. The performance is below the set target of 100% due to COVID-19 related disruptions and high staff turnover at government institutions due to the current economic crisis.

### GBV Sub-Cluster Coordination

In 2020, UNFPA continued to play its lead role as GBV sub-cluster coordinating agency, by providing technical guidance to GBV SC partners in Zimbabwe throughout the multi-hazard context (climate change, drought and tropical storms, economic hardship and COVID-19 pandemic). Within the COVID-19 pandemic and the related national lockdown, UNFPA led advocacy efforts in coordination with the Ministry of Women Affairs Community Small and Medium Enterprises Development (co-lead of the GBV SC) to ensure recognition of GBV services among essential services during the COVID-19 lockdown.

In its capacity as the GBV sub-cluster lead, UNFPA provided GBV sub-cluster partners,

protection cluster partners and inter-cluster team with technical support to respond to GBV in emergency and humanitarian situations such as drought, floods, tropical storms, and COVID-19. UNFPA provided support for the adaptation of Inter Agency Standing Committee guidelines for integration of GBV risk mitigation interventions into humanitarian action during COVID-19 response.<sup>1</sup>

GBV service providers within the sub-cluster were assisted to adapt service delivery models to the multi-hazard context, to ensure accessibility in remote and hard to reach areas (including the introduction of the safe space model and the mobile OSC model). UNFPA also coordinated referral pathway review and adaptation, GBV digital messaging harmonization, to ensure effective communication and visibility of GBV trends and needs.

UNFPA also led advocacy efforts that contributed to increased attention and funding for GBV within the Humanitarian Response Plan (HRP) for 2020. UNFPA also led the GBV sub-cluster partners on the development of the 2021 Humanitarian Needs Overview (HNO) and HRP, ensuring effective representation of GBV needs and the centrality of protection.

The Country Office also contributed to strengthening partnerships with the humanitarian community, including UN sister agencies, clusters, Government of Zimbabwe and donors, for GBV response in humanitarian.

<sup>1</sup> The Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action were developed to assist humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to coordinate, implement, monitor and evaluate essential action for the prevention and mitigation of gender based violence (GBV) across all sectors of humanitarian action.



## Improved Response to GBV in Humanitarian Settings

Within the prolonged, multi-hazard humanitarian situation in Zimbabwe UNFPA scaled up GBV risk mitigation and response in hard to reach and remote areas, in line with the HRP 2020 specific objectives. The extraordinary context brought by COVID19 led to the adaptation of service delivery from static to mobile and remote, and represented an opportunity to refine innovative approaches to programming. Of note are the mobile One Stop Centres, bringing essential services closer to communities as well as the implementing partner peer to peer programme monitoring approach implemented further in the year as movements became more restricted. Mobile OSCs proved to be the most effective service delivery model within the compounded drought and COVID-19 contexts, where mobility restrictions and limited availability of public transport, or economic means to afford them, had contributed to de-prioritization of static services in 2020.

Through CERF, The UNFPA Executive Director Discretionary funding, the World Bank, the EU and the Spotlight Initiative, the Governments of Sweden and Ireland support, UNFPA supported GBV risk mitigation and service delivery in humanitarian contexts through the following interventions:

## GBV life-saving essential service delivery through mobile OSCs

The mobile OSCs multi-sectoral teams include specialized GBV counsellors, nurses, Victim Friendly Unit officers and para-legal officers. At mobile OSCs, survivors are able to access the same services that they would find at static OSCs situated at hospitals. These services include PSS, clinical management of rape (through the provision of post-rape kits administered by the trained nurses), police and paralegal assistance, where required. Referrals to a higher level of care, including shelters, are also provided at the mobile OSCs, while dignity kits and family planning supplies (condoms, contraceptive pills) are distributed to all survivors who need them.

In 2020, nine districts were supported with operationalization of mobile OSCs through CERF, while mobile OSCs services delivery was further scaled up in 12 Spotlight funded districts, and in 2 Cyclone Idai affected districts within the World Bank funded ZIRP programme (Cyclone Idai Early Recovery Programme). Additional 2 districts were supported with mobile OSCs from the ED Discretionary Fund. A total of 21,165 (3,314 males and 17,851 females) GBV survivors were reached with mobile OSCs services in 2020.



### GBV risk mitigation and psychosocial support through Safe Spaces

The Safe Spaces for women and girls model is a globally recognized model for GBV risk mitigation. They form critical entry points for referrals of GBV survivors to static and mobile services, done in close coordination with the mobile OSCs teams and community surveillance system. The Safe Space model was introduced by UNFPA in Zimbabwe in 2020, through adaptation of the global model to the Zimbabwe drought context. UNFPA engaged its implementing partners in a process of contextualization and co-creation of activities rolled out at the spaces.

Building on the popular Sista2Sista model, the safe spaces target women and girls in the age range 24–49 years and provide a set of psychosocial support activities that are designed by the women themselves, in line with community acceptable practices. These include information sharing on integrated SRHR and GBV topics, exchange of experiences and peer support. It also includes the establishment of locally sustainable, co-created livelihood activities, e.g. soap making, chicken and goat rearing and peanut butter production. Selected Behaviour Change Facilitators manage the safe spaces and provide oversight to the activities rolled out in the safe spaces

A total of 75 Safe spaces for women and girls were set up through CERF funding in 9 districts, and a total 12,325 women were reached.

### GBViE Community based surveillance

GBV surveillance through the UNFPA supported Behaviour Change Facilitators workforce remains critical in emergency response to enhance the dissemination of information on essential life-saving services, to provide timely referrals as well as to

conduct GBV assessments. These are key to ensure availability of community-based safety nets and complaints mechanisms, as well as to effectively adapt programming to the changing humanitarian context.

Behaviour Change Facilitators' capacity was scaled up in nine CERF targeted drought most affected districts, to complement mobile service provision at OSCs and safe spaces. A total of 210 BCFs (141 females and 69 male) were sensitized on integrated GBV surveillance, including data collection, psychological first aid and basic sign language skills. Through GBV surveillance and outreach, a total of 164,033 community members (99,007 females and 66,026 male) were reached with critical information on GBV referral pathways.

### Dignity kits stockpiling and distribution

A total of 12,700 dignity kits were procured and distributed in 2020, including for HRP and COVID-19 response. The dignity kits included the basic UNFPA PSB kit content and a local multi-purpose wrapper ("Zambia"). UNFPA enhanced coordination with other clusters' lead UN agencies, implementing partners and CSOs on warehousing, transport and distribution.

### Capacity Building on GBViE preparedness

With technical assistance from UNFPA, the Ministry of Women Affairs Community Small and Medium Enterprises Development undertook capacity building workshops for district teams on Gender Based Violence in Emergencies. The objectives of the training included to increase awareness amongst stakeholders on the importance of mainstreaming GBV in humanitarian response and build capacity of stakeholders with skills and tools for integrating GBV in emergency preparedness and response initiatives in humanitarian programmes.

A total of 16 district teams received the training namely from Mudzi, UMP, Bindura, Nyanga, Buhera, Sanyati, Makonde, Mhondoro-Ngezi, Chegutu and Hurungwe. Participants for the workshop were drawn from different line ministries, parastatals, civil society organisations and Faith Based Organisations. A total of 238 participants were trained. Among these participants 109 were female whilst 129 were males.

### COVID19 GBV response

Through partial reprogramming of existing and new funding (e.g. Spotlight, Zero Tolerance 365, UNFPA ED fund and UN CERF), UNFPA rapidly adapted programme delivery modalities to ensure continuity of essential service provision during the COVID-19 movement restrictions phase, including lockdown. The key interventions within COVID-19 response included scale-up of remote and mobile service provision modalities, in line with the national IPC guidelines. Specific activities include:

- > Equipping static and mobile OSC and shelters with IPC and basic PPE materials: 8 shelters, 5 static OSCs and mobile OSCs in 12 districts were equipped with PPE.
- > Providing extra transport support to GBV survivors: To address the challenge of reduced availability of transport means during the lockdown, and related de-prioritization of GBV services, UNFPA supported IPs with alternative transport assistance, including shuttle services and fuel vouchers. Total reach since the beginning of the shuttle service is 2,270 survivors assisted. The service also catered for the most vulnerable such as survivors with disabilities and their caregivers.
- > Scaling up GBV Hotlines: UNFPA supported the National GBV hotline (operated by Musasa) with the expansion of 4 additional lines. The hotline has recorded an average

The hotline has recorded an average increase of over 40% in calls during the lockdown, compared with pre-lockdown trends, with 6,833 calls recorded from March 30th to December 31st 2020. At least 94% of callers were women, with most common forms recorded being physical violence. About 94 % of the cases were women. The most dominant forms were physical violence (38%) and psychological violence (38%), followed by economic violence (19%) and sexual violence (5%). About 90 per cent of cases are IPV cases. The supported hotline was also expanded to cater to PSS of GBV service providers, as they are also affected by increased workload and heightened mental health issues and distress. A total of 363 (236 females and 127 males) service providers were assisted with remote PSS. UNFPA is also setting up additional hotlines services targeting key populations.

- > Enhancing GBV surveillance: UNFPA provided BCFs with airtime and data packages to ensure two-way communication with hotlines and facilitate referrals for survivors in remote areas during the protracted lockdown. Over 500 cadres were equipped with connectivity packages.
- > Distributing dignity kits: 8,700 Dignity kits were procured and distributed within the COVID-19 response. 700 kits were previously stockpiled with Zero Tolerance 365 programme funds, and were rapidly distributed to partners at the beginning of the lockdown. Some of the kits were utilized by MWACMED to support homeless women who were hosted at temporary shelters in Harare during the lockdown period. The additional 8,000 were earmarked to cater for static OSCs, shelters and Mobile OSCs. The COVID-19 dignity kits complemented the 4,000 kits originally procured within the emergency CERF response, in drought affected districts.



- > Distributing fabric material (originally stockpiled as multi-purpose wrappers), to be utilized for the production of face masks: fabric pieces were distributed and were utilized by GBV shelters, youth centres and colleges to produce cloth masks (in line with WHO standards). The intervention, besides mitigating the risk of harassment at roadblocks for those who do not own a mask, also contributes to actively engage GBV survivors in the fight against COVID-19.

### Capacity building of inter-cluster teams on Protection and GBViE in COVID19 pandemic

UNFPA, in collaboration with the Protection advisory group, led the preparation and roll-out of a Webinar series targeting all clusters on Protection integration in COVID-19 response, aiming to disseminate global COVID-19 guidelines in the local context. The webinar series included sessions on Protection principles, Gender analysis, GBV, Child Protection, PSEA, MHPSS, and Disability. The sessions reached over 150 participants from the Food Security, Shelter, WASH, Nutrition, Education, Health and Protection clusters. In line with the new online and remote operations era, UNFPA as the ad interim Protection Cluster lead facilitated the creation of an online Protection tools repository folder accessible by all clusters.

### Challenges

- > When the COVID-19 crisis started in 2020, most GBV service facilities had limited capacity and equipment for COVID-19 prevention and infection control measures and this posed high risks of infection for both staff and clients. Access to GBV services was constrained due to movement restrictions for the most vulnerable, including in refugee camps;

- > The capacity of frontline responders in COVID-19 emergency phase to liaise and refer GBV survivors was limited, however, UNFPA supported programme was quick to implement virtual services and PPE to ensure continuity of services;
- > Introduction of new monetary measures eroded the purchasing power and values of many public service providers especially the Ministry of Health and Child Care- resulting in increased attrition rates. This has a direct negative impact in achieving programme targets;
- > Global PPE shortages and disruptions in goods movement created delays.
- > UNFPA global procurement channels' lengthy processes and the general constraints faced during the COVID19 lockdown, contributed to extremely delayed receipt of emergency supplies. This, in some instances, undermined the timely implementation of emergency response (e.g. CERF).



## Lessons Learnt

- > COVID-19 has deeply transformed the humanitarian and development sectors. UNFPA and Implementing Partners are realising that there is a need to progressively 'un-silo' the humanitarian-development nexus. Focus is now on progressively balancing emergency and development response in a complementary role. However, we appreciate that this calls for a coherent, cohesive and coordinated response, hence a need to invest in innovative catalytic emergency response and capacity development beyond 2020.
- > Enhancing the capacity of the UNFPA core Humanitarian team, with clearly defined roles and responsibilities, structured coordination platforms and team follow up was a key determinant to ensure the management of increased preparedness requirements and emergency response, including within the COVID-19 context.
- Programmes' adaptation to alternative emergency response modalities (mobile, remote, online) set a reinforced capacity of the Country Office through its implementing partners to respond to complex emergencies by ensuring continuation of essential service delivery in remote and hard to reach areas. Some notable examples include the scaling up of the mobile GBV One stop centre model, the inclusion of community cadres to integrated SRH/GBV surveillance among essential service providers, the enhanced coordination with IOM, WFP, and UNICEF for the distribution of FP supplies and delivery of mobile GBV services at food distribution points, water points, ports of entry.
- > Utilization of alternative procurement channels, including regional and local, was key in 2020 to ensure timely prepositioning of essential emergency supplies during COVID-19 lockdowns

### Musasa expands GBV hotline under Spotlight Initiative COVID-19 response

*"We had a client from Gokwe, who had been married for 4 years and had been experiencing physical abuse at the hands of her husband. At some point, she had miscarried due to the continued abuse. According to the client, she had heard about Musasa Project and its support for Gender Based Violence (GBV) survivors and had tried to reach out without success due to movement restrictions during the COVID-19 lockdown as well as mobile network challenges."*

*"During the lockdown period, survivors are unable to travel to access services at static facilities due to transport unavailability and because Musasa has expanded its hotlines, I am glad that survivors can now call in and access GBV services on the call. In the case of the client in Gokwe, soon after her call, we immediately contacted the Gokwe Shelter Matron who took her in, where she is now safe and receiving the appropriate services," says Musasa Project counsellor, Tsonga Gadaga says.*

*Since the beginning of the lockdown, on March 30th, 2020, the Musasa hotline registered over 75% increase in calls compared to pre-lockdown trends. 90% of cases assisted through the hotline are cases of intimate partner violence, which is increasing during this time, as survivors are locked down with their perpetrators, with little chances to get away and seek help.*

*In an effort to encourage and make it easier for women and girls seeking to report and access GBV services during and beyond the COVID-19 lockdown, the Spotlight Initiative has supported implementing partner Musasa*

*to expand its hotlines to include all local networks to enable everyone including those in 'remote areas' where a certain network reception may not be as strong or non-existent.*

*Musasa Project with support from the United Nations Population Fund (UNFPA) under the Spotlight Initiative recently expanded their hotlines with an additional 4 lines which are managed by specialized counsellors who provide remote psychosocial support through voice, text and/or WhatsApp – to survivors. Two of the extra 4 lines also provide dedicated remote PSS to GBV service providers and frontline care workers who, besides being there to assist others, may also face challenging times including overload and mental health distress in the pandemic context.*

*The text option in particular has demonstrated its efficacy for those cases where making a complaint call whilst sitting next to your perpetrator is not a choice. Sharon Matingwina, Musasa Project's Programs Officer says the expansion of the hotlines has strengthened the provision of essential services provided by Musasa during the COVID-19 lockdown where movement has been restricted.*

*"We only had one toll-free hotline – an Econet platform for survivors and those seeking GBV services, this was a disadvantage to other users who do not use Econet, for example in areas like Defe in Gokwe, the only network service available is Telecel. The introduction of hotlines on all available mobile networks will ensure that survivors can access services in the comfort of their*



homes and the privacy they deserve," Sharon says.

Musasa notes that while it may still be too early to make conclusions on the success of the hotline expansion, counsellors at the call centre have begun noting a change – an increase in calls from areas that were previously not part of the recorded areas. Between 1 April 2020 and 20 June 2020, Through the Spotlight initiative support, a total of 926 survivors have accessed the hotline and were provided with remote psychosocial support.

"I think it is much easier for clients to call the hotline using their own mobile phone eliminating discomfort normally associated with survivors who may be using someone else's phone to report abuse," Tsungai says, adding that "it is indeed quite a huge relief to know that everyone is now being covered."

GBV remains a huge problem in Zimbabwe with statistics indicating that it affects at least 1 in 3 women. The Ministry of Women Affairs, Community and Small and Medium Enterprises Development says COVID-19 lockdown and movement restrictions have worsened the risk of exposure to GBV as women and girls are in confined spaces with potential perpetrators. UNFPA and Musasa are making sure that the Spotlight Initiative, through the hotline, will continue to create platforms for women and girls to communicate their need for services.

The expansion of the hotline is funded by the Spotlight Initiative – a joint UN-EU initiative set up by the European Union to end the problem of GBV in Zimbabwe.

# Population and Development



# Population and Development

UNFPA supports the Government of Zimbabwe's capacity to collect, analyse and utilize population data at national and subnational level and to integrate population issues in development planning. Support was aimed at increased national capacity for the production and use of disaggregated data on population, sexual and reproductive health and gender-based violence which in turn, supports the formulation and monitoring of evidence-based policies, plans and programmes, including in humanitarian settings. Within the 7th Country Programme, UNFPA has provided support for the upcoming 2022 Census.

## Interventions

District level population projections were produced, published and electronically disseminated through the ZIMSTAT website (<http://www.zimstat.co.zw/population-2>). Physical dissemination in the provinces could not be done, due to COVID-19 lockdown measures. Data on population projections was used for planning and responding to the humanitarian crisis.

Census preparatory activities took precedence in the fourth quarter with the UNFPA providing technical and financial support. An advocacy and resource mobilisation roundtable meeting on the census, attended by several donors and other development partners, including DFID, EU and USAID, was convened by the Minister of Finance and Economic Development. A census publicity and advocacy strategy was developed. The budget, project document and census publicity and advocacy strategy,

which had been developed earlier in the year, were updated to take into account the effects of the COVID-19 pandemic which was declared in March 2020 and the new census dates announced in June of the same year.

A census field mapping coverage of 46% was achieved, against a target of 30 percent. This was despite the suspension of census mapping for seven months (from 24 March to 8 September) in response to the COVID-19 pandemic. Mapping coverage was 8% when the exercise was suspended, and the improved coverage by year-end was due to the deployment of 23 additional mapping teams when field mapping resumed in November 2020, as well as the use of satellite imagery. Census mapping resumed after the exercise was granted an essential service status by the Government of Zimbabwe. One field monitoring and supervision visit on census mapping was conducted to ensure quality of the work.

A GIS laboratory, fully equipped with 14 computers and one GIS software licence, was set up for updating the 2012 GIS cartographic database. UNFPA supported the procurement of two servers and their set up for use during the pilot Census. An Inter-Ministerial Technical Census Committee was established, and held two meetings to review and finalise the census questionnaire and manuals.

Resource mobilization and planning meetings for the 2020 ZDHS were held with USAID, Global Fund, ZIMSTAT and MOHCC. The survey was postponed at the end of the second quarter due to changes to the Population Census dates which were moved from 2022 to 2021. It was agreed that these two huge exercises, which were implemented by the same implementing partners, could not run concurrently. There were also safety and ethical concerns over



conducting the ZDHS in the midst of the COVID-19 pandemic. The strategy drawn from the capacity assessment of the UZ Centre for Population Studies aimed at providing short-term training courses on population issues to senior staff from government and stakeholder organisations was finalised. However, the planned two policy dialogues did not take place due to competing priorities and COVID-19 restrictions. The activity was carried forward to 2021.

A comprehensive assessment of GBV data collection tools and information management systems was successfully carried out and a report was produced. The report contained a harmonised GBV IMS framework which was being proposed for Zimbabwe. The findings of the report were presented to the Spotlight Initiative Inter-Ministerial Technical Committee as well as the M&E focal points of civil society organisations participating in the Spotlight programme. In order to operationalise the implementation of the findings of the assessment report, a recommendations matrix, showing actions to be taken, responsible parties and timelines, was developed and discussed with stakeholders. Technical support was provided to the ZIMVAC committee for the inclusion of a GBV module in the ZIMVAC rural and urban assessment questionnaires.

The positive collaboration between ZIMSTAT and the Registrar General's Office which began in the third quarter of 2019 concerning the supply of data on births and deaths was further strengthened in 2020. ZIMSTAT staff successfully manually extracted vital registration data (births, deaths and marriages) from the RG's records for the year 2015, and a draft report was produced and was at the validation stage when the year closed. A meeting was successfully held between ZIMSTAT and Provincial Registrars from the RG's Office to discuss challenges and

way forward in the production of vital statistics.

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## Challenges

- › The protracted COVID-19 induced suspension of the census mapping exercise, lack of adequate and appropriate vehicles and fuel challenges disrupted census preparations. In addition, the COVID-19 pandemic caused an escalation of census costs, as the census field and supervisory personnel for all the phases of the census (mapping, pilot, enumeration and post enumeration) have to observe the World Health Organisation (WHO) Guidelines of social distancing during training and field work, and also be provided with Personal Protection Equipment (PPE), such as face masks, gloves and hand sanitisers. To mitigate against these challenges, satellite imagery was used for census mapping while additional census field mapping teams were deployed and virtual methods of doing business, including training, were adopted;
- › Slow uptake of relevant ICT-based software and infrastructure support to promote continuity of business operations in a virtual space during the COVID-19 pandemic period by ZIMSTAT and other stakeholders hindered the implementation of some activities. Access to the web-enabled ZIMDAT and REDATAM databases was, as was the case in 2019, sometimes hampered by the intermittent ZIMSTAT website. This was despite ZIMSTAT having updated its website. ZIMSTAT continues to explore further solutions to this challenge.

## Lessons Learnt

- › There is need for stakeholders to adopt virtual methods of doing business, including the holding of meetings and trainings to minimise disruptions. In this regard, there is need to develop e-learning tools for census trainings and other operations.
- › There is need to readily adopt or embrace new technologies in census undertaking, which can greatly mitigate against disruption of census operations due to unforeseen events, such as the current COVID-19 pandemic. The adoption of a pre-Enumeration Area (EA) mapping tool and satellite imagery which were used by the cartographic staff of ZIMSTAT to delineate EAs while based in the office ensured continued census mapping despite the suspension of physical field work. Consequently, census mapping coverage had significantly increased by the time the suspension was lifted.
- › There is need to continuously explore, pilot and build national capacity in the use of innovative and alternative methods of conducting population censuses and other data collection exercises. For example, population registers or internet-based methods of collecting population data would have ensured little or no disruption to census activities even in the context of COVID-19. Likewise, the 2020 Zimbabwe Demographic and Health Survey (ZDHS) which was due to be conducted in the last quarter of 2020 would not have been postponed due to, among other factors, safety and ethical concerns over conducting the survey in the midst of the COVID-19 pandemic.

# Partnerships






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