



# 2021 Annual Report Zimbabwe

*Delivering for women  
and young people*

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**Zero** maternal deaths

**Zero** Gender Based Violence and harmful practices

**Zero** unmet need for family planning

**Zero** new HIV infections

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## Acknowledgement of donor support

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



Ambasáid na hÉireann  
Embassy of Ireland



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra

Swiss Agency for Development  
and Cooperation SDC



From  
the People of Japan



# 1.1 Foreword

In 2021, despite the COVID-19 pandemic and other challenges, UNFPA Zimbabwe continued to deliver for women and young people on the Sexual and Reproductive Health and Rights (SRHR) agenda with generous support from our partners. COVID-19 presented challenges but it also opened up new opportunities, innovations and allowed us to be more agile and think more broadly.

We made substantial investment towards ensuring continuity of maternal health and Gender Based Violence (GBV) service provision within the COVID-19 pandemic context and its associated socio-economic challenges. This was through strengthening existing and building new strategic partnerships and targeted interventions to reach the most vulnerable and address emerging issues.

Significant focus was given on strengthening capacity of health facilities to deliver services in particular the provision of emergency obstetric and neonatal care (EmONC). This included provision of lifesaving equipment such as anaesthetic machines, medicines and drugs, capacity building of health workers and strengthening of the referral system.

In addition, UNFPA would like to appreciate and acknowledge the support from funding partners and the Government of Zimbabwe towards ensuring reproductive health commodity security in the country. In 2021 through advocacy for domestic funding for contraceptives the Government of Zimbabwe made a financial contribution towards contraceptives procurement.

The COVID-19 pandemic increased women and girls risk to GBV and there was notable



Dr. Esther Muia  
UNFPA Zimbabwe Country Representative

increase in cases. Support was provided for the establishment of mobile one stop centers in hard to reach areas so that survivors can access comprehensive GBV services. To ensure that students continue accessing information on their SRHR, during the COVID-19 lockdown period, UNFPA and partners supported interactive radio programmes on Life skills, sexuality, and HIV and AIDS. Through the Youth Economic Empowerment programme young people's opportunities were expanded and at the same time they were equipped with the knowledge and skills to protect themselves and make informed decisions.

This report highlights these and other results UNFPA and partners achieved in promoting women and girls and young people's SRHR in Zimbabwe in 2021.

The year 2021 also marked conclusion of the 7th Country Programme of Cooperation with the Government of Zimbabwe. The 8th Country Programme will cover the period 2022 to 2026. It will focus on consolidating gains made, upscaling and accelerating efforts to improve the health and well-being of women and girls, young people, vulnerable and the marginalised in Zimbabwe.



For there is still unfinished business, in ensuring universal access to sexual and reproductive health and rights of women and girls in the country.

Our focus will be on accelerating efforts towards reducing maternal mortality and morbidity; ending unmet need for family planning; scaling our efforts on GBV prevention and response; expanding adolescents' and young people's opportunities including integrating youth economic empowerment in SRH interventions; data generation and analysis to inform policy and programming; HIV prevention with a focus on key populations, young people and PMTCT. The 8th Country Programme was developed in line with national priorities as stated in the National Development Strategy 1 (2021-2025) and the UN Sustainable Development Cooperation Framework (2022-2026).

I would like to acknowledge the various partners that continue to support our work – the Governments of Zimbabwe, Britain, China, Japan, Ireland, Sweden, Switzerland and the European Union, World Bank and the United States Agency for International Development.

As UNFPA Zimbabwe we remain committed to delivering for all the people of Zimbabwe, especially women and young people as we work towards:

**Zero maternal deaths**

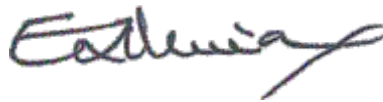
**Zero Gender Based Violence and harmful practices**

**Zero unmet need for family planning**

**Zero New HIV Infections**

We look forward to continued partnerships and collaboration to deliver on this great mandate in 2022 and beyond. It is my hope that you will find this annual report engaging as you read about the various efforts, successes, challenges and learnings we have recorded as a Country Office as we strive to reach women and young with critical SRHR and GBV services and information.

Sincerely,



**Dr. Esther Muia**

**UNFPA Zimbabwe Country Representative**



# 1.2 Strategic Partnerships and resource mobilisation

## Partnerships

The successful delivery of the UNFPA mandate in 2021 hinged upon the strong partnerships between UNFPA with the Government of Zimbabwe, funding partners and implementing partners. Overall the Country Office received US\$11.6million in 2021, of this amount US\$8.3 million was mobilized from both bi-lateral and multi-lateral funding partners and US\$3.3 was UNFPA's contribution.

### Funding Partners

Support was provided through joint initiatives such as the Health Development Fund funded by the European Union, Ireland, Sweden and Britain; the Spotlight Initiative funded by the EU; UNFPA supported regional initiatives namely Safeguard Young People programme funded by Switzerland and 2Gether4SRHR programme funded by the Sweden; and the Global Fund. UNFPA also received support to address GBV in humanitarian settings from the Embassy of Ireland and the ZIRP project with funding from the World Bank which is focusing on cyclone affected districts. Through support from the Government of China UNFPA strengthened EmONC services in cyclone affected districts. Support from the Government of Japan strengthened EmONC services in COVID-19 hotspots mainly covering central hospitals in the country. The UNPRPD, provided funding to support disability inclusion in programming. With support from UNHCR, support was provided towards the 2022 National Population Census and UNAIDS through the

UBRAF programme continued to provide support to ensure HIV prevention among key populations.

### Implementing partners

UNFPA with technical and financial support from development partners worked in partnership with government ministries, civil society organizations, and non-governmental organizations to promote women and girls' access to and utilization of sexual and reproductive health services. The government partners are Ministry of Health and Child Care, Ministry of Women Affairs, Gender, Small and Medium Enterprises Development, Zimbabwe National Family Planning Council, Zimbabwe Youth Council, National AIDS Council, City of Harare, Ministry of Primary and Secondary Education, Judicial Services Commission and the Zimbabwe National Statistics Agency.

Non-governmental organisations and civil society organizations played a crucial role in linking interventions with vulnerable women and girls and making it possible to reach the furthest. These include Musasa Project, Plan International, Students Working on RH Action Team, World Vision, FACT, Centre for Sexual Health and HIV AIDS Research Zimbabwe, Adult Rape Clinic, Family Support Trust, Sexual Rights Centre and Gays and Lesbians Zimbabwe.

# 1.3 Country context

## 2021 Zimbabwe's Population Estimate: **15.8 million**



Zimbabwe's population was estimated at 15.8 million in 2021, and was projected to grow to 19.3 million in 2032. Two-thirds of the population lives in rural areas while 52% are female. The population is young with 61% below the age of 25. About 9% of the population has a disability. According to the 2021 Sixth Round Rapid Poverty, Income and Consumption Expenditure Monitoring Telephone Survey, 43% of the population is considered extremely poor while 9% of households live in extreme food insecurity. The poverty and food insecurity situation was an improvement compared with 2020. The Zimbabwe HRP 2021[1] indicated that 6.8 million people were in need of Humanitarian assistance in 2021. Despite receiving above average rainfall during the Oct 2020-March 2021 rainy season, the June 2021 Zimbabwe Vulnerability Assessment Committee (ZIMVAC) report estimated that at the peak of the next drought season (Jan-Mar 2022), 27% of households (2.9 million people), will be food insecure nation-wide. [2]

Zimbabwe's real GDP which was estimated to have cumulatively shrunk by 11% in 2019 and 2020 due to the disruptive impact of the COVID-19 pandemic, structural deficiencies, and impact of climatic shocks (Cyclone Idai and recurrent drought), was projected to rebound to 8% in 2021.

Annual inflation rate steeply declined from 349% in December 2020 to 61% in December, 2021. However, the economic and business environment remains depressed and fragile and has also led to a decline in social indicators. The economic instability is affecting country's poorest, with high local currency volatility [3] and the consequent and continuous price increases, contributing to unaffordability of basic goods.

COVID-19 and the protracted national lockdowns had a negative socio-economic impact on the informal economy which represents approximately 90% of Zimbabwe's employment sector and it continues to further trigger negative coping mechanisms by a population already heavily plagued by other crises.

The country's health system continued to face a plethora of challenges in 2021, including lack of financial resources, declining health worker morale, and poor working conditions, which pose a high risk to the delivery of quality health services to the population, particularly women, children, and other vulnerable populations. This was further exacerbated by the COVID-19 pandemic which disrupted the provision of and access to essential SRH services, including maternal health.



## Programme focus for 2021



### Maternal Health

Maternal mortality ratio in Zimbabwe is high and it is estimated at 462 deaths per 100,000 live births (MICS, 2019). This is despite the high coverage of institutional deliveries and skilled birth attendants, at 86% (MICS, 2019). Institutional maternal mortality ratio which was decreasing from 2015 and 2019, has begun increasing since 2020. A number of factors including poor quality of services, impact of COVID-19 pandemic on a fragile health system, underfunding of the

health sector and brain drain of health workers has contributed to this. In 2021, UNFPA's focus was on ensuring the continuity of essential maternal health services and emergency obstetric and neonatal care (EmONC). Health facilities were supported with lifesaving equipment such as anaesthetic machines; ambulances to strengthen the referral system; and capacity building of clinical and non-clinical staff in EmONC

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**Mortality ratio  
estimated at:  
462 deaths  
per 100,000 live  
births**

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### Family Planning

Zimbabwe has a contraceptives prevalence rate of 66% which is one of the highest in Africa. The unmet need for family planning among all married women is at 10% and in comparison that for adolescents is higher at 12.6%. Adolescents have poor access to comprehensive SRHR and HIV services, partly due to stigma, low risk perception resulting in high incidences of teenage pregnancies and HIV. Despite the high contraceptives prevalence rate, family planning commodity security in Zimbabwe is under threat as the procurement and supply chain management are largely donor

funded. About 8million is required annually to ensure access to family planning and an additional 8million for condom requirements.

In 2021, UNFPA with funding from the HDF, the UNFPA Supplies Programme and the 2Gether4SRHR programme procured contraceptives and reproductive health commodities for approximately US\$4million. Health facilities and health workers were also capacitated to provide integrated SRHR and family planning services.

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**Contraceptives  
prevalence rate:  
66%**

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### 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. In 2021, UNFPA provided support towards preparations of the 2022 Population and Housing Census. Support was focused

on the production and use of disaggregated data on population, sexual and reproductive health and gender-based violence. This, will support the formulation and monitoring of evidence-based policies, plans and programmes, including in humanitarian settings.



## Gender Based Violence

Gender Based Violence (GBV) 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 with the share of women aged 20-24 married or in a union before age 18 at 34% according to the 2019 MICS. In close collaboration with the Ministry

of Women Affairs, Community, Small and Medium Enterprise Development (MOWACSMED) and Non-Governmental Organisations, UNFPA continued to promote GBV prevention and response through supporting community-based mechanisms for social norms shifting and behaviour change; and improving the availability and accessibility of essential GBV services including enhancing the referral pathway and timely reporting.

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**49.4% of married adolescent girls and women (15-49 years) have experienced GBV.**

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## HIV

Zimbabwe continues to make progress towards the global goal of ending AIDS by 2030. Latest results from the final draft HIV estimates report for 2021 indicates that Zimbabwe has surpassed the 90-90-90 targets, and is on the pathway to achieve the newly adopted 95-95-95 targets, with viral suppression slightly lagging behind but also improving and benefiting from increased viral load testing.

However, there remain disparities across age and gender. The estimated HIV incidence for adolescent girls and young women (AGYW) aged 15-24 years currently stands at 0.8%, more than three times the national

average. HIV prevalence among AGYW at 9% is more than twice as high than among their male counterparts. The increase in teenage pregnancies in the wake of COVID-19 induced school closures and economic decline will further compromise progress on HIV elimination especially among adolescent girls. Intersecting vulnerabilities such as disability or engaging in sex work or being a member of the LGBTI community further exacerbate HIV risk. The focus in 2021 was on strengthening programmes and interventions targeting these highly vulnerable groups.

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**HIV Prevalence among AGYW (9%) is more than twice as high than among their male counterparts.**

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## Humanitarian

Protection risks have been heightened by the deteriorating Zimbabwean multi-hazard context. According to the 2021 Humanitarian Needs Overview, 2.3 million women, girls, men and boys were at risk of GBV in 2021. Access to GBV risk mitigation and response services remains constrained. In 2021 UNFPA continued to ensure access to life-saving GBV and SRH services with a focus on COVID-19 hotspots and cyclone Idai affected districts. Key interventions included scaling up mobile service delivery in remote and hard to reach areas, enhancing

community-based risk mitigation mechanisms and resilience building, including women's economic empowerment. UNFPA in coordination with the Ministry of Women Affairs continued to lead the GBV sub-cluster, providing technical support to all GBV sub-cluster partners. Together we managed to advocate for the positioning of GBV services among essential services in humanitarian situations, including during COVID-19 lockdowns.

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**2.3 million**  
**people were at**  
**risk of GBV**  
**according to the**  
**2021 Humanitarian**  
**Needs Overview.**

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## Adolescents and Youth

Key challenges faced by adolescents in Zimbabwe include high rates of teenage pregnancy, Sexually Transmitted Infections (STIs) including HIV, unsafe abortions, GBV and lack of access to Sexual and Reproductive Health and Rights (SRHR) and information services. At least 22% of adolescent girls have begun child bearing with the rate higher in rural areas (27%) than urban areas (10%). Data from the Health Management Information System (HMIS) shows a concerning sharp increase of 35% in the number of adolescents below the age of 16 years who fell pregnant and visited health facilities for Ante-Natal Care (ANC) services between 2020 and 2021.

UNFPA's support in 2021 focused on empowering adolescents and young people aged 10-24 years with knowledge and skills to protect themselves and make informed decisions when faced with these challenges. This included technical and financial support towards development of youth inclusive policies, engagement and capacity building of youth networks in legislative processes, capacity building of schools and tertiary institutions to deliver Comprehensive Sexuality Education (CSE), engagement of young people through social media, and economic empowerment initiatives implementation.

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**22%**  
**adolescent girls**  
**have begun child**  
**bearing.**  
**27% Rural**  
**10% Urban**

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Towards  
**Zero**  
Maternal  
Deaths





# Towards Zero Maternal Deaths

## Context

- High maternal mortality ratio of 462 deaths per 100,000 live births (MICS, 2019).
- High staff attrition in the Health Sector in particular experienced nurses, midwives and doctors.
- 86% skilled attendance at birth
- Increasing institutional maternal mortality from 93 per 100,000 live births in 2018 to 122 per 100,000 live births in 2021
- Age-standardized incidence rate of cervical cancer at 62.3 per 100,000 women, which is three times the global average.

In 2021 access to and utilisation of maternal health services continued to be affected by COVID-19 lockdown measures during the peak periods and due to shortages of staff a to the high attrition of health workers. A total of 2,500 health workers resigned from the health sector in 2021 and about 66% of the resignations were by nurses or midwives. This left newly qualified nurses and midwives running health facilities in some areas; these new staff members required capacity building in Emergency Obstetrics and Neonatal Care (EmONC).

## Interventions

UNFPA continued to support the Government of Zimbabwe through the Ministry of Health and Child Care to provide maternal health services in the context of COVID-19 and shortage of health workers. The Health Development Fund (HDF) and other partners including the Governments of China and Japan provided support to ensure the continuity of essential Reproductive,

Maternal, Newborn and Child and Adolescent Health (RMNCAH) and towards strengthening the referral system to improve pregnant women's access to maternal health services. Key highlights include the following:

- Supporting readiness of selected health facilities to provide emergency obstetric and neonatal services within the COVID19 context
- Capacity building of health workers including clinical mentorship and on-the-job training. These were conducted at all levels of care with periodic training as more health workers continued to leave public health facilities
- Development of an e-learning system for midwives started in 2021
- Improving quality of care through maternal and peri-natal deaths surveillance and response (MPDSR)
- Strengthening commodity security to facilitate provision of reproductive health services, including last mile assurance
- Support for cervical cancer prevention continued in 2021. There was a 58.2% increase in the number of women screened (220,678) for cervical cancer in 2021 compared to 2020, where 139,493 were screened against a target of 70,000. The treatment rate for cervical pre-cancer increased from 70% in 2020 to 84% in 2021. An increased number of partners (CHAI, OPHID, FHI360, PSI, PSZ, Zim-TECH, MSF,) are supporting screening for cervical cancer, demonstrating the long-term benefits in initial investment in supporting the public health sector expansion of VIAC screening and treatment through the Integrated Support Programme and Health Development Fund.



## Achievements

- A total of 741 health workers were trained in emergency obstetric and neonatal care.
- Equipment and lifesaving maternal health medicines were procured and distributed to 81 facilities affected by Cyclone Idai in Chipinge and Chimanimani districts.
- Five central hospitals were provided with equipment that included anaesthetic machines and multipara monitors to facilitate provision of comprehensive emergency obstetric and neonatal care to support the setting up or strengthening of the provision of maternity services in the COVID-19 red zones.
- Life saving medicines such as oxytocin and magnesium sulphate, were also procured for the national pipeline and used by about 1,600 health facilities providing delivery care (Can we have a photo of the HDU unit at Sally Mugabe set up with equipment procured under the Japanese project)
- Targeted clinical mentorship and on-the-job-training to strengthen delivery and post-delivery care, including management of emergency obstetric and neonatal care was also provided at selected facilities in Midlands, Matabeleland North, Mashonaland West and Mashonaland East Provinces. This was based on MPDSR audit reports and other identified gaps from the provinces.
- Development of an e-learning system for midwives was started in 2021. The system will facilitate a blended learning approach and also help mitigate the negative impact of the high attrition of midwives and nurses the country is experiencing. Full deployment of the system is expected in 2022.
- The support provided for training, equipment and sundries, contributed to the high coverage of EmONC services in 2021. According to the Vital Medicines Availability and Health Services Survey (VMAHS) conducted in the last quarter of 2021 at least 91,67% (n=55) of the district hospitals had capacity to provide Comprehensive Emergency Obstetric and Neonatal (CEmONC) services. Caesarean section rate increased from 14.6% in the first quarter of the year to 17.82% in the last quarter of 2021.
- Refurbishment of three maternity waiting homes at Chipinge District Hospital, Mutambara Mission and Birchenough Bridge District Hospital was done, as part of support to districts affected by Cyclone Idai. Maternity waiting homes provide a setting where high risk women, and those staying far from the hospital, can be accommodated during the final weeks of their pregnancy near a hospital with essential obstetric and neonatal care facilities
- As part of strengthening the referral system, a total of eight ambulances were procured. An ambulance crew of 23 personnel was also sensitised on “EmOC for Support Staff” and monitoring patients in transit. (Can we have a photo of the ambulances procured under the Japanese project)

- The key medicines or commodities procured by UNFPA in 2021 included oxytocin, magnesium sulphate, calcium gluconate and contraceptives. The results for the quarter 4 Vital Medicines Availability and Health Services Survey showed that oxytocin, magnesium sulphate and gentamicin were the most available drugs with the least stock-outs. Stock-out rates for oxytocin were consistently less than 5%. Oxytocin plays a critical role in managing bleeding during delivery. Haemorrhage is the leading direct cause of maternal deaths in Zimbabwe.
- Use of contraceptives also had a significant impact in 2021. About 1,920,000 women in Zimbabwe were using modern contraceptives in 2021. According to an analysis done by the FP2030 a total of 690,000 unintended pregnancies were prevented, 172,000 unsafe abortions and 2400 maternal deaths averted due to the use of family planning in 2021. The contraceptives in use in the public sector in Zimbabwe were procured through UNFPA.

***More details on the key activities supported under family planning service provision are contained in the Family Planning section***

## Challenges

- High staff attrition within the health sector remains a challenge. About 70% of health workers resigning in the health sector are nurses or midwives. In addition, most of the staff leaving are the most experienced. This affects provision of quality services.
- Maternal deaths audits conducted show that the major contribution is the third delay which is the delay in providing quality services. This is one of the most tragic issues in maternal mortality. In most instances, women who die in childbirth experience at least one of the three delays. The first delay is in deciding to seek care for an obstetric complication. This may occur for several reasons, including late recognition that there is a problem, fear of the hospital or of the costs that will be incurred there. The second delay occurs after the decision to seek care has been made. This is a delay in actually reaching the care facility and is usually caused by difficulty in transport, poor roads and so on. Then comes the third delay in obtaining care at the facility.
- There are gaps in the provision of and access to reproductive health services during emergencies. Data from the health management information system showed a significant decrease in the numbers accessing reproductive health services, particularly during the COVID-19 peaks experienced in Zimbabwe. This shows the fragility of the health system.
- Funding for reproductive health, particularly commodities, is heavily donor dependent. There is a need for advocacy and exploration of innovative means to increase domestic funding.

## Focus for 2022 and beyond

- Contribution to efforts aimed at strengthening human resources for health is critical. A health labour market analysis is being undertaken by the government with support from World Health Organisation and partners. UNFPA will contribute to this exercise and also use results from the analysis to support government strengthen production, deployment and retention of midwives as part of mitigating measures on the negative impact of the brain drain in the health sector
- Strengthening provision of reproductive health services during emergencies - COVID-19 has exposed the fragility of the health system. Mainstreaming the Minimum Initial Service Package for Reproductive Health during emergencies will be done within the context of health systems strengthening efforts.
- Continue supporting continuous quality of care improvement initiatives aimed at strengthening delivery and post-delivery care. Maternal and perinatal death surveillance and response will be supported. Focus will be on strengthening the “response” aspect which is currently the weakest link in the surveillance loop. Innovative and cost effective approaches, for example scaling up of e-learning, capacity building will also be supported as part of quality improvement. This will help mitigate the brain drain and support a consistent production line for midwives.
- Advocacy for increased funding for reproductive health





## Critical support contributing to ending maternal deaths

*Birchenough Bridge Hospital is named after the iconic bridge that spans the Save river. The hospital complex is nestled a stone's throw away from the bridge, near the main highway that connects Chipinge and Buhera districts. On one side there is a rural community butting up against the fence separating the mothers' waiting home and on the other side is a thriving market, teeming with traders and stray livestock. Officially, Birchenough Bridge is in Buhera district, serving a catchment area of 18,000, but because it is at the southern tip of the district, at the meeting point of Buhera, Chipinge, Bikita and Chimanimani it has to serve a much larger population.*

*The maternity department is the department that is under the most strain, especially after Cyclone Idai, which damaged infrastructure at health centres across the Chipinge, Chimanimani and Buhera districts.*

*"Looking at maternity services, they range from 180 to 200 deliveries per month. Mothers are supposed to stay at the hospital for 3 days post-delivery, but our maternity ward can only accommodate eight mothers. We have theatre services and after caesarean section, someone can stay five to seven days. With a capacity of eight, it means we cannot keep them for three days. We have to discharge earlier," Nicholas Sithole, Matron at the hospital explains.*

*The Maternity Waiting Home is another area that is operating beyond its capacity. Designed to accommodate 15 mothers, the waiting home is bursting at the seams with 8 to 10 mothers forced to squeeze into rooms designed for 3 or 4 people.*

*The Health Assistance Project for Women and Girls Affected by Tropical Cyclone Idai in Zimbabwe has been able to address some these challenges that plagued maternity departments in the Cyclone Idai affected areas. Under the programme which is being implemented by UNFPA and the Ministry of Health and Child Care the Government of China supported necessary infrastructure upgrades and refurbishments at Maternity Waiting Homes such as at Birchenough Bridge district hospital. In addition, the programme supported training of health professionals in Basic Emergency Obstetric and Newborn Care (offsite and on the job training) and provided essential lifesaving medicines and equipment. Birchenough Bridge Hospital is was one of 81 health centres that have received assistance through the project.*

*Maternal mortality remains very high in Zimbabwe. At least 8 women die every day due to pregnancy related complications. It is such life-saving support from the Government of China that has been the difference between life and death for many women in the cyclone affected districts of Zimbabwe. -*

***By Ben Mahaka***

A close-up photograph of a woman with dark skin and a patterned headwrap, looking directly at the camera. She is holding a newborn baby wrapped in a light green towel. The baby is wearing a white and pink striped onesie and a white headband. The background is slightly blurred, showing a window and a white wall.

Towards  
**Zero**  
unmet need  
for family  
planning





# Towards zero unmet need for family planning

## Context

- High unmet need for family planning among all married women at 10%. This is higher among adolescents at 12.6%.
- 66% contraceptive prevalence rate for modern methods.
- Despite improved uptake of long-acting reversible methods like implants the method mix remains skewed towards short-acting methods like oral contraceptives and depot injections
- Uncertain funding situation for contraceptive commodities as a result of global funding cuts

In 2021 access to and utilisation of maternal health services continued to be affected by COVID-19 lockdown measures during the peak periods and due to shortages of staff and to the high attrition of health workers. A total of 2,500 health workers resigned from the health sector in 2021 and about 66% of the resignations were by nurses or midwives. This left newly qualified nurses and midwives running health facilities in some areas; these new staff members required capacity building in Emergency Obstetrics and Neonatal Care (EmONC).

## Interventions

In 2021, the family planning programme focussed efforts on ensuring continuity of family planning and other SRHR services in the face of the COVID-19 pandemic and the emerging contraceptives funding gap. Focus was largely on strengthening capacity of health institutions and service providers to provide quality integrated family planning services; strengthening community systems

for demand generation; family planning commodity security and strengthening the procurement and supply chain management system

## Achievements

### Reproductive Health Commodity security

With funding from the HDF, UNFPA Supplies and Joint Sexual and Reproductive Health Fund, UNFPA managed to procure contraceptives and maternal health commodities for approximately US\$4million for national distribution through National Pharmaceuticals (NATPHARM). Sustained advocacy with government and political decision makers resulted in the renewed establishment of a budget line for family planning commodities in the national budget. A first order for family planning commodities was placed in the first quarter of 2022. UNFPA successfully supported the bi-annual essential maternal health and family planning commodity forecasting and quantification exercise.

According to the fourth quarter 2021 Vital Medicines Availability and Health Services Survey, the availability of contraceptives was good. The proportion of health facilities with stock outs for combined oral pill, progesterone only pill, injectables, emergency contraceptives and implants were 1,34%, 1,41%, 2,01%, 12,4% and 1,48% respectively. The highest stock out rate was for emergency contraceptives. High dose combined oral pills can however be used as emergency contraceptives in such instances. For the low stock outs to be maintained assured funding for contraceptives is critical. Availability of contraceptives sometimes fluctuates based on availability and timing of funding.

## Service Delivery

Family planning method mix was expanded to include the Sayana Press, a new contraceptive method which was introduced in 3 provinces. A total of 336 service providers were sensitised on its administration including counselling of clients. Three additional provinces will be phased-in and will begin introducing the Sayana Press in 2022.

The proportion of health facilities (hospitals and clinics) providing implants progressively increased from 83% in the first quarter to 96% in the fourth; whilst hospitals providing IUCDs followed a similar trend; progressively increasing from 90% to 93% in the last quarter, against a target of 90%. A total of 20,238 IUCD insertions and 128,038 implant insertions were provided in 2021.

Forty (40) district mentors were trained using a hybrid family planning training which involves self-learning from pre-recorded electronic modules followed by clinical mentorship. This was developed in 2020 as a way to mitigate the impact of COVID-19 travel restrictions. The district mentors will facilitate training and mentorship of health care providers at sub-district level. This is in line with the Ministry of Health's plans to move from workshop-based trainings to on-the-job training. It will also assist in providing a cost effective way of mitigating the impact of the current staff attrition being experienced.

Provision of family planning services through outreach was stepped up in 2021 to complement service provision from static health facilities, whose access was negatively affected by COVID-19 travel restrictions.

Five thousand (5,000) family planning guidelines and 20,000 registers were printed and distributed to health facilities.

The guidelines provide standards in family planning service provision.

## Demand generation

Family planning IEC materials were translated into 5 minor vernacular languages - Tshangani, Venda, Tonga, Nambya and Kalanga. Subject to availability of resources, these will be printed for wider distribution in 2022.

## Challenges

- There are gaps in the provision and access of family planning services during emergencies. Data from the health management information system showed a significant decrease in the numbers of women accessing family planning services, particularly during the COVID-19 peaks experienced in Zimbabwe.
- Funding for contraceptives remains mostly donor funded. This threatens commodity security. The government has however, established a budget line for contraceptives and the first batch of contraceptives to be procured by the government, in a long time or many years is expected in 2022. An unforeseen side effect of the improved agricultural season was the negative impact on distribution capacity for condoms and IEC materials resulting from a much reduced footprint of the World Food Programme. This partnership uses existing food aid deliveries to distribute both condoms and SRH IEC materials to communities. This however, resumed in the last quarter of 2021, but overall distribution was reduced by approximately 30%

## Lessons Learnt

E-learning is an important innovation in the face of COVID-19 restrictions on movement and physical meetings. In resource constrained settings such as in Zimbabwe, it may however not work optimally because of limited connectivity and access to smart phones.

## Focus for 2022 and beyond

- There will be continued advocacy for increased domestic funding for family planning in order to strengthen commodity security. Currently funding for contraceptives is donor dependent.
- Innovative ways to reach adolescents with family planning services and improve their access to contraceptives. Teenage pregnancy rate remains high. Antenatal care data from the health management information system points to an increase in teenage pregnancy experienced with the onset of COVID-19
- There is need to strengthen service provision for family planning during emergencies
- Integrating of family planning services in maternal health and SRHR programmes is important to widen access to services.





# Towards **Zero**

Gender Based  
Violence and  
Harmful  
Practices





# Towards Zero Gender Based Violence and Harmful Practices

## Context

- 39.4% women and adolescent girls aged 15-49 have experienced physical violence (MICS, 2019), 11.6% have experienced sexual violence.
- 49.4% of ever married women and adolescent girls aged 15-49 having experienced some form of emotional or physical, or sexual violence committed by their current or most recent husbands/partner (MICS, 2019).
- 34% of women aged 20-24 were married or in a union before age 18.

The protracted socio-economic impact of the Covid-19 pandemic, drought and economic instability heightened protection risks, including the risk of exposure to GBV and child marriage. In 2021, a 16% increase of GBV calls was recorded through the national GBV hotline, compared to the same period in 2020 and a 74% increase compared with the same period in 2019. GBV remains largely under-reported due to a number of factors such as economic dependence on the perpetrator (90% of cases were intimate partners), fear of stigma and unavailability of essential services.

In order to prevent, mitigate and respond to GBV, UNFPA continued to work closely with the MOWACSMED, sister UN agencies and CSOs towards increasing the availability and utilization of GBV services by survivors. Focus was also on reducing risks and shifting perceptions among targeted communities, by enhancing the development-humanitarian-peace nexus approach and inter-sectoral integration of GBV response, reaching the most vulnerable including in remote and hard to reach areas.

## Interventions

- Provision of multi-sectoral services for GBV survivors including in humanitarian settings. Interventions include community GBV shelters, static and mobile One Stop Centres, and GBV clinics.
- Strengthening the GBV referral pathway.
- Community-based interventions for social norms shifting and behaviour change

## Achievements

### **GBV service provision (Shelters, One Stop Centers, GBV clinics)**

The main support to GBV essential services focused on static One Stop Centres (OSC), safe shelters and GBV clinics.

- At least 35% of Sexual Gender Based Violence (SGBV) survivors reported within 72 hours, against a target of 33%. This shows how community sensitization combined with enhanced accessibility of SGBV services can positively contributed to timely reporting and access to Post Exposure Prophylaxis (PEP).
- A total of 4,886 survivors accessed the 11 UNFPA supported shelters surpassing the annual target of 3360.
- At least 15,303 survivors received services at static OSCs, this was above the target of 14,000 survivors.
- A total of 20,463 women (15,148) and girls (5,315) managed to access the essential services package across the different interventions at supported sites against a target of 19,100. Of these 328 were women with disabilities



- Provided support to Bubi and Gutu GBV community shelters to facilitate physical access for persons with disabilities under the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD). Bathroom facilities, the outside environs as well as the entrances were renovated and are now more physically accessible.

### **GBV Information Management System (GBVIMS)**

In 2021 Zimbabwe was selected among three countries for the pilot roll out of the Global GBVIMS+ in 2021/2022. The MoWACSMED in its GBV Coordination lead role, is supporting the preliminary phases of the roll out. Five service providers including GoZ and CSOs directly providing GBV case management services have been identified to participate in the pilot phase, which includes training of the selected providers on the context adapted GBVIMS+ tools and system utilization. The pilot phase will continue in 2022.

### **GBV response in Humanitarian settings**

In 2021, UNFPA scaled up interventions to ensure access to essential GBV services, risk mitigation and resilience building within the multi-hazard context, in line with the Humanitarian Response Plan 2021, and through the following interventions:

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

In 2021, mobile OSCs were operational in 16 out of the 65 Zimbabwe districts and a total of 14,748 survivors accessed services across all operational districts. The mobile OSCs were especially effective in reaching survivors in hard to reach areas

Mobile OSCs, allowed survivors to access essential and multi-sectoral GBV services including medical, psycho-social support, paralegal assistance and police services where required. As part of medical services, mobile OSCs provided clinical management of rape services including the provision of post rape kits administered by trained nurses. Referrals to a higher level of care, including GBV community shelters, were also provided, while dignity kits and family planning supplies (condoms, contraceptive pills) are distributed to survivors who need them. The mobile OSCs services were provided by multi-sectoral teams which included specialised GBV counsellors, nurses, Victim Friendly Unit officers and para-legal officers.

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

Safe spaces for women and girls is a globally recognized model for GBV risk mitigation. In Zimbabwe UNFPA introduced the model in 2020, through adaptation of the global model to the drought context. Safe spaces provide a safe and friendly environment for women and girls to socialize, rebuild their social networks, receive peer support, and acquire contextual skills and capabilities for livelihoods.

In 2021 safe spaces were established in Marange, Bubi, Mutasa, Makonde and Hurungwe as part of the GBV response in humanitarian settings. A total of 7,867 women accessed the safe spaces benefiting from multiple services that include psychosocial support, life skills and livelihoods activities.

The safe spaces were established based on community involvement and ownership for sustainability and were managed by Behaviour Change Facilitators (BCFs) who also provided oversight to the activities rolled out in the safe space.

They acted as an information centre where BCFs provided information on SRHR, HIV and GBV including the GBV referral pathways to the women and girls. Safe spaces were also critical entry points for referrals of GBV survivors to static and mobile services. This was done in close coordination with mobile OSCs teams and the community surveillance system.

The MOWACSMED and district structures have supported the safe spaces livelihoods and will continue to provide oversight when the programme ends.

### **GBViE Community based surveillance**

GBV surveillance was conducted in 17 districts and through GBV surveillance and outreach, over 1.5 million people were reached with community sensitization on integrated SRHR/HIV/GBV through BCFs. Of these 902,310 are female; 663,027 are male and 18,395 were people living with disabilities.

A pilot of the E-GBV surveillance was conducted through the development of a E-GBV surveillance app. BCFs use the app to send case information directly to service providers, through Short Message Service (SMS) and WhatsApp alerts. This has facilitated reduced timelines for the referral process.

Community based GBV surveillance enhanced the dissemination of information on essential life-saving services, worked as a tool to conduct GBV risks assessments and for timely referral of GBV survivors to services in remote and hard to reach areas.

UNFPA supported community based GBV surveillance through an existing network of trained BCFs who worked closely with GBV service providers to enhance referrals to all

relevant and appropriate GBV services, both static and mobile.

### **Dignity kits stockpiling and distribution**

A total of 12,264 dignity kits were procured and distributed in 2021, including the humanitarian response plan and COVID-19 response. The dignity kits included toiletries, sanitary ware and a local multi-purpose cloth wrapper ("Zambia"). UNFPA coordinated with other cluster lead UN agencies, implementing partners and CSOs on warehousing, transport and distribution.

### **GBV Sub-Cluster coordination**

In 2021, UNFPA continued to play its lead role as the GBV sub-cluster coordinating agency, by providing technical guidance to GBV sub cluster partners, protection cluster partners and inter-cluster team to respond to GBV in emergency and humanitarian situation throughout the multi-hazard context. This included:

- Led advocacy efforts in coordination with the Ministry of Women Affairs (co-lead of the GBV SUB cluster) to ensure continuous recognition of GBV services as an essential service within COVID-19 and related national lockdown.
- Supported the adaptation of the Inter Agency Standing Committee guidelines for integration of GBV risk mitigation interventions into humanitarian action during the COVID-19 response.
- Coordinated the referral pathway review and adaptation, GBV digital messaging harmonization, to ensure effective communication and visibility of GBV trends and needs.

- Strengthened partnerships within the humanitarian community, including UN sister agencies, clusters, Government of Zimbabwe and donors, for GBV response in humanitarian.
- In coordination with UNICEF global and country teams an E-Referral Pathway (E-RPW) App was introduced and preliminary assessments and stakeholder consultations were conducted. The E-RPW app aims at digitalizing the regular service mapping exercise conducted as part of the core functions of the GBV Sub Cluster coordination, and will provide an interactive platform for all GBV service providers in Zimbabwe to update information on service availability and accessibility, including during acute crises. Development of the app prototype and its testing is planned for early 2022, and the official launch is expected mid-2022.
- In collaboration with OCHA and the inter-cluster coordination group, UNFPA facilitated a session on GBV in emergencies risk mitigation and response within the Zimbabwe Department of civil protection organized contingency planning national workshop. The session included sensitization on GBV risks, risk mitigation mechanism, Referral pathways, PSEA. It reached 220 participants from the Food Security, Shelter, WASH, Nutrition, Education, Health and Protection clusters.

[1] 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.

## Challenges

COVID-19 national lockdowns hampered GBV static services accessibility especially in remote and hard to reach areas. Limited availability of funding negatively impacted the scale of support for GBV in emergencies. As a result, 2021 Humanitarian response plan targets were in some instances not fully achieved.

## Lessons Learnt

- Complementarity and adaptation of existing GBV programmes to evolving humanitarian needs, as well as leveraging on community workforce operating in coordination with other sectors' cadres was crucial to address funding limitations for emergency response. It contributed to ensuring adequate population reach despite reduced funding for GBV response.
- Within the COVID-19 "new normal" programmes' adaptation to alternative emergency response modalities (mobile, remote, online) continued to be key in order to ensure continuity of programme implementation, and to respond to complex emergencies by ensuring continuation of essential service delivery, including in remote and hard to reach areas.
- Inter-agency coordination remained paramount to ensure integration of GBV risk mitigation across all sectors of development and humanitarian action, including to enhance advocacy efforts for the recognition of GBV services among essential services and to ensure service access during acute crises.
- Utilization of alternative procurement channels, including regional and local, was key in 2021 to ensure timely prepositioning of essential emergency supplies during COVID-19 lockdowns



## Focus for 2022 and beyond

- Enhancing access to essential, life-saving GBV information and services, including in remote and hard to reach areas, and through the design of an enhanced GBV/SRH service integration model for mobile service delivery.
- Enhancing community-based GBV surveillance through scaling up of innovative digital solutions for reduced referral process time lag.
- Strengthening GBV case management, through the harmonisation of National GBV Case management guidelines and capacity of case managers, in line with the Global GBVCM guidance.
- Scaling up GBVIMS+ roll out through expansion of the pilot to additional service providers on a national scale.
- Intersectionality, stigma and discrimination awareness raising and capacity building activities targeting both rights holders and duty bearers to ensure people with disability are not left behind.
- Scaling up resilience and the development-humanitarian nexus will remain critical within the protracted climate change response.



“...I couldn’t make a police report as I had no one on my side”

*Twenty four old Loveness\* (not her real name) from Zvimba, Mashonaland West province, vividly remembers the night her father snuck into her room when she was only 16 and raped her. Even though she got justice eight years later, she says the road has been arduous and treacherous.*

*“When my father raped me, I was in form three and I fell pregnant as a result of the assault. He threatened me saying if I told anyone about what had happened, he would kill me. I was afraid, I couldn’t tell anyone,” said Loveness.*

*“The morning after the rape encounter, I told my aunt about what had happened to me. She started shouting at me, telling me that if I reported to the police, I would be homeless and destitute. Because of that, I couldn’t make a police report as I had no one on my side.”*

*Loveness delivered her baby soon after writing her Ordinary Levels. Owing to the complicated nature of her case, it took her long before her father was arrested. This was after her uncle and his wife got to understand what had happened to Loveness and they reported the case to traditional leaders in the area. After gathering facts from Loveness’ story, the traditional leaders summoned her father to their traditional court where he denied the allegations. With the support of traditional leadership, her aunt and uncle, Loveness went on to report the*

*issue to the police leading to her father’s arrest. Nevertheless, he continued to deny the allegations.*

*After her father’s arrest, Loveness was moved to a GBV Shelter in Makonde which is being run by Family Aids Caring Trust (FACT) with support from UNFPA, the United Nations Population Fund under the European Union Spotlight Initiative.*

*The shelter assisted Loveness in getting a DNA test to prove her child’s paternity which was the key evidence used in the case leading to her father’s conviction and sentencing. In April 2021, eight years after the abuse had happened, Loveness’ father was sentenced to 18 years in prison.*

*It is through the EU supported Spotlight Initiative that survivors of GBV such as Loveness are finding closure and being assisted to move on from abuse. Even though it has not been easy, Loveness is slowly trying to get her life back on track a day at a time, running a thriving garden project in Zvimba. She intends to venture into other income generating projects that she learnt during her life skills training at the Makonde Shelter. -*

***By Micheal Gwarisa***



## A survivor of Gender Based Violence supported to restore her property rights

*For 56 year old Esnath Masinga from Hortburg (not her real name) the death of her husband brought about an unusual form of property grabbing. In her community issues of property grabbing when a woman's husband dies is normally at the hands of relatives.*

*Property grabbing is when relatives of a person who has died forcefully acquire their property by fraud or force. This is normally faced by women or minor children who have lost their parents as the relatives feel entitled to what the deceased owned. For women, it comes from the tradition that they have no right to own land or property in their husband's families.*

*Esnath described how soon after her husband's death, a male neighbour started threatening and verbally abusing her with the intention to force her to leave her home and fields so that he could occupy them. Her neighbour also went on to construct a toilet on her land and began doing farming activities.*

*Esnath reported the matter to the police but this did not stop the abusive neighbour from continuing with the violence he was perpetrating against her. Until, in October 2021 Esnath obtained a court interdict against her neighbour. The court instructed the neighbour to destroy the toilet he had constructed on Esnath's property and destroy the crops he had planted on her fields.*

*"In spite of the court order, my neighbour intensified his threats and violence*

*against me and he said women had no right to own land," Esnath recalls. "He even manhandled me and was always threatening to kill me. I was living in fear of my life and did not know what else to do."*

*After a conversation with a local village health worker, Esnath learnt of a mobile outreach team - the ZIRP Project UNFPA supported Musasa-led mobile OSC team - that visits the area providing survivors of Gender based violence with services. That is when she realized she could get assistance from the mobile OSC.*

*At the mobile OSC, Esnath received advice from the mobile team who first of all supported with dedicated counselling. This greatly helped Esnath to regain some strength after a long period of abuse.*

*Furthermore, she was supported by the paralegal officer who is part of the mobile team to better understand her rights in terms of land owning and was invited to make a follow up visit at Musasa offices in Chipinge. There in Chipinge, a lawyer provided the necessary legal support to ensure she retained the rights on her land.*

*As a result of the coordinated support of the mobile team and static legal services that Esnath was referred to, the Messenger of Court went ahead to finally remove the abusive construction and crops, as per the court order she had earlier on obtained.*

*"I am now living in peace and my neighbour is not proceeding with his violent behaviour towards me since the mobile OSC team intervened in my situation. I am so grateful because they covered all the costs of my legal actions and travel costs related to the case," says Esnath.*

*Experiences of women like Esnath are all too common in many parts of Zimbabwe. Gender Based Violence affects at least 1 in 3 women and girls but through the support of programmes such as Zimbabwe Idai Recovery Project (ZIRP) survivors of economic violence, and any other forms of gender based violence, can find peace in their lives.*

*Funded by The World Bank, ZIRP is a three-year programme to respond to the devastation left by Cyclone Idai in March 2019. It supports inter-sector post cyclone recovery initiatives, through resilience building efforts in worst affected areas in the context of a humanitarian–development nexus. Under the ZIRP, UNFPA through partners such as Musasa are helping reach women like Esnath with essential Gender Based Violence services. -*

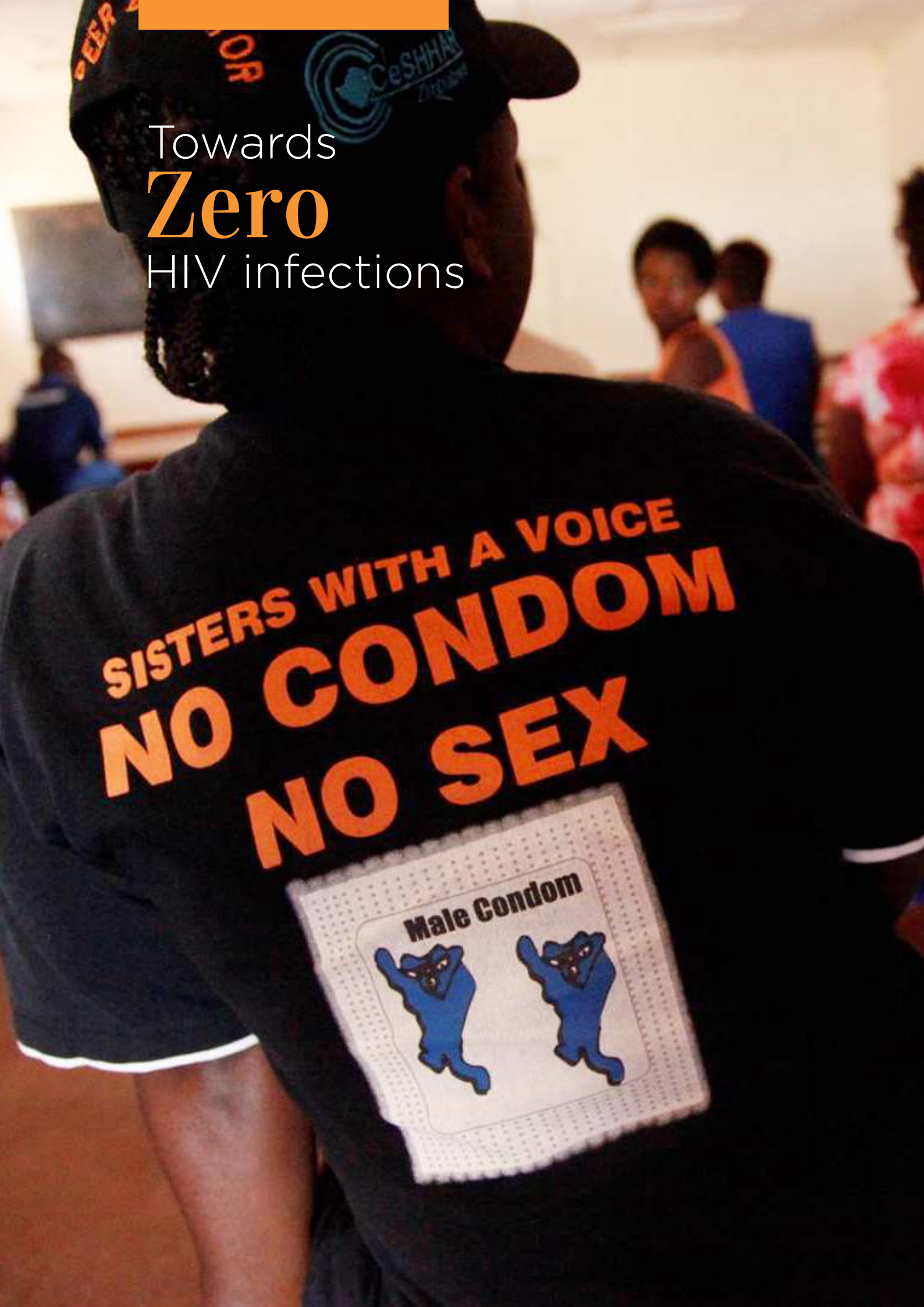
***By Bertha Shoko with additional reporting from Musasa***



Towards

**Zero**

HIV infections



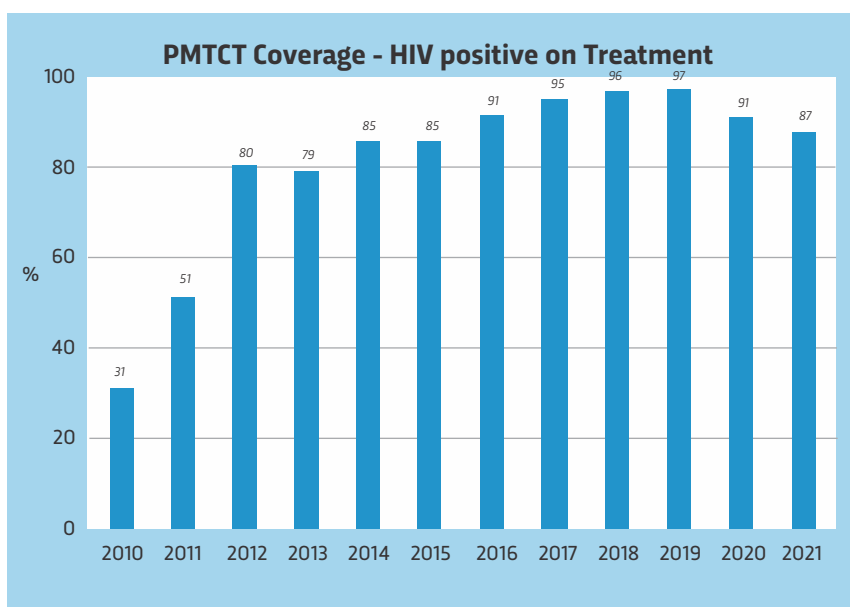
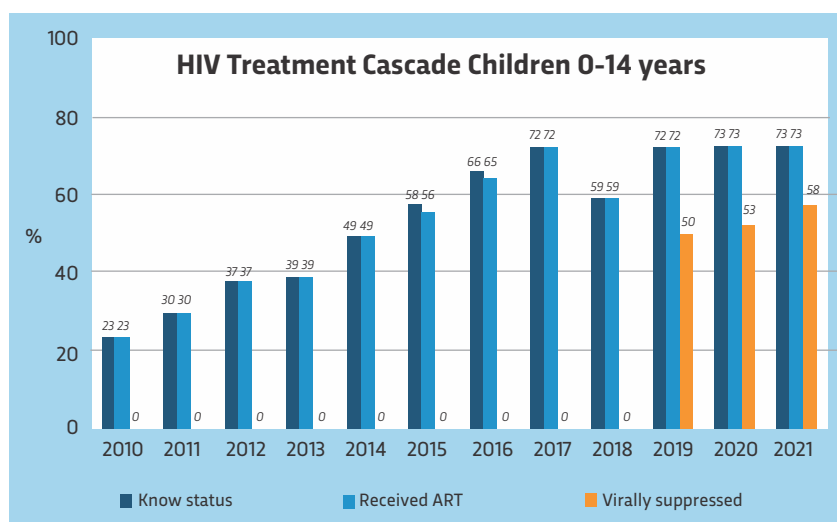


## Toward Zero HIV infections

### Context

Zimbabwe continues to make progress towards the global goal of ending HIV by 2030. Results from the HIV estimates report for 2021 indicate that Zimbabwe has surpassed the 90-90-90 targets, and is on the pathway to achieve the newly adopted 95-95-95 targets, with viral suppression slightly lagging behind but also improving and benefiting from increased viral load testing.

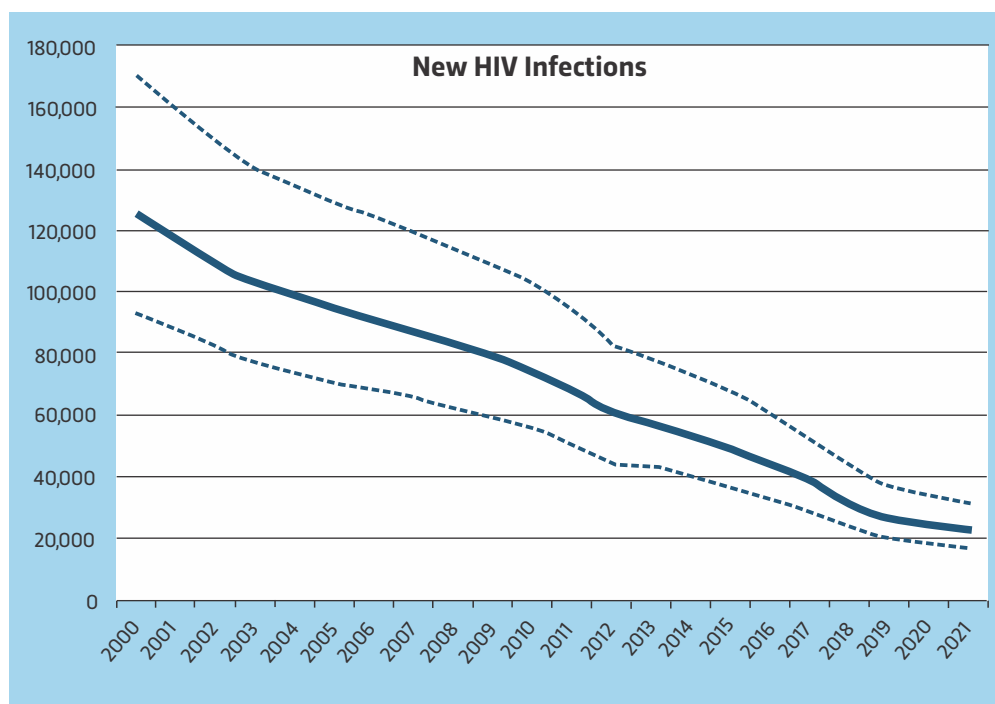
Despite the substantial achievements on testing and treatment coverage, some areas are lagging behind and threaten to jeopardise the achievement of elimination targets. These pertain to Elimination of Mother to Child Transmission (eMTCT), and also to retention of HIV positive children on ART as shown below:





In 2020 and 2021 eMTCT coverage declined, most likely as a consequence of access limitations and barriers to ANC services that were direct and indirect consequences of the COVID-19 pandemic. These widening gaps in eMTCT will result in additional exposure to HIV for new-borns and infants, with missed opportunities for early diagnosis and treatment initiation. At the end of 2021, the final eMTCT transmission rate was estimated at 8.8%, indicating that additional efforts are required to strengthen this component of the HIV programme.

Consistent prevention programmes in conjunction with treatment rollout have led to a decline in HIV incidence from 1.05% in 2010 to 0.24% in 2021 for adults 15-49 years, as shown in the substantial decline in new infections.



It is however important to acknowledge disparities across age and gender – the estimated HIV incidence for Adolescent Girls and Young Women (AGYW) aged 15-24 years currently stands at 0.8%, more than three times the national average. HIV incidence among girls aged 15-19 years is six times as high as among boys of the same age group. While the incidence is declining, the speed of progress is slower than among older women. This is mirrored in maternal mortality trends where a similar picture emerges.

The recent increase in teenage pregnancies in the wake of COVID-19 induced school closures and economic decline will further

compromise progress on HIV elimination especially among adolescent girls.

Intersecting vulnerabilities such as disability or engaging in sex work or being a member of the LGBTI community further exacerbate HIV risk. Programmes to address these highly vulnerable groups need to be strengthened and coverage for proven interventions increased to reverse the trend.

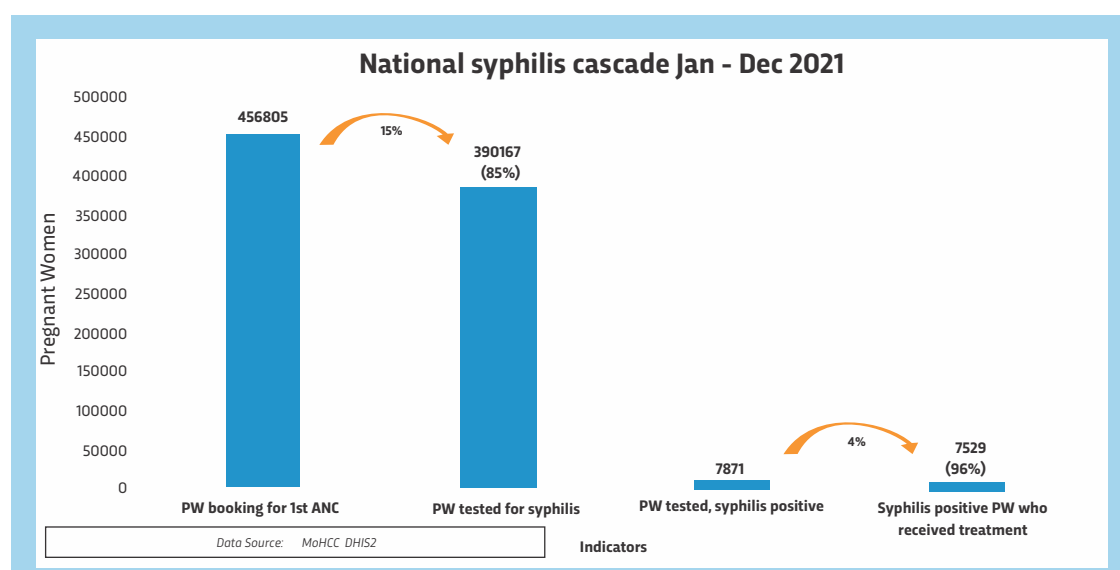


## Interventions and achievements

### Reducing maternal and newborn HIV and STI infections through improved eMTCT

UNFPA's focus continued to be on complementing PEPFAR and Global Fund supported programmes by strengthening the quality of syphilis treatment among pregnant women through supportive supervision and mentorship for health workers. The support aims at ensuring dual elimination targets are achieved and resulted in an improvement of syphilis treatment rate for ANC women to 95% in 2021, with some remaining gaps in testing that were largely linked to temporary shortages of test kits.

UNFPA's support in 2021 enabled the development of an electronic training and mentoring module for syndromic management of STI. This virtual training will make capacity building for health workers more cost-effective and flexible thus helping to ensure that even newly trained staff can acquire the necessary skills. Piloting and a final review of the electronic training will take place in 2022.



## Key populations (KP) Programmes

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UNFPA implements the Men having sex with Men (MSM) programme under the NFM3 Global Fund grant. The programme focuses on community mobilisation, demand creation for HIV and SRHR services, clinical referrals and fostering an enabling environment. It is implemented through five drop-in centres and a network of peer educators in Bulawayo, Gweru, Masvingo, Mutare and Harare. In 2021, 6,731 MSM received information on HIV and SRHR. The good practice of clinical service provision as outreach in the drop in centre continued in Harare, and will be expanded to other centres in 2022.

Responding to continued COVID-19 lockdowns and contact restrictions, the drop in centres expanded virtual engagement with MSM who were unable to access the centre, providing for example virtual counselling sessions and engaging the community through platforms such as WhatsApp. Funding under the Spotlight Initiative enabled continuation of a dedicated key populations desk housed under the national youth hotline; this KP desk provided virtual assistance and counselling services to 14,922 members of KP communities in 2021.

UNFPA continued support to public-sector led interventions for sex workers in 6 districts. This combines intense community mobilisation with referrals for health services. The programme uses a network of micro planner peer educators that provide HIV prevention information, condom distribution, referrals for clinical services and structured follow up of community members. Referrals are made to public health facilities with staff trained in KP-friendly service provision.

A total of 10,109 interactions with known sex workers by micro planners were reported in 2021. Of the sex workers referred, 5,149 reported accessing a clinical service. The programme is becoming a promising practice for a sustainable model for KP accessing critical clinical services through the public sector.

## Young Women Selling Sex (YWSS)

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YWSS have the highest risk of HIV acquisition (incidence of 10% p.a. in previous studies) and are also extremely vulnerable to GBV. UNFPA supported implementation of a pilot programme that integrates community mobilisation, peer support, and HIV and SRHR information and service access with access to second chance education or vocational training. Many of the girls and young women have dropped out of school and their economic vulnerability exacerbates the risk of HIV and GBV as they rely solely on sex work for survival. More than 300 YWSS were enrolled in either second chance education or vocational training and most completed their chosen training.

Initial feedback from the YWSS indicate that they are pursuing economic activities and are now empowered to protect themselves. The pilot will be concluded and documented in 2022 to allow for some delays caused by closure of training institutions due to COVID-19 restrictions.

Community programmes for adolescent girls and young women

HIV prevention and condom promotion are part of integrated HIV/SRH/GBV community programmes targeting predominantly AGYW in 23 districts.

In 2021, the community programmes were transitioned from NGO implementation to the district National AIDS Council structures in an effort to ensure programme continuation in view of reduced external funding. This proved to be a successful approach as set targets for girls mentoring clubs and other sub-programmes were reached.

## HIV/SRH/GBV service integration

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Implementation of SRHR, HIV and GBV integration was scale-up in 13 implementation districts, achieving the following:

- Sixty-six (66) nurses working in HIV Treatment settings underwent family planning training to strengthen provision of FP in Opportunistic Infections/Antiretroviral Therapy sites or clinics.
- Two-hundred and forty (240) nurses were trained on the special SRHR needs of adolescents living with HIV.
- Two hundred and seventy-nine (279) GBV Shelter and One Stop Centre staff, GBV Case Community Workers, Community Development Workers and SGBV Community Based Club Members were oriented on family planning. This was strategic as women in abusive relationships often struggle to access both family planning information and services. The trained cadres have access to communities and households and can disseminate this information at no or limited cost.
- Three hundred and five Community Based Distributors of contraceptives were sensitised on GBV. This training provided them with knowledge and skills in providing information as well as recognising and appropriately referring to GBV survivors.

UNFPA continued its collaboration with World Food Programme in distribution of male and female condoms as well as SRHR IEC materials to ensure continued access of SRHR services, during COVID-19 lockdown. A total of 1,300,000 male and 60,000 female condoms were distributed through the WFP food distribution system at community level.

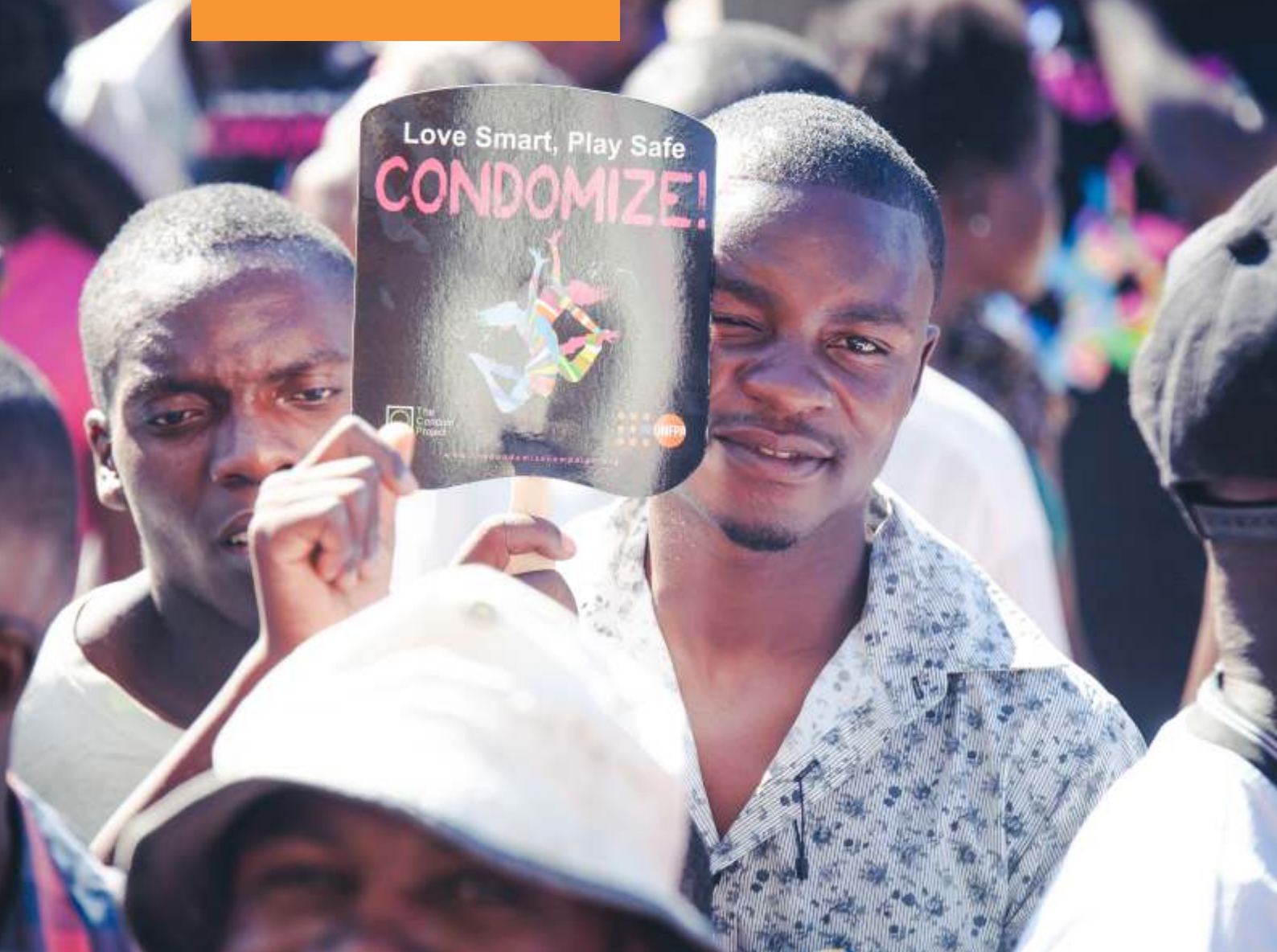
## Challenges

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All programmes continued to implement mitigation measures against the COVID-19 related disruptions and managed to reach targeted populations as planned. However, COVID-19 lockdowns and the resulting economic decline which in Zimbabwe was amplified by monetary challenges and high inflation, promote negative coping mechanisms that threaten the gains made in supporting vulnerable groups towards adopting lower risk behaviours and choices as well as accessing the necessary health services.

Unexpected reductions in anticipated funding affected a number of programmes that had to be adjusted as a consequence. The most pertinent change occurred in the community programmes where funding was severely restricted. A solution was found by migrating implementation to the National AIDS Council through its district structures, which provides co-funding from national resources to ensure programme continuation.





## Lessons Learnt

In the face of overall economic decline and high inflation, it has become evident that programmes aimed at especially young people and vulnerable groups such as key populations need to explicitly include economic empowerment, and linkages with partners working in that area to facilitate for example microfinance for start-up businesses.

## Focus for 2022 and beyond

- Further strengthen systematic integration of services to provide holistic, client-centred health services at all levels of care
- Targeted HIV prevention for AGYW Targeted support for eMTCT especially among young mothers
- Addressing structural drivers of HIV infection and other adverse health outcomes through partnerships for economic empowerment and employment generation
- To further develop and document sustainable service delivery models that involve public sector health facilities in view of declining global funding

## Reaching out to Sex Workers through funding second chance education – Onai's story

*"My name is Onai\* I am young woman selling sex aged 23 years. I stay in Hopley. It's one of the poorest suburbs in Harare. I was not able to continue with education because there was no money and started going to bars to look for clients when I was 16 years old. In addition, my mother was constantly ill, so I had to go to the bars and sell sex to get money to look after my mother. I then got pregnant and the father of my child abandoned me.*

*"I still go to bars for sex work so that I can look after my mother and my child. In Hopley, we fight for everything, even places to solicit sex from clients. One day, while working, I met a fellow sex worker who introduced me to the Building Resilience Programme which was run by CeSHHAR Zimbabwe for young mothers who are sex workers. It was a support group. Later, in 2020 CeSHHAR introduced to the Educational Assistance Programme for young women selling sex. I was so happy that this programme came into my life at a time sex work was not paying because of Covid-19. Life was tough. Also because of sex work, I had lost self-confidence and hope for the future. I could not dream anymore because all my dreams were shattered at a tender age. I was often very depressed and was using drugs often to get me through the day."*

*"Through this programme I was given the opportunity to change my life. I enrolled for a hotel and catering course at a local college. Yes, it was tough the first month, having to check my behaviour all the time but I endured. Currently I am waiting to go for work placement. I can safely say I am now a part-time sex worker as I am now into*

*selling samosas and sausage rolls, skills I learnt as part of my course.*

*"I did not know doing a course is so empowering, I am self-reliant now and no longer depend entirely on having sex with men for financial support. The community now respects me; they see a hardworking young woman not just "ana Gamuchirai" – young women who have sex for money. My aim is to one day own a canteen and help other young sex workers. I am grateful to this education programme for changing my life and making me realize that education is indeed a pillar of strength. Not only have I learnt to cook and bake, but I have also been equipped to be able to negotiate for safe sex with clients through the community mobilization meetings where we are given health talks."*

UNFPA, with funding from the Health Development Fund (HDF) is responding to the needs of women and girls selling sex such as Onai to support them to gain life and job skills by working with partners such as CESSHAR. The HDF is a multi-donor fund supported by the governments of Britain, Ireland, Sweden and the European Union.

Under HDF, UNFPA is also supporting access to healthcare services for Key Populations. The back to school grants and stipends were issued as a social protection measures for the 60 supported girls under the Young Women Selling Sex (YWSS) pilot programme to cushion the girls from the economic shocks associated with limited ability to operate in the informal sector due to COVID-19 restrictions.

**\* Onai Not real name**

## Paralegal training empowers sex workers on rights and choices

*Talent Manyemba is a trans sex worker in Harare. Talent was recently part of the para legal training for sex workers. The training was aimed at equipping sex workers with information about their rights and legal recourse available to them in the event they need legal support.*

*Sex workers who operate in settings where sex work or aspects of selling sex are criminalised are at increased risk of arrests, harassment and sexual and physical violence. In addition, the lack of knowledge on their rights and mechanisms to access redress for violations further increase their vulnerability to continued abuse by law enforcement agents and other members of the community.*

*The Paralegal training was delivered by the Health Policy and Law Consortium with support from UNFPA through CeSHHAR Zimbabwe as part of interventions under the European Union funded Spotlight Initiative to Eliminate Violence against Women and Girls. The training was offered to sex worker peer educators as a critical step towards addressing knowledge gaps against a background of increased cases of Gender Based Violence cases which have been exacerbated by the Covid-19 pandemic.*

*"The training was to equip us as sex workers so that we can be able to guide our peers and make meaningful referrals and provide guidance should they face any problems requiring legal intervention," said Manyemba.*

*"Lawyers are expensive in Zimbabwe therefore having sex workers trained as paralegals is a meaningful mechanism in accessing legal advice for sex workers. We can support our peers and offer legal advice."*

*Peer paralegals represent a sustainable form of community intervention as the selected paralegal sex workers have established interests in the needs of the sex work community. They are a low-cost intervention whose presence will remain in the community beyond funding cycles. The training, which covered basics such as what is paralegal work, who can be a paralegal and how a paralegal works effectively in the community, enables them to provide rapid response assistance to sex workers who report cases of arbitrary arrests, harassment, as well as physical and sexual abuse. Once participants had grasped the basic concepts, they were introduced to Zimbabwean law covering the court system, as well as both the relevant criminal and civil procedures. The thrust of the training was on sex work and human rights. The training defined what human rights are, categories of human rights and how to monitor human rights. Assistance provided by paralegals includes facilitating access to medical and legal services.*

*"As sex workers are a criminalized group, we have been powerless to confront some of the abuse we face in Zimbabwe due to the nature of our work and the environment we operate in," says Manyemba.*



*"As a paralegal, I intend to educate other sex workers on sex work, law, and rights. I feel sex workers have been misled with wrong information and are afraid to seek justice due to fear and lack of information on how to navigate the legal environment."*

*Using his newly acquired knowledge Manyemba says he will actively follow up and make sure his fellow sex workers have the correct legal advice and are not abused or taken advantage of due to lack of information.*

Over 25 paralegals have been trained. Ongoing support and mentorship will be provided by the Zimbabwe Lawyers for Human Rights for this initiative.

***\*This article was first published in the EU Spotlight Initiative Bi-Weekly Sitrep and was developed with support from CESSHAR***





# Adolescents and Youth





## Cross cutting issues

### Adolescents and Youth

Adolescence is a time where young people gain skills to make choices, including on their SRH. Equipping young people with correct knowledge and skills to make responsible choices involves an interplay of interventions that addresses the policy and legal framework to create an enabling environment and institutional capacity strengthening to deliver information and services in ways that are acceptable to young people.

### Strengthened Enabling Environment

In 2021, the National Youth Policy was finalized and launched. UNFPA was one of the partners that supported the government in the development of the policy. The policy focuses on the holistic development and empowerment of young people. Its main pillars are education and skills development; employment and entrepreneurship; governance and participation; and health and well-being. Other cross-cutting issues such as gender, environment, and Information Communications and Technologies (ICTs) are included in the policy as well as focus on vulnerable groups - all in support of harnessing the demographic dividend.



*Official Opening of the 29th Junior Parliament Session by the President of the Republic of Zimbabwe*

Efforts to meaningfully engage and build capacity of young people in the legislative architecture continued in 2021.

In partnership with UNICEF and other stakeholders, 290 Junior Members of Parliament were trained and competed for the Junior Parliament positions in all the 210 constituencies of the country. The election of Child President, Her Excellency Hazel Mandaza (17yrs), a young person living with disability, marked a new season for focusing strongly on the issues of vulnerable and marginalized young people.

Other initiatives on youth engagement included a meeting of the President and his Cabinet with young people, national consultations held with the Attorney General's office to review the drafting of the National Youth Act and review of the Zimbabwe Youth Council Act, National Youth Bill, State Universities Amendment Bill and the Child Justice Bill.

## Strengthened demand through empowerment

Young people are only able to know and demand services if they are adequately informed about their SRH and rights. UNFPA is supporting interventions such as Comprehensive Sexuality Education for in and out of school young people to achieve this.

### **In-school Comprehensive Sexuality Education (CSE)**

As schools remained closed for a significant part of 2021 and many learners did not return to school even after the reopening (up to 23% in rural areas). Interactive radio sessions on Life Skills, Sexuality, HIV and AIDS continued to be supported by UNFPA and UNESCO.

At least 52 sessions were aired between December 2020 and August 2021 and a new set of 54 radio sessions was launched in November 2021. Additionally, a Fit for Life and work learner's workbook was developed with the Ministry of Primary and Secondary Education to accompany the radio sessions or to be used independently by individual learners or in groups.

A total of 12,500 copies of Grades 5 to 7 learner modules on Guidance and Counselling and Life Skills Education were also printed. These are meant to support the teaching of Guidance and Counselling under which CSE is delivered and seeks to empower learners with life skills and values that prepare them to cope with developmental changes that take place during puberty and other learner welfare related issues including GBV.

A total of 601 teachers (321 males and 280 females) reaching 230% of targeted teachers from 124 secondary schools and 186 primary schools were trained in Guidance and Counselling. More teachers were trained as the training used the new decentralised cluster approach where training was done within school facilities in the respective districts in Mutasa, Umzingwane, Muzarabani and Makonde.

### **CSE for students in tertiary institutions**

Six hundred and seventy (670) peer educators from 14 institutions were trained in order to strengthen the availability and access to SRHR/HIV/GBV information and services in tertiary institutions and their clinics by adolescents and young people. The trainings were conducted both physically and virtually depending on the COVID-19 situation. They covered SRH, HIV and GBV including the effects of climate change and mitigation measures.



SAYWHAT produced and broadcasted eight online TV shows which had an estimated reach of over 700,000 listeners per show. The talk show allowed young people to dialogue on pertinent issues around SRH, sexual exploitation and harassment, mental health, safer sex practices and identify advocacy issues to enhance their participation in different decision-making platforms

### **Out of school CSE**

More than 700,000 young people were reached with SBCC and CSE programmes across the Safeguard Young People program supported districts.

In addition, around 710,000 mass media exposures were recorded through Facebook and SMS bulk messages. In addition, 24 WhatsApp group discussions were facilitated in the form of Meet the Expert sessions, Public lectures, and Know Your Services campaigns.

### **Integrating Youth Economic Empowerment (YEE) and SRHR interventions**

Working in partnership with Plan International, UNFPA supported YEE and SRHR interventions in Hopley including livelihood skills building, life skills training and promoting access to SRH/HIV/GBV services at Tariro Youth Centre in Hopley under the City of Harare. The project combines a multi-stakeholder approach including Plan International; Youth Ensemble (a community-based organization); City of Harare; vocational training centres and various Ministries. A total of 183 female and 72 male young people were trained on life skills. Of the 255 who were trained, 205 (45 male and 160 female) also received training in entrepreneurship and self-employment. The training focused on idea generation and on how to come up with business plans as individuals or groups. After the entrepreneurship and self-employment training 38 business ideas were generated from 139 young people (98 females and 41 males). Additionally, 59 young people have registered for vocational and technical skills training using the community apprenticeship approach.







### **Increased equitable access to integrated quality SRHR, GBV and HIV services, which are adolescents and youth friendly**

Building institutional capacity to provide comprehensive quality integrated youth friendly services remains one of the key interventions in ensuring that adolescents and youth can exercise their rights and make informed choices over their own bodies including access to and utilization of SRHR/HIV/GBV services.

A Training of Trainers for Adolescent Sexual and Reproductive Health (ASRH) focal persons was conducted in Manicaland for health workers from 87 health facilities in Chipinge (52) and Chimanimani (35) who received training on Youth Friendly Service Provision (YFSP) and action planning on how to institutionalize the 9 WHO YFSP standards as per the MoHCC guidelines

The health facilities were further supported to carry out assessments on YFSP standards to ascertain areas with gaps in service provision for adolescents and young people and to develop action plans to address components of the 9 WHO standards that perform poorly

In preservice, the nursing training schools continue to train nurses in integrated youth

friendly service provision using the updated ASRH training modules and more than 1,500 preservice nursing trainees were reached in 2021.

In spite of the COVID-19 restrictions, utilization of services by adolescents and youth has been fairly good. A total of 289,311 (target 240,000) young people accessed HIV services and 192,606 (target 160,000) new adolescents accessed contraceptives.

### **Challenges**

- Increasing cases of teenage pregnancies. Most gains achieved over the past years were eroded by COVID-19. Due to extended school closures, adolescent girls spent more time in communities and households where there were cases of teenagers experimenting with sex, and they had to spent time with perpetrators of SGBV and that resulted in reported increased cases of early/ teenage pregnancies.
- Limited resources to support community interventions like the Sista2Sista and Parent to Child Communication aimed at addressing SRHR challenges young people have at community level.

## Lessons Learnt

- Addressing the root and underlying causes of teenage pregnancy like reducing unmet need for family planning and economic empowerment of adolescents and their families to reduce poverty is critical in the ultimate combating of teen pregnancy.
- Mental health for young people during COVID-19, where peer to peer interaction is limited by movement restrictions, needs to be prioritized. The reporting period saw 3 students ending their lives due to mental breakdowns mainly triggered by failure to manage relationships and dating dynamics.
- Use of multimedia has proven to be a successful way of interacting with young people during COVID-19 lockdown. Young people need continuous engagement not only as recipients but as agents of change for their peers, families, and communities.
- To facilitate access to services by young people at all times and especially in crisis situation as the one presented by COVID-19 there is need to strengthen and promote mobile and outreach services

## Focus for 2022 and beyond

- Supporting multi-sectoral response to end early/ teenage pregnancy
- Increasing support for in and out of school quality CSE to increase SRHR knowledge and information among young people
- Integrating SRHR with Menstrual Health Management, Youth economic empowerment, mental health, drug and substance use to create a holistic package of interventions that address structural drivers and underlying causes
- Expanding the YEE and SRHR integration
- Supporting community interventions that empower adolescents including Sista2Sista and Parent to Child Communication
- Supporting a conducive and enabling legal and policy environment especially for service access by young people and reduced unmet need for family planning



## Touched by peer education: Chengeto's story

*"Growing up, conversations about sex were taboo. All I knew about sex was that if you indulge, you will get a Sexually Transmitted Infection such as HIV and you will basically be doomed. Hence, when I got to college, at the age of 19, I had quite the culture shock. My jaw dropped when I saw my fellow students collecting condoms displayed on a UNFPA labelled dispenser without any shame or stigma. They talked about sex the same way they did about food or any other everyday conversation, as if it was nothing out of the ordinary. I recall asking my roommate a lot of questions pertaining to that and she told me about the well-known mother of the whole college, SAYWHAT. From more interactions with the work of SAYWHAT that works with support from UNFPA, I have since shelved the taboos. I have opened my mind to new things as much as possible, a decision I'm proud of as I pen these thoughts down.*

*Today, at age 23, I am a feminist activist, Sexual and Reproductive Health and Rights (SRHR) defender and National Coordination Committee member for SAYWHAT. I had the opportunity to organize the 10th African Conference on SRH that took place this year in June, in Sierra Leone. I have attended countless workshops that have made me a better feminist leader, and advocate for young people. Thanks to the life skills I have attained through SAYWHAT, I have found a way that I can give back to my community and be the voice of the voiceless.*

*When I first joined SAYWHAT, I had no clue what SRHR was. To imagine I had no idea that precum (pre-ejaculation fluid) could make one pregnant and also transmit HIV and STIs. This made me wonder how many other young people from my community lacked this knowledge and access to Comprehensive Sexuality Education. It made me wonder how many other young people were getting pregnant due to the myths and misconceptions that are associated with sex, contraceptives and condoms.*

*SAYWHAT has given young people, especially at tertiary institutions, the opportunity to lead activities that benefit their health and as a result, more young people are getting to realize that they can treasure their pleasure while being safe. I am sure this has and will continue to contribute to the creation of 'A Generation of Healthy Young People' which happens to be SAYWHAT's motto.*

*It is under the Safeguard Young People Programme (SYP), which is ongoing with the generous support from the Government of Switzerland with Technical Assistance and guidance by UNFPA, and implemented through several partners, state and non-state actors, that many young people like Chengeto's lives are being touched.*

*Among the key interventions under the programme is the setting up of resource centres where young people like*

*Chengeto can have access to life saving information and services. These resource centres are available in all the provinces of Zimbabwe. Every young person will one day have life-changing decisions to make about their sexual and reproductive health. Yet research shows that the majority of adolescents lack the knowledge required to make those decisions responsibly, leaving them vulnerable to coercion, sexually transmitted infections and unintended pregnancy.*

*Comprehensive sexuality education is central to UNFPA and partners' work as it increases the uptake of sexual and reproductive health services. UNFPA works to implement comprehensive sexuality education, both in schools and outside of schools. Through innovative approaches including peer to peer dialogue, mass lectures, health fairs and the usage of social media platforms, youth friendly education is provided to students. The interventions do not only ensure access to SRH services but also improves the knowledge and competence of youth in dealing with various sexual and reproductive health challenges.*

*In other work, SAYWHAT through its new innovations, The Orange-Hub Podcast series, and other radio listening sessions, has tackled issues that are affecting young people, such as drug and substance abuse, menstrual health and sexual harassment. Although the podcast targets young people, anyone can learn from the discussions taking place.*

*Complementing these interventions is the Call Centre, a safe space that can be accessed with a simple dial of 577. Everyone, young and old, can cry for help, get counselling services, report abuse or request any assistance they need.*

*"We have been able to touch the lives of many young people under the Safeguard Young People Programme thanks to the support of the Government of Switzerland," said UNFPA Country Representative Dr. Esther Muia. "As UNFPA we appreciate the strong partnerships with friends of Zimbabwe like Switzerland, and the government as well as supportive communities that continue to ensure we make critical investments in the lives and future of the young people in Zimbabwe."*



## Zimbabwe Youth Council: Creating a safe space for youth participation

*The Zimbabwe Youth Council is an institution created by the Government based on an Act of Parliament, the Zimbabwe Youth Council Act (25:19), to ensure an enabling environment for the development and empowerment of youth. The Council has vast experience, expertise and capacity to understand the needs of young people and how it engages Government for youth is augmented by the strategic partnerships that the Council has established over the years.*

*One such partnership is with UNFPA Zimbabwe under the Safeguard Young People (SYP) programme. Together, UNFPA Zimbabwe and the Zimbabwe Youth Council support the implementation of the National Adolescent and Sexual Reproductive Health Strategy focusing on strengthening the capacity of the Ministry of Youth, Sport, Arts and Recreation, Zimbabwe Youth Council, youth led organisations and Parliamentarians and their engagement in social and legislative processes. Activities supported seek to promote youth participation and leadership, enhancing creation of an enabling environment for young people to access SRH information and services, advocacy, mobilization and accountability mechanisms. This is made possible through the indispensable support from the government of Switzerland.*

*Through financial support from UNFPA the Council has developed a number of programmes to build the capacities of young people. The programmes ensure that young people themselves identify the challenges they face in pursuit of their own development, and provide the means to articulate them to policy makers, by providing access to the platforms where their views and ideas are given attention.*

*One such programme is the Youth Policy Tracking Group which was developed over the years to provide young people with an opportunity to interact with the Government. The Policy Tracking Group is a bringing together of youths from all corners of the country, building their capacity to understand what must constitute Positive Youth Development, how to articulate and prioritise their advocacy with Policy makers and be representatives of their peers. The Policy Tracking Group has participated in a number of policy dialogues and recently it led youth at public hearings on the Medical Services Amendment Bill and the Children's Amendment Bill.*

*In 2020 the Group of youths with support from UNFPA held a workshop with Parliament in Marondera where a resolution was passed to lobby Parliament for the establishment of a Parliamentary Youth Caucus. A caucus is a system of organizing like-minded Members of Parliament for a cause,*

and this caucus will commit to youth-supportive legislation. The resolution was shared by the Zimbabwe Youth Council with Parliament.

Parliament of Zimbabwe has since assigned Honourable Tatenda A. Mavetera to lead the establishment of the Youth Caucus. Of the 270 member National Assembly of Zimbabwe, only 2 parliamentarians are youth. The ability of these Members of Parliament to influence youth related policy is limited by their numbers and in some instances the capacity to appreciate the needs of young people.

The primary objective of institutionalizing Members of Parliament is to assist them to become effective, appreciate and have a sustained interest in a particular subject matter. It is expected that the Caucus will be such an initiative.

To date the Caucus and the Youth Policy Tracking Group have established a working relationship that is creating a safe environment for young people to freely share their experiences, ideas and aspirations with Members of Parliament. Some members of Parliament who are in the interim steering committee have already started showing their appreciation of youth issues. Two MPs have initiated youth empowerment initiatives in their constituencies, while all of them have committed to champion the youth cause in Parliament by ensuring that any Bill that passes through Parliament must be youth friendly in one way or the other.



# Population and Development





# Population and Development

## Context

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. In 2021, UNFPA provided support for the preparations of the 2022 Population and Housing Census. 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. This, to support the formulation and monitoring of evidence-based policies, plans and programmes, including in humanitarian settings.

cartographers were trained on a Pre-Enumeration Area (EA) mapping tool that automatically generates EA polygons. The tool was used to generate EA maps for the whole country, which could potentially be used for census enumeration in the event of physical census field mapping not being completed on time.

The census questionnaire and manuals were reviewed and finalised ahead of the Pilot Census, while the census CAPI Application and data processing system was refined, tested and piloted. As a capacity building measure in the process of developing the CAPI Application, 35 ZIMSTAT system developers and subject matter persons (statisticians and demographers) were supported to meet and integrate the various modules of the CAPI system.

## Interventions

- Support to surveys, census and assessments including the 2022 Population and Housing Census preparations.
- Coordination of data for development.
- Advocacy for improved vital statistics. Establishment of a Gender-Based Violence Information Management System (GBVIMS).

The Pilot Census was successfully conducted in all the ten provinces of the country, covering both rural and urban areas. Lessons learnt from the Pilot Census, including observations on the functionality of the CAPI system, were documented and implemented in preparation of the main census in April 2022. UNFPA also provided support towards census publicity, education and information, targeting the general population.

## Achievements

Supported preparatory activities for the 2022 Population and Housing census including census field mapping; development of the Computer Assisted Personal Interview (CAPI) system and data collection instruments; and the conducting of the Pilot Census. Census field mapping coverage rose from under 50% in 2020 to 96% in 2021, while 12 ZIMSTAT

As was the case in the last two years, technical and financial support was provided to the Zimbabwe Vulnerability Assessment Committee (ZIMVAC) for the collection, analysis and publication of GBV data in a humanitarian context.

UNFPA continued to work closely with ZIMSTAT to coordinate the Data for Development Working Group which was an



effective instrument for mobilising technical and financial support from the UN for the census and other data collection exercises in 2021.

On vital statistics, UNFPA continued with its advocacy efforts, including discussions with ZIMSTAT and other partners such as Vital Strategies, to see how best the challenge of data gaps and poor data quality could be overcome in order to facilitate the clearing of backlogs in the publication of vital statistics reports.

A GBVIMS harmonised Framework, which among other things provides for uniform, harmonised and standardised classification of GBV incidences as well as safe and ethical mechanisms for sharing data across multi-sectoral service providers, was finalised following wide stakeholder consultations at national and provincial level. Plans are underway to pilot the Global GBVIMS+ Primero in 2022.

## Challenges

- The COVID-19 pandemic negatively affected census preparations. It slowed down census mapping field work as teams had to go into isolation if one member tested positive. While CAPI technical assistance was virtual, remote support was not ideal particularly for the refinement, testing and deployment of the CAPI Application would have benefited more from field presence.
- Lack of coordination of players with a stake in civil registration and vital statistics, resulting in continued unnecessary duplication of effort and inefficient use of resources. A functional coordination mechanism can be established through resuscitating national statistical sector committees that have been dormant since their establishment in 2011.

## Lessons Learnt

- ZIMSTAT's engagement with the Registrar General's Office on the production of vital statistics shows that establishing institutional arrangements for strengthening the national statistical system is not an event but a process whose results will be seen in the medium to long term.

## Focus for 2022 and beyond

- Providing technical and financial support for the 2022 Population and Housing Census.
- Planning and implementing the Post Enumeration Survey and census thematic analysis.
- Advocating for and promoting utilisation and updating of web-enabled data portals
- Support the production and publication of vital statistics reports
- Research on the impact of COVID-19 on sexual reproductive health and rights (SRHR) outcomes and services.
- Review and updating of the National Population Policy.
- Piloting and roll out of a Gender-Based Violence Information Management System (GBVIMS), including training key stakeholders on the GBVIMS harmonised framework data collection tools.

# Partnerships







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