



UNFPA ZIMBABWE
2022 ANNUAL REPORT

*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

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2022 Annual Report

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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
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1.1 Foreword

Guided by the new 8th Country Programme of Cooperation with the Government of Zimbabwe for the period 2022 to 2026, the United Nations Population Fund (UNFPA) in Zimbabwe continued to deliver for women and young people and we made substantial investment in the Sexual and Reproductive Health and Rights (SRHR) agenda with generous support from our partners.

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). It focuses on consolidating gains made, upscaling and accelerating efforts to improve the health and well-being of women and girls, young people, and the vulnerable and marginalised in Zimbabwe.

There is still unfinished business, specifically, in ensuring universal access to SRHR for women and girls in the country. Our priorities will be on accelerating efforts towards reducing maternal mortality and morbidity; ending unmet need for family planning; scaling up our efforts on GBV prevention and response and expanding opportunities for adolescents and young people including integrating youth economic empowerment in SRH interventions. Data generation and analysis to inform policy and programming and HIV prevention with a focus on key populations, young people and elimination of Mother-to-Child HIV transmission (eMTCT) will also be enhanced.

The year 2022 marked the first year of implementation of the Country Programme with significant attention on strengthening the capacity of health facilities to deliver

services; provision of Emergency Obstetric and Neonatal Care (EmONC); provision of lifesaving equipment such as anaesthetic machines, medicines and drugs, capacity building of health workers and strengthening of the referral system

The Government of Zimbabwe, through the Ministry of Health and Child Care, has long been committed to providing access to contraceptive services, since independence. The enactment of the Zimbabwe National Family Planning Act 1985 and the establishment of the Zimbabwe National Family Planning Council marked a heightened commitment by the Government to offer family planning services as part of primary health care services.

As a result of the Government's long-standing commitment to the provision of contraceptives, Zimbabwe has earned great recognition in Africa as one of the countries with the highest rates of contraceptive use. Zimbabwe's modern contraceptive prevalence rate is 68% as of 2021. Government is also commended for the launch of the Family Planning Strategy for the period 2022 – 2026 which reaffirms its commitment to invest in and strengthen family planning services.

In response to advocacy for domestic funding for contraceptives, the Government of Zimbabwe made a substantial financial contribution towards contraceptives procurement in 2022. After procuring contraceptives worth USD 1.5 million, Zimbabwe became the first country under UNFPA Supplies Partnership to qualify for matching fund. UNFPA greatly appreciates and acknowledges the support from funding partners and the Government of Zimbabwe

towards ensuring reproductive health commodity security in the country.

Support was provided for the establishment of mobile one stop centres in hard to reach areas so that survivors can access comprehensive Gender Based Violence services.

Towards ensuring young people reach their full potential – a key mandate area for UNFPA – young people's opportunities were expanded through Youth Economic Empowerment programmes. In addition to economic empowerment, focus on ensuring young people have access to information on SRHR to protect themselves and make informed decisions remained a critical component of UNFPA work.

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 Unmet Need for Family Planning

Zero Gender Based Violence and Harmful Practices

We would like to acknowledge the various partners that continue to support our work – the Governments of Zimbabwe, Britain, China, Ireland, Japan, the Netherlands, Sweden, Switzerland as well as the European Union, World Bank and the United States Agency for International Development. We also acknowledge the partnership with the UN in Zimbabwe as we continue to deliver together on various joint programmes and initiatives.

We look forward to continued partnerships and collaboration to deliver on this great mandate in 2023 and beyond.

This report highlights results that UNFPA and partners achieved in promoting access to SRHR for women, girls and young people in Zimbabwe. It is our hope that you will find this annual report engaging as you read about the various efforts, successes, challenges and learnings we have had as a Country Office as we strive to reach women and young people with critical SRH and GBV services and information.

Sincerely,



Ms. Miranda Tabifor
UNFPA Zimbabwe Country Representative



Launch of the Family Planning Strategy by His Excellency Vice President of Zimbabwe and Minister of Health and Child Care Constantino Chiwenga

1.2 Strategic partnerships, communication and resource mobilisation

The successful delivery of results in 2022 was made possible by the strong partnerships that UNFPA has forged with funding partners, the Government of Zimbabwe and implementing partners.

UNFPA acknowledges and appreciates the following funding partners for their generous financial support which contributed to the advancement of UNFPA's mandate on ensuring sexual and reproductive rights and choices for all, especially women and young people.

- The European Union
- Foreign, Commonwealth and Development Office
- Embassy of Ireland
- Swedish International Development Agency
- Swiss Agency for Development and Cooperation
- Global Fund
- Government of the People's Republic of China
- Government of Japan
- United States Agency for International Development
- United Nations High Commissioner for Refugees
- Joint United Nations Programme on HIV/AIDS
- United Nations Partnership on the Rights of Persons with Disabilities

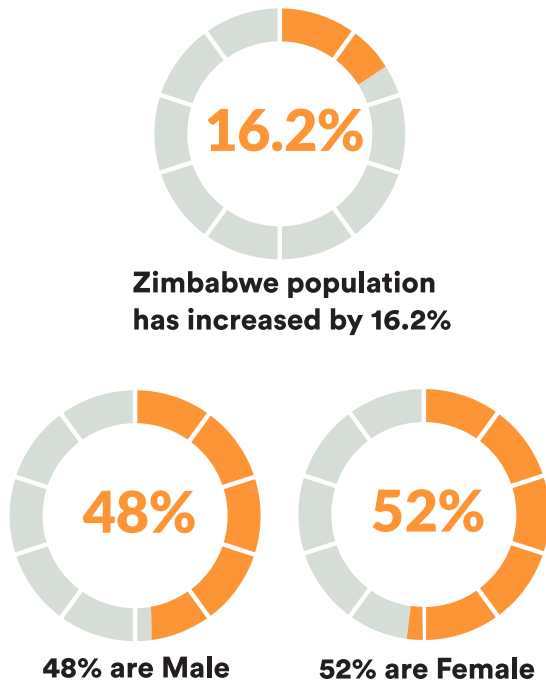
Government ministries, non-Governmental organisations and civil society organizations played a crucial role in linking interventions with vulnerable women and girls and making it possible to reach the furthest. The following were key in achievement of results:

- Ministry of Health and Child Care
- Ministry of Women Affairs, Community, Small and Medium Enterprises Development
- Ministry of Primary and Secondary Education
- Zimbabwe National Family Planning Council
- National AIDS Council
- Zimbabwe Youth Council
- Zimbabwe National Statistics Agency
- Plan International
- World Vision
- Family AIDS Caring Trust
- Musasa Project
- Students and Youth Working on Reproductive Health Action Team
- Sexual Rights Centre
- Gays and Lesbians Zimbabwe

In the spirit of working together as one, UNFPA partnered with other UN Agencies through joint programmes. These include the Health Development Fund, Health Resilience Fund, Spotlight Initiative, United Nations Partnership on the Rights of Persons with Disabilities project, Zimbabwe Idai Recovery Project, 2Gether4SRHR programme, and the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF). UNFPA acknowledges the partnership of the following UN Agencies:

- United Nations Children's Fund
- World Health Organisation
- United Nations Development Programme
- UNWOMEN
- United Nations High Commissioner for Refugees
- International Labour Organisation
- United Nations Educational, Scientific and Cultural Organisation
- United Nations Office for Project Services
- Joint United Nations Programme on HIV/AIDS

1.3 Country context and programme focus for 2022



The results of the 2022 Zimbabwe Population and Housing Census showed the population of Zimbabwe is now 15,178,979. The population has increased by 16.2% and now stands at 15.1 million people from the 13 million people in the last census in 2012. This gives an annual population growth rate of 1.5%. From the total population of 15 178 979 a total of 7 289 558 (48%) were male and 7 889 421 (52%) were female, giving a sex ratio of 92 males for every 100 females.

The population constituted 3 818 992 households, giving an average of 4 persons per household. Given a land area of 390,757 square kilometres, the resultant population density stood at 39 persons per square kilometre.

Harare remains the most populous province with 16% of the total population residing in the province,

followed by Manicaland (13.4%) and Mashonaland West (12.5%), while the least populous provinces are Bulawayo (4.4%), Matabeleland South (5%) and Matabeleland North (5.5%). The share of urban population has increased from 33% in 2012 to 39% in 2022.

According to the Labour Force Survey, the unemployment rate among the general population was estimated at 19.5% while that among 15-24 years was estimated at 35.4%. According to the World Bank, real Gross Domestic Product (GDP) growth is estimated to have slowed to 3.4% in 2022 from 8.5% in 2021 on the back of worsening agriculture conditions and macroeconomic instability.

Figures released by the World Bank shows that the inflation rate declined from 557.2% in 2020 to 104.7% in 2022. The continued decline of the Zimbabwe dollar against other currencies, especially the United States dollar presents challenges to the general population and increases vulnerabilities and poverty.

Though the cases of COVID-19 have declined, the impact of the epidemic is still being felt in the economy. The country's health system continued to face a plethora of challenges in 2022, including lack of financial resources, declining health worker morale and poor working conditions resulting in high turnover of staff. This was further exacerbated by the COVID-19 pandemic which disrupted the provision of and access to essential SRH services, including maternal health.

Maternal Health

The maternal mortality ratio has declined significantly, from 960 maternal deaths per 100,000 live births in 2010 to 462 per 100,000 live births in 2019. Despite this progress, maternal mortality is still unacceptably high. The high maternal mortality occurs within a context of a high level of skilled attendance at birth (86 per cent).

This disconnect is due to the poor quality of services and the weak health system; underfunding of the health sector; shortages of medicines and equipment; a weak referral system; poor maintenance of infrastructure; and a skills gap in the public health sector. The provision of emergency obstetric and neonatal care is inadequate.

Family Planning

The Zimbabwe Family Planning Program has made remarkable and measurable progress over the years and is considered as one of the best performers in the region particularly in terms of its high modern contraceptive prevalence rate (married women), estimated at 68% in 2020. Unmet need for family planning has also been declining from 14.0% in 2012 to 10% in 2015 and so has the proportion of women whose demand is satisfied with a modern contraceptive method, which is near universal at 87.4% in 2020 compared to 81.3% in 2012.

Financing of commodities has been primarily through development partner support. During the period 2016-2020, all of the commodities were procured by UNFPA and other development partners who included USAID, FCDO and the European Union. This threatens commodity security in the event of reduction in funding by the partners. UNFPA has stepped up advocacy with the Government for increased domestic investment in family planning.



Maternal mortality ratio has declined significantly, from 960 maternal deaths per 100,000 live births in 2010 to 462 per 100,000 live births in 2019.



Unmet need for family planning has been declining from 14.0% in 2012 to 10% in 2015

Gender Based Violence

UNFPA's work on GBV includes service provision, GBV prevention, risk mitigation, advocacy, coordination and research in both development and humanitarian settings. Figures from the 2019 Multiple Indicator Cluster Survey (MICS) show that:

- 49.4% of adolescent girls and women aged 15-49 have in their lifetime experienced any form of emotional, physical or sexual violence committed by their current or most recent partner
- 39.4% of women and adolescent girls aged 15-49 have ever experienced physical violence, and 11.6% have experienced sexual violence.
- 34% of women aged 20-24 were married or in a union before the age of 18

In 2022, UNFPA continued to engage in community-based information sharing on GBV services and referral pathways, while also scaling up service availability and accessibility in target areas. The interventions were conducted in close collaboration with the Ministry of Women Affairs, Community, Small and Medium Enterprise Development (MoWACSMED) and non-Governmental organisations.

HIV

Zimbabwe has achieved the global 95-95-95 targets for people living with HIV knowing their status, receiving Antiretroviral Therapy, and being virally suppressed for adults aged 15 to 49 years. The latest HIV estimates for 2022¹ indicate that for adults aged 15 to 49 years all three targets were reached. In line with this, the national HIV prevalence for the age group is now estimated at 11.01%, a decline from previous data points. HIV incidence also continued to decline and is estimated nationally for the adult population, at 0.17% compared to 0.24% in 2021.

¹ 2023 HIV Estimates, MOHCC/National AIDS Council/UNAIDS



39.4% of women and adolescent girls aged 15-49 have ever experienced physical violence, and 11.6% have experienced sexual violence.



HIV incidence continued to decline and is estimated nationally for the adult population, at 0.17% compared to 0.24% in 2021.

Despite this very impressive result, vertical transmission of HIV from mother to babies remains nearly stagnant at 8.1% with the largest contributors identified as HIV positive mothers not receiving ART during pregnancy or breastfeeding, and mothers contracting HIV during the breastfeeding period. The syphilis treatment rate among pregnant women has also improved to 97% in 2022. These impressive achievements are however still fragile and hide geographical and age as well as gender-related inequalities.

Children aged 0-14 years are lagging behind in all aspects of the HIV treatment cascade, most notably on HIV testing with only 65% knowing their HIV positive status. The extreme vulnerability of adolescent girls and young women to HIV infection is illustrated by HIV incidence rates nearly twice the national average, and the fact that girls aged 15-19 years are 7.3 times as likely to contract HIV than their male peers. Key populations also continue to experience higher than average HIV incidence as well as comparatively lower access to and uptake of HIV treatment interventions - ART coverage among MSM is estimated at only 61.5% compared to nearly 95% in the general population.

In 2022, UNFPA continued to support HIV prevention programmes for key populations as well as promote increased integration of HIV/SRH and GBV services towards improving service access through the health system. Interventions also focused on strengthening the quality of syphilis treatment among pregnant women through supportive supervision and mentorship for health workers.

Adolescents and Youth

Adolescents in Zimbabwe, especially from rural and peri-urban areas, continue to face various challenges including high rates of teenage pregnancy, unsafe abortions, GBV, Sexually Transmitted Infections (STIs) including HIV, and lack of access to SRHR. In 2021, there was a sharp increase in the number of adolescents below the age of 16 years who fell pregnant and visited health facilities for Ante-Natal Care (ANC), compared to 2020. In 2022, the numbers remained concurrently high, with only a slight decrease of girls under 16 accessing the services (Health Management Information System).



Only 65% of children aged 0-14 years know their HIV positive status.

Girls aged 15-19 years are 7.3 times as likely to contract HIV than their male peers.



In 2021, there was a sharp increase in the number of adolescents below the age of 16 years who fell pregnant and visited health facilities for Ante-Natal Care (ANC), compared to 2020. In 2022, the numbers remained concurrently high.

In 2022, as part of focus of the new Country Programme, UNFPA's support focused on empowering adolescents and youth aged 10-24 by strengthening their agency to make informed decisions through increased knowledge and skills, supporting youth participation in legislative processes and, provision of quality youth friendly services. The support also focused on economic empowerment of youth, particularly young women, for resilient and diversified livelihood and economic opportunities to help them in addressing some of the negative SRHR outcomes that are poverty induced.

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 2022, UNFPA provided support towards 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 enhance the formulation and monitoring of evidence-based policies, plans and programmes, including in humanitarian settings.

Humanitarian

UNFPA supported the Ministry of Health and Child Care to conduct a Minimum Initial Service Package (MISP) for SRH in crisis situations readiness assessment (MRA). This was conducted by multi-stakeholders from Government ministries, UN agencies, NGOs. The country specific MISP guidelines adapted from the Inter-Agency Working Group for Reproductive Health (IAWG) guidelines were finalised and are still to be rolled out. The country has faced humanitarian emergencies including cyclone and Covid19 pandemic, which showed gaps in response mechanisms and the shortfall, has necessitated the need to have guiding documents and mechanisms for response in place. The next step will be to train SRHR focal persons at national and sub national level who will cascade to the lower levels.



In 2022, UNFPA provided support towards the 2022 Population and Housing Census



The country has faced humanitarian emergencies including cyclone and Covid19 pandemic, which showed gaps in response mechanisms and the shortfall, has necessitated the need to have guiding documents and mechanisms for response in place.

Key Results at a glance



2,745,590 women accessed family planning services in all health facilities in the country. Of these, 951,086 were women below the age of 25 years.

UNFPA procured contraceptives worth about **USD\$6 million** for distribution to all the 10 provinces of Zimbabwe.



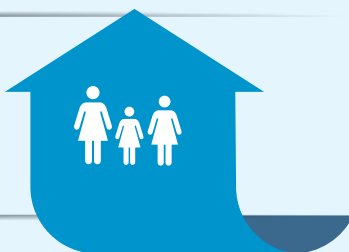
157,978 young people were reached with life skills programmes that build their health, social and economic assets in schools, universities and communities in supported provinces.

A total of **784,808** person exposures were reported through information sharing on GBV services and referral pathways by community based Behaviour Change Facilitators.

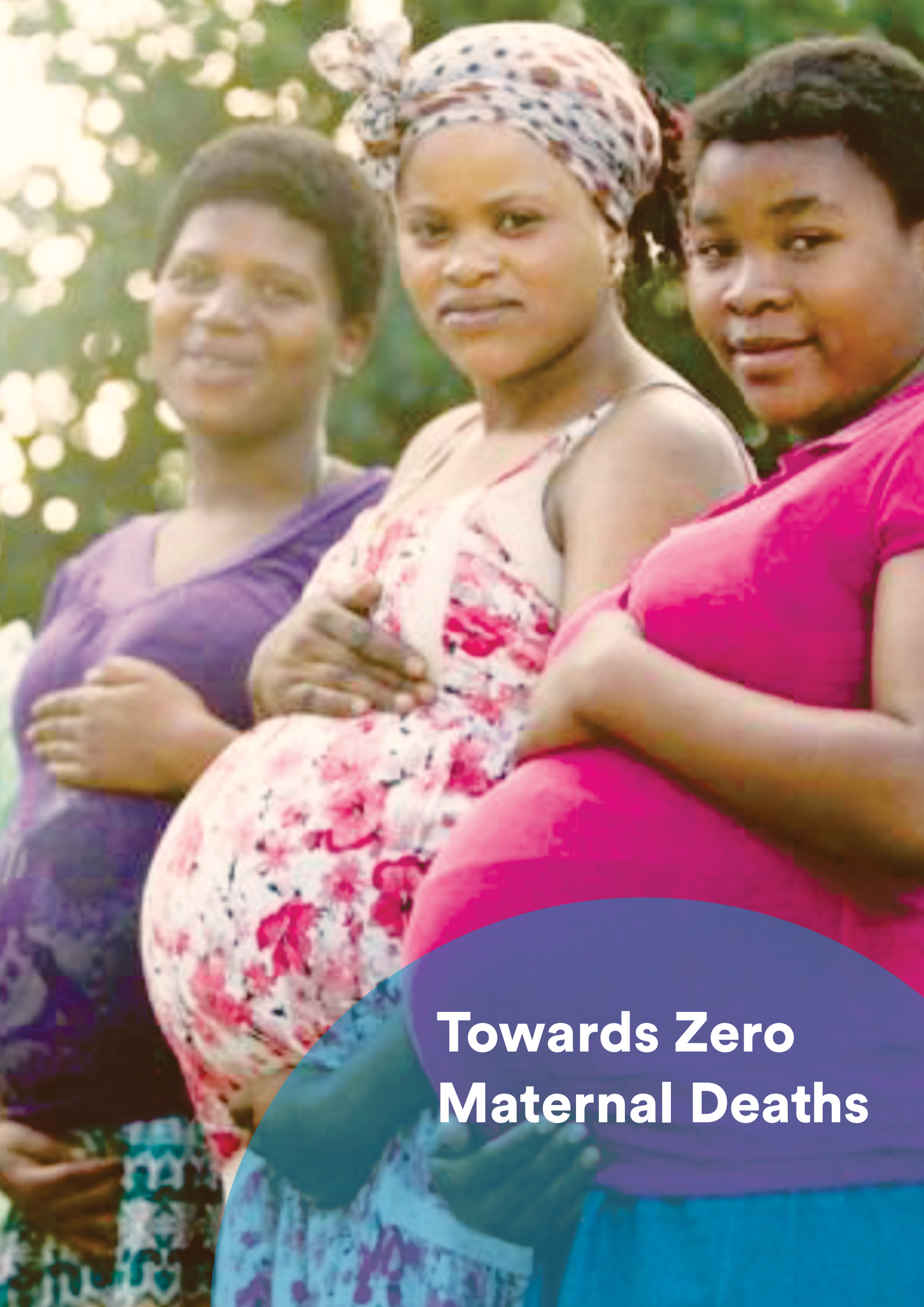


In 2022, **8,890 (846 male and 8,044 female)** accessed static One Stop Centers to access GBV services while 1,707 (77 males and 1,630) accessed safe shelters.

15,625 women and girls were reached in safe spaces supported by UNFPA in 14 districts of the country.



14,824 survivors accessed mobile One Stop Centres (711 were male and 14,113 were female).



**Towards Zero
Maternal Deaths**

1.4 Towards Zero Maternal Deaths

Interventions

UNFPA continues to support the Ministry of Health and Child Care and other implementing partners to provide maternal health care services and integrated SRHR services towards Universal Health Coverage. The country is faced with human resources challenges due to staff attrition because of resignations and migration within and outside the country. Funding to support the reduction of maternal deaths has dwindled, necessitating the strategic prioritisation of planned key interventions. Zimbabwe has seen an increase in climate related emergencies caused by droughts, cyclones and flash floods during the rainy season. The country was also not spared by the COVID-19 pandemic, which weakened an already fragile health system.

Midwives play a critical role in the provision of Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) services at all levels of health care. Investing in Midwifery education as well as strengthening the interdisciplinary roles of midwives can meet about 90% of the need for essential SRMNCAH interventions across the life course

As part of stepping up digital innovations to facilitate capacity building and delivery of quality services, UNFPA supported the Ministry of Health and Child Care in setting up an E-learning platform for pre-service and in-service midwifery training.

A core team of educators was trained on content development and use of the platform. There are plans to train more service users including students and Information Communication Technology support staff.

Reproductive Health equipment for obstetric surgery was procured and distributed to the five central hospitals and selected local polyclinics in the two major cities to strengthen the capacity for provision of Caesarean sections. The following equipment was procured and distributed: anaesthetic machines, doppler fetal heart monitor, bedside multiparameter monitors, delivery beds, delivery packs, obstetric surgical kits and resuscitaires.



Anesthetic machine



Doppler Foetal Heart Monitor



Achievements

The established E-learning platform for Midwifery education ensured standardisation of teaching and will contribute towards mitigating against the high staff turnover as one tutor can teach a subject virtually across all the schools. It is envisioned that e-learning will be gradually expanded to cover all nurses and other health professionals. A MISP readiness assessment was conducted and national guidelines adopted for Zimbabwe. This will go a long way in strengthening provision of reproductive health services during emergencies and humanitarian situations.

In the year, 2022 UNFPA procured contraceptives worth about USD\$6 million for distribution to all the 10

provinces of Zimbabwe. In addition, lifesaving reproductive health equipment such as midwifery kits, bedside monitors and examination lights and dignity kits with a value of USD380, 000 were also procured and distributed. Medical equipment was distributed to Manicaland province (Chipinge and Chimanimani districts) as part support to the health facilities affected by the tropical cyclone Idai.

Challenges

Human resources attrition continues to be a major challenge with a significant number of health workers leaving the country for economic reasons, especially nurses, midwives and doctors. This affects the provision of quality care and requires a continuous investment in both pre and in-services training while the Government works on medium to long term strategies to retain health workers.

Lessons learnt

Strengthened coordination of activities and of implementing partners maximises the use of resources

Focus for 2023 and beyond

Focus for 2023 will be the dissemination of the national MISP guidelines at provincial and district level of care and strengthening emergency preparedness and provision of reproductive health services during emergencies. Also key will be the scaling up use of e-learning to all midwifery schools and other health cadres

Towards Zero Unmet need for family planning



1.5 Towards Zero Unmet need for family planning

Interventions

UNFPA continues to advance the programme of action for the ICPD25 towards the achievement of zero unmet need for family planning. Interventions included continued advocacy work on increased domestic financing for contraceptives continued in 2023 and capacity building of health workers on the use of Sayana Press, a self-administered family planning method. Focus was also on capacity building on e-LMIS for health workers and task-shifting efforts that will facilitate provision of family planning services by Village Health Workers (VHW) was initiated.

UNFPA with support of Members of Parliament has been advocating for domestic funding for family planning commodities. A new national family planning strategy was launched last year for the period 2022-2026. The Government has also made commitments under the Fp2030. These include:

- To ensure availability and access to quality, integrated, affordable contraceptive services for all women regardless of age, sex, colour, religion, creed, disability, and geography by the year 2030.
- To ensure access for adolescents and young people regardless of sex, colour, religion, creed, disability, and geography to comprehensive and age-appropriate information, and remove barriers to access, availability, and uptake of voluntary contraceptive services to adequately protect themselves from unintended pregnancies, gender-based violence, STIs and HIV/AIDS.
- To ensure commodity security through mobilising domestic resources towards the procurement of contraceptives, including engagement with the private sector. UNFPA has been assisting the Government technically and financially towards achieving its commitments.



Implant insertion demonstration

Achievements

Launch of family Planning Strategy

A new national family Planning strategy (2022-2026) was launched in 2022 as well as a 5 year Compact of Commitment signed between the Government of Zimbabwe and UNFPA. Under this, the Government committed to utilize domestic resources for procurement of contraceptives. At least USD1, 5 million worth of contraceptives were procured in 2022 and a similar amount has been committed for 2023. This is a very important development, as commodity security cannot be achieved without the Government playing a leading role in the funding of contraceptives using domestic resources.

Capacity building

A pool of 58 national trainers were trained on the use of Sayana Press and human rights-based approach to family planning. Use of Sayana Press was also expanded to three extra rural provinces namely Midlands, Masvingo and Manicaland after the pilot. This will go a long way in strengthening method mix and facilitating a wide range of choice for women.

Integrated SRH/GBV information

Towards improved access to FP and integrated SRH/GBV information through task shifting, the VHW training manual was reviewed by a multi-disciplinary stakeholder team to integrate the provision of oral contraceptives re-supply and community surveillance for GBV. A pilot of the training material was carried out working with trainers of trainers before the nationwide rollout.

ELMIS roll out

E-LMIS was rolled out to an extra 240 health facilities using UNFPA Supplies Partnership resources. Collectively with additional funding from the Global Fund and Chemonics 300 health facilities were capacitated to use e-LMIS in 2022. Cumulatively, including sites capacitated in 2021, the e-LMIS is now being used at 400 health facilities

Of 400 health workers from 240 health facilities was conducted using UNFPA Supplies resources. Cumulatively 400 health facilities are now using e-LMIS and this is expected to further strengthen supply chain management, including last mile assurance. It is expected that the eLMIS will enable district health management teams to easily identify overstock and understock situations and then to redistribute stock to meet patient needs and reduce losses through commodity expiry. In addition, at least 200 pharmacy workers were trained in e-LMIS

Challenges

High staff attrition rate continued within the Ministry of Health and Child Care to countries within the region and to the United Kingdom. Midwives and nurses are the most affected and this affects quality of care

Focus for 2023 and beyond

For 2023 UNFPA will continue advocacy with the Government for increased domestic investment in family planning and focus on quality improvement and strengthening human rights-based approach to family planning





Towards Zero Gender Based Violence and Harmful Practices

1.6 Towards Zero Gender Based Violence and Harmful Practices

Interventions

UNFPA's work on Gender-Based Violence (GBV) includes service provision, GBV prevention, risk mitigation, advocacy, coordination and research in both development and humanitarian settings. In 2022, UNFPA continued to engage in community-based information sharing on GBV services and referral pathways, while also scaling up service availability and accessibility in target areas. The interventions were conducted in close collaboration with the Ministry of Women Affairs, Community, Small and Medium Enterprise Development (MoWACSMED) and non-Governmental organisations.

Provision of multi-sectoral services for GBV survivors

Community GBV shelters

These offer temporary refuge to GBV survivors whilst providing them linkages to appropriate services to address their various post GBV needs. The safe shelters have also been expanded to include livelihood skills projects that train survivors in income generating activities.

Static and mobile One Stop Centres

The static and mobile OSCs provide access to essential GBV services including medical, psychosocial support, paralegal assistance and police services when required. The mobile service provision continued to prove the most effective way to enhance accessibility in remote areas.

Shuttle services

Shuttle services offer access to higher levels of care for survivors in rural and hard to reach areas. The shuttle service does not only address the transport challenge that many survivors face, but also provides referrals and counselling and prepares them before accessing offices or GBV facilities.

Community-based interventions towards shifting of social norms and behaviour change

Safe spaces

These are formal or informal spaces where women and girls (25-49 years of age) can participate in activities and feel physically and emotionally safe. The term 'safe' in this context refers to the absence of trauma, excessive stress, violence (or fear of violence), or abuse. It is a space where women and girls feel comfortable and enjoy the freedom to express themselves without fearing judgment or harm. The key objective of safe spaces is to provide an area where women and girls can socialise and re-build their social networks; receive social support; acquire contextually relevant skills; access safe and non-stigmatising multi-sectoral GBV services; and receive information on issues related to women's rights, health and SRH services.

Sista2Sista clubs

These target and engage girls and young women (10-24 years of age) through a 42-session modular programme, which

includes life skills, financial literacy, and integrated SRHR/GBV/HIV information and service referral. The intervention aims to increase participants' knowledge and utilisation of integrated GBV/SRHR services and their agency to make informed choices to protect themselves from harmful practices. Both Safe spaces and Sista2Sista clubs play a critical role in empowering women and girls with skills and self-efficacy for their lives, including sexual and reproductive health, livelihoods and economic literacy, which contributes to mitigating the risks of exposure to GBV.

Capacity building for clinical management for rape survivors

UNFPA supported the Government of Zimbabwe to supply post rape kits that are administrated by trained nurses and doctors at public health facilities for effective forensic examinations as well as related post rape treatment

Strengthening of the GBV referral pathways

District specific referral pathways were developed and distributed to the public, service providers and all relevant stakeholders. The referral pathways play an important role in sensitising communities and stakeholders of GBV services available in their district and creating demand for services. This is in addition to the already developed and disseminated comprehensive updated directory of GBV service providers. All the materials were designed and translated into Shona and Ndebele. The referral pathways also form an important part of GBV community surveillance led by behaviour change facilitators at community level



Disability Inclusion

Strengthening the disability movement in partnership with the women's movement

GBV Information Management System (GBVIMS)

Efforts to have a national GBV IMS continue with plans underway to receive support through UNFPA regional office and HQ. So far, the Ministry of Women Affairs is on board with support from the Ministry of ICT and the Zimbabwe Statistical Agency, ZIMSTAT having been engaged in 2021.

Achievements

GBV services provision (Shelters, One Stop Centres, shuttle) including in humanitarian settings

In 2022, UNFPA supported 11 shelters, Mobile OSCs in 19 districts and shuttle services in 6 districts. The mobile OSCs and shuttle service models particularly worked well as a humanitarian response in selected districts in line with evolving needs by applying a development – humanitarian nexus approach.

Some of the main achievements include:

- In the five supported provinces (Manicaland, Mashonaland Central, Mashonaland East, Midlands and Matabeleland), 26 percent, 2,082 out of 8,043, survivors of rape who accessed health services did so within 72 hours. This is essential to enable timely reporting and access to services such as Post Exposure Prophylaxis (PEP).
- 8,890 survivors accessed services at static One Stop Centres, out of them 8,044 were female and 845 male.
- A total of 14,824 survivors received services through mobile One Stop Centres, out of these 711 were male and 14,113 were female. At least 105 out of the survivors were people living with disabilities. The mobile OSCs, operational in 16 districts of the country, were provided by multi-sectoral teams, including specialised GBV counsellors, nurses, as well as paralegals and Victim Friendly Unit officers.

- Referrals to a higher level of care were also provided - 1,707 survivors accessed the 11 safe shelters that UNFPA is supporting, against an annual target of 1,020 and a total of 1,684 survivors were assisted through the shuttle service

GBV risk mitigation and psychosocial support through Safe Spaces and Sista2Sista Clubs

During 2022, 140 community volunteers in six districts were trained on Safe Space management including information on COVID-19, psychosocial support, SRHR and menstrual health. The Safe Spaces are co-created through engagement of district level Government and community stakeholders, which ensures ownership and sustainability of the interventions. The MoWACSMED and district structures support the Safe Spaces livelihoods and will continue to provide oversight when the programme ends. Together, the Behaviour Change Facilitators reached 16,190 women and girls with psychosocial support, life skills and livelihood activities at Safe Spaces.

The Sista2Sista clubs provide SRHR/HIV/GBV integrated support for Adolescent Girls and Young Women (AGYW). Through the Sista2Sista sessions, 3,137 AGYW were reached with GBV risk mitigation, resilience building and life skills packages.

In total, 898,513 people were reached through community mobilisation and GBV awareness through trained Behaviour Change Facilitators (BCFs), 6,807 out of these people were women and girls living with disabilities. A total of 275 BCFs were trained to provide integrated GBViE engagement and referral services.

GBV Community based surveillance

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. Community-based GBV surveillance enhanced the dissemination of information on essential life-saving services, worked as a tool to conduct GBV risk assessments and for timely referral of GBV survivors to services in remote and hard to reach areas. A total of 3,643 GBV survivors were identified and timely referred to multi-sectoral services through community-based GBV engagement.

GBV Sub-cluster coordination

In 2022, UNFPA continued to provide technical support to the coordination of the GBV sub Cluster at national level. In close coordination with the Ministry of Women Affairs, Community, Small and Medium Enterprises Development (MoWACSMED), UNFPA led advocacy efforts to ensure recognition of GBV services among essential services during multi-hazard emergency contexts. UNFPA also worked with UNICEF to establish a GBV E-referral pathway app, which was successfully set up, with piloting expected to continue in 2023. The app will help service mapping during rapid onset emergencies, and facilitating timely access to life-saving services including in remote areas.

In collaboration with OCHA and the inter-cluster coordination team, UNFPA as the lead of the GBV Sub Cluster,

provided support to GBV specialised actors and all sector actors, to ensure integration of GBV risk mitigation and response to humanitarian action, including in food security, health, WASH, shelter, nutrition, protection and child protection as well as education.

UNFPA provided technical support to the inter-cluster team and ensured integration of GBV risk mitigation and response in inter-cluster preparedness and contingency planning. This included enhancing the ability to quickly provide the affected population with critical relief supplies, ensure that humanitarian coordination mechanisms in SRH and GBV are in place, develop and implement an Annual Preparedness Action Plan and to develop tools and make arrangements for needs assessments, information management and response monitoring.

During the year, UNFPA continued to ensure that PSEA risks, including those relating to implementing partners, were assessed and reflected in programme design, execution and monitoring.



Challenges

- Funding limitations led to reduced support to some GBV response models including shelters. This calls for a sustainability strategy, which UNFPA is exploring with Government and CSO partners.
- While the recognition of GBV among Humanitarian response priorities continued to increase in 2022 within the Inter-cluster coordination group and among donors, funding for the GBViE response models remained limited as compared to the needs. As a result, though the targets for the year were abundantly reached, the capacity to scale up and ensure availability of services in more geographic areas was reduced.
- In order to strengthen PSEA mechanisms, it is key to build the capacity of IPs and all stakeholders on PSEA principles, beyond mandatory courses. This is done also through strengthened coordination with the inter-agency PSEA coordinator (RCO) and sensitization on the inter-agency PSEA mechanism, established in 2020
- Regardless of all the positive changes brought by the supported interventions, people with disabilities continue to suffer marginalisation. Stigma and discrimination are still existent within communities and families still conceal the existence of their children and relatives who live with impairments. Institutions and civil society are still lacking means of offering support to people with hearing and visual impairments and many programs are designed for spaces, which are inaccessible for people with disabilities and impairments.

Lessons Learnt

- Coordination of static, mobile service providers and community referrals is key to enhance timely reporting by survivors.
- Integration of SRHR/GBV response models remained crucial in 2022 while the engagement of inter-cluster teams to build their capacity on GBV risk mitigation and referrals remained critical.
- District level collaborations among partners and stakeholders results in effective response to GBV in the district.
- Sustainability of interventions beyond donor support must be a key consideration in engaging the Government. There could be unintended reversals in the gains made in ensuring quality responses to GBV in the country.

Focus for 2023 and beyond

- Enhance integrated GBV/SRH service delivery through innovative models adapted to the development-humanitarian nexus context
- Strengthen engagement and advocacy with the Government and private sector to explore options for sustaining services and other response options to GBV.
- Scale up work around disability inclusion in UNFPA interventions



Towards Zero HIV infections



1.7 Towards Zero HIV infections

Interventions

In 2022, UNFPA continued to support HIV prevention programmes for key populations as well as promote increased integration of HIV/SRH and GBV services towards improving service access through the health system.

HIV Prevention for Men having sex with Men (MSM) with support from Global Fund

UNFPA implements the Men having Sex with Men (MSM) programme under the NFM3 Global Fund grant. The programme focuses on community mobilisation, demand creation and referrals for HIV and SRHR services. It is implemented through five drop-in centres and a network of peer educators in Bulawayo, Gweru, Masvingo, Mutare and Harare. In 2022, 7,141 MSM received information on two or more HIV prevention services. 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 2023. In 2022, 1,978 MSM were tested for HIV and 39 were positive. A total of 930 MSM were initiated on Pre-Exposure Prophylaxis for HIV (PreP). 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 key populations' desk provided virtual assistance and counselling services to 293 Men having sex with Men (MSM), 254 Men Selling sex (MSS) and 3,227 Women selling Sex (WSS).

Final stage of the second chance education programme for Young Women Selling Sex (YWSS)

UNFPA partnered with CeSHHAR in a pilot programme to address the intersection between social, economic, behavioural, and biological risk factors that place young women selling sex at heightened risk of infection to HIV. Participatory research with YWSS suggests that they have often had to drop out of formal education and as a result have few opportunities to access formal employment. In contrast to many older sex workers who see sex work as the means of livelihood on which they can rely, many of these younger women have a keener desire to pursue opportunities beyond sex work and wish to return to school.

Young women aged 15 to 24 who sell sex were assessed to determine their need and motivation for educational subsidies. Those who were eligible were assisted by an Outreach Worker to enrol in an institution of their choice. In 2022, the last cohort of 25 YWSS finished their courses. A total of 600 YWSS were assisted with educational subsidies.

YWSS identified by young peer educators from this age group were also encouraged to attend Young Sisters Community Empowerment/Mobilization activities and the Sister's clinic or other acceptable health services to access contraception, condoms, PrEP and link to other HIV prevention and treatment services as required.

Public sector sites sex work programme

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 36,506 interactions with known sex workers by micro planners were reported in 2022. Of the sex workers referred, 6,939 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. Implementation and monitoring is managed through the District AIDS Council offices, which minimises overhead cost of the programme and provides a viable pathway to long-term sustainability of key population interventions, beyond current support from external funders.

HIV/STI – support for improved STI syndromic management

UNFPA continued to complement Global Fund and PEPFAR supported programmes by strengthening the quality of syphilis treatment among pregnant women through supportive supervision and mentorship for health workers. The support aims to ensure dual elimination targets are achieved and resulted in an improvement of syphilis treatment rate for ANC women to 2022 to 97%, with some remaining gaps in testing that were largely linked to temporary shortages of test kits. In 2022, 422,589 pregnant women were tested for syphilis, 7,675 were positive and of those positive, 7,442 were treated giving a treatment rate 97%. UNFPA's support in 2022 focused on finalising and piloting the electronic training and mentoring module for syndromic management of STI, which was concluded in 2022.

SRH/HIV/GBV integration

Funding support towards upstream and downstream work on integration of HIV/SRH/GBV services under the regional SIDA-funded 2gether4SRHR programme was concluded with the end of Phase 1 of the programme in 2022. UNFPA together with MOHCC and the three participating agencies conducted a national review and learning meeting that identified service integration as a motivator for health workers and an important approach to improve patient satisfaction and service access. Key lessons shared in the national review meeting were presented during the Regional Knowledge Sharing Symposium, which took place in October in Victoria Falls.

Phase 2 of the regional programme is expected to start in 2023 although details of the funding modality and programmatic scope are yet to be finalised between the UN regional offices and the SIDA regional SRHR team.

Support for ZNASP III mid-term review

The country embarked on a mid-term review of the national AIDS Strategic Plan III. UNFPA provided technical support towards the review ensuring that AGYW and KP needs are adequately addressed. As a result of the review, the current plan was extended to 2026 to match the Global Fund Cycle.

ICASA 2023

Zimbabwe was awarded the hosting of the next International Conference on AIDS and STIs in Africa (ICASA) to take place in December 2023. UNFPA CO is part of the Steering Committee that first met in November 2022 in Victoria Falls. A subsequent meeting identified UNFPA as the programmatic lead for the Youth Ministers' pre-conference. Ensuring the success of the pre-conference as well as contributing to the organisation of the main conference will require substantial efforts from the CO in 2023.

Achievements

- Resource mobilisation by UNFPA CO and sustained programmatic support for the two MSM implementing partners GALZ and SRC resulted in notable improvement of the performance of the MSM programme vis-à-vis the Global Fund performance framework. In 2021 and the first half of 2022, all three indicators had continuously missed targets by a large margin. Measurable improvements were achieved in the second half of 2022 through introduction of micro planning into peer education, as well as funding for clinical outreach services. Targets on access to HIV prevention information were surpassed and PreP initiation reached 80% of target.
- The successful pilot of the electronic mentoring module for syndromic management of STI opens doors for its inclusion into the new comprehensive eLearning platform for nurses and midwives, and will contribute towards maintaining technical capacity in a health workforce that is severely affected by attrition.



Lessons learnt

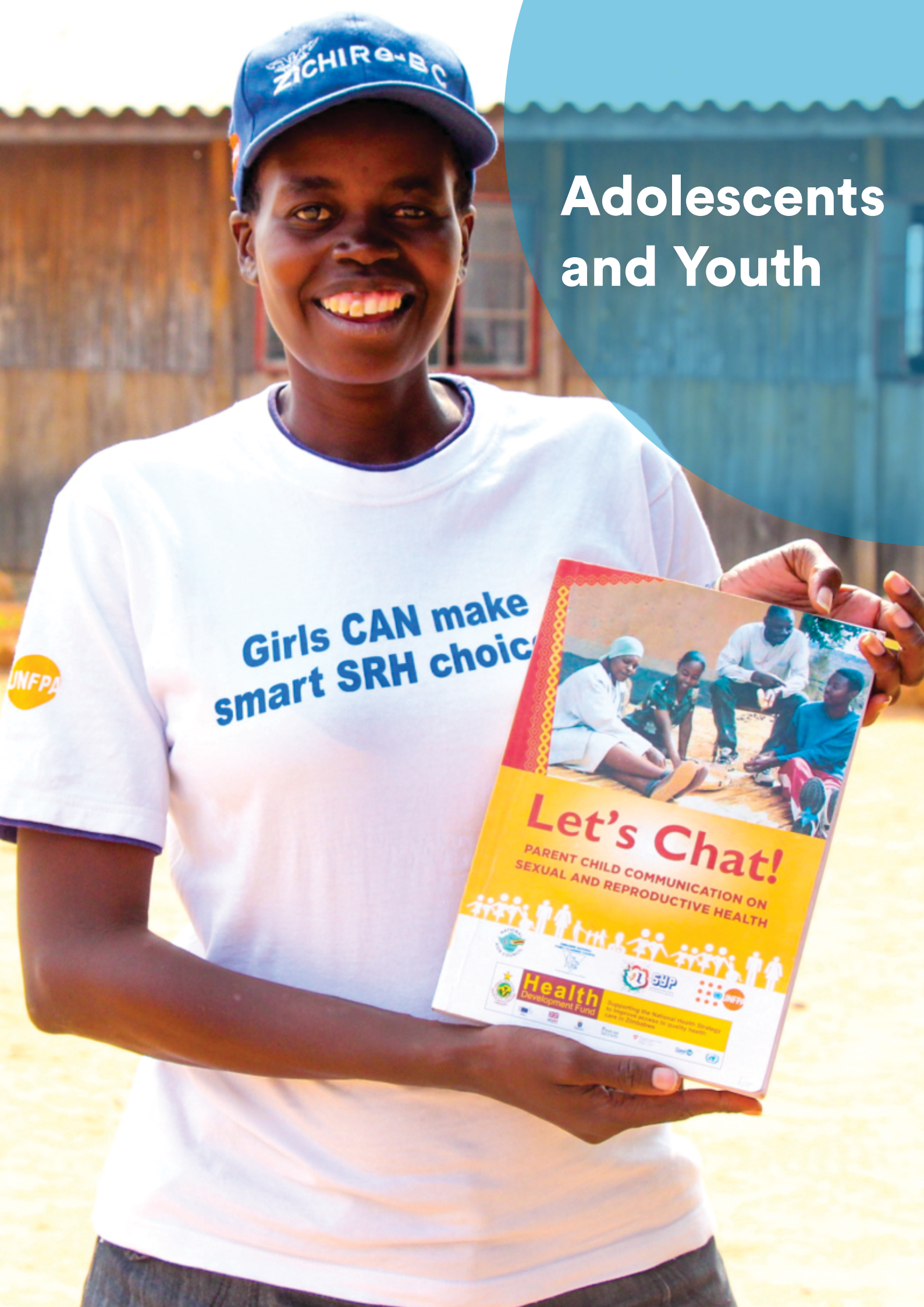
Vertical HIV programming has been unable to turn around MTCT rates - this calls for better integration of HIV prevention and treatment into broad programmes such as ante and postnatal care delivered in PHC facilities and at community level, especially for young mothers. A special focus is required to institutionalise follow-up and retesting of pregnant women who initially test HIV negative at first ANC visit.

In the context of stagnant or reducing funding for HIV prevention programmes even through the Global Fund, CO efforts towards identifying and testing models using the public sector for service delivery to key populations are contributing towards mapping a longer-term strategy towards sustainability. In the short term, limited resources need to be mobilised to maintain the programmes for further learning and improvement. There is also a growing need to mainstream and articulate HIV prevention in broader health sector support programmes to ensure that key and vulnerable populations retain access to services in all geographical areas, beyond the often targeted support for high-prevalence and incidence areas provided by PEPFAR and the Global Fund.

Focus for 2023 and beyond

- Continued support for the MSM programme with a focus on improving access to and uptake of HIV prevention methods such as PreP. Recent research findings also call for exploring the inclusion of substance abuse prevention and mental health programming into the existing programme architecture. This can be done as an integrated effort with the CO Youth Programme.
- Work with stakeholders such as MOHCC Nursing Department towards full implementation of National Community Health Strategy to articulate and implement comprehensive HIV and SRHR programmes for adolescent girls and young women, including improved postnatal follow-up.
- Support MOHCC in expanding the existing eLearning platform and health worker access to it to improve job skills such as STI management in the context of pregnancy care.
- Support towards ICASA 2023 organisation with a focus on the youth agenda and the planned high-level pre-conference for African Ministers of Youth and Sports.

Adolescents and Youth



**Girls CAN make
smart SRH choices**

Let's Chat!

PARENT CHILD COMMUNICATION ON
SEXUAL AND REPRODUCTIVE HEALTH

**Health
Development Fund**

UNFPA

GBV

UNFPA

1.8 Cross cutting issues

Adolescents and Youth

Interventions

Strengthened enabling environment

The ability to achieve healthy and empowered adolescents and young people hinges on a supportive legal and policy environment. This will ensure that every person can exercise their fundamental right to sexual and reproductive health when legislation supports the care, protection and access to services by adolescents and young people.

In 2022, the Parliamentary Youth Caucus was established, with UNFPA support, to ensure that young people's issues are prioritised in all legislative processes. By bringing together like-minded Members of Parliament, the caucus ensures that issues affecting young people are discussed in every parliament sitting and that bills include a youth perspective. Youth engagement with Parliament included the Junior Parliament and young people submitting their views and opinions on the Child Justice Bill, the Children's Amendment Bill and the National Youth Bill. The National Youth Bill now makes provision for a 10% youth representation in parliament, which is a significant increase from the previous 2% youth parliamentarians. The continued interaction, advocacy and networking with legislators by the youth aims at influencing policy, legislation and Government programmes.

Thirty members of the Young People's Network on SRHR, HIV and AIDS (YPNSRHHA) were trained in advocacy for SRHR and youth development to be able to bring out the coordinated voice of young people in the national response to SRH, HIV and AIDS.

To ensure inclusion of adolescent and youth development across ministries, youth desks across the ministries are essential. UNFPA continues to support establishment and operationalization of this desks, This year, 12 ministries have submitted annual youth operational plans whilst 20 ministries have reported on youth activities undertaken throughout the year. The high level interactions with Ministry principals secures buy-in from Government and increases Youth Desks in all Ministries Departments and Agencies.

Strengthened demand through empowerment

The demand for services amongst young people depends on their knowledge about their SRHR a. Hence, UNFPA is supporting various interventions in and out of school to inform and empower youth with skills to make informed decisions and positive actions about their body and life.

In-school Comprehensive Sexuality Education (CSE)

A total of 429 teachers were capacitated in Guidance and Counselling (G&C), under which CSE is delivered. The decentralised cluster approach where

training is conducted within school facilities in the respective districts was used in four districts. One hundred and eighty (180) people, including Special Needs Education teachers, Head of Departments, G&C and coordinating teams, have been trained on disability-friendly implementation of Guidance and Counselling programmes.

An in-school CSE Teacher training manual that integrates menstrual health management, climate change and mental health was also developed and printed during 2022.

The broadcasting of interactive radio sessions on Life Skills, Sexuality, HIV and AIDS that were developed in 2021 continued. A set of 54 radio sessions were aired on four different radio stations during 2022.

A total of 5,000 copies of the Fit for Life and Work learner workbook were printed, as well as 5,000 copies of Grade 5 to 7 Guidance and Counselling and Life Skills Education learner modules. The Fit for Life learner's workbook is meant to complement the interactive radio sessions or to be used independently. The Guidance and Counselling and Life Skills Education learner modules support the teaching of CSE by empowering learners with life skills and values that prepare them to cope with developmental changes that take place during puberty.

Ministry of Primary and Secondary Education (MoPSE) multi-stakeholder joint mentoring and quality assurance visits to improve the quality of teaching of CSE were conducted to 88 schools during 2022.

The visits highlighted gaps in the teaching and learning of Guidance, Counselling, and Life Skills education. The notable gaps included inconsistency in the subject's teaching and learning in schools, limited G&C teaching and learning materials in schools and insufficient teacher training. Follow-ups with MoPSE are being done to ensure the findings are being resolved.

CSE for students in tertiary institutions

1,500 peer educators were trained on SRH and gender-based violence to strengthen the availability and access to SRHR/HIV/GBV information and services in tertiary institutions. Trained peer educators continue to lead WhatsApp and in-person dialogues, organise localised awareness campaigns, and assist in staffing of resource centres and initiating referrals to services. The resource centre model has proved to improve access to services in cases where students avoid college clinics due to a number of reasons such as lack of youth friendly service provision, ethics by health staff, fear of being judged, or the type of services for instance STI treatment. To ensure inclusion and enhance accessibility, 13 peer educators for young persons with disabilities were trained on CSE.

The resource centres are complemented by a national call centre, which is proving to provide the confidentiality, which some students prefer, allowing them to be referred for services in anonymity. Call centre operators, who received 9,000 calls during the year, observed a consistently high number of cases of mental health issues, accounting for up to twenty nine percent of calls received.

Hence, in 14 tertiary institutions, mental health management support groups for students were established during this year. 361 students participated in the sessions that aim to facilitate self-generated and peer solutions to mental health challenges faced by young people.

Community based out of school CSE

The community-based, Comprehensive Sexuality Education for out-of-school youth aims to engage young people to influence their understanding and use of SRHR services. In 2022, 771 out-of-school youths were educated on how to respond to effects of climate change, environment, and disaster risks as they pertain to SRHR, GBV, HIV and wellbeing. Almost 400,000 young people were reached with Social Behaviour Change Communication and CSE programmes across the Safeguard Young People program supported districts.

Integrating Economic Empowerment and SRHR interventions

UNFPA continues to support integrated Economic Empowerment and SRHR interventions for youth in Hopley suburb. These include livelihood skills building, life skills training and promoting access to SRH/HIV/GBV services.

The project combines a multi-stakeholder approach including Plan International, Youth Ensemble, City of Harare (custodian of the project), and line Government ministries of Health, Gender and Youth.

A Youth Advisory Panel (YAP) that will be able to advocate on issues that are currently affecting the youth in Hopley was established in 2022. Thirteen YAP members were introduced to the key stakeholders to ensure that they are part and parcel of any youth programming activities that are being implemented in the District.

A total of 259 young people were supported with business support services through mentorship and capacity building. The community-based organisation Youth Ensemble facilitated and modified a WhatsApp Bot by including a market linkage platform, providing the young business people an online platform for their goods and services. Twelve business enterprises were supported in getting their business registered, through the Zimbabwe Youth Council.

An especially successful business enterprise at the Tariro centre is the group of young people growing and selling mushrooms. By adopting a new and unique way of cultivating mushrooms, using buckets, they are able to sell their products with an average monthly sale of USD60 per member.

Eight saving groups (including twelve male and twenty-four female members) have managed to save a total amount of USD3,460.00 from January to December 2022. The groups hope to disburse their savings in order to support the starting up of their own businesses, and seven people, including five female and two male, managed to start their own businesses using funds from the saving groups.

Youth friendly services

The Ministry of Health and Child Care, under the SYP programme has continued to provide mentorship to support 22 district teams and health facilities across six provinces, with a special focus on Cyclone Idai affected districts of Chimanimani and Chipinge. The support was delivered both through physical on-site visits and virtual platforms such as WhatsApp groups. Health facilities have also received on the job training and mentorship on the national guidelines on provision of essential SRH and HIV services to adolescents and young people in the context of COVID-19 and emergency settings. At least 445 health service delivery points are now offering the standard package of adolescent and youth friendly health services in SYP districts.

As part of reaching out to the hardest to reach and most vulnerable populations, three districts, conducted 5-day outreach camps with selected and underutilised services for adolescents and young people.

These camps were also integrated with mentoring of health facility AYFHS focal persons by district teams on various aspects of the nine standards on YFHS/AYFHS.



Challenges

- New COVID-19 cases have been on the decline since the beginning of the year. Colleges were still opening in batches where students attend lectures in turns. This has affected access to services where students are unable to use their school medical aids at home. The economic challenges currently prevailing leave them incapable of paying for services when not at college. Moreover, the hybrid calendars of colleges also limited the participation in support groups and access to youth friendly college-based mental health management services. Despite online alternatives being available, physical meetings have proven to be more effective and interactive.
- The unfavourable economic conditions are predisposing students to risky behaviours and risk of contracting STIs. There is a need to advocate for the resumption of student grants. Increased cases of STIs reversed the gains of the Condomize campaign and other condom distribution initiatives.
- Disability-friendly SRH services remains a challenge due to shortages of trained healthcare staff on disability-friendly service provision.
- There has been a surge in teenage pregnancy that are associated with COVID-19 imposed restrictions that saw schools and tertiary institutions being closed including in early 2022. It is anticipated that current studies

- on the impact of COVID-19 on teenage pregnancy will establish the extent of the problem and develop response strategies.
- Electricity and internet outages hampered active participation in online discussions

Lessons Learnt

- The implementation of support groups has proven successful with a high turnout of young people on the platforms.
- The use of a call centre to reach out to young people in need of assistance with tele-counselling services is producing positive results.
- Mutual oversight is essential because it enables implementing partners to keep the project on track and monitor its outcomes and results.
- It is essential to cooperate closely with all the relevant partners (Government line ministries, Local Government, City of Harare, and Community) on all activities, as young people are a target group for political parties, particularly as

the country prepares for the 2023 elections. This helps to eliminate any uncertainty regarding the project's action

- Youth benefit more from the integration of SRHR and YEE components if it is facilitated by young people.
- Working with Youth-Led Organizations is more efficient because they are always on the ground for community-based monitoring and mentorship of young people's businesses and abilities.

Focus for 2023 and beyond

Menstrual Health Management (MHM): integrating MHM as part of adolescent and youth health and wellbeing is critical.

Self care module: UNFPA will support innovative integrated self-care interventions systems for adolescents and young people focusing on decreasing teenage pregnancy.



Population and Development

OF OLDER PERSONS

JUNE 2016



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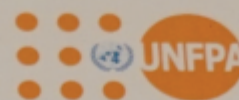
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ZIMBABWE



INTER-CENSAL DEMOGRAPHIC SURVEY, 2017



CENSUS 2012

National Report



1.9 Population and Development

Interventions

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 2022, 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.

Achievements

The 2022 Population and Housing Census was successfully conducted, and preliminary results released to users and the public in a timely manner, thanks to the Computer Assisted Personal Interviewing (CAPI) method of data collection which was used for the first time in a census operation.

Census field mapping, whose coverage stood at 96 percent at the beginning of the year, was completed on time, with more than 40,000 Enumeration Areas (EAs) being demarcated and mapped, thereby facilitating the recruitment, training, and subsequent deployment of about 50,000 field staff for the census enumeration in April.

Preliminary results, which were more detailed than in previous censuses in terms of themes covered and the depth of the analysis, were released within three months of the completion of data collection as planned, and are accessible on the ZIMSTAT website (<http://www.zimstat.co.zw>).

The results were widely reported in mainstream and social media, both print and electronic, and were used by the Zimbabwe Electoral Commission (ZEC) in the Constitutional Delimitation of Electoral Boundaries for the 2023 Harmonised General Elections. The results, which were included as an Annex to the National Budget Statement, were also used by the Ministry of Finance and Economic Development in crafting the 2023 National Budget. A draft national report on the final census results was in place at the end of the year and was only awaiting quality assurance review.

A Post Enumeration survey (PES) was successfully conducted with the view to evaluating the quality of the census in terms of both coverage and content errors, and a report was produced. As part of data quality control and continued efforts in strengthening the capacity of ZIMSTAT, over seventy-five census staff (both subject matter persons and IT personnel), drawn from Data Quality Management Teams (DQMTs) established for the census, were trained on the use of STATA in analysing census and household survey data.

DQMTs were charged with the responsibility of downloading data from the central server on a daily basis and generating field check tables which were sent to provincial supervisors for analysis and detection of possible data errors and biases. Technical assistance was provided to ZIMSTAT in the deployment of census CAPI Application and data processing system during enumeration as well as in the planning and execution of the PES.

Several analyses were done using VMAHS and HMIS data. Notable was the analysis of selected maternal health indicators which informed the Health Resilience Fund (HRF) Concept Note, later updated to inform prioritisation and geographical coverage of proposed interventions. The analysis also included data on SGBV survivors who visited health facilities within 72 hours for services.

The percentage of UNFPA selected SDG indicators with up-to-date data increased from a baseline of 65% at the beginning of the year to 71% at the end of the year. This is attributed to new data which was collected for the first time in the 2022 PHC, such as data on women who got into marriage or union before age 18 and data on death registration. In total, the 2022 PHC provided data on 24 SDG indicators.

Challenges

Lack of funding adversely affected the review of the National Population Policy, the conducting of the COVID-19 impact study, and the engagement of a consultant to set up an SDG/ICPD/transformative results data platform.



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 2023 and beyond

- Supporting the Zimbabwe Demographic and Health Survey
- Supporting census thematic analysis.
- Continue 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

Stories from the field: Our results in action



A new hope – Luana's story

"My mother seems to be happier now than she was before she started visiting the safe space created in my village. She takes pleasure in the particular "me" time she has set apart for herself at the safe space, the special connections she has formed with the other ladies from our community. She is "Luana" for just two hours a week, not a wife, mother, sister, aunt, or even a sister.

Before the safe space was set up in our area, my mother's life was filled with unhappiness and persistent exhaustion. No one is safe from my father's verbal abuse when he is intoxicated, including us, his own children. He is not an easy man to live with. My mother would work her fingers to the bone to provide for me and my brothers since my father spends the little money he makes from his menial jobs on drinking, the "water of life," as he puts it. We have little food to eat due to the minimal rainfall we received, and elephants' destroyed our crops making an already dire situation even worse.

My mum has found comfort in the safe space gatherings despite all the problems. Her good times at the safe place have spread to us. She now spends more time with us and appears to handle my father's flaws with a great deal of composure and patience. Despite the food limitations, our family environment is significantly happier and my mother is more content and relaxed. We even appreciate the small food donations from the gatherings and the new recipes she has tried at home after learning them at the safe space.

I watch my father enjoy the food even if he never says it, but it has set a pleasant environment to share a joke or two during meals".

Luana is a member of the Jambezi safe space, in Hwange district, which was established as part of the project, called: "Building resilient and sustainable community systems for GBV risk mitigation," implemented by UNFPA through the work of its implementing partner, World Vision, with financial support by USAID – Bureau for Humanitarian Assistance (BHA).

Services offered at the safe spaces include group counselling, individual counselling, referrals for GBV services, and information sharing on SRHR. The safe spaces are managed by mentors who are trained in psychological first aid and psychosocial support therefore, besides providing information on SRHR, are also able to provide referrals to GBV survivors who might decide to disclose their case at the safe space.



“I am now in a position to advise other women in abusive relationships to seek assistance...”



Carol Phiri* is a 43-year-old woman who resides in Mbire district. Carol was married to her husband for twelve years. In the last five years of the marriage, her husband became abusive and refused to support Carol and their children in any way. The situation deteriorated to the point where one day, out of nowhere, the husband completely abandoned the family.

“After he left, I tried making ends meet, supporting the children by myself but it was very difficult,” says Carol.

After sometime Carol learnt that her husband was now formally employed. She reached out to him and he ignored her.

“Before he got formally employed I used to believe that he was not supporting us because he did not have the capacity but when I reached out to him after he started working he ignored me. He would not pick up my calls, or even communicate with me. All I wanted was some money to buy soap for the children and myself,” she explains.

Carol also recounts how in spite of refusing to support their family; her husband would force himself on her anytime he would see her at Mushumbe growth point.

“Every time that he would see me at Mushumbe which is our growth point where we frequent, he would make me sleep with him. At one point he even slept with me when I was on my period, while still refusing to help me with the children.”

It was during this time that Carol spoke to someone about her plight. She decided to go to the police where she was referred to the UNFPA supported mobile one stop center in the district. Among many other things Carol was supported to claim maintenance from her husband which was awarded by the court.

*“I was supported with bus fares to and from Guruve when I was required to attend court proceedings. They also gave me a kit (dignity kit) * which I was not expecting. Inside the kit there were some personal items, including undergarments which my husband has never bought for me,” says Carol.*

Carol also adds how the mobile One Stop Centre is changing the lives of abused women in Mbire and how she has now taken it upon herself to also encourage other women suffering the same plight to visit the mobile OSC for assistance.

“The mobile One Stop Centre is helping women especially those abused by their husbands here in Mbire. I am now in a position to advise other women in abusive relationships to seek assistance because of my own experience. I have actually managed to refer to quite a lot of them. We must not suffer in silence...”



Carol's story mirrors a huge problem in Zimbabwe. That of Gender Based Violence (GBV) where at least 1 in 3 women and girls experience one form of abuse or another during their lifetime. But in this darkness many women and girls like Carol are slowly rebuilding their lives as survivors of GBV thanks to the support being provided by the Government of Japan under the Strengthening Integrated SRH/GBV Risk Mitigation and Response in Multi-hazard Crisis project.

UNFPA together with partners such as Musasa is ensuring survivors of GBV even in the most remote areas of Zimbabwe like Mbire have access to life saving services and information. Under the project, the Government of Japan support is helping to strengthen Sexual Reproductive Health and Gender-Based Violence mitigation and response services for vulnerable women and girls in the districts of Mbire and Shamva in Mashonaland Central Province.

Zimbabwe is currently experiencing a multi-hazard humanitarian crisis where a protracted climate change crisis has been further exacerbated by economic instability and the COVID-19 pandemic, among many other factors. The multi-hazard nature of this crisis poses increased risks of exposure to GBV as well as reduced access to GBV and SRH life-saving essential services.

*Not her real name

MUSASA

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Integration of services helping bring families together

Murambinda, Zimbabwe - The Family and Child Health (FCH) department at Murambinda Mission Hospital in Buhera is always a hive of activity. Mothers with babies, pregnant women and fathers engage in chatter as they wait to be processed and directed to the staff members who can assist them.

Sister Celia Mabika is one of the nurses who provide services in this unit. Her day and that of other staff in the unit begins by screening clients (triaging) and attending to those most critical first.

“As a district hospital we attend to all types of clients from the local clinics and referrals so we are always busy in this unit and it is therefore important for us to deliver services in the most efficient and convenient manner,” explains Sister Mabika.

In order to do this Sister Mabika and her team know the importance of integrating services. In the Family and Child Health Department patients/clients can get all the services they need under one roof and be on their way home as part of initiatives under the 2Gether4SRHR programme. Sister Cecilia Mabika explains how integration of services has transformed the quality of service that they offer to their clients.

“In the past pregnant women would have to go and get tested for HIV at the

Opportunistic Infections department where they would mix with other general clients. They would spend a long time there as they would join another queue to be tested. They could only come back here after receiving their results.”

For Chenai Chikuvire, a midwife at the hospital, an essential benefit of service integration has been that of being able to treat whole families together.

“We now have a much clearer picture of our clients medical conditions because we treat families as a unit here now,” chimes in Midwife Chikuvire. *“In the past, a mother and baby would get a diagnosis here while the father went to the Out Patients Department and neither party knew what the other’s condition was. When we treat families together we help them bond.”*

This integration of services that has brought families together is part of the 2gether4SRHR programme which is supported by the Government of Sweden. The Government of Sweden supported this programme with a contribution of more than USD10 million. Implemented between 2018-2022, the programme brought together UN partners - UNAIDS, UNICEF, and WHO to support MOHCC to ensure access to integrated SRH and GBV services in health facilities. This resulted in improved access to services.

Towards zero maternal deaths - Health Development Fund supports development of midwifery E-Learning Platform

The United Nations Population Fund and the Ministry of Health and Child Care with support from the Health Development Fund (HDF) is developing an E-Learning platform for all nurse and midwifery training institutions in Zimbabwe.

The advancement of technology platforms and internet availability has created opportunities for educationists to harness Information Communication Technologies (ICTs) for the improvement of education services. It is envisaged that the development of the E-Learning Platform will ensure among other things standardization of all learning content for all nursing and midwifery schools in Zimbabwe, enhance access to learning content by students through web and mobile platforms and enhance research and collaborations among students and tutors.

The current Covid-19 pandemic with its requirement of decreased physical contact has made the need for effective technology driven learning systems more urgent.

“With COVID-19 pandemic it was very difficult to ensure continuity of nursing and midwifery education,” said the Deputy Director Nurse Training, Education in the Ministry of Health and Child Care Dr. Lilian Getrude Dodzo.

“By introducing the E-Learning platform we will ensure that in the future when we have other pandemics or any other disruptions we will ensure continuity of nursing and midwifery training. UNFPA has procured the platform and licence and we are in the process of developing the content for the platform.”

The support to develop the E-Learning platform is part of the interventions being implemented under the Health Development Fund. This is to support efforts to end maternal deaths by investing in midwives. Although there are signs of decline in maternal deaths the number of women dying while giving life remains unacceptably high in the country with an estimated 6 deaths every day.

Well trained and regulated midwives in an enabling environment can deliver about 90% of essential Sexual, Reproductive, Maternal, New-born and Adolescent Health (SRMNAH) interventions and avert about two thirds of all maternal and new-born deaths. Skilled care before, during and after childbirth saves the lives of women and new-borns. Because of their role in pre-pregnancy, delivery and post-delivery care including management

of complications of pregnancies midwives significantly contribute to the reduction in maternal mortality.

UNFPA with the support of the HDF partners – the Governments of Britain, Ireland, Sweden and the European Union – has been working together with the government and other partners to help develop a well-trained, competent midwifery workforce. As part of human resources for health, UNFPA promotes midwifery education, training and supports advocacy for stronger workplace policies. The development of the E-learning platform is one of many interventions towards zero maternal deaths.

It is envisaged that the development of the E-Learning Platform will ensure among other things standardization of all learning content for all nursing and midwifery schools in Zimbabwe, enhance access to learning content by students through web and mobile

platforms and enhance research and collaborations among students and tutors.

The learnings from the Covid-19 pandemic with its requirement of decreased physical contact has made the need for effective technology driven learning systems more urgent.

In other efforts to strengthen the role of midwives in Zimbabwe UNFPA has under the HDF supported the creation of an enabling environment for Midwives to offer quality sexual, reproductive, maternal, new-born and adolescent health care and skills enhancement through a competency based curriculum. Technical support was provided in the review of the midwifery curriculum to align it with the International Confederation of Midwives standards.



The midwifery E-Learning Platform will enhance access to learning content by students through web and mobile platforms and enhance research and collaborations among students and tutors

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EMERGENCY REPRODUCTIVE HEALTH KIT

TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS
TRAITEMENT DES INFECTIONS SEXUELLEMENT TRANSMISSIBLES
TRATAMIENTO DE LAS INFECCIONES DE TRANSMISSION SEXUAL
علاج الأمراض التي تنتقل عن طريق الجنس



中国援助
CHINA AID
FOR SHARED FUTURE

PRODUCTIVE HEALTH KIT
SEXUALLY TRANSMITTED INFECTIONS
INFECTIONS SEXUELLEMENT TRANSMISSIBLES
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KIT 5

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EMERGENCY REPRODUCTIVE HEALTH KIT

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Expiry Package		06-05-2022	
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2	1	A0000423	31-07-2022
3	1	A0000423	31-07-2022
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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. Proximity of the mothers' waiting home to the community means that break ins and thefts are not uncommon, especially when mothers leave for exercise and regular medical checks.

The situation is set to change for the better as work on refurbishing the damaged maternity infrastructure due to Cyclone Idai has been completed. The Health Assistance Project for Women and Girls Affected by Tropical Cyclone Idai in Zimbabwe is China Aid funded and administered by UNFPA. It is redressing a lot of the shortcomings that have plagued maternity departments in the Cyclone Idai affected areas.

At Birchenough Bridge Hospital, the old mothers' waiting home has been refurbished with a fresh coat of paint, new interior fittings and new beds. A modern water toilet system has been built with its own septic tank. The cooking and washing areas have been upgraded with smart floor tiles, new doors, new water taps and better wheelchair access.

After working through many challenges, especially after cyclone Idai, Dr. Rumbidzai Michelle Musvosvi,



one of the two doctors stationed at Birchenough Bridge hospital is grateful that the maternity department is getting help in infrastructural upgrades, medicines supplies and equipment and training. *“We’ve had major changes such as refurbishments and our theatre is working again. At times we can get up to 50 caesarean sections per month which is a lot.”*

“We’ve had a couple of BemONC (Basic Emergency Obstetric and Newborn Care) trainings done offsite and some done onsite under this project and we also have ongoing on-the-job training here at the Hospital whereby our maternity staff and our non-midwives engage, sometimes weekly, to revise some of the difficult topics or to learn the gray areas,” explains Dr Musvosvi.

“Every one of our staff members - the midwives and the non-midwives has been through an on-the-job training session or BemONC trainings. With the help of UNFPA we received beds

and bedding, diagnostic tools such as fetoscopes, stethoscopes, blood pressure machines. We also received caesarean section and delivery packs and medicines,” as she lists some of the assistance received through the Health Assistance Project for Women and Girls Affected by Tropical Cyclone Idai in Zimbabwe.

Birchenough Bridge Hospital is just one of 81 health centres that have received assistance through the project. Nurses and midwives in all these centres have received on-the-job training. Pharmacies have been restocked with vital medicines and lifesaving equipment has been provided for maternity departments.

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.

ASRH DATA AND QUALITY IMPROVEMENT



POPULATION BREAKDOWN

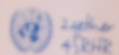
NELOVU CLINIC

POPULATION BREAKDOWN: 2022

TOTAL POPULATION: 4719

GROWTH RATE: 1.47

Age Group	Population	Rate
< 1 Year	130	2.74
1-4 Years	473	10.1
5-14 Years	609	12.9
15 Years	1114	23.6
EXP ANC	187	4.0
EXP BIRTHS		
EXP W...		



Name of Province/District/IP

Interventions

Ensured the district offered a comprehensive ASRH service (ASRH program) by addressing the following:

- Ensured ASRH services are available at all health delivery points.
- ASRH Conducting community meetings quarterly to ASRH and ASRH, giving them information on ASRH services.
- Ensuring community-based distribution of ASRH services.
- Ensuring ASRH services are available for ASRH and ASRH, giving them information on ASRH services.
- Ensuring ASRH services are available for ASRH and ASRH, giving them information on ASRH services.

Achievements

Reduced teenage pregnancies from 2017 to 2022.

Increased uptake of ASRH services from 2017 to 2022.

Reduced ASRH services from 2017 to 2022.



Recommendations

Continue with ASRH services to ensure ASRH services are available for ASRH and ASRH, giving them information on ASRH services.

Ensure ASRH services are available for ASRH and ASRH, giving them information on ASRH services.



Sweden
Sverige

Reaching young people with Sexual Reproductive Health services in rural Hwange

Hwange, Zimbabwe - Delivering Sexual and Reproductive Health services in rural Zimbabwe is often a complex balancing act, especially for women and youths.

The desire to engage in safer sexual practices and to plan families has to be balanced against deeply rooted social mores and stigma against accessing SRHR services.

Sister Elta Tshabangu is the Sister-in-charge at Ndlovu Clinic, a small clinic in Hwange district. Located about 500km from Zimbabwe's second largest city Bulawayo, Ndlovu is in Matebeleland North province. The clinic serves a sizeable catchment population of 4 719.

Ndlovu and surrounding areas have struggled with teenage pregnancies, but traditional leadership initially resisted SRHR teaching and services for children in secondary school, arguing that these teachings would erode moral values in the community. Following a training of the nurses at the clinic, received as part of the 2gether 4SRHR programme, Sister Tshabangu decided to engage the community.

“As a clinic there is nothing you can do without the community; they are key for the success of every program so we knew we had to engage them. After we received training, we called a meeting with the 49 village heads who make up the Ward Health Team and we talked about the SRHR program,” explained Sister Tshabangu.

“At first they were naive about it. They said: How can you introduce family planning to these young girls? It will make them more promiscuous. Although it was very difficult we had frank discussions with them and explained that we are trying to make sure that these young girls finish their high school education by reducing teenage pregnancies.”

As the time has gone by, Sister Tshabangu says these tough conversations are slowly bearing fruit in their community. This is largely evidenced by the uptake of SRHR services at the clinic and drop in teenage pregnancies in the area.

In addition to engaging the elders in the community on the importance of SRHR especially for young girls, staff at Ndlovu clinic have been able to tackle this challenge by conducting outreach services in high schools. Some of these outreaches within the community has leveraged on the work of community cadres such as Behaviour Change Facilitators (BCFs) and youth mentorship groups such as the Sista2Sista and Brotha2Brotha (insert footnotes). BCFs have provided an important link between the community and the clinic and helped drive demand for services.

The outreach services have borne results. The clinic has compiled data that shows that annual uptake of family planning at the clinic increased by 23% from 2020 to 2021.

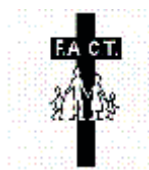
Voluntary Male Medical Circumcision increased by 67% during the same period.

These results realised by Sister Tshabangu and her team are part of the 2gether4SRHR programme which is supported by the Government of Sweden. The Government of Sweden supported this programme with a

contribution of more than USD10 million. Implemented between 2018-2022, the programme brought together UN partners - UNAIDS, UNICEF, and WHO to support MOHCC to ensure access to integrated SRH and GBV services in health facilities. This resulted in improved access to services. Ends/.





Partnerships





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