ZHI

Innovative and sustainable health solutions

ZIMBABWE HEALTH INTERVENTIONS

STRATEGIC PLAN (2021 – 2026)

DREAMS
HIV
Self
TEST
USAID
KEEP CALM
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LIST OF ACRONYMS

ACRONYM	FULL CITATION
ADRA	The Adventist Development & Relief Agency
AGYW	Adolescent Girls & Young Women
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
CBO	Community Based Organisation
CDC	Centre for Disease Control
CIDA	Canadian International Development Agency
CLM	Community Led Monitoring
COP	Country Operational Plan
COVID-19	Corona Virus Disease 2019
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
CSP	Community School Program
CSS	Community Systems Strengthening
DREAMS	Determined, Resilient, Empowered, AIDS Free, Mentored and Safe
ECD	Early Childhood Development
EID	Early Infant Diagnosis
FHI 360	Family Health International 360
GBV	Gender Based Violence
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
J2SR	Journey to self-reliance
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex, or questioning. non-binary
LO	Local Organisation
MOHCC	Ministry of Health and Child Care
MOU	Memorandum of Understanding
NAC	National AIDS Council
NCD	Non-Communicable Disease
NFE	Non-Formal Education
NGO	Non-Governmental Organisation
OVC	Orphans & Vulnerable Children
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
PVO	Public Voluntary Organisation
SDG	Sustainable Development Goals
STI	Sexually Transmitted Infections
TB	Tuberculosis

ACRONYM	FULL CITATION
TPT	TB Preventative Treatment
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
US	United States
USAID	United States Agency for International Development
UZ	University of Zimbabwe
VL	Viral Load
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organisation
ZHCT	Zimbabwe HIV Care & Treatment
ZHI	Zimbabwe Health Interventions
ZIMPHIA	Zimbabwe Population-based HIV Impact Assessment

1 INTRODUCTION AND BACKGROUND

This Zimbabwe Health Interventions (ZHI) Strategic Plan was developed with the contributions of the ZHI Board and staff members. This document is to guide the work of ZHI from 2021 to 2026 (five years).

1.1 Background to ZHI

Zimbabwe Health Interventions (ZHI) is a non-profit human development organisation, legally established in Zimbabwe in 2019 and registered as a Trust under the Zimbabwe Deeds Registries Act (Chapter 20:05). It started operating in August 2020.

The Formation of ZHI

ZHI was established by a group of Zimbabweans who were working under FHI 360 supporting the Zimbabwe HIV Care & Treatment (ZHCT) mechanism. This was done with the aim of providing local solutions to the human development challenges in the country through harnessing their various skills and expertise. Having successfully managed development projects at FHI 360, this group of young visionaries sought to leverage on that unique experience and their strong capacity to establish a sustainable local entity which would continue implementing programs meant to complement the Government of Zimbabwe (GoZ)'s efforts towards attainment of national health priorities and sustainable development goals (SDGs).

In the context of the PEPFAR Localization*, it was very likely that the ZHCT and the Determined, Resilient, Empowered, AIDS Free, Mentored and Safe (DREAMS) follow-on projects were going to only be eligible to Local Organizations (LOs) as the prime recipients. Given that service delivery was expected to continue in the current ZHCT districts, the anticipated follow-on awards to HIV Care and Treatment/DREAMS were to require a strong LO comprised of staff that have relevant experience and specialized expertise.

In an effort to help their main partner/funder, USAID, increase the amount of funding that goes to LOs and increase the pool of "prime ready" LOs from which the Mission can select for the ZHCT/DREAMS follow-on, FHI 360 issued an Expression of Interest (EOI) to LOs in January 2019. The aim was to identify some promising local partners whose capacity FHI 360 could build and to whom resources/activities could be transferred in the last year of the ZHCT award.

***The PEPFAR Localization Agenda**

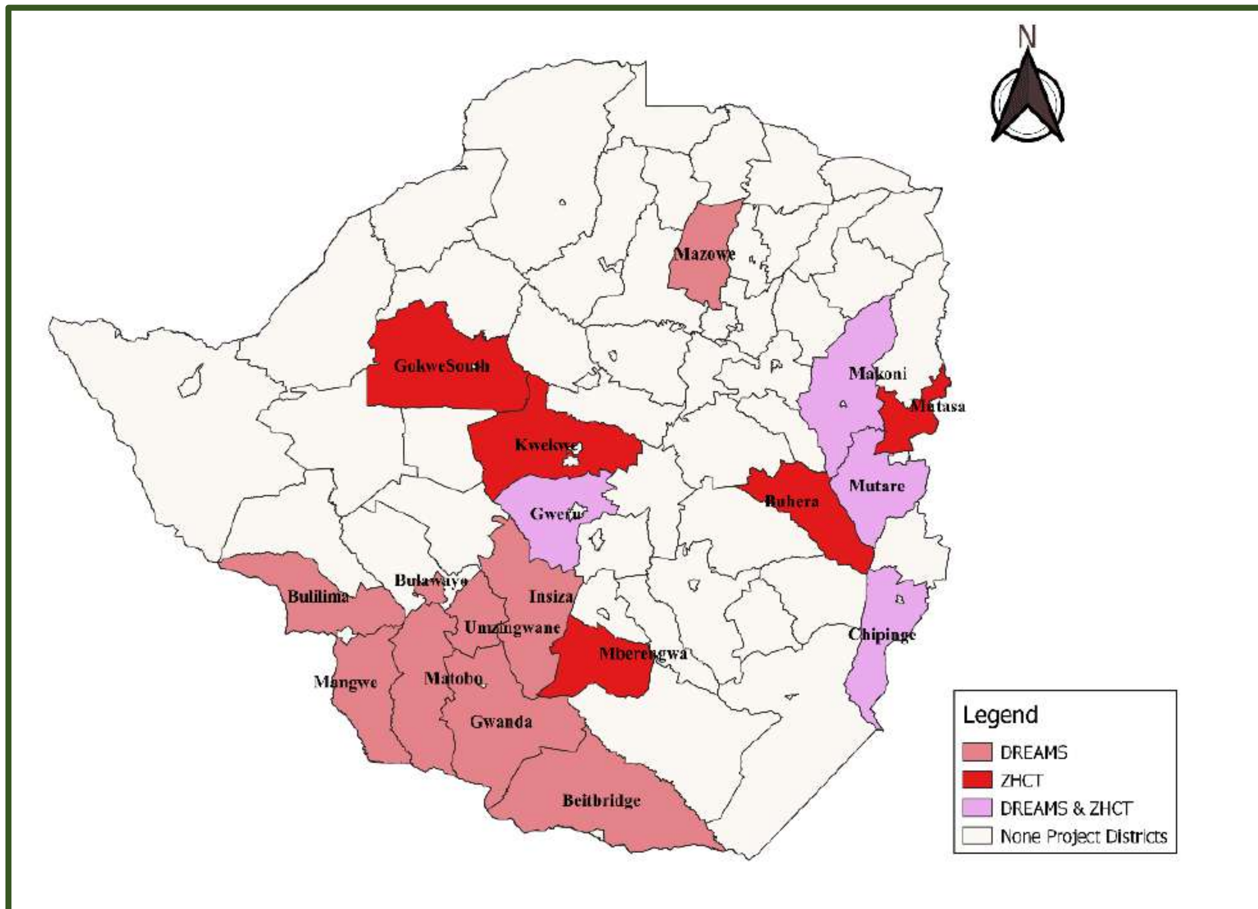
In 2018, Ambassador Debbie Birx, head of the U.S. Office of the Global AIDS Coordinator (OGAC), announced that at least 70 percent of PEPFAR funding globally must be channeled directly to LOs by 2020. And PEPFAR's ambitious service delivery targets, as well as any High Frequency Reporting requirements, will still need to be met.

As such, a few FHI 360/Zimbabwe staff members, upon their own initiative, set up a LO that is independent from FHI 360. The formation of this independent entity immediately yielded the opportunity for a LO that would be able to leverage the unique experience and specialized skills of the ZHCT/DREAMS staff. This LO, is called the ***Zimbabwe Health Interventions (ZHI)***,

The Current Activities being implemented by ZHI

ZHI is currently implementing the USAID funded ZHCT project in Buhera, Mutasa, Mutare, Makoni, Chipinge, Gweru, Kwekwe, Gokwe South and Mberengwa districts while the DREAMS project is being implemented in Gwanda, Matobo, Insiza, Beitbridge, Bulilima and Mangwe, Bulawayo, Gweru and Mazowe districts. The map outlines ZHI's current presence in the various geographic locations in Zimbabwe.

Figure 1: Geographic Scope of ZHI in Zimbabwe



ZHI contributes to the national HIV Prevention Strategy through building the agency of Adolescent Girls and Young Women (AGYW). ZHI complements government efforts in 12 priority HIV-burdened districts in Zimbabwe where it implements the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) Program. The DREAMS core package of services combines evidence-based approaches that go beyond the health sector, to address the structural drivers that directly and indirectly increase girls' HIV risk, including poverty, gender inequality, sexual violence, and a lack of education. The DREAMS partnership seeks to support vulnerable AGYW to stay in school, prevent early pregnancies, prevent sexual violence, reduce child marriages and increase access to post violence care. The program identifies the most vulnerable AGYW using a systematic and targeted approach of enrolment via specific entry points. The ZHI DREAMS program provides AGYW, in and out of school, with a comprehensive HIV and Sexual Violence Prevention curriculum which builds their health and social assets as well as their resilience to life's shocks and stressors. This contributes towards reducing their vulnerability to HIV and sexual violence. ZHI curriculum-based interventions are complemented by provision of economic strengthening activities within the Social Asset building clubs, economically empowering vulnerable AGYW by building their economic assets. These activities together better position the girls as they face the harsh structural drivers of poverty, gender inequality and lack of education which directly and indirectly increase their risk of dropping out of school, child marriage, and sexual violence.

Governance and Staffing of ZHI

ZHI has a strong governance structure with a committed and competent board who are qualified and experienced in the key areas necessary for ZHI. Information on each board member is available on the ZHI website (https://www.zhi.co.zw/about-us/#)

ZHI has moved very quickly from its inception to having a staff complement of 430 in August 2021 (335 full time and 95 temporary staff). Much has happened over a relatively short period of time. The present organogram of ZHI is shown below. The present staff are connected to the existing Prevention and Care & Treatment programming. More staff will be onboarded for the relevant programming, as funding is sourced, and the programs established as per this strategic plan.

Figure 2: ZHI Organogram (Top Level)

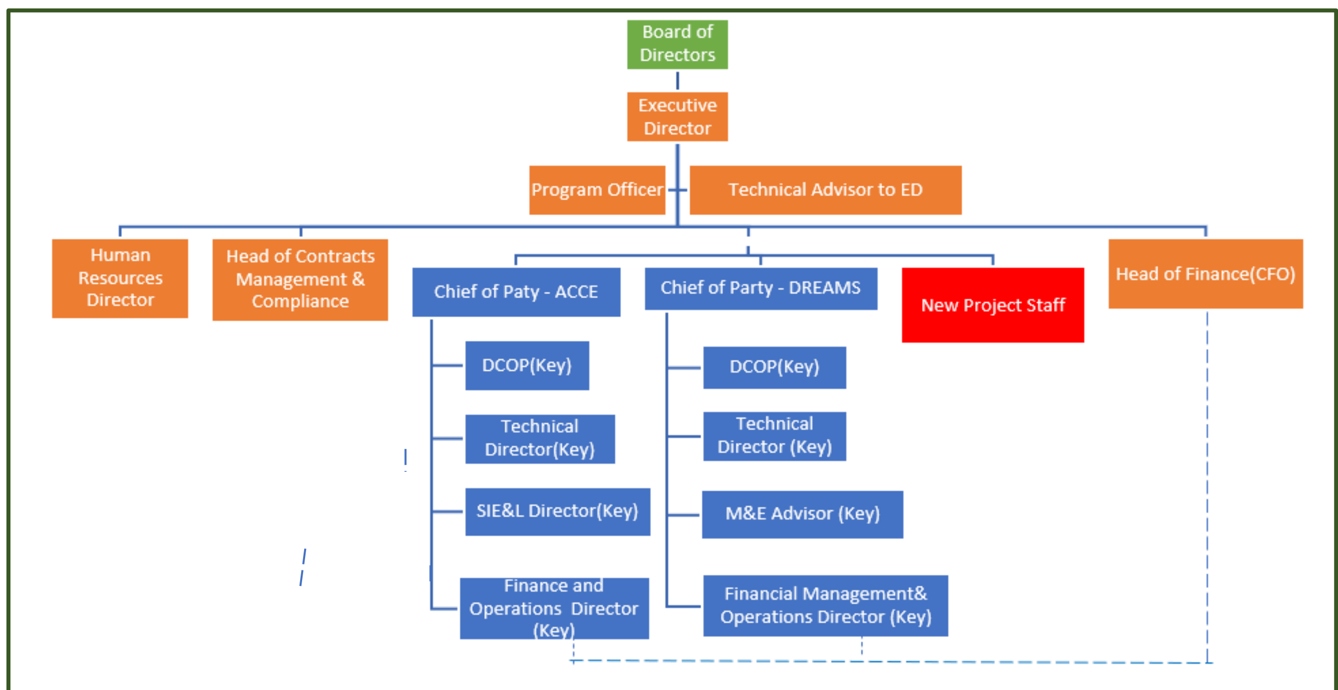


Figure 3 Key to ZHI Organogram

	Organizational Positions
	Project Specific Positions
	Board of Directors
	Prospective Positions

Successes to Date

There have been several successes as outlined below:

1. Rapid establishment of the organisation and implementation of programs
    - Stakeholder engagement was quick, thorough and effective with the MOHCC, Communities and Government departments
    - Transitioning of staff stayed to schedule showing an ability to manage a quick and large-scale human resource transition

2. Policy development took place quickly and policies were ready for implementation at the launching of the organisation in October 2020
    - The use of consultants as opposed to internal staff allowed for quicker formulation of policies
3. The establishment of a governance structure (Board and related documents) was quick
    - The use of consultants and expertise on the Board allowed for speedier establishment
4. Organisation capacity building support was provided through consultants, FHI 360, USAID, and ZHI Leadership which allowed ZHI to become rapidly established to a high standard.
5. Continuous engagement and communication with staff and stakeholders meant problem solving has taken place soon after problem identification to allow for continuity of operations.
6. Staff have appreciated the ZHI organizational values and culture which has helped them to embrace their migration to ZHI

The Significance of the ZHI Logo

The ZHI logo as represented above has significant features as outlined below:

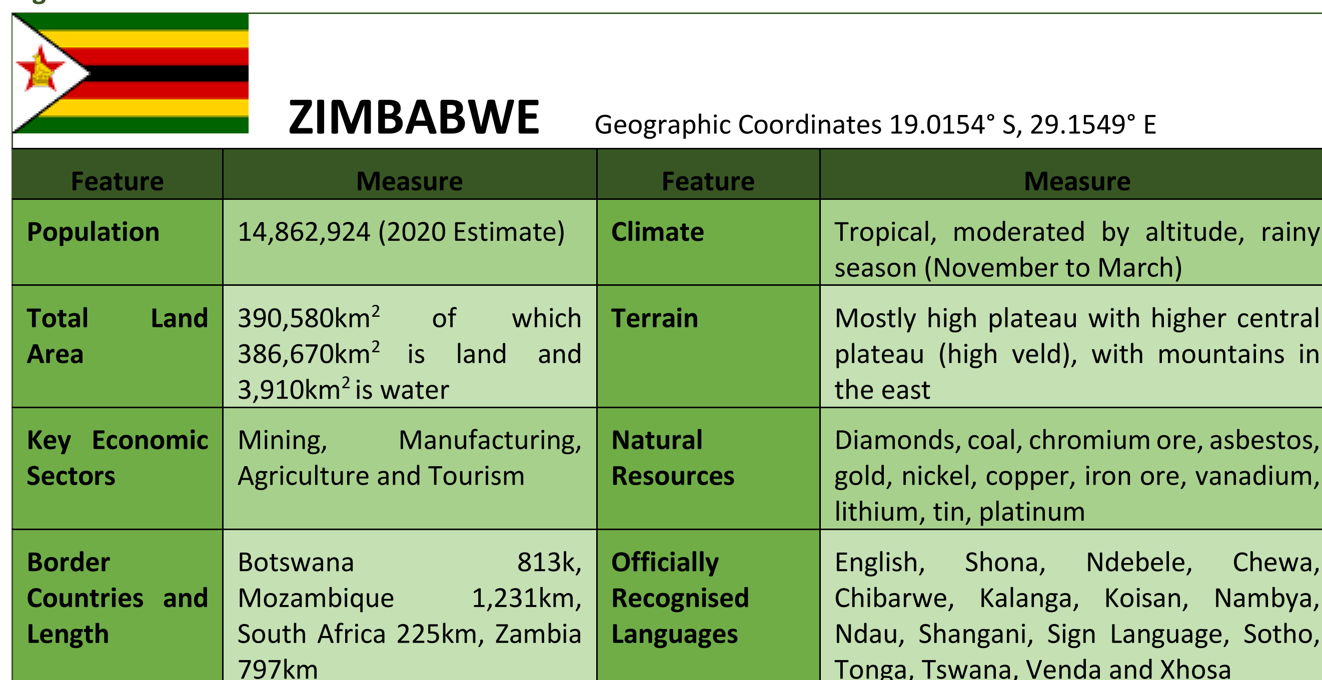
- The red shape in the logo is a lotus flower which is the universal symbol for wellbeing.
- The yellow shape is a person that represents the people in the communities that ZHI will serve.
- The green hand represents service provision.
- The circular shape speaks to continuity/sustainability as well as the holistic approach of ZHI to health.
- The three colors are motivated by the ZHI name as well as the colors on the national flag, ZHI is proudly Zimbabwean!

2 SITUATIONAL ANALYSIS

2.1 Zimbabwe Context

2.1.1 Geographical Factors

Figure 4: Zimbabwe Fact File[1]



ZIMBABWE Geographic Coordinates 19.0154° S, 29.1549° E

Feature	Measure	Feature	Measure
Population	14,862,924 (2020 Estimate)	**Climate**	Tropical, moderated by altitude, rainy season (November to March)
Total Land Area	390,580km^2 of which 386,670km^2 is land and 3,910km^2 is water	**Terrain**	Mostly high plateau with higher central plateau (high veld), with mountains in the east
Key Economic Sectors	Mining, Manufacturing, Agriculture and Tourism	**Natural Resources**	Diamonds, coal, chromium ore, asbestos, gold, nickel, copper, iron ore, vanadium, lithium, tin, platinum
Border Countries and Length	Botswana 813k, Mozambique 1,231km, South Africa 225km, Zambia 797km	**Officially Recognised Languages**	English, Shona, Ndebele, Chewa, Chibarwe, Kalanga, Koisan, Nambya, Ndau, Shangani, Sign Language, Sotho, Tonga, Tswana, Venda and Xhosa

Zimbabwe can be divided into six different regions of agricultural potential, with the amount of rainfall constituting the determining factor in land use. The eastern highlands, with more than 25 inches of rainfall annually, are suitable for diversified farming with cattle and plantation and orchard crops. The southwest, enclosing Bulawayo receives 16 to 20 inches of rain a year; it is suitable for mixed farming and for raising livestock on a semi-intensive scale. One-third of the country, lying farther outward from the spine of Zimbabwe, mostly to the south, and receiving 14 to 18 inches of rainfall annually, is used for semi-extensive farming, while about one-fourth of the country in the Lowveld toward the Limpopo and Zambezi rivers, receiving less than 16 inches a year, is fit only for ranching. Finally, a small area, mostly in the far north toward the Zambezi River, is unsuitable for either agriculture or forestry. This compromises sustainable livelihood options and food security. About 67% of Zimbabweans live in the rural areas, with farming and labour remaining the major source of livelihoods.

Zimbabwe's population is young, with 42% under the age of 15years[2]. This means that initiatives for the development and improved health of young people are very important for ZHI to consider. These young people are also very open to engaging with new technology. About one-third of the total population lives in urban centres, particularly in either Harare or Bulawayo. Among urban citizens there is a disproportionately large

[1] Taken from Zimbabwe National Development Strategy 2021-2025 accessed on 20 June 2021 at https://www.veritaszim.net/sites/veritas_d/files/NDS.pdf

[2] World Bank 2020 data sourced on 05 August 2021 at https://data.worldbank.org/indicator/SP.POP.0014.TO.ZS?locations=ZW

number of males of working age, leaving an excess of older people, women, and children in rural areas. At least half of the households are partly or wholly dependent on incomes earned in the wage economy.

2.1.2 Political Factors

Under the 2013 constitution, Zimbabwe is a unitary republic. The head of state and government is the president, who is elected to a five-year term; the president can serve no more than two terms. The parliament consists of the National Assembly and the Senate.

Non-governmental organizations (NGOs) have gained high status as the leading practitioners of development in Africa. In Zimbabwe NGOs have participated in empowering and providing for persons experiencing multiple needs. Relations between the State and Civil Society Organizations (CSOs) were constrained due mainly to mutual mistrust and hostility, in a context where civil society was often regarded by the State as an extension of opposition parties and therefore antagonistic to the government, driven by donor agendas and availability of funding, weakly linked to the citizens' constituency and highly political.[3] The relationship between NGOs and government is essential because both institutions are supposedly aimed at strategic development on public activities. One of the essential functions of government is to promote the social, physical and emotional well-being of society through facilitating development. This has been one of the major objectives of many NGOs. This clearly shows that due to the nature of their work, interaction between NGOs and governments in inevitable.

ZHI exists to complement the services of the State, and this involves participating with the State by augmenting services provided by the state or providing services that the State is unable to provide.

2.1.3 Socio-Economic Factors

Poverty, Household Income, Food Security and Unemployment

Poverty continues to be one of the major underlying causes of vulnerability to food and nutrition insecurity as well as precarious livelihoods in Zimbabwe.

According to the PICES Report (An analysis using the Poverty, Income, Consumption and Expenditure Survey), in 2019, 70.5% of the population were poor whilst 29.3% were deemed extremely poor.

- Two consecutive poor rainfall seasons, rapid inflation, and cash shortages undermined people's capability to access food.
- The Total Consumption Poverty Line (TCPL) for Zimbabwe stood at $5,770.64 per person in May 2020[4]. This means that an individual required that much to purchase both non- food and food items as at May 2021 in order not to be deemed poor. This figure is 450% higher than the figure of $1,284 for March 2020. This highlights the increase in costs of goods over this period.
- The impact of poor rainfall distribution compounded by the unaffordability of key agricultural inputs such as seed, fertilizers and herbicides affected agricultural output.
- The number of food insecure people in Zimbabwe was expected to increase to more than 50% of the population or about 7.7 million in the 2020 lean season.

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[3] EU Roadmap for Engagement with Civil Society Zimbabwe 2014-2017
[4] http://www.zimstat.co.zw/wp-content/uploads/publications/Income/Prices/2021/PDL/PDL_05_2021.pdf

Adult unemployment in Zimbabwe in 2019 remained high at over 21%.[5]

The latest economic analysis for the country[6] says the COVID-19 pandemic and its impacts disrupted livelihoods, especially in urban areas, expanding the number of extremely poor citizens by 1.3 million, and increasing extreme poverty overall to 49% in 2020.

The pandemic further disrupted provision of basic public services in health, education and social protection, which were strained prior to the pandemic, affecting poor citizens the most.

Without action, the report warns that there is a risk of reversing some of Zimbabwe's previous progress on human capital development.

The World Bank Zimbabwe Economic Update[7], cites surveys conducted in 2020 which show nearly 500,000 Zimbabwean households have at least one member who lost her or his job, causing many households to fall into poverty, and worsening the plight of the existing poor. Food insecurity was also exacerbated by inadequate reach/coverage of relevant social protection programs—less than a quarter of the increased number of extreme poor households received food aid in June 2020, and this share dropped to 3% of rural households in September 2020.

According to UNICEF[8], an estimated 7.9 million people, including 4.1 million children, would be in urgent need of life-saving health services and humanitarian assistance in 2021 due to multiple hazards, including the COVID-19 pandemic and the economic crisis. More than 38,000 children with severe acute malnutrition (SAM) need treatment; 2.7 million people require safe water and sanitation.

Protecting livelihoods will require strengthening social protection and food security while also ensuring better education outcomes, according to the report, as insufficient financial resources and implementation capacity constrain the government's ability to reach the growing number of people in extreme poverty.

On the bright side, it is encouraging to note that average monthly incomes for rural households more than doubled in 2021 compared with the previous year on the back of growth in food production and remittances from within and outside the country, according to the 2021 Zimbabwe Rural Livelihood Assessment Report[9]. Food insecurity in Zimbabwe fell to 27% this year from 56 percent last year, following a bumper harvest in 2021. Household average monthly income increased from US$33 in 2020 to US$75 in 2021. However, food security is closely linked to the agricultural harvest each year, and due to climate change, weather patterns have become more erratic leading to more erratic annual harvest patterns. This means that future food security levels are erratic and there is need for Zimbabweans to be more sustainably food secure, and their incomes need to be less dependent on the state of the agricultural harvest each year.

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[5] https://www.worldbank.org/en/country/zimbabwe/overview#4 sourced 15 June 2021

[6] https://www.worldbank.org/en/country/zimbabwe/publication/zimbabwe-economic-update-covid-19-further-complicates-zimbabwe-s-economic-and-social-conditions accessed on 20 June 2021

[7] https://documents.worldbank.org/en/publication/documents-reports/documentdetail/563161623257944434/overcoming-economic-challenges-natural-disasters-and-the-pandemic-social-and-economic-impacts accessed on 20 June 2021

[8] Ibid.

[9] https://fscluster.org/sites/default/files/documents/zimvac_2021_rural.pdf accessed on 20 June 2021

These observations are relevant for ZHI as it seeks to work with the Government of Zimbabwe in addressing these issues.

Young Peoples' Unemployment

In 2019, the estimated youth (15-24 years) unemployment rate in Zimbabwe was at 8.13[10], which is an encouraging figure. Youth unemployment refers to the share of the labor force ages 15-24 without work but available for and seeking employment. For comparison, the world average in 2019 based on 181 countries is 15.86 % and the neighbouring South Africa has a youth unemployment rate as high as 57.47%.[11]

Importance of the Informal Sector

Zimbabwe's informal economy has been an important source of resilience over the past decades, as successive financial crises, the collapse of commercial agriculture, and de-industrialization have forced workers out of formal employment.

It is estimated between 80-90 per cent of Zimbabweans are engaged in informal economic activities, and that the sector, which is also linked into supply chains and the formal economy, accounts for 40 per cent of Zimbabwe's GDP.[12]

However, informality is also a factor of vulnerability, with many people at high risk of food insecurity, with fewer employment rights or jobs protection, and a weak social contract between workers and the government.

Importance of Remittances from Zimbabweans who have migrated

"*Zimbabweans living abroad almost doubled the amount of money they sent home this year, bolstering the economy. The economy continues to rebound due to the stability of the currency and inflation on account of the good agricultural out-turn and the positive impact of the diaspora remittances*", Central Bank Governor John Mangudya said in June 2021. [13]

Reported and analysed by The Economist, on May 4th 2021, Zimbabwe's finance minister, Mthuli Ncube, announced that remittances from the diaspora reached some US$1bn in 2020, compared with US$636m in 2019.[14]

"We believe that the coronavirus pandemic has had an enormous impact on international flows of migrant remittances, which represent a significant source of economic support for many poor countries, particularly Zimbabwe, where other inflows of foreign currency (through export earnings or investment inflows) are limited. Owing to limited alternatives, remittances remain a vital source of foreign currency in Zimbabwe. Remittances will remain an important contributor to Zimbabwe's balance of payments and the wider economy, but flows are vulnerable to exogenous shocks."

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[10] https://www.statista.com/statistics/813214/youth-unemployment-rate-in-zimbabwe/ accessed on 15 June 2021
[11] https://www.statista.com/statistics/813010/youth-unemployment-rate-in-south-africa/ accessed on 15 June 2021
[12] https://www.chathamhouse.org/events/all/research-event/innovation-and-inclusion-policy-priorities-zimbabwes-informal-economy accessed on 15 June 2021
[13] https://www.bloomberg.com/news/articles/2021-06-09/surge-in-remittances-boosts-zimbabwe-economy-central-bank-says accessed 20 June 2021
[14] http://country.eiu.com/article.aspx?articleid=1950990578&Country=Zimbabwe&topic=Economy&subtopic=_1 accessed on 20 June 2021

The inflows are Zimbabwe's second-biggest source of foreign-exchange earnings, after revenue from platinum exports.

2.1.4 Economic Factors

After facing an economic crisis exacerbated by the COVID-19 (coronavirus) pandemic, Zimbabwe's economy is set to rebound by 2.9% in 2021, supported by the recovery of agriculture. An expected bumper harvest and continuation of rule-based monetary policy will stabilize food prices and improve food security.[15] Foreign exchange reforms were instituted in June 2020, which dampened an inflation that raged an annual rate of 838% in July.

Agriculture is still an important productive sector of the country's economy. It regularly generates about 15 percent of the Gross Domestic Product (GDP). More than one-half of the total labour force is engaged directly in agricultural activities.

The changes in the local and global economies have had a negative impact on donor funding to NGOs. Globally, countries are retaining previous funding to support their own COVID-19 mitigation and recovery efforts. Locally Government and the private sector are having to reassess budgets and also support COVID-19 mitigation and recovery efforts. Some NGOs have benefitted from donor funding specifically for COVID-19 related initiatives, but many have not been able to access this funding and so have had to downscale to survive. ZHI is working in an arena with less funding available so will have to be aggressive at fundraising for itself, but also could play a role in helping smaller CBOs who are complementing the work of ZHI to access funding.

There have been several economic policy changes over recent years in Zimbabwe, which have meant that CSOs have to continually adjust how they bring funds into Zimbabwe and how they purchase with them. The Z$ is in a constant state of flux with the US$ which the government controls through the ruling auction market rate for foreign currency. There has been an ongoing cash crisis which has negatively affected project performance and turnaround times for procurements. Local Z$ price fluctuations for goods make it difficult for CSOs to plan and budget for activities and procurements ahead of time.

Economic Outlook and risks[16]

Modest economic recovery is projected in 2021, if effective measures are taken to stabilize foreign exchange and avoid excessive money creation. But the outlook is clouded by a number of factors. The pandemic and government policies to contain the disease will affect production levels across all sectors—although a partial easing of border closures may help. The industrial and mining sectors are equally faced with reduced competitiveness, low commodity prices, and interruptions in electrical service that disrupt output. The problems are exacerbated by debt distress and arrears, and low international reserves that can cover less than one month of imports. Zimbabwe's economic situation will remain challenged in 2021, although the foreign exchange reforms, especially the weekly Forex auctions, introduced in June 2020 could create price stability and create room for modest economic recovery.

2.1.5 Health

[15] https://www.worldbank.org/en/country/zimbabwe/overview
[16] https://www.afdb.org/en/countries/southern-africa/zimbabwe/zimbabwe-economic-outlook accessed on 15 June 2021

Global Health Financing

The Global Financing Facility is a country led partnership in achieving the government's aspirations as it progresses towards Universal Health Coverage and Attainment of the Sustainable Development Goals. It is an innovative approach to financing that sees countries significantly increase investment in the health of their own people.[17] The GFF supports government-led, multi-stakeholder platforms to develop and implement a national, prioritized health plan (an investment case), that aims to help mobilize sustainable financing for health and nutrition.

Zimbabwe was accepted as a beneficiary of GFF funding in May 2019 and will receive USD25 million (over a 3-year period) for Zimbabwe to help catalyse and drive the financial innovations to attain a grand convergence in reproductive, maternal, new-born, child and adolescent health (RMNCAH) by 2030.

Universal Health Coverage in Zimbabwe

UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

Zimbabwe joined the Universal Health Coverage Partnership (UHC-P) in 2018, which supports capacity building for human resources for health and strengthening health information systems. UHC-P activities include the healthcare services quality improvement, delivery of essential medicines and health technologies. [18]

Zimbabwe's first national Health Financing Strategy (HFS)[19] translates the goals and principles expressed in the 2016 Health Financing Policy (HFP) into actionable financing reforms and interventions, with the overarching goal of achieving Universal Health Coverage (UHC).

Health financing is heavily dependent on donor assistance and household contributions. The government health budget has consistently grown, and other innovative financing reforms have been introduced to increase available funding for health. However, with a growing and changing disease burden associated with other socio-economic challenges, the resource needs still exceed available resources and more still needs to be done to effectively translate government goals into quality health outcomes. ZHI can complement the government in its efforts.

Zimbabwe National Health Budget

The health budget allocation increased from an average of 7% in the previous five years to 10% in 2020. [20]

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[17] Ministry of Health and Child Care - Zimbabwe to receive GFF funding to support reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N). - Accessed on 15 June 2021 at http://www.mohcc.gov.zw/index.php?option=com_content&view=article&id=281:zimbabwe-to-receive-gff-funding-to-support-reproductive-maternal-newborn-child-and-adolescent-health-and-nutrition-rmncah-n&catid=106&Itemid=754

[18] Accessed on 15 June 2021 at https://www.uhcpartnership.net/country-profile/zimbabwe/#:~:text=Zimbabwe%20joined%20the%20UHC%20Partnership,essential%20medicines%20and%20health%20technologies.

[19] World Bank accessed on 15 June 2021 at https://documents.worldbank.org/en/publication/documents-reports/documentdetail/460741563174709132/zimbabwe-health-financing-strategy-2017

[20] UNICEF: Zimbabwe 2020 Health Budget brief accessed on 15 June 2021 at https://www.unicef.org/esa/media/6501/file/UNICEF-Zimbabwe-2020-Health-Budget-Brief.pdf

The 2020 health budget still falls short of the 15% Abuja Declaration Target. Though there was a slight improvement from 7% in 2019 to 10% in 2020, more needs to be done. Per capita spending in health care is below the WHO recommended threshold of US$86. However, Zimbabwe's per capita allocation, which had improved to US$57 in 2017, is estimated to have sharply declined to US$21 in 2020 which puts at risk gains made over the years.

Health sector financing has dropped significantly from an average of US$745 million over the period 2016 – 2018, to below US$500 million in 2020. Innovative financing is needed to quicken the pace of health care progress and achieve equity.

External financing contributes an unsustainably huge proportion of the health sector financing. Development Partners are expected to contribute US$150 million in 2020, compared to US$385 million (72%) in 2019. The reduction is attributed to the COVID-19 pandemic, causing external financing to be reduced as all traditional external financiers are grappling with measures to contain the outbreak, which has overstretched resources globally.

National Health Sector Context

Sustainable Development Goals (SDGs), were adopted by all United Nations Member States in 2015 as a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity by 2030. The Sustainable Development Goals (SDGs), have a strong focus on improving equity to meet the needs of women, children and disadvantaged populations in particular so that "no one is left behind". Zimbabwe as a member state is committed to achieving SDGs by 2030. Under SDG 3, of "ensuring healthy lives and promoting well-being for all at all ages", Zimbabwe through the National Health Strategy 2016 – 2020 is committed to Equity and Quality in Health: Leaving No One Behind.

The Global Action Plan (GAP) for Healthy Lives and Well-being for All was launched at the United Nations General Assembly on 24 September 2019 to guide member states moving forward through enhanced stronger collaboration at country level. This was to ensure the attainment of SDG 3. Zimbabwe as a member state also ratified this GAP at the highest level.

Zimbabwe as a signatory to the global international health commitments strives to accelerate progress towards Universal Health Coverage. At the time of developing this Strategic Plan, Zimbabwe was in the process of developing the National Health Strategy for the period 2021 – 2025.

Efforts at strengthening the broader health system in Zimbabwe are critical to ensure access to quality, essential health services, while also ensuring that the use of these services does not expose the user the financial hardship.

Following the Mid Term Review of the National Health Strategy 2016-2020 and the Multiple Indicator Cluster Survey (MICS) 2019, the "Health Sector Investment Case" was developed in 2020, laying out the high priority reforms and interventions to advance the country's universal health coverage (UHC) agenda.

The health sector performance has been affected by the politico-economic crisis with significant declines of social services during the past two decades. Delivery of health services anchored on the Primary Health Care approach is guided by the National Health Strategy (NHS) (2016 – 2020) which is currently under review.

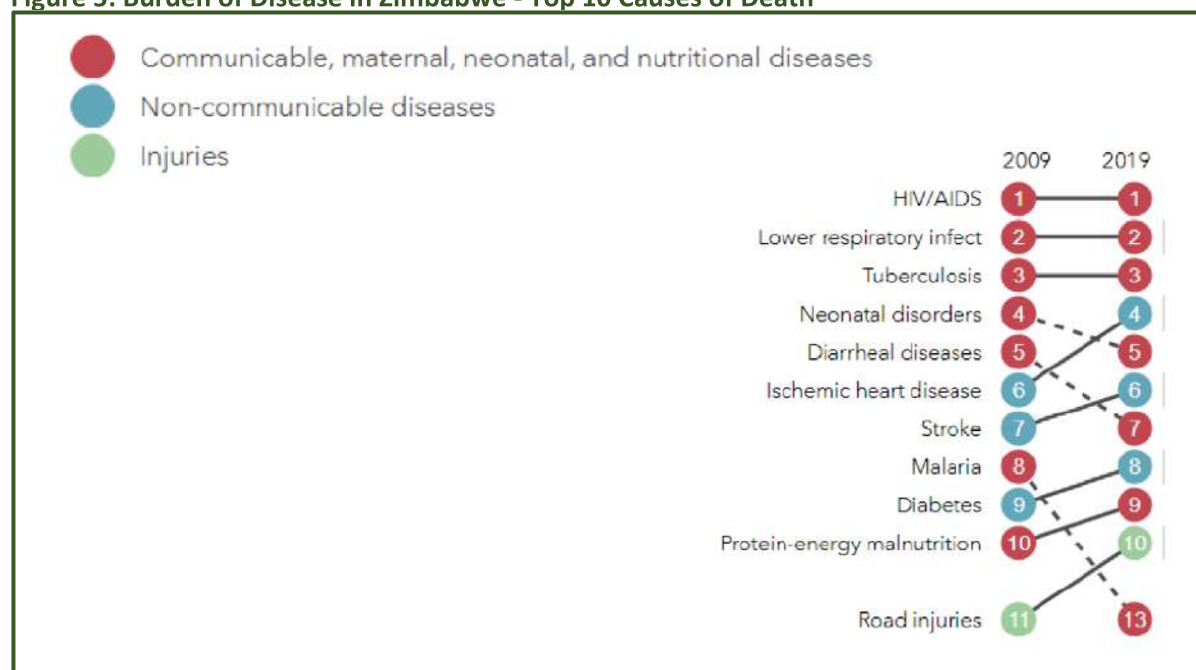
Table 1: Zimbabwe National Health Indices

INDICATOR	ESTIMATE	Global Targets
Child Health		
Infants exclusively breastfed for the first 6 months of life (2019)	42% (1)	
Diphtheria-pertussis- tetanus (DPT3) immunization coverage among 1-year-olds (2019)	90% (1)	
Reproductive, Maternal, Newborn and Child Health		
Neonatal mortality rate (per 1000 live births) (2019)	25.9 (1)	12 by 2030
Under 5 mortality rate (per 1000 live births) (2019)	54.6 (1)	25 by 2030
Maternal mortality ratio (per 100 000 live births) (2017)	458 (1)	325 by 2030
Percentage of women (15-49 years) attended at least 4 Antenatal Clinic visits by any provider	72% (1)	
Percentage of women (15-49 years) who received Post Natal Care (PNC) within 2 days of giving birth	57% (1)	
HIV and AIDS		
Adults and children living with HIV (2020)	1.3 million (2)	
HIV incidence among persons 15-49 years	0.45% (3)	
HIV prevalence among persons 15-49 years	11.8% (3)	
Percentage of pregnant women living with HIV receiving effective ARVs for PMTCT	91% (4)	95-95-95
Early infant diagnosis	55.7% (4)	
TB incidence (per 100,000 population) (2018)	210 (4)	
Malaria		
Malaria incidence (per 1000 population) (2018)	19 (5)	5
DATA SOURCES: (1) MICS 2019 (2) HIV Estimates, Ministry of Health and Child Care, Zimbabwe (2020). (3) Zimbabwe Population-based HIV Impact Assessment (ZIMPHIA), Summary Sheet: December 2020; (4) UNAIDS Global AIDS Progress Report 2020.		

A Lancet study[21] identified the top 10 causes of death in Zimbabwe and compared the 2019 results with those of 2009. The results (see below) show that the top three places are still held by HIV/AIDS, lower respiratory infections and tuberculosis. Ischemic heart disease and strokes have climbed to position 4 and 6 respectively, with Diarrheal diseases staying constant at number five. Malaria dropped from position eight to thirteen.

[21] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30925-9/fulltext#supplementaryMaterial accessed on 30 May 2021

Figure 5: Burden of Disease in Zimbabwe - Top 10 Causes of Death



Key Health Challenges

Some of the key challenges for health service provision in Zimbabwe are listed below:

- Human resource challenges
    - Shortage of qualified personnel due to brain drain and the current freeze on recruitments.
    - Low staff morale and motivation due to poor working conditions.
    - Repurposing of health care workers from other essential services to COVID-19
    - Medical staff anxiety and burnout especially in the face of COVID-19 pandemic.
- Dilapidated infrastructure and medical equipment, chronic shortages of essential medicines and commodities
- Poor funding for health by central government (compared to the Abuja Declaration of 2001).
    - In 2018, the GoZ's allocation to health was 7.3% of the national budget, well below the Abuja Target of 15%.[22]
    - Around two-thirds of HIV expenditure comes from international donor sources.
- Verticalization of programs, poor accountability, and bad corporate governance across all levels.
- Inadequate access to health services, inadequate food and nutrition and lack of access to clean water, good hygiene and sanitation.
    - Overall, these conditions contributed to the massive cholera outbreaks of 2008 and 2018, especially in urban areas.
- Low Health Insurance coverage, high cost of health services and weak multi-sectoral coordination of programs resulting in high out of pocket expenditures on health.
- Lack of community support, and stigma and discrimination

[22] Community COP20 Zimbabwe https://healthgap.org/wp-content/uploads/2020/02/Community-COP20-Zimbabwe.pdf

HIV Situation and Response

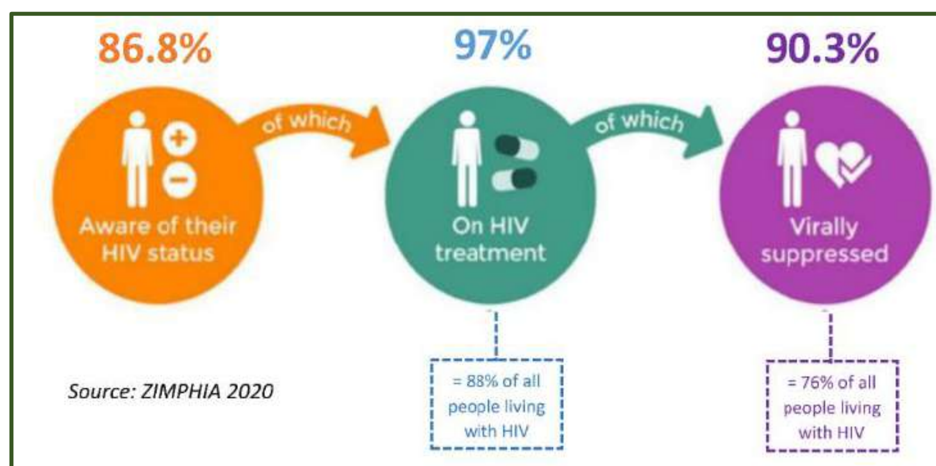
Zimbabwe remains one of the countries hardest hit by the AIDS epidemic. According to the Global Burden of Disease study of 2017, HIV/ AIDS is a leading cause of morbidity and mortality in Zimbabwe. With an estimated 1.3 million adults and children living with HIV in 2018[23] and an overall prevalence of 12.7% among the 15-49-year age group, the burden of disease and mortality remains significantly high.

Despite this huge disease burden, Zimbabwe has made significant progress towards achievement of the UNAIDS 90-90-90 targets. Following the inception of the national ART programme in 2004, there has been intensified scale-up of ART services, with decentralization, integration and task shifting, resulting in improved access to ART.

Zimbabwe has experienced a significant decline in HIV incidence from 0.98 in 2013 to 0.45 in 2019[24] due to implementation of combination HIV prevention, care and treatment programs. Among adults, HIV prevalence varied geographically across Zimbabwe, ranging from 10.2% in Manicaland to 17.6% in Matabeleland South[25] Annual AIDS related deaths have declined over the past decade with approximately 22,000 AIDS related deaths in 2018 compared to 120,674 in 2005. ART coverage has increased from 32% in 2010 to 89% in 2018 for adults and from 33% in 2010 to 76% in 2018 for children.

Zimbabwe is committed to sustainable HIV epidemic control under the Super-Fast Track framework and aimed to achieve the 90-90-90 targets by 2020. Program data shows that the country was very close to meeting these targets. However, despite this good progress, gaps still exist around the 1st 90. According to The Zimbabwe Population-based HIV Impact Assessment (ZIMPHIA) 2020 'Zimbabwe is well positioned to achieve *the UNAIDS goal of ending the AIDS epidemic by 2030, provided the country continues efforts to expand HIV diagnosis and life-saving antiretroviral treatment*.'

Figure 6: Zimbabwe Progress towards achieving 90-90-90 targets



Zimbabwe is now aiming to achieve the next UNAIDS 95-95-95 targets by the end of 2030

Adolescent Girls and Young Women (AGYW) and HIV

[23] Zimbabwe National HIV and AIDS Draft Estimates 2018
[24] ZIMPHIA 2020
[25] Ibid.

In sub-Saharan Africa, AGYW aged 15-24 years represent 10% of the total population, but account for about 25% of all HIV infections.[26] In eastern and southern Africa, the sub-region most greatly affected by the epidemic, there were 2.4 HIV infections among young women 15-24 years for every one infection among young men of the same age.[27]

The increased vulnerability of AGYW to HIV risk is linked to several inter-related biological, behavioral and structural factors. These include biological susceptibility to HIV infection, age disparate relationships with unequal power dynamics that may prevent safer sex, transactional sex, lack of schooling and economic empowerment, gender-based violence including intimate partner violence, harmful traditional practices, and institutional or socio-cultural barriers to providing comprehensive sexuality education and sexual health services for adolescents and young women. A regional analysis in high-HIV burden countries conducted by UNAIDS found that service coverage gaps for AGYW remain large, and services offered are far from being fully comprehensive.[28] This is an area where ZHI can provide interventions to reduce the vulnerability of this key target group.

Tuberculosis

Zimbabwe remains one of the top 8 countries in Africa on the world's top 30 list of countries with a high burden of TB, TB/HIV and MDR- TB. While there has been significant progress in reducing the TB burden in the country in the last decade, Zimbabwe estimated TB burden in 2019 remains high at 29,000 cases. Child management of TB remains poor with only about 5-8% of all TB notifications occurring in children under 15 years old.

HIV continues to be the single greatest risk factor for developing Tuberculosis (TB) in Zimbabwe which has a high burden of HIV and of TB among People Living with HIV. In 2017, 6300 People Living with HIV (PLHIV) died of a TB related illness while 23000 PLHIV developed active TB yet despite ambitious TPT (TB Preventative Treatment) target for 2020 (91,200) and for 2021 (147,620), only about 11% of PLHIV began Tuberculosis Preventive Therapy (TPT)[29]. This is worrying especially in the context of COVID-19 as low uptake of TPT renders PLHIV susceptible to TB, reducing immunity and therefore increasing susceptibility to other respiratory infections such as COVID-19. TPT can reduce deaths among PLHIV by up to 80%.[30]

Strengthening of active case finding among high-risk communities, TB Preventive Therapy (TPT), improved access to molecular diagnostics such as the Xpert MTBC/RIF (Mycobacterium tuberculosis complex / rifampin) assay and implementation of HIV/TB collaborative activities continue to be key strategies for ending TB by 2030 in the National TB program.

Sexually Transmitted Infections (STIs)

Following the implementation of comprehensive HIV prevention strategies, including behavior change and biomedical interventions, there has been a general decline in the incidence and notification rates of STIs. In spite

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[26] 3 UNAIDS (2018). Global AIDS Update 2018
(https://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf)
[27] UNAIDS (2019). Women and HIV: A spotlight on adolescent girls and young women.
(https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf).
[28] UNAIDS (2017). Blind Spot. Reaching out to men and boys: Addressing a blind spot in the response to HIV
(https://www.unaids.org/sites/default/files/media_asset/blind_spot_en.pdf)
[29] WHO 2018 Global TB Control Report referred to in Community COP21 Zimbabwe
[30] CDC Division of Global TB and HIV 2018 referred to in Community COP21 Zimbabwe

of this downward trend, STIs remain an important driver of HIV and the country continues to be on high alert in the implementation of activities to further minimize the incidence of STIs, both in the public and private sector.

Maternal, New-born Child Health, Family Planning, Sexual and reproductive Health

UNICEF[31] report that new-born deaths, approximately 29 deaths per 1000 live births according to the latest MICS[32], account for approximately 42% of all under 5 child deaths. The number of institutional maternal deaths increased by 29% in 2020 compared to 2018, while deliveries at home increased by 30%[33]. The rate of decline of these key indicators leaves the country off track to meet many of the targets set by the sustainable development goals by 2030.

High coverages of standard maternal health packages such as antenatal care (93%), institutional deliveries (78%) skilled birth attendance (80%) and post-natal check within two days (57%) are indications that access to care is improving[34]. However, the stagnating mortality rates imply that there is still much to be done in terms of the equitable provision of quality maternal and child services. Discrepancies exist in access to and provision of services between rural and urban populations.

Zimbabwe has a suboptimal modern methods contraceptive prevalence rate (mCPR) of 67% in 2018[35], and there is an unmet need for family planning.

Family Nutrition

According to the Global Nutrition Report[36] for Zimbabwe no progress has been made towards achieving the low-birth-weight target, with 12.6% of infants having a low weight at birth. Some progress has been made towards achieving the exclusive breastfeeding target, with 41.9% of infants aged 0 to 5 months exclusively breastfed. Similarly, Zimbabwe has made some progress towards achieving the target for stunting, but 23.5% of children under 5 years of age are still affected.

Non-communicable Diseases (NCDs)

Non-communicable diseases (NCDs), which include cardiovascular disease, cancer and diabetes mellitus are prevalent in Zimbabwe. All are associated with the common risk factors of poor diet, insufficient physical activity, tobacco use, and alcohol abuse.

The estimated prevalence rate of diabetes in Zimbabwe was found to be 0.44 % before 1980 and has increased to 5.7 % since then[37]. Unhealthy diets consisting mainly of high fat and high energy foods contribute directly to increased energy imbalances, and subsequently obesity and diabetes.

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[31] UNICEF accessed on 20 July 2021 at https://www.unicef.org/zimbabwe/health

[32] UNICEF MICS 2019 accessed on 15 June 2021 at https://www.unicef.org/zimbabwe/reports/zimbabwe-2019-mics-survey-findings-report

[33] https://documents.worldbank.org/en/publication/documents-reports/documentdetail/563161623257944434/overcoming-economic-challenges-natural-disasters-and-the-pandemic-social-and-economic-impacts accessed on 20 June 2021

[34] UNICEF MICS 2019 accessed on 15 June 2021 at https://www.unicef.org/zimbabwe/reports/zimbabwe-2019-mics-survey-findings-report

[35] UNFPA 2018 accessed on 21 July 2021 at https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2018_EN_SWP.pdf

[36] Global Nutrition Report – Zimbabwe accessed on 20 July 2021 at https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/zimbabwe/

[37] Gumbie, Mutsa & Gowda, Usha & Mangwiro, John & Lorgelly, Paula & Owen, Alice & Renzaho, Andre. (2015). Prevalence of diabetes in Zimbabwe: a systematic review with meta-analysis. International Journal of Public Health. 60. 1-11. 10.1007/s00038-014-0626-y.

Cardiovascular disease is most often caused by uncontrolled hypertension (high blood pressure). A study[38] summarized the prevalence of hypertension in Zimbabwe over a 14-year period (1997 to 2010). The estimated pooled prevalence for hypertension for the 14-year period was 30%, however as this was not age-standardized and is likely to be an under-estimate. Hypertension was found to be higher in the urban Zimbabwe population. Rapid urbanization and lifestyle changes have been implicated in the development of hypertension in African urban populations, notably adoption of Western-type diet, physical inactivity and increased psychosocial stress.

In Zimbabwe, cancer is a major cause of morbidity and mortality with over 5,000 new diagnoses and over 1,500 deaths per year[39]. According to WHO, cancers account for 10% of total deaths in Zimbabwe. The number of people developing cancer is expected to increase due to HIV and AIDS and other infections, unhealthy lifestyle choices and an ageing population.

According to a modelling study done by Smit, Michaela in 2018[40], they predicted that the mean age of PLHIV will increase from 31 to 45 years between 2015 and 2035. Consequently, the proportion suffering from at least one key NCD in 2035 will increase by 26% in PLHIV and 6% in uninfected.

Malaria

In 2019, malaria cases and malaria deaths increased in Zimbabwe compared to the previous year. According to District Health Information Software 2 (DHIS2) data, approximately 310,000 malaria cases were reported in 2019, equivalent to an incidence rate of 22 cases per 1,000 population. This represented a 19% increase in the number of cases reported in 2018 (approximately 260,000). The number of malaria deaths also rose, from 236 in 2018 to 266 in 2019[41].

COVID-19

Zimbabwe reported her first case of COVID-19 on the 20th March 2020. Zimbabwe is implementing the National response against COVID-19 guided by the *National COVID-19 Preparedness and Response Plan* as well as the *National COVID-19 Intersectoral Operational Plan* with the overall goal of minimizing morbidity and mortality from COVID-19 and associated socioeconomic impact.

The pandemic put pressure on strained public resources, the World Bank Zimbabwe Economic Update[42] notes, exacerbating implementation challenges, severely affecting service delivery in health, education and social protection. These are key areas where ZHI aims to provide support.

Some of the effects on social services in Zimbabwe are:

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[38] Mutowo MP, Mangwiro JC, Lorgelly P, Owen A, Renzaho AM. Hypertension in Zimbabwe: A meta-analysis to quantify its burden and policy implications. World J Meta-Anal 2015; 3(1): 54-60 [DOI: 10.13105/wjma.v3.i1.54] accessed on 15 June 2021 at https://www.wjgnet.com/2308-3840/full/v3/i1/54.htm

[39] MoHCC National Cancer Prevention and Control Strategy for Zimbabwe 2014-2018 accessed on 15 June 2021 at https://www.cancerzimbabwe.org/articles/Nat%20Cancer%20Prevention%20and%20Control%20Doc_18_3_14.pdf

40 Smit, Mikaelaa; Olney, Jacka; Ford, Nathan P.b; Vitoria, Marcob; Gregson, Simona,c; Vassall, Annad; Hallett, Timothy B: The growing burden of noncommunicable disease among persons living with HIV in Zimbabwe accessed at: https://journals.lww.com/aidsonline/fulltext/2018/03270/the_growing_burden_of_noncommunicable_disease.11.aspx

[41] Taken from https://www.cdc.gov/globalhealth/countries/zimbabwe/default.htm accessed 30 May 2021

[42] https://documents.worldbank.org/en/publication/documents-reports/documentdetail/563161623257944434/overcoming-economic-challenges-natural-disasters-and-the-pandemic-social-and-economic-impacts accessed on 20 June 2021

1. As of 30 August 2021, cumulatively, Zimbabwe reported 124,367 confirmed cases of COVID-19 and 4,390 deaths.[43] Zimbabwe is implementing a raft of public health measures including sanitization, mandatory face covering, physical distancing and vaccination. As of 23 August 2021, a total of 3,772,579 vaccine doses have been administered.[44]
2. Limited infrastructure & equipment for the isolation and management of severe cases; porous borders; inadequate Personal Protective Equipment (PPE) and testing capacity
3. Disruption of essential services (movement restrictions, re-purposing of staff, lab equipment; disruption in service delivery due to inadequate PPE). More than 4,300 health care workers were infected.
4. Impact on schools - as a public health measure, schools were closed at the end of March 2020, for at least 6 months. This affected about 4 million learners across the country. Access to remote learning amid school closures was limited in rural areas, especially for poor households. Less than 30% of school-going children in rural areas engaged in education and learning during pandemic-related school closures, compared with 70% for urban children (Zimstat, Rapid PICES phone survey July 2020). Following re-opening, outbreaks have been reported in some schools.
5. Impact on the economy – exports, imports, local industry. The HIV and TB response in Zimbabwe relies heavily on imported consumables, test kits, and medicines. In the COVID-19 era, supply chain activities have been disrupted due to the closure of borders and grounding of cargo ships and flights. This has significantly affected the availability of ARVs and other commodities resulting in stock ruptures.

INNOVATIONS WITHIN ZHI DURING COVID-19

ZHI has been supportive to MoHCC fight against COVID-19. The ZHI program continues to reinforce COVID-19 Prevention messaging across all interventions. There is continued need for innovative programing approaches and models to respond to the new normal.

Innovative ways of implementing the programs developed by ZHI were:

1. The Services Referral Network (SRN) Model - promoting timely identification, referral and access to Adolescent Sexual Reproductive Health (ASRH) services provided at community level.
2. Community Schools Program – Integrated community education platform providing HIV, COVID-19 IPC health education and education in emergencies (EiE) to the most vulnerable adolescent girls and boys. Services are provided by unemployed teachers and graduates from the community and promote bi-directional linkages with schools to create a sustainable support system for the most vulnerable girls and boys.
3. Conducting DREAMS sessions in small groups observing all ZHI Covid-19 protocols
4. Differentiated service delivery through the provision of Multi Month Dispensing (MMD). This meant that clients did not have to go to a facility as often, if they did not have clinical challenges. They received up to a 6-month supply of drugs. However, supply chain challenges affected the provision of ARVs. This innovation decongested the health facilities

The following are project management adjustments that improved service delivery by ZHI:

1. Scale up of community differentiated service delivery models I.e. Community ART refill groups

[43] World Health Organisation (WHO) accessed on 30 August 2021 at https://covid19.who.int/region/afro/country/zw
[44] Ibid.

2. ART delivery to communities by program staff
3. HIV self-test was scaled up, especially to 'hard to reach' populations which also helped to decongest facilities
4. Virtual meetings with staff and partners
5. Virtual trainings, refresher courses and performance review meetings

Mental Health

Mental health conditions are also quite prevalent in Zimbabwe. A lot of challenges in managing mental illnesses in the community arise from long standing cultural stigmatization. This directly impacts on the health seeking behavior of the population, and support for the mentally ill from families and communities.

Mental health issues among young people are increasing significantly in Zimbabwe. The community organisation Zvandiri reports that of 1500 adults living with HIV screened in 10 districts of Zimbabwe, 38% presented with Common Mental Disorders. Men are also reported to be engaging in Crystal Meth popularly known as "Mutoriro or Guka Makafala". There is limited knowledge on drug abuse management in Zimbabwe. Public psychosocial services are also limited.[45]

The current approach to HIV response in Zimbabwe is highly bio-medicalised and there are very little psychosocial interventions for PLHIV. Yet, Zimbabwe has a significant number of trained and lay counsellors including expert clients who can offer counselling services at health centres and in the community. Scaling up psychosocial support in the communities would potentially ease the pressure on health workers at facility level.

2.1.6 Education

Zimbabwe considers access to a high quality and relevant education for all children as both a basic right that lays the foundations underpinning the cultural, social, economic and democratic growth of our nation.

Zimbabwe continues to face serious economic challenges with significant implications on the education system. While the percentage of the national budget allocated to the education sector continues to be high, a huge chunk of it goes towards human resources.

At least 93 per cent of the $905 million allocated to the Primary and Secondary Education Ministry in the 2018 national budget will go towards employment costs, leaving a measly seven per cent for capital expenditure.[46]

Zimbabwean law reasserts the constitutional protection that students should not pay fees, or levies, from preschool up to Form 4, the end of lower secondary education, and says no pupil shall be excluded from school for non-payment of school fees.

Since 2010, the expulsion of pregnant girls from school has been banned - more than 6,000 pregnant girls dropped out of school in Zimbabwe in 2018 alone, according to UNESCO[47].

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[45] The Zvandiri Africaid Viral Load Study mentioned in PEPFAR Community COP21 accessed on 20 July 2021 at https://differentiatedservicedelivery.org/Portals/0/adam/Content/MYTQWlirjEKC-Rjrpip5Qw/File/Community-COP21-Zimbabwe.pdf

[46] UNICEF accessed on 20 July 2021 at https://www.unicef.org/zimbabwe/education

[47] UNESCO accessed on 20 July 2021 at https://healtheducationresources.unesco.org/library/documents/situational-analysis-early-and-unintended-pregnancy-eastern-and-southern-africa

ZHI has interventions that are intended to take vulnerable girls back to school and keeping them there. Research has shown that keeping girls in school reduces their vulnerability to HIV, early and unintended pregnancies and other vulnerabilities that reduces their potential.

There is a lot of opportunity for ZHI to continue and expand these activities in communities and schools for the benefit of more vulnerable girls.

2.1.7 Human Rights

The Declaration of Rights (Sometimes referred to as the "Bill of Rights") sets out rights and freedoms that the people of Zimbabwe are entitled to by virtue of being human beings.

Women are disadvantaged in Zimbabwe, with economic dependency and social norms preventing them from combating sex discrimination. Despite legal prohibitions, customs such as forced marriage are still in place. Domestic violence against women is a serious problem. While labour legislation prohibits sexual harassment in the workplace, such harassment is common and generally not prosecuted. While the law recognises women's right to property, inheritance and divorce, many women lack awareness of their rights and are often vulnerable to all sorts of exploitations putting them at risk of HIV. In rural Zimbabwe, most women are marginalized and are not economically empowered and sometimes are prohibited from accessing sexual reproductive health services. Economic empowerment is also one of the critical interventions designed to reduce economic dependency on men and ultimately create dependency and reduce levels of GBV and risks to HIV infections.

Every citizen and permanent resident of Zimbabwe, including a person living with a chronic illness, has the right to have access to basic healthcare and reproductive health care services. Violations or lack of attention to human rights can have serious health consequences. ZHI will not discriminate against any person or population in the provision of its services.

2.1.8 Social Issues

Drugs and Alcohol

Drug and substance abuse continues to be on the rise in Zimbabwe. It is more prevalent in urban areas. Despite growing evidence that drug and substance abuse are on the increase especially among young people, there has not been much done in terms of interventions conducted to reduce drug and substance abuse among the youth. A research study[48] conducted in Zimbabwe found that prevalence of drug abuse is at 57% among young people, the most abused drugs and substances are marijuana and alcohol. Peer pressure, breakdown of the family support system, limited knowledge about the effects of drug abuse and stress were identified as the major factors that drive substance and drug abuse among the youth. The criminalization of the drug and substance abuse continues to make it difficult for young people to seek help when they suffer from the effects of the drug abuse. The study recommended a shift from the legal approach to a public health approach in-order to address the challenges and complications associated with drug and substance abuse among young people in Zimbabwe.

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[48] Matutu, Vakai and Mususa, Daniel, Drug and Alcohol Abuse Among Young People in Zimbabwe: A Crisis of Morality or Public Health Problem (November 19, 2019).
Available at SSRN: https://ssrn.com/abstract=3489954 or http://dx.doi.org/10.2139/ssrn.3489954

Gender Based Violence

Women play a critical role in sustainable development. When they are educated and healthy, their families, communities and countries benefit. Yet, gender-based violence undermines opportunities for women and denies them the ability to fully utilize their basic human rights. In Zimbabwe, about 1 in 3 women aged 15 to 49 have experienced physical violence and about 1 in 4 women have experienced sexual violence since the age of 15.[49] In most cases, perpetrators are the intimate partners.

Other harmful practices such as child and early and forced marriages, which constitute a serious violation of the sexual, reproductive and health rights of women and girls in Zimbabwe, lead to higher rates of early pregnancy and increased risks of exposure to HIV/AIDS and high level of maternal mortality.

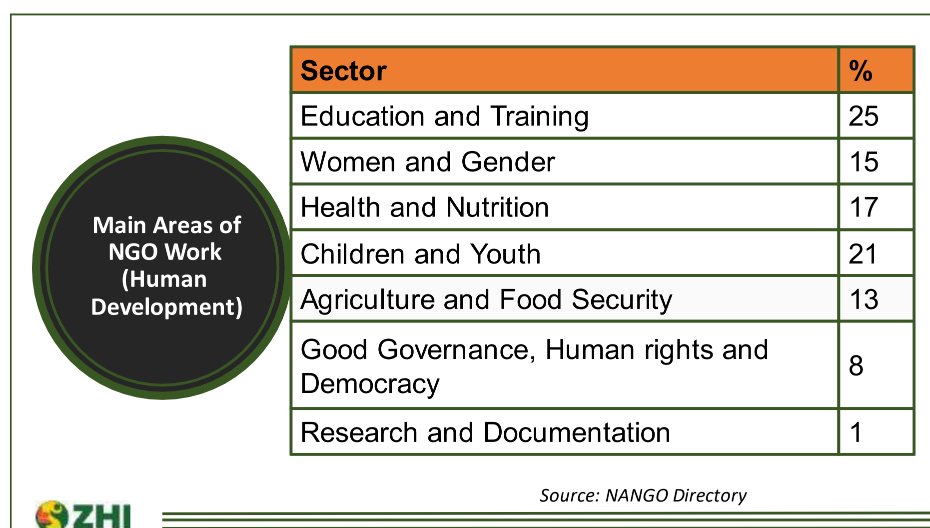
Gender-based violence is a well-documented human rights violation, a public health challenge, and a barrier to civic, social, political, and economic participation. It undermines the safety, dignity, and overall health status, social and economic wellbeing of the individuals who experience it.

As AGYW are a key target group of ZHI, providing programming around SGBV and provision of support for victims could be a key priority for the organisation.

2.1.9 NGO Situation in ZImbabwe

NGOs are active across many areas of human development in Zimbabwe as shown below.

Figure 7: Main areas of work for NGOs in Zimbabwe



Sector	%
Education and Training	25
Women and Gender	15
Health and Nutrition	17
Children and Youth	21
Agriculture and Food Security	13
Good Governance, Human rights and Democracy	8
Research and Documentation	1

Source: NANGO Directory

It is noted that Research and Documentation is only conducted by 1% of the NGOs. This provides an opportunity for ZHI.

[49] UNFPA accessed at https://zimbabwe.unfpa.org/en/topics/gender-based-violence-0 on 30 May 2021

When looking at the UN Human Development Index[50] (HDI), Zimbabwe's HDI value in 2019 was 0.571 ranked 150 out of 189 (before COVID-19). This proves there is so much space for NGO work in health, education & economic development. Gender inequality is also cited as a cause for concern.

The Legal Situation for CSOs in Zimbabwe

The International Centre for Not-for-Profit Law[51] provided the following information regarding the legal situation for CSOs in Zimbabwe.

Regarding registration as a CSO, there are complex procedures, including requirement to publish a notice in a local paper and calling for persons to lodge objections with the Registrar. There is no fixed time period for government to review the PVO registration applications, which means that delays can be experienced.

Regarding barriers to activities, the Ministry has authority to interfere in internal affairs, through suspension of all or any of the members of the PVO's executive committee where "it is necessary or desirable to do so in the public interest". The Ministry has authority to inspect "any aspect of the affairs or activities" of any PVO and severe sanctions are available, including fines and imprisonment, against a PVO for failing to abide by the provisions of PVO Act. There is selective application of law by governmental authorities resulting is some CSOs being targeted

2.1.10 Donor / Funding Environment

Some of the key points[52] issues relating to the funding environment in Zimbabwe are:

- Due to the economic situation in the country, Zimbabwe relies on donor aid for almost all the important facets of human development.
- Some of the key donors in Zimbabwe include the United Kingdom (UK), U.S., Global Fund, European Union (EU), Japan, Germany, Australia, Sweden and Switzerland.
- The top bilateral donors are the U.S., UK, and the European Union (EU) with many of the smaller donors frequently working through the United Nations (UN) system.
- Generally, overseas donor support is now declining in Zimbabwe, due to diversion of funds due to COVID-19, donor fatigue towards Africa and concerns over government accountability and human rights. Canada, Norway and Denmark are no longer supporting Zimbabwe.
- There are UN Agencies[53] that provide support to Zimbabwe, namely, The Food and Agriculture Organisation, World Health Organisation, UNAIDS, UNICEF, UNFPA, International Labour Organisation (ILO)

The above highlights the fact that funding to Zimbabwe is declining for CSOs and donors are having narrower requirements. ZHI must be aggressive in its fundraising approach to be seen as the partner of choice for the declining number of donors.

USAID / PEPFAR Plans for Zimbabwe

[50] Human Development Report 2020
[51] https://www.icnl.org/resources/civic-freedom-monitor/zimbabwe accessed on 15 June 2021
[52] The Political Economy of Aid in Zimbabwe, By ROAPE May 9, 2019
[53] https://zimbabwe.un.org/en/about/un-entities-in-country

There has been a shift in policy by US Government and PEPFAR as USAID's Journey to Self-Reliance (J2SR) is being promoted. The purpose of the J2SR is that foreign assistance should be ending its need to exist. Host Country Governments and the private sector are expected to invest in development and local organizations are expected to play a bigger role (in lieu of International NGOs (INGOs)) in implementation.

The PEPFAR localisation agenda has a target of 70% of all funding to go to "indigenous organizations" as Prime Awardees by end of 2020. This presents a good opportunity for ZHI to implement USAID/PEPFAR awards in future

PEPFAR has been implementing comprehensive HIV programs in Zimbabwe since 2000 through CDC and USAID. The PEPFAR portfolio covers the entire spectrum of HIV prevention, care and treatment services. PEPFAR Zimbabwe has prioritized 40 Districts to work in. The PEPFAR program is delivered through the Ministry of Health and Child Care (MOHCC) in Zimbabwe.

The J2SR strategy means that USAID / PEPFAR would eventually like to see local organisations with other sustainable funding sources. ZHI has been birthed through the localization agenda of PEPFAR and has been conducting HIV prevention, care and treatment services successfully. Skills and expertise are available in ZHI to continue these activities successfully. ZHI plans to continue with these activities with USAID and other donor funding. ZHI needs to broaden the funding base to prepare itself for shrinking USAID / PEPFAR funding.

ZHI will align with the understanding and key aspects linked to USAID / PEPFAR funding, which will also strengthen their ability to access other funding sources. Some of these key aspects are:

1. Treatment adherence requires family support
2. Evidence based programming and documentation is needed
3. Gender analysis is becoming more important, looking at gender equality and the response of the organization regarding gender. The strategy should not be 'one *size fits all'*.
4. ZHI should focus on sustainability, working directly with stakeholders and local entities and capacitating them
5. Data analysis should happen at the local level
6. The Funding landscape is dwindling, so ZHI needs to diversify its income stream

3 SWOT / BEEM ANALYSIS OF ZHI

The SWOT analysis looks at the internal and external factors relating to ZHI. Some of the internal factors are drawn from the 2021 Organizational Capacity Assessment (OCA) of ZHI. The issues raised in the SWOT/ BEEM analysis influenced the development of this ZHI strategy.

Table 2: SWOT / BEEM ANALYSIS

Strengths – Internal to ZHI	How to Build on them
1. Competent, multi-disciplinary and active Board	• Continual capacity strengthening for the Board • Ensure good succession planning • Ensure continued good gender balance
2. Underwritten by the international NGO FHI 360, from whom ZHI inherited tried and trusted systems	• Ensure systems are fully adapted for ZHI and continuously improve them to respond to changes in the landscape • Institutionalise the collaboration, learning and adapting that was developed in FHI 360 • Develop strategic relationships with partners of FHI 360

3. Good donor relations with USAID and PEPFAR who funded the localisation agenda – formation of ZHI	• Develop a donor acquisition and management strategy • Leverage on the current donor relationships to expand the donor portfolio
4. ZHI is now a localised organisation through J2SR	• Continue to ensure full compliance with local legal requirements (Public Voluntary Organisation (PVO) registration) • Document the ZHI birth and transition • Develop a Communications Strategy to tell the ZHI story • Organise the formal launch of ZHI • Learn from local organisations that have failed and ensure that ZHI does not make the same mistakes
5. Competent and experienced staff in implementing PEPFAR programs	• Continuous capacity strengthening of staff to equip them for new challenges • Talent identification and retention strategy • Senior Staff succession plan developed
Weaknesses – Internal to ZHI	**How to Eliminate them**
1. Full reliance on one funder	• Diversify the funding base
2. ZHI is a young organisation – some of the policies adopted from FHI 360 are not fully responsive, some staff are not aware of the importance of compliance to donor requirements	• Adapt / modify policies • Orientation of staff through in-house training on compliance issues
3. The identity and culture of the organization is still not fully defined	• Create a ZHI way, establish ZHI culture, internalizing values, • Facilitated capacity building of ZHI staff on ZHI values & brand loyalty • Model the desired leadership style i.e., leading by example
4. The development of the ZHI staff team is still evolving especially due to COVID restrictions on movement and meetings	• Team building sessions
5. ZHI still to achieve the full complement of staff as key personnel are still with FHI 360. This results in decision making challenges	• Migrate all required staff from FHI 360 to ZHI in due course • Ensure staffing is in place to fulfil the new strategy
6. ZHI needs to improve gender diversity – the Senior Management Team are all males	• Promotion of gender diversity within ZHI – intentionally seek to recruit females for senior positions • Review the recruitment policy
7. No job grading system in ZHI	• Purchase and use a recognized grading system e.g. Castellon, Paterson
Opportunities – External to ZHI	**How to Exploit them**
1. Policy Shifts within PEPFAR which encourage local NGOs – J2SR	• Continue to be updated on policy shifts and exploit them • Develop a self-reliance policy, or resource mobilisation strategy for sustainability which would include working with private sector
2. The increased need for Community Systems Strengthening (CSS) and Community Led Monitoring (CLM)	• Collaborate with NAC, MOHCC and other stakeholders to implement CSS and CLM
3. Increase in Digitalisation such as mobile money platforms, virtual training	• Train staff in useful new or innovative digital methods / technologies • Incorporate digital technologies into ZHI where useful
4. Publication of National Development Strategy and key stakeholders' strategies	• Align ZHI strategy with these strategies (especially National Strategy) for greater possibility of resource allocation and other support

5. Donor interest in Zimbabwe	• Engage more donors to diversify and expand the funding
6. Opportunities to spread the ZHI work to more districts in Zimbabwe	• Fundraising to increase funding levels to allow expansion to more districts
7. Seek funding for disaster responses as ZHI has proven innovative in delivering programs during COVID	• Continue to be innovative in adapting responses during disasters or economic crisis • Develop programs to deal with disaster situations
8. Develop partnerships with other organisations	• Conduct detailed stakeholder mapping and resources mobilisation to pursue more partnerships, using dedicated staff • Leverage on partner strengths to target Key Populations
9. Presence of Academic Institutions for partnerships around Research and Documentation (incl. clinical trials)	• Stakeholder mapping • Develop partnerships • Seek funding for research and documentation
10. Public / Private partnerships (PPP)	• Develop guidelines for PPP • Profile the private sector for potential partners • Lobby with regulatory authorities for tax exemptions for the private sector supporting programs • Engage potential partners
11. Provision of Leadership Development Programs by ZHI	• Design and implement structured Leadership Development programs as well as coaching and mentorship
Threats – External to ZHI	**How to Minimise them**
1. Stiff competition from other organisations as well as non-traditional players such as the private sector	• Capitalize on comparative advantages • Continue to develop innovative ways of programming • Showcase and demonstrate achievements • Separate the launch of the organization and the launch of the projects
2. Reduction of available HIV funding due to COVID and new priorities of donors	• Diversify the funding portfolio • Create a Resource Mobilization unit • Ensure that all programming aligns with the ZHI vision, mission and values
3. Political instability – elections, strikes and demonstrations causing disruption to the work	• Adhere to staff welfare guidelines • Be aware of risks involved at any time and adjust programming to minimise these risks
4. Political interference	• Be clear in communications that ZHI is apolitical • Adhere closely to all the ZHI policies • Complement Government efforts
5. Exchange rate changes or changes in banking regulations regarding foreign currency reduce the value of funds	• Work closely with donors and finance committee to ensure all funds are used to best advantage in a compliant way

4 VISION & MISSION & VALUES OF ZHI

ZHI VISION

A world where all populations attain optimal health, wellbeing and self-sufficiency.

ZHI MISSION

To design and deliver innovative and sustainable high impact, integrated interventions for health, while working with and strengthening local communities and existing institutions.

ZHI CORE VALUES

Values drive the way an organisation exerts its influence, how its people interact with each other and how they work together to achieve the desired results.[54] They are the unseen drivers of behaviour in the organisation, based on deeply held beliefs that drive decision-making. The collective behaviours of all employees become the organisational culture – "the way we do things around here" – fulfilling the organisation's promise to stakeholders. With this understanding, ZHI has chosen the following values that embody how business will be conducted:

- ✓ **Service**
  - Recognising that every human being needs to be treated with respect and dignity
- ✓ **Teamwork**
  - Across disciplines and geographics, within the organisation and with our partners
- ✓ **Innovation**
  - To meet the evolving needs of our beneficiaries and partners
- ✓ **Accountability**
  - For our work with measuring and reporting at all levels
- ✓ **Diversity**
  - Mutual respect for diversity in all aspects

5 STRATEGIC GOAL AND OBJECTIVES

The Strategic Goal and Strategic Objectives of ZHI are as outlined below. The first three objectives relate directly to the beneficiaries of ZHI, Objective 4 relates to the quality and use of data generated by ZHI and Objective 5 relates to the efficiency, effectiveness and sustainability of ZHI.

ZHI will continue to focus primarily on health programming, as is implied in the name, but other programmatic areas will be included to provide a holistic approach to the improvement of health outcomes for the beneficiaries.

Strategic Goal (Which aligns with the Vision of ZHI)

Improved health, wellbeing and self-sufficiency for the people of Zimbabwe by 2026

Strategic Objectives

1. **Improved health of the communities ZHI works with by 2026**
   Development Hypothesis: *If the burden of disease is reduced by addressing the leading causes of illness and death and by strengthening health and community systems, then those in the communities reached by ZHI will live healthier lives.*

   Key Strategic Focus Areas and Activities:
   a. HIV prevention and Care & Treatment services (including schools prevention programming, Elimination of Mother to Child Transmission (EMTCT), HIV treatment and viral load suppression, STIs, VMMC promotion, HTS, PEP and PrEP, Key Populations).

[54] Towerstone Leadership Centre (2016). What are organizational values and why are they important? Accessed on 15 June 2021 from: https://www.towerstone-global.com/what-are-organisational-values-and-why-are-they-important/

b. Tuberculosis prevention and support for integrated HIV/TB services
c. Sexual Reproductive Health (including Reproductive, Maternal, Newborn, Child & Adolescent Health (RMNCAH) and Family Planning
d. Malaria prevention and case management
e. Epidemic-prone diseases prevention and mitigation (e.g., COVID-19, Cholera)
f. Non-Communicable diseases including mental health
g. Family nutrition – for mother, child and family

Rationale: *ZHI is playing to its strength with skills and experience in all of these areas through the Care & Treatment and DREAMS programming that it has successfully implemented. As discussed earlier these are all areas of key need in Zimbabwe. These areas align with national and global strategies. Funding is available for these areas.*

2. Improved wellbeing of the communities ZHI works with by 2026

Development Hypothesis: *If the AGYW in a community are well educated and well informed of and empowered regarding their rights, and the community (parents, healthcare workers, leaders) is also aware of these rights and upholds them legally with recourse to justice then there will be reduced levels of sexual and gender-based violence in that community. If there is increased psycho-social support and health support, then the consequences of SGBV will be less severe for the AGYW.*

Key Strategic Focus Areas and Activities:

a. Sexual and gender-based violence prevention and response service provision
   i. HIV and sexual violence prevention curriculum (DREAMS)
b. Social Protection
   i. Formal Education – Ministry of Education Guidance & Counselling teacher training
   ii. Informal Education – Universal access to Education – building community
   iii. School programmes for Out of School youth – get into school system
   iv. Child support – school fees, school equipment, textbooks
   v. Psycho-social support
   vi. Child protection
   vii. Legal Services
   viii. Parenting interventions
   ix. Healthcare worker training

Rationale: *ZHI is playing to its strength with skills and experience in these areas through the DREAMS programming that it has successfully implemented. As discussed, prevention of SGBV and social protection (for youth and in particularly AGYW) is a key area of need in Zimbabwe. These areas align with national and global strategies. Funding is available for these areas.*

3. Improved self-sufficiency for those ZHI works with by 2026

Development Hypothesis: If youth (in particular *AGYW) and PLHIV are able to take advantage of HIV prevention and C&T services provided (such as Economic Strengthening, ART, growing their own food and working etc.) then there will be a strong foundation for them to be self-sufficient at the individual and community level.*

Key Strategic Focus Areas and Activities:

a. Sustainable Livelihoods
    i. Employability – prepare for world of work
    ii. Household food security – Agriculture and food storage
    iii. Adherence to ART
b. Income generation
    i. Micro-enterprises - small projects
    ii. Access to markets – linkages to private sector
    iii. Improved awareness of rights of women (ILO), business and health, safety, hygiene for women - informal sector decent environment
c. Access to finance
    i. Internal Savings and Lending Schemes (ISALS)
    ii. Linkages to Private Sector – banks, other businesses

Rationale: *ZHI is playing to its strength with skills and experience in these areas through the DREAMS and C&T programming that it has successfully implemented. The scale of this work would be expanded in ZHI. As discussed, development of self-sufficiency of youth (in particular AGYW is a key need in Zimbabwe. These areas align with national and global strategies. Funding is available for these areas.*

4. Improved strategic information for data-driven research and evaluation, advocacy and evidence-based implementation

Development Hypothesis: *If the data systems are electronic, streamlined, geared for organisational learning with quality data being produced, analysed and used then ZHI will be able to use the strategic information for data driven research and evaluation, advocacy and evidence-based implementation*

Key Strategic Focus Areas and Activities:

a. Capacity building of service providers on new indicators, data management tools and SOPs
b. Support scale-up, enhancement and use of Electronic Medical Record (EMR) systems
c. Implement data quality assurance strategies including routine data quality assessments (RDQA), support data analyses and triangulation at all levels
d. Establish and operate real time databases that capture, and aggregate required indicators and performance measures from lower levels
e. Implement collaborative, learning and adaptation activities including design and implementation of operational research which generate evidence on the impact of specific interventions.
f. Documentation and dissemination of best practices and lessons learnt

Rationale: *ZHI views the collection, management, use and analysis of data to be critical for the success of future programming and community responses. ZHI recognises the need for improvement as an organisation in this area and sees the role it can play in building capacity for other service providers too. ZHI has the internal capacity as well as links with academic institutions to conduct research which can be used to drive advocacy and contribute to the national and international knowledge bank.*

5. Improved ability of ZHI to achieve its Key Strategic Goals by 2026

Development Hypothesis: *If ZHI has strong governance, developed leadership, sustainable funding sources, high compliance, high staff capacity and strong linkages with key stakeholders then it will be able to achieve its key strategic goals.*

Key Strategic Focus Areas and Activities:

a. Governance & Leadership development of board and staff
b. Resource Mobilisation, Business continuity, sustainability planning, handling crisis, risk assessments / management
c. Compliance development – financial management
d. Skills development – capacity building
e. Marketing and branding
f. Networking, conferences, building linkages with key stakeholders
g. Operational planning

Rationale: *ZHI recognises the importance of building and maintaining its own capacity for efficiency, effectiveness, impact and sustainability to be able to be successful at achieving the previously outlined strategic goals. Strengths in these areas will also enable ZHI to build capacity in other organisations and systems. ZHI will allocate funds and resources to this end.*

6 KEY APPROACHES AND STRATEGIES

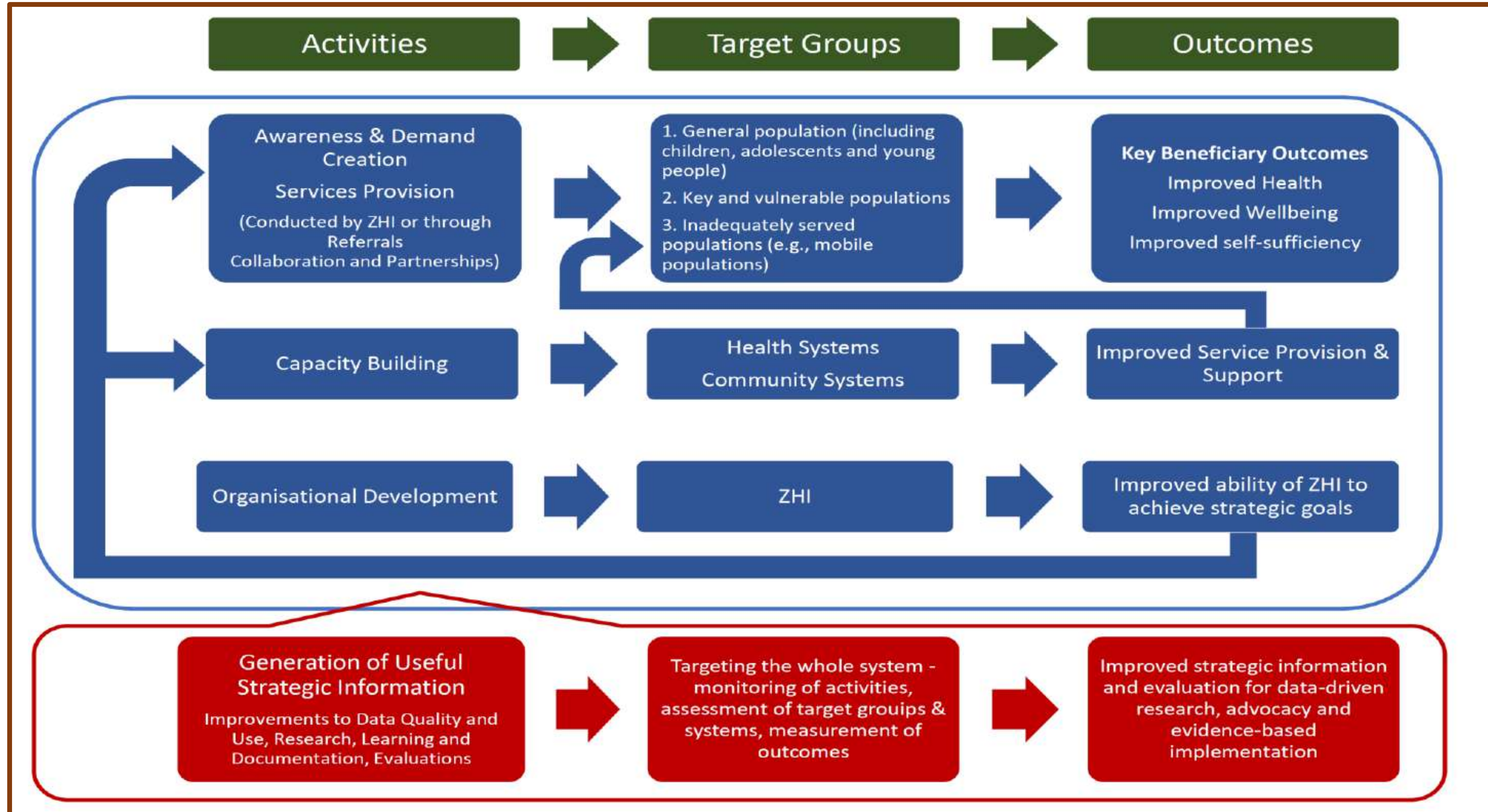
HOW ZHI WILL IMPLEMENT THIS STRATEGY

ZHI will achieve the strategic goals listed above through various methods as listed below:

1. Direct Service Delivery and referrals
2. Collaborations and partnerships with:
    a. The private sector
    b. Other organisations working in the same geographic or programmatic areas
    c. Learning institutions
3. Encouraging Access to Existing services – awareness and demand generation
4. Advocacy & policy review by providing input and conducting monitoring activities
5. Research and Documentation
    a. Pilot research
    b. Advocacy using the research
6. Grant Management – ZHI has existing capacity to manage and report on grants
7. Resource mobilisation
8. Health and Community Systems Strengthening through the provision of technical support to:
    a. CBOs
    b. Government Departments
    c. Community

7 STRATEGY FRAMEWORK

Figure 8: Overview of ZHI Strategy Framework



The strategies mentioned above are described further in the strategy framework provided below. The activities are identified and driven by the selected key outcomes (the first 3 outcomes are related to the health, wellbeing and self-sufficiency of the target groups, outcomes 4 and 5 are related to the development of strategic information by ZHI, and the organisational development of ZHI). These outcomes are shown to the right of the diagram above. The strategic information and evaluation development will feed into and benefit the whole system, not just ZHI, thus it is shown separate and in the red block of the diagram. The organisational development of ZHI and strengthening of Health and Community Systems are not an end in themselves but contribute to the attainment of the first three outcomes as shown by the arrows.

As stated earlier, the overarching Strategic Goal for ZHI is - Improved health, wellbeing and self-sufficiency for the people of Zimbabwe by 2026. The Strategic Objectives will contribute to this Goal as outlined in the ZHI Strategy Framework Table below.

Table 3: ZHI Strategy Framework

Determinants	Key Strategic Focus Areas and Activities	Short and Intermediate Outcomes	Long-term Outcomes/Impact
Strategic Objective 1: Improved health of the communities ZHI works with by 2026			
HIV and AIDS • 86% of PLHIV know their status • 97% of HIV positive people receive life-long ART • 90% of ART clients achieved viral suppression	• Provision of high-quality, comprehensive HIV prevention, care & treatment services across supported health facilities and communities to ensure achievement and sustenance of HIV epidemic control ○ Key services include HIV prevention education for young people, in particular AGYW, HIV testing services (HTS), management of STIs, elimination of mother-to-child HIV transmission (eMTCT), pre-exposure prophylaxis (PrEP), condom promotion and provision, post violence care including post exposure prophylaxis (PEP),	• Achievement and sustenance of HIV epidemic control ○ 95% of PLHIV know their status ○ 95 of HIV positive people receive life-long ART ○ 95% of ART clients achieve maximal and durable viral suppression by 2026 • Increase cervical cancer screening among HIV	• Reduction of HIV incidence in general population from 0.45[55] in 2021 to 0.40 by 2026 • Reduction of HIV incidence among AGYW from 0.31%[56] in 2021 to 0.25% by 2026 • Reduction in HIV-related mortality from 126/100 000[57] in 2019 to 100/100 000 by 2026

[55] ZIMPHIA 2020
[56] Young Adult Survey 2017 accessed on 21 July 2021 at https://www.togetherforgirls.org/wp-content/uploads/2019-12-10-VACS-Report-Zimbabwe.pdf
[57] 2019 HIV estimates

	adult & paediatric HIV treatment, VMMC and services targeted for key populations. • Provide integrated cervical cancer screening and treatment services to adult HIV positive women across supported facilities and communities • Partner Government of Zimbabwe, civil society organizations and other implementing partners for provision of integrated HIV services • Foster accountability through use of high-quality data for evidence-based HIV program design and implementation • Advocacy for development and review of policies that facilitate achievement and sustenance of HIV epidemic control	positive women from 94% in 2021 to 100% by 2026 • Increase cervical cancer treatment coverage from 73% in 2021 to 95% by 2026	• Reduction in MTCT of HIV rates from 8.7%% in 2020 to less than <5% by 2026.
Tuberculosis • High TB burden (29,000 cases in 2019) • High mortality attributable to TB (6,300 deaths in 2019) • Low childhood TB notification (5-8% of all TB notifications are children < 15 years)	• Support provision of integrated HIV/TB services across all supported facilities • Build capacity of health facilities and staff to provide high-quality TB screening, TB preventive therapy, TB diagnostic testing and TB treatment services in supported facilities and communities ○ Services include DS TB and DR TB diagnosis and treatment, paediatric TB • Partner donors and implementing partners involved in TB diagnostics to facilitate early detection and treatment of TB among adults and children • Conduct operational research and deep dive analysis to generate evidence to inform program design, implementation, monitoring and evaluation	• Increase TPT coverage among PLHIV from 11% in 2021 to 80% by 2026 • Increase HIV testing coverage among TB clients from 97% in 2021 to 100% by 2026 • Increase ART coverage among HIV positive TB clients from 97% in 2021 to 100% by 2026 • Increase proportionate contribution of childhood TB notifications from 5% in 2021 to 10% by 2026	• Reduce TB incidence from 199/100 000 population in 2021 to 180/100 000 (10% reduction) by 2026 • Reduce TB-related mortality from 6,300 in 2021 to 6000 (5% reduction) by 2026
Maternal, New-born Child Health, Family Planning,	• Improve demand for and availability of quality MNCH-FP services in supported districts	• Increase ANC service utilization coverage from	• Reduction in maternal mortality from 462/100

ZHI
Innovative and sustainable health solutions

Sexual and reproductive Health • Suboptimal ANC service utilization (93% in 2021) • Low proportion (10%) of pregnant women with recommended 8 ANC visits • Low institutional deliveries (85% in 2021) • High maternal mortality rate (462/100 000 live births in 2021) • Suboptimal contraceptive prevalence rate, modern methods (mCPR) - (67% in 2018[58]) • Unmet need for family planning (10%).	○ Services include focused ANC, skilled delivery, family planning, EmONC, PNC/neonatal sepsis / Asphyxia / Prematurity, immunization, community IMCI focusing on pneumonia, malaria, and diarrhoea • Increase access to a broad range of family planning services through outreach services • Increase use of MNCH-FP services and targeting of hard-to-reach populations by reducing barriers to improved health behaviours around religious or cultural beliefs and transform social and gender norms and increasing community knowledge about danger signs in pregnancy and delivery and new-borns • Strengthen community systems and linkages to integrated MNCH-FP services • Health systems strengthening - Improve policy implementation within Ministry of Health and Child Care (MOHCC) and Zimbabwe National Family Planning Council (ZNFPC)	93%[59] in 2021 to 95% by 2026 • Increase proportion of pregnant women with at least 8 ANC visits from 10%[60] in 2019 to 20% by 2026 • Increase proportion of institutional deliveries from 85% in 2021 to 90% by 2026 • Increase STI treatment coverage from 96% in 2021[61] to 100% by 2026 • Increase HIV testing coverage among STI clients from 68% in 2021[62] to 95% by 2026. • Increase in mCPR from 67% in 2021 to 75% by 2026.	00[63] live births in 2021 to 400/100 000 live births by 2026 • Reduction in infant mortality rate from 53/1000 live births in 2021 to 48/100 live births (10% reduction) by 2026 • Reduction in under 5 mortality rate from 73/1000 live births in 2021 to 66/1000 live birth (10% reduction by 2026 • Reduction in unmet need for family planning from 10% in 2021 to 7% by 2026
Malaria • High incidence of Malaria (22/1000 population in 2021)	• Provision of comprehensive Malaria prevention services including ○ Indoor residual spraying (IRS), ○ Use of insecticide-treated nets,	• Improve proportion of households with access to insecticide treated	• Reduction in incidence of malaria from 22 cases /1000 population in 2021

[58] UNFPA 2018 accessed on 21 July 2021 at https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2018_EN_SWP.pdf
[59] UNICEF MICS 2019 accessed on 15 June 2021 at https://www.unicef.org/zimbabwe/reports/zimbabwe-2019-mics-survey-findings-report
[60] Ibid.
[61] MOHCC routine program data – Syphilis treatment among pregnant women
[62] MOHCC routine program data – HIV testing coverage among STI clients
[63] UNICEF MICS 2019 accessed on 15 June 2021 at https://www.unicef.org/zimbabwe/reports/zimbabwe-2019-mics-survey-findings-report

• High mortality due to Malaria (266 in 2019)	○ Malaria prophylaxis for general population and pregnant women • Strengthen case management (diagnostic, medicines, and supportive care) at all levels of care • Improve surveillance systems, monitoring, evaluation, and research	mosquito nets from 26% in 2021 to 50% by 2026 • Improve proportion of households using insecticide treated mosquito nets from 32% in 2021 to 40% by 2026 • Increase coverage of Intermittent preventive treatment for malaria among pregnant women from 43% in 2021 to 50% by 2026	to 15/1000 population by 2026 • Reduction in malaria-related mortality from 266 in 2021 to 150 by 2026
Epidemic-prone diseases (Covid-19, Cholera etc.) • > 107,490 Covid-19 cases by the 30th of July 2021 • 3,490 deaths by the 30th of July 2021 • High case fatality rate of 3.2% (2.2% globally)	• Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations • Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including prevention, detection, and response to pandemic threats • Support surveillance, case finding, case investigation, M&E, and research • Laboratory systems strengthening • Infection prevention and control • Case management • Training of HCWs in integrated disease surveillance and response (IDSR)	• Number and percent of health facilities with infection prevention and control (IPC) policies • Number and percent of healthcare workers reached with infection prevention & control, and case management training • Number and percent of people reached with WASH supplies	• Reduction of morbidity and mortality due to Covid-19
Non-Communicable Diseases including mental health • Over 5,000 new cancer diagnoses and over 1,500 deaths per year	• Provision of prevention and management of NCDs focusing on: ○ hypertension, ○ diabetes, ○ obesity,	• Reduce burden of non-communicable diseases by 5% by 2026 • Increase proportion of PLHIV clients screened for	• Reduce mortality due to noncommunicable diseases by 5% by 2026

• High prevalence (30%[64]) of hypertension among adults in Zimbabwe • High prevalence (5.7%[65]) of diabetes melitus among adults in Zimbabwe • High prevalence (38%[66]) of mental disorders among PLHIV	○ cancer and ○ cardiovascular disease • Provision of comprehensive early screening for and management of clients with mental health problems • Promote reduction in substance abuse through multi-sectoral approach (schools, police, churches etc.) • Promote reduction of stigma towards mental illnesses in the community	mental disorders from 9%[67] in 2021 to 80% by 2026 • Increase proportion of eligible PLHIV who receive mental health services from 45%[68] in 2021 to 80% by 2026	
Family Nutrition • Low proportion of children exclusively breastfed in the first 6 months of life (41% in 2021[69]) • High proportion of children under 5 years stunted (23% in 2021)	• Provision of comprehensive services focusing on ○ clinical nutrition services, ○ community Infants and Young Child Feeding (IYCF), ○ micronutrient supplementation, ○ growth monitoring and ○ exclusive breastfeeding	• Increase in proportion of children exclusively breastfed in the first 6 months of life from 41% in 2021 to 50% by 2026 • Improved nutrition for children under 5 years	• Reduction in proportion of children under 5 years stunted from 23%[70] in 2021 to 15% by 2026 • Reduce morbidity and mortality due to malnutrition by 5% by 2026
Strategic Objective 2: Improved wellbeing of the communities ZHI works with by 2026			

[64] Mutowo MP, Mangwiro JC, Lorgelly P, Owen A, Renzaho AM. Hypertension in Zimbabwe: A meta-analysis to quantify its burden and policy implications. World J Meta-Anal 2015; 3(1): 54-60 [DOI: 10.13105/wjma.v3.i1.54] accessed on 15 June 2021 at https://www.wjgnet.com/2308-3840/full/v3/i1/54.htm

[65] Gumbie, Mutsa & Gowda, Usha & Mangwiro, John & Lorgelly, Paula & Owen, Alice & Renzaho, Andre. (2015). Prevalence of diabetes in Zimbabwe: a systematic review with meta-analysis. International Journal of Public Health. 60. 1-11. 10.1007/s00038-014-0626-y.

[66] The Zvandiri Africaid Viral Load Study mentioned in PEPFAR Community COP21 accessed on 20 July 2021 at https://differentiatedservicedelivery.org/Portals/0/adam/Content/MYTQWlirjEKC-Rjrpip5Qw/File/Community-COP21-Zimbabwe.pdf

[67] ZHCT program data, denominator = TX_CURR

[68] ZHCT program data, denominator = PLHIV eligible for mental health services

[69] Multiple Indicator Cluster Survey (MICS) 2019 accessed on 15 June 2021 at https://www.unicef.org/zimbabwe/reports/zimbabwe-2019-mics-survey-findings-report

[70] Ibid

Sexual and Gender-based violence
• High prevalence of childhood sexual violence among adolescents and young adults aged 18-24 years (9.1% females and 1.1% males[71])
• High prevalence (7.3%[72]) of sexual and gender-based violence among AGYW aged 10-24 within DREAMS districts
• Harmful community norms regarding gender and violence against women and girls
	• Sexual and gender-based violence prevention and response service provision
	  ○ HIV and sexual violence prevention curriculum (DREAMS)
	• Social Protection
	  ○ Formal Education – Ministry of Education Guidance & Counselling teacher training
	  ○ Informal Education – Universal access to Education – building community school programmes for Out of School youth – get into school system
	  ○ Child support – school fees, school equipment, textbooks
	  ○ Psycho-social support
	  ○ Child protection
	  ○ Legal Services
	  ○ Parenting interventions
	  ○ Healthcare worker training
		• Increase in proportion of eligible AGYW receiving school and community-based HIV and violence prevention interventions
		• Increase in proportion of eligible AGYW and families receiving education subsidies and other social protection interventions
		• Increase in proportion of eligible families receiving parenting interventions
		• Increase in proportion of eligible AGYW receiving appropriate services /referrals based on their vulnerabilities
			• Decrease in sexual risk-taking behaviour among AGYW
			• Decrease in unplanned pregnancies among AGYW
			• Increase educational attainment for girls
			• Decrease in HIV incidence among AGYW
			• Decrease in incidences of SGBV

Strategic Objective 3: Improved self-sufficiency for those ZHI works with by 2026			

• Lack of empowerment for youth and in particular AGYW
• Youth and in particular AGYW as well as family economic vulnerability
• High HIV prevalence among AGYW
	• Sustainable Livelihoods
	  ○ Employability – prepare for world of work
	  ○ Household food security – Agriculture and food storage
	• Income generation
	  ○ Micro-enterprises - small projects
	  ○ Access to markets – linkages to private sector
	  ○ Improved awareness of rights of women (ILO), business and health, safety,
		• Increase in proportion of AGYW participating in ISALS and income generating projects
		• Increase in proportion of eligible AGYW and families cash transfers
			• Increased access to money in emergencies
			• Improved health and economic outcomes of families and communities

[71] Young Adult Survey 2017 accessed on 21 July 2021 at https://www.togetherforgirls.org/wp-content/uploads/2019-12-10-VACS-Report-Zimbabwe.pdf
[72] DREAMS program data, Mudzengerere et al, 2021

	hygiene for women - informal sector decent environment • Access to finance ○ Internal Savings and Lending Schemes (ISALS) ○ Linkages to Private Sector – banks, other businesses		
Strategic Objective 4: Improved strategic information for data-driven research and evaluation, advocacy and evidence-based implementation			
• Largely paper-based M&E systems with multiple registers • Suboptimal data quality • Multiple electronic medical records (EMR) systems with suboptimal interoperability and limited coverage • Suboptimal M&E capacity of program, implementing partner and GoZ staff • Limited use of digital data management tools and solutions • Limited analysis and use of data at district and service delivery levels • Suboptimal implementation of operational research, documentation, and dissemination of best /promising practices	• Capacity building of service providers on new indicators, data management tools and SOPs • Support scale-up, enhancement and use of EMR systems • Implement data quality assurance strategies including routine data quality assessments (RDQA), support data analyses and triangulation at all levels • Establish and operate real time databases that capture, and aggregate required indicators and performance measures from lower levels • Implement collaborative, learning and adaptation activities including design and implementation of operational research which generate evidence on the impact of specific interventions. • Documentation and dissemination of best practices and lessons learnt	• Program results show an accurate reflection of the situation on the ground • District and service-delivery level staff utilize EMR systems reports and custom queries for decision making • Performance data submitted to donors as required • Lessons learnt and best practices documented and disseminated to stakeholders	• EMRs will be updated, standardized, and used maximally across all service-delivery levels • All EMR sites will be supported to actively utilize aggregate and client-level data for program improvement

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Strategic Objective 5: Improved ability of ZHI to achieve its Key Strategic Goals by 2026			
• New organization with limited organizational program planning and implementation experience	• Governance & Leadership development of board and staff • Resource Mobilisation, Business continuity, sustainability planning, handling crisis, risk assessments / management • Compliance development – financial management • Skills development – capacity building • Marketing and branding • Networking, conferences, building linkages with key stakeholders • Operational planning	• Number of bids /responses to RFPs successfully submitted • Enhanced and functional ZHI website • Number of programs aired on mass-media i.e., radio and television stations • Brand ambassadors nominated	• Improved leadership and governance for ZHI • New business development for sustainability of ZHI • A bigger program portfolio with multiple funding streams • Good understanding of ZHI amongst key stakeholders

8 STAKEHOLDER ANALYSIS – ENGAGEMENT OF KEY STAKEHOLDERS

8.1 Existing Target Groups for ZHI

8.1.1 Target Groups for ZHI DREAMS program

The Primary beneficiaries of all the interventions are the Adolescent Girls and Young Women who are the most vulnerable according to the DREAMS vulnerability standards. Adolescent boys and men are also part of the program and are reached through the Community Norms Change Program that seeks to change the harmful community norms that also inhibit the AGYW from accessing services.

8.1.2 Target Groups for ZHI (Care & Treatment – the ZHCT project)

Targeted groups include men, pregnant and breastfeeding mothers and their children, adolescents and young women, and clients on anti-retroviral therapy (ART). The ZHCT project provides HIV services at community and facility level following the full continuum of HIV care.

8.2 Primary Stakeholders – Target Group

ZHI will continue with the DREAMS and Care & Treatment programming, so will continue to target those primary stakeholders. The full complement of primary stakeholders that will be targeted by ZHI during the period of this strategic plan will include:

1. General population (including children, adolescents and young people)
2. Key and vulnerable populations
3. Inadequately served populations (e.g., mobile populations)

8.3 Secondary Stakeholders

8.3.1 Government Institutions

Government institutions are critical to the success of ZHI due to the power they hold. They can enable and support or inhibit the work of ZHI. Some Government Ministries are more critical for the success of ZHI than others as shown in the table below.

Table 4: Stakeholder Analysis - Key Government Institutions

Government Institutions	Approach of ZHI to engage stakeholders
Key Government Institutions • Ministry of Health and Child Care and other line Ministries and Government Departments • National AIDS Council • Ministry of Primary and Secondary Education	• Memorandums of Understanding (MOUs) • Invitations to events • Leadership in strategic government platforms • Invite onto internal platform • Participate in external platforms • Thematic Working Groups • Consortium building

8.3.2 Other CSOs / NGOs & Academia

As described in the Situational Analysis earlier there are many CSOs / NGOs working in Zimbabwe. ZHI is going to work with civil society organisations at various levels who have strategic fit to the work, including CBOs, FBOs, local, national or international NGOs and Academia.

ZHI will engage with them differently as required, but some of the key forms of engagement will be:

- Invite onto internal platforms
- Participate in external platforms
- Thematic Working groups
- Partnerships in funding
- Consortium building

A large listing of health-related NGOs can be found on the Zimbabwe AIDS Network (ZAN) website - https://zimhealthcsos.ngo/csos/directory/. Each province of Zimbabwe has NGOs present, so there are no gaps that ZHI can take advantage of geographically, but reflections during the strategic planning highlighted the fact that there may be many NGOs in Zimbabwe but the work of several may not be effective. If ZHI continues to conduct effective and relevant work, then the organisation will stand out amongst the crowd and opportunities for expansion will exist.

ZHI can also position itself as a capacity building organisation to build capacity amongst NGOs and CBOs.

Research and documentation is a key area that ZHI plans to be involved with during this next phase. As stated earlier, there are very few NGOs in Zimbabwe who are involved in this much needed work. This means that engagement with academic institutions will be very important to provide academic rigour and credibility to the research conducted by ZHI. The institutions will also help to publicize research that is conducted.

Examples of academic institutions that ZHI could engage with include:

1. The University of Zimbabwe-University of California San Francisco Collaborative Research Program (UZ-UCSF)
2. Africa University

These institutions can be engaged through the following means:

- MOUs
- Affiliations
- Internships
- Part-time lectureship
- Sponsorship
- Mentoring/Presentation

8.3.3 Funders

There are several donors that ZHI could target to engage in a funding relationship. This process would need to be clarified more in the ZHI Fundraising Strategy.

ZHI will continue to strengthen relationships with existing donors through:

1. Ongoing compliance and achievement of targets and objectives
2. Applying for grant continuation or new projects

New donors will be developed through:

- Responding to Requests for Proposals (RFPs)
- Visits to offices
- Ensure ZHI website is up to date
- Sending Project Proposals
- Invite to events or to visit work in progress

8.3.4 Other Partners

Other potential partners identified by ZHI are:

1. Political, Religious and Traditional Leaders – as influencers of the target groups of ZHI
2. Private sector
3. Other development agencies and embassies

These will also be explored further in the development of the Fundraising Strategy.

9 CAPACITY BUILDING NEEDS TO FULFIL THE STRATEGY

At present, the ZHI staff are well capacitated to conduct the existing programming, particularly as many of them were conducting the same programming in FHI 360. There are some smaller capacity building requirements as laid out in the Organisational Capacity Assessment conducted in December 2020.

However, as ZHI moves into new programmatic areas, there may be need to capacitate existing or new staff to be able to conduct these activities well. Each project will need to be assessed for staffing capacity, and a capacity building budget built into each funding proposal submitted.

ZHI wants an environment where staff can continually develop and will develop a clear policy for staff development which will include:

- Provision of finances for development,
- Provision of time off for personal development such as study leave
- Strengthen the internal learning and development environment in ZHI by having a department under Human resources e.g. to provide access to online courses – such as USAID linked trainings

10 MONITORING OF THE ZHI STRATEGY

The implementation of this strategy will be monitored closely by ZHI, through the following means:

1. Frequent sharing and dissemination of the strategic plan internally and with stakeholders
2. Generation of annual plans that are guided by this strategic plan
3. The development of policies, systems and monitoring tools that are guided by this strategic plan
4. Annual reviews and planning meetings to ascertain the ongoing applicability of the strategic plan considering changes in the context, such as, changes in government policies or changes in the country. Make adaptations in line with these contextual changes.
5. A Reflection Meeting held midway through the implementation of this plan to allow ZHI to assess if they are still on course with this plan.
6. Development of a Strategic Master Budget that outlines the cost to achieve all the goals in the plan, especially the organisational development aspect. This budget will guide the Resource mobilisation plan.

11 FUNDING OF THE ZHI STRATEGY

The funding of this ZHI Strategy will be guided by a Resource Mobilisation Strategy that is to be developed by ZHI. Some strategies and donors are mentioned in the Stakeholders section relating to Funders (page above).

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