

ZHI Abstracts_IAS_2024

Abstract 1

Title: Prevalence of violence among adolescent girls aged 10 to 14 years who experienced early sexual debut: Lessons from 4 provinces of Zimbabwe, 2023.

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Background: Violence against women and children remains a public health challenge in Zimbabwe, and one of the drivers of new HIV infections. Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS free, Mentored and Safe (DREAMS) program to reduce HIV incidence among adolescent girls and young women (AGYW) in 11 high HIV burden districts of Zimbabwe. The DREAMS program assesses experiences of various types of violence at enrolment and during program implementation. About 0.6% (329/48,990) of adolescent girls (AG) aged 10-14 years reported having had sexual intercourse during DREAMS enrolment. We assessed prevalence of violence among 10-14-year-old AG who reported having had sex at program enrolment.

Methods: We conducted a descriptive cross-sectional study where routine program data for AG aged 10-14 years for the period October 2022 to September 2023 were extracted from the DREAMS DHIS II database. Prevalence analysis was conducted using SPSS version 23 and Ms Excel generating frequencies, proportions, and measures of association between early sexual debut and various forms of violence perpetrated against them. The assessment was covered by medical Research Council of Zimbabwe approved non-research determination protocol (MRCZ/E/254).

Results: A total of 48,990 AG aged 10-14 years were enrolled in the DREAMS program between October 2022 and September 2023. Out of these, 0.6% (329/48,990) reported having had sex in their life. About 33% (107/329) of those who had sex experienced some form of violence in their lives. AG aged 10-14 years who had ever had sex were more likely to have experienced some form of violence [COR=2.3, 95% CI (1.81-2.87), p<0.05] than those who did not. About 33% (107) of the AG were not planning on using condoms in their next sexual encounter, and 18% (60/329) of AG who had early sexual debut reported having had forced sex.

Conclusion: Prevalence of violence was high among adolescent girls aged 10-14 years who had early sexual debut, and there was a strong association between early sexual debut and

experience of childhood violence. We recommend further analysis of program data, and implementation of violence prevention and response interventions targeting AG, parents/guardians, and community members.

Key Words: Violence, Adolescent, Girls, Sexual, Debut, Abuse, ZHI, DREAMS, Zimbabwe.

Abstract 2

Title: Using a community mobilization approach to eliminate harmful social norms that fuel HIV infection among adolescent girls and young women: Lessons from Insiza district of Zimbabwe.

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Background: Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS free, Mentored and Safe (DREAMS) program to reduce HIV incidence among adolescent girls and young women (AGYW). There is growing focus on behavioral and structural interventions that facilitate achievement of HIV epidemic control. The DREAMS program uses a community mobilization approach to drive locally led community actions through community leader (traditional and religious) engagements to eliminate harmful social norms and negative behaviors that increase HIV infection risk.

Description: Results from the 2022 ZHI-commissioned gender equality and social inclusion (GESI) analysis showed that harmful norms exist in communities that increase risk to HIV among AGYW, including child marriages, suboptimal parental communication, and support; other risk factors were artisanal mining, migration, and drug and substance use. The DREAMS program adopted transformative approaches for behavior and norms change, including intensified community dialogues with diverse groups (traditional leaders, men, boys, girls, and women) to address challenges affecting AGYW and increasing their HIV infection risks. Multiple platforms e.g., church gatherings, chief's council meetings, community gatherings and sensitization meetings were utilized to reflect on these challenges and through transformative dialogues communities identified and, prioritized issues and made commitments to act.

Lessons learnt: Routine program monitoring has shown that community leaders were taking an active role in addressing identified risk behaviors in Insiza district. Actions taken include identifying and banning selling of unlicensed substances and night parties, instituting community by-laws, putting stiffer penalties to stop child marriages, and targeted dialogues with young men at farming and mining sites and sports gatherings. Targeted dialogues and provision of HIV

services within reach of young men at mining sites increases access to and uptake of services while promoting health seeking behaviors.

Conclusion/Next steps: Community mobilization through engagement of leaders was effective in reducing harmful social norms. We recommend continued engagement of traditional and religious leaders to address structural and behavioral challenges that increase HIV infection risk among AGYW. The DREAMS program should develop and implement interventions targeted at men and boys to address negative masculinity and norms which place them, and AGYW at HIV infection risk.

Abstract 3

Title: Factors associated with retention of adolescent girls and young women enrolled in an HIV prevention program residing in different geographical locations: Lessons from Zimbabwe, 2023.

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Background: Zimbabwe has made significant progress towards achievement of HIV epidemic control, however adolescent girls and young women (AGYW) remain disproportionately affected by HIV. Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program to reduce HIV incidence among AGYW. Retention of AGYW within DREAMS is critical as it ensures adherence and referral completion for need-based secondary services. We assessed factors associated with retention of AGYW in DREAMS program's rural and urban areas.

Methods: An analytical, cross-sectional study was conducted to determine factors associated with retention of AGYW in HIV prevention interventions in rural and urban areas. Data were collected from AGYW enrolled in the DREAMS program for the period October 2022 to September 2023 and analysed using STATA version 16 generating frequencies, proportions, and measures of central tendency, spread and association. Binary logistic regression was conducted to compute Chi-square tests and odds ratios for the comparison. Study received ethics approval from Medical Research Council of Zimbabwe (MRCZ/A/2933).

Results: Of the 2,143 AGYW aged 10-19 years assessed, 67.7% were aged 10-14 and 32.3% were aged 15-19 years, 74% were in-school, and 2.7% were married. A total of 1,480 AGYW resided in

rural areas of which 91.2% (1,350/1,480) were retained; retention in urban areas was 83.9% (556/663). AGYW residing in rural areas were more likely to be retained than those in urban areas [AOR=1.85; 95% CI (1.40; 2.45)]. Married AGYW residing in urban areas were less likely to be retained in HIV prevention intervention than those in rural areas [COR=0.24 (95% CI=0.10: 0.61)], and AGYW who attained secondary education or higher were less likely to be retained in HIV prevention intervention in urban areas than rural areas [COR=0.76; 95% CI (0.62;0.93)].

Conclusions: Overall, retention within DREAMS program was significantly higher in rural than urban areas; married AGYW and those who attained secondary level of education or higher were less likely to be retained. We recommend customised HIV prevention interventions for AGYW who are married, and those with secondary or higher levels of education in urban areas to match retention for their counterparts.

Key words: AGYW, HIV, Retention, DREAMS

Abstract 4

Title: Relationship between secondary services referrals and services uptake as a means of services layering among adolescent girls and young women aged 10 to 24 years: A comparative analysis in 4 provinces of Zimbabwe, 2023.

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Background: Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS free, Mentored and Safe (DREAMS) program to reduce HIV incidence among adolescent girls and young women (AGYW) in 11 high HIV burden districts of Zimbabwe. Service layering is achieved through referral of AGYW to clinical and other specialized service providers based on their vulnerabilities. The program recorded low (60%) sexual and reproductive health (SRH) service referral completion between October 2021 and September 2022. We assessed the relationship between services referrals and services uptake and availability within communities where DREAMS was implemented.

Methods: We conducted a descriptive cross-sectional study where routine program data for the period October 2022 to September 2023 were extracted from the DREAMS database. Relationship analysis was conducted using SPSS version 23 and MS Excel generating proportions and correlations between being referred for a secondary service and receiving the service. The

assessment was covered by medical Research Council of Zimbabwe approved protocol (MRCZ/E/254).

Results: A total of 23,348 AGYW were referred for secondary services between October 2022 and September 2023 of which 4% were aged 10-14 years, 57% 15-19 years and 39% 20-24 years. About 93% (22,0930/23,348) received secondary services they were referred to. The uptake of services was 94% for the 10-14 years, 93% for the 15-19 years, and 94% for the 20-24 years. Availability of services for referred AGYW at referral organizations was 99% across all age groups. There was a strong positive correlation between being referred for services and receiving the services referred for ($r=0.9998$), $p<0.01$.

Conclusion: Service layering through referrals is an effective strategy of ensuring provision of comprehensive, need-based HIV prevention services to AGYW. We recommend continued convening of weekly referral technical working group meetings to ensure that AGYW receive and/or take up the services they require.

Key Words: Referrals, Layering, Services, DREAMS, ZHI, Zimbabwe.

Abstract 5

Title: Enhancing uptake of HIV and sexual reproductive health services by adolescent girls and young women in rural areas using the “stop the bus” strategy: lessons from Matobo district in Zimbabwe, 2023.

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Background: Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS free, Mentored and Safe (DREAMS) program to reduce HIV infection risk among adolescent girls and young women (AGYW) in 11 high HIV burdened districts of Zimbabwe. Accessing comprehensive HIV prevention and sexual reproductive health and rights (SRHR) services reduces risk of HIV among AGYW. We document lessons from the “Stop the Bus” campaign strategy implemented in Matobo district in 2023.

Description: ZHI and a consortium of partners implemented the “Stop the Bus” campaign targeting high volume, HIV transmission hot-spot areas with combination HIV prevention and SRHR services to 15-24-year-old AGYW. The campaign was conducted from October 2022 to

September 2023 in ward 2 and involved implementing partners that include ZHI, Population Solutions for Health (PSH) and Musasa, working with village health workers (VHW) from the Ministry of Health and Child Care (MOHCC). Services offered included HIV pre-exposure prophylaxis (PrEP), HIV Testing Services (HTS), family planning, sexually transmitted infection (STI) screening and treatment and post gender-based violence (GBV) services at one-stop shop. Data were collected using paper tools and captured into the web-based DHIS2 program database. HIV prevention and SRHR service uptake in ward 2 was compared with ward 14 where the intervention was not implemented.

Lessons learnt: Out of the 347 AGYW reached with the DREAMS primary package in ward 2, 291 (84%) received HIV prevention and SRHR services through the “stop the bus” strategy whilst, in Ward 14, only 24% (87/362) accessed services. In ward 2, 149 AGYW accessed FP, 48 received HTS, 20 PrEP, 48 STI services whilst 26 received psycho-social support. The program learnt that AGYW preferred “stop the bus” to access combination HIV prevention and SRHR services. Effective collaboration with MOHCC strengthened mobilization of AGYW to access SRHR services.

Conclusion: The stop the bus strategy increased access to and uptake of HIV prevention and SRHR services by AGYW in ward 2 of Matobo district. We recommend roll out of the strategy to all wards including hard-to-reach ones, and improved collaboration between implementing partners for effective HIV prevention and SRHR service provision.

Key words: Stop, Bus, Campaign, HIV, Prevention, Sexual, Reproductive, Health, Zimbabwe.

Abstract 6

Title: Multiple sexual partners increase vulnerability of adolescent girls and young women aged 15 to 24 years to other HIV infection risks; Lessons from four provinces of Zimbabwe, 2023.

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Background: Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS free, Mentored and Safe (DREAMS) program which seeks to reduce HIV incidence among adolescent girls and young women (AGYW) in 11 districts of Zimbabwe. The program uses a screening tool to assess eligibility of AGYW for the program before they are enrolled and provided with required services. It was not clear if having multiple sexual partners (MSP) as a primary vulnerability increased chances and emergence of secondary HIV infection

vulnerabilities among AGYW. We assessed the association of having MSP among AGYW with other key vulnerabilities.

Methods: We conducted a descriptive cross-sectional study where routine program data for all AGYW enrolled in DREAMS program in Mashonaland central, Midlands, Bulawayo, and Matabeleland south provinces for the period October 2022 to September 2023 were extracted from the DREAMS database. Prevalence analysis was conducted using SPSS version 23 and MS Excel generating proportions and measures of association between having multiple sexual partners and other HIV infection vulnerabilities. The assessment was approved by Medical Research Council of Zimbabwe (MRCZ/E/254).

Results: Data for 33,220 AGYW screened and enrolled in DREAMS were analyzed of which 65% (21,593/33,220) were aged 15 to 19 years whilst 35% were aged 20-24 years. About 17% (5,496/33,220) reported having MSP. AGYW with MSP were more likely to have STI symptoms than those without [COR=4.64, 95% CI (4.17-5.18)], more likely to report history of pregnancy [COR=1.17 95% CI (1.051-1.30)], more likely to abuse alcohol [COR=3.69, 95%CI (3.38-4.05)], more likely to engage in transactional sex [COR=15.49,95%CI(14.34-16.74) and more likely to suffer from sexual violence [COR=1.98, 95%CI (1.66-2.38)]. MSP was significantly associated with STI symptoms, alcohol use, history of pregnancy, transactional sex, and sexual violence.

Conclusion: Having multiple sexual partners increased chances of AGYW having STI symptoms, experiencing sexual violence, pregnancy, engaging in transactional sex and alcohol use which increased their HIV infection risk. We recommend that the DREAMS program identify and address root causes of MSP as that has potential to address other HIV infection risks.

Key Words: Vulnerabilities, Multiple, Sexual, Partners, HIV, Risk, ZHI, DREAMS, Zimbabwe.

Abstract 7

Title: Strengthening recording and reporting of continuity of treatment for people living with HIV on antiretroviral therapy through physical review of paper client records: Experiences from Manicaland and Midlands provinces of Zimbabwe, 2023.

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Background: Zimbabwe Health Interventions (ZHI) is supporting the government of Zimbabwe to achieve and sustain HIV epidemic control. ZHI used the cohort adjustment method when reporting clients on antiretroviral therapy (ART) i.e., adding new initiations, transfers-in and return-to-care; and subtracting deaths, transfers out, and treatment interruptions from number reported in previous month. This method does not verify the previously reported base figure and is therefore prone to errors. Routine data quality assessments (RDQA) conducted in June 2023 revealed 16% overreporting of clients on ART in Midlands province, and this prompted the client records review.

Methods: We conducted a physical review of facility-held client records to verify numbers of people living with HIV (PLHIV) on ART across all ZHI-supported facilities in Manicaland and Midlands provinces. Clients who visited the facility or sent a representative on or within 28 days of appointment day were considered active. Those who missed appointments were followed up for 90 days before declaring outcomes. Standard Operating Procedure (SOP) was used to guide data collection. All paper records of ART clients were reviewed with results recorded on tally sheets. Data were captured, merged and analyzed using MS Excel. All inactive/lost clients were discounted from treatment continuity number. Assessment was approved by Medical Research Council of Zimbabwe (MRCZ/E/159).

Results: There was an overall 9.3% (20,569/221,050) reduction in the number of PLHIV on ART, 3.9% (4,301/108,938) in Manicaland and 14.5% (16,268/112,112) in Midlands. About 52% (10,700/20,569) of losses occurred before project inception in October 2021. About 65% of clients lost were not in differentiated service delivery (DSD) models. Contribution of the 0–25-year age groups to PLHIV on ART decreased from 13.5% to 10.3%, and for 50 years and above increased from 23.0% to 31.7%. The age group with the highest number of PLHIV on ART remained the 40-44 years old (15.8%). The Ministry of Health and Child Care adopted this method.

Conclusions: Physical review of facility-level client records is a useful Data Quality Assurance (DQA) strategy complementing the cohort adjustment method. We recommend physical review of client's records annually at high-volume sites, and bi-annually at lower-volume sites to accurately report clients on ART.

Key Words: ART, Physical, Record, Review, Data, Quality, ZHI, Zimbabwe.

Abstract 8

Title: Enhancing viral load monitoring among people on antiretroviral therapy using structured mentorship by cluster differentiated service delivery nurses: Lessons from Buhera district of Zimbabwe, 2023.

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Background: Zimbabwe Health Interventions (ZHI) is supporting government of Zimbabwe (GoZ) to achieve and sustain HIV epidemic control. Despite the country achieving 95% viral load (VL) coverage, some districts remain with suboptimal coverage. Between January and March 2022, Buhera district had a VL coverage of 62% resulting in suboptimal viral suppression (93%); this has potential to cause negative outcomes including HIV transmission, development of opportunistic infections and HIV drug resistance, and death. We documented effectiveness of structured mentorship by cluster differentiated service delivery (DSD) nurses in improving VL coverage and suppression in Buhera district for the period October 2022 to December 2023.

Description: Cluster DSD nurses were hired and deployed by ZHI to support a cluster of health facilities (maximum 10 facilities), and their activities included cohort cleaning i.e. ensuring clients' health records were well documented, line listing of clients due for VL testing, mobilization of clients who missed VL testing through phone calls and home visits by lay community referral facilitators (CRFs), and targeted follow-ups for community ART refill groups (CARG) and hard-to-reach clients. VL service uptake data were captured in health facility registers and the program DHIS2 database. Data for the January 2022 to December 2023 period were analyzed using MS Excel and STATA 15 generating proportions. The assessment was approved by Medical Research Council of Zimbabwe (MRCZ/E/159).

Lessons learnt: Viral load coverage significantly increased from 62% in January to March 2022 to 88% ($z = -59.52$, $p < 0.0001$), in the July to September 2023 period. Similarly, VL suppression increased from 93% in January to March 2022 to 98% ($z = -21.36$, $p < 0.0001$) in the July to September 2023 period.

Conclusion/Next steps: Use of structured mentorship and quality improvement approach to a cluster of health facilities by DSD nurses contributed to the significant improvement in VL coverage and suppression rates in Buhera district. We recommend interventions that optimize

identification of clients due for VL test, mobilization of clients who missed VL testing, and targeted follow-ups of community ART refill groups and hard-to-reach clients.

Key words: HIV, Viral, Load, Coverage, Differentiated, Service, Delivery, ZHI, Zimbabwe.

Abstract 9

Title: Uptake of post gender-based violence services among adolescent girls and young women across four high HIV burdened districts of Zimbabwe, October 2022 to September 2023.

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Background: Gender-based violence (GBV) is a widespread concern in Sub-Saharan Africa, affecting the health and well-being of adolescent girls and young women (AGYW). The 2019 violence against children survey in Zimbabwe revealed that 26% of young people aged 18-24 years experienced childhood violence, and those who experienced violence were more likely to have HIV infection. Additionally, GBV increases the likelihood of developing mental health disorders. Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS free, Mentored and Safe (DREAMS) program across high HIV burdened districts to reduce HIV incidence among AGYW. We assessed the uptake of post-GBV services by AGYW.

Methods: A descriptive cross-sectional study was conducted where routine program data for all AGYW enrolled in the DREAMS program in Chipinge, Gweru, Makoni, and Mutare districts for the period October 2022 to September 2023 were extracted from the program DHIS2 database. Data were analyzed using STATA version 17 generating frequencies, proportions, and measures of central tendency, and spread. The assessment was approved by Medical Research Council of Zimbabwe (MRCZ/E/159).

Results: Data for 7,445 AGYW who experienced GBV were analyzed. About 53% (n= 4,008) of those who received post GBV services were aged 20-24; median age (years) was 20 (IQR 23 -18). About 91% (6,762/7,445) experienced emotional and physical violence, and 9% (675/7,445) experienced sexual violence. Of those who experienced sexual violence, 84% (n=564) received rapid HIV tests, 97% (n = 656) STI screening and treatment, 89% (n=600) family planning, and 2% (n=16) psychosocial support (PSS). About 66% (n= 445) of AGYW who experienced sexual abuse

were in the 15 – 19-year-age-group. Among those that experienced sexual violence, 5% (31/675) accessed post GBV services within 72 hours, and of these, 74% (n=23) received post exposure prophylaxis (PEP), and 29% (n=9) received emergency contraceptives.

Conclusions: There were significant gaps in post-GBV service uptake among adolescent girls and young women, particularly timely access to care, provision of PEP, emergency contraceptives, and psychosocial support. We recommend enhancing awareness and accessibility of immediate post-GBV care, tailoring services to different age groups, especially adolescent girls.

Keywords: Gender-Based Violence, Adolescent, Girls, Young, Women, Sexual, Abuse, ZHI, Zimbabwe.