

Annual Project Results Report

SIMBA UTANO:
**Enhancing Gender Equality and Human Dignity for
Vulnerable Adolescent Girls and Young Women (AGYW)**

Project Number: POO5993

Country : Zimbabwe

Implementer: Interagency Coalition on AIDS and Development

Reporting Period: 29 October 2019 to 31 December 2020

Date of Report: 15 February

Tombstone Data

Implementer's name and contact information:

The project is implemented by a Consortium of Canadian organizations as indicated below. Robin Montgomery, Executive Director of the Interagency Coalition on AIDS and Development is the official spokesperson for the Consortium. Contact information for the Consortium organizations is as follows:

Interagency Coalition on AIDS and Development (ICAD)

Robin Montgomery, Executive Director

Email: Robin Montgomery rmontgomery@icad-cisd.com

Phone: (613) 292-9509; Skype: robin.montgomery

Website: www.icad-cisd.com

International Council of AIDS Service Organizations. Contact information

Mary Ann Tores, Executive Director

Email: Mary Ann Torres maryannt@icaso.org

Phone: (416) 419-6338; Skype: maryannicaso

Website: www.icaso.org

Total Project Budget: GAC Contribution: \$1,980,000; Partner Contribution \$220,000

Total = \$2,220,000

Project Start and End Date: 29 October 2019 to 28 February 2024

1. Progress on or towards Immediate Outcomes

As this is the first year of the project, our focus has been on activities and outputs and minimally on outcomes. In terms of reporting, we have attached two GAC templates: the Outputs and Activities Worksheet which captures all activities/outputs which have taken place prior to the 31 December 2020; and the Outcomes Reporting Worksheet which provides updates on the progress made to date on our outcome indicators. Since the PIP was submitted, we have learned much more about the different and potential sources of data for measuring progress and many of the updates relate directly to that. However, there are instances where we are able to demonstrate an emerging impact. Once such instance is the indicator “ # of national laws, policies and strategies relating to SRHR implemented or strengthened through the project at the district level” to measure intermediate outcome “Improve effectiveness of AGYW, health workers and community organizations to advocate for SRHR”.

Katswe Sistahood and Youth Engage are involve in a number of efforts to influence strategies and legislation including:

- National Adolescent Sexual and Reproductive Health and Rights (ASRHR) Strategy;
- Review of the Termination of Pregnancy Act;
- Realignment of the Age of Consent and the legal age of marriage;
- Criminalization of Date Rape under the Sexual Offences Act;
- Decriminalization of sex work;

There are two issues which are of specific interest to this project – the criminalization of date rape and the age of consent. While sexual violence by an intimate partner is explicitly acknowledged as a crime within the context of marriage, the law is not very explicit outside of marriage. Date rape is quite rampant in Zimbabwe. The National Baseline Study on the sexual life experiences of adolescents (2013) estimates that close to 50% of girls’ first sexual encounter is as a result of rape, predominantly date rape.

Reporting and convictions for rape is worryingly low. A young man’s line of defense in the face of allegations of rape is to simply state that the young woman is his girlfriend. Social norms, the criminal justice system and the young man himself believe that violence, abuse and rape are the girl’s responsibility. It’s her fault. She brought it on herself. The young man is blameless. This is exacerbated by laws around the age of consent. Sex with someone who is under 13 is a criminal offence. Consensual sex between two adolescent minors (“the Romeo and Juliet” clause) is not an offence. But neither is sex between a minor (12 to 17 year olds) and a major (+ 18 years). This allows a 19 or a 40 year old to sleep with a young teenager and be confident of limited consequences before the courts. The “girlfriend” plea is sufficient for acquittal. In the face of stigma, discrimination, social marginalization, family anger and resentment **and** then the unlikelihood of a conviction, it’s not surprising that so few cases come to trial. Moreover, girls are so afraid of the social consequences of a rape (such as the shame associated with loss of virginity through a pre-marital sex encounter), they are unlikely to go to a clinic for the post-exposure prophylaxis for HIV or the morning-after pill. Some Clinic staff view the pill as a “micro abortion” and will refuse to promote or prescribe it anyway. Therefore, it is not surprising that the percentage of pregnancies due to rape is quite high. Emergency contraception is expensive and generally available only from urban pharmacies. Young people who are poor or living in remote rural communities are out of luck.

In order to influence the drafting of these two important pieces of legislation – the Age of Consent and the Criminalization of Date Rape- project staff are already meeting with Parliamentarians and identifying champions who will take the issues further. The next stage, prior to meeting with Parliamentary Committees (Health, Justice, Women), is to develop position papers. This will be followed by engaging lawyers to review existing laws and regulations and to draft progressive legislation that will actually protect adolescent girls and young women. Our Y2 budget is being refined to better demonstrate how funding is being set aside to maximize our influence and meet our aspirations.

2. Reach

See Annex 1 for data collected as per the PIP.

Note:

The “reach” template should be reviewed since several of the categories (health care workers, religious and political leaders as well as other key populations) are predominantly over the age of 24 and should not be included in the overall totals for youth. This can be easily corrected but a review of the template should be undertaken prior to Y2 activities. We will be requesting advice from GAC as to how to best improve the categories.

3. Changes to Theory of Change, the Logic Model and PMF

There are no changes to the Theory of Change or the Logic Model. However, we are requesting approvals for the following changes to the PMF:

Intermediate Outcome

- a. **1200 Improved delivery of gender equitable and adolescent responsive SRHR services to vulnerable AGYW**

Indicator: # of health facilities providing AYF SRH services as per MOH tiered guidelines

Revised target revised from 4 to 24 facilities

Explanation: The baseline sample was too small. To be revised by December 2020

Immediate Outcomes

- b. **1210 Increased knowledge and skill of service providers at the facility and community level to deliver gender-equitable and adolescent-responsive SRHR services to vulnerable AGYW.**

Indicator: # and % (M/F) of trained health care service providers who can identify key elements of gender-equitable and adolescent responsive services and how to provide them.

Revised Target: At least 80% of those trained of which 75% will be women

Reason: Target disaggregated by sex

Outputs

c. 1113 Sensitization of vulnerable AGYW on SRHR and HIV conducted

Indicator: # of sensitization trainings organized for vulnerable AGYW

Revised Target: 6,000 sessions (twice monthly meetings over 30 months for each of the 100 groups)

Explanation: Original target was TBD by the 31 Dec 2020

d. 1113 Sensitization of vulnerable AGYW on SRHR and HIV conducted

Indicator: # of AGYW attending sensitization exercises

Revised Target: 3,000 AGYW participating in Pachoto groups

Explanation: Original target was TBD by the 31 Dec 2020

e. 1221 Referral Protocols developed and disseminated to stakeholders

Indicator:# of health staff (f/m) trained on referral protocols

Request: that the indicator be deleted and included as part of a revised 1222

Explanation: This output does not appear in the LM, the Annual Workplan or the Budget. The LM was revised before final approval – but the output was not deleted in the PMF. The deletion will allow the PMF to synchronize with the LM and all other monitoring reports and budgets.

f. 1222 Coordinating committees established to link SRHR services for vulnerable AGYW....etc.

Request: With the deletion of the above, this output will be renumbered as 1221

g. 1223 (revise to 1222) Health facility managers and administrators sensitized to facilitate the delivery of gender equitable and , adolescent-responsive SRHR and HIV services to vulnerable AGYW

Request 1 That the output will be renumbers as 1222

Request 2 That the wording of above indicator include the words “and referrals” which allows the original 1221 to be deleted

Indicator: Health facility managers and administrators sensitized to facilitate the delivery of gender equitable and , adolescent-responsive SRHR and HIV services to vulnerable AGYW and referrals

Revised Target:: 24 (75% women)

Explanation: The number of trainees remains constant – but the indicator has been disaggregated by sex.

h. 1224 (revise to 1223) Twinning facilitated with regional and/or domestic CBOs to enhance project capacity to deliver quality gender transformative and adolescent responsive SRHR and HIV services

Request: that the output be renumbered from 1224 to 1223.

4. Lessons Learned and Actions taken, Recommendations and Next Steps

The lessons learned are as follows:

1. Vehicle Procurement

Project success hinges on efficient and timely transportation between Harare and the 4 districts. The original pre-PIP negotiation did not include vehicle procurement for either organization. Katwe Sistahood already owned a vehicle purchased via another ongoing project. During the baseline and GES, the vehicle was “rented” for Simba activities. However, Simba access was limited and Katswe regularly rented a vehicle on the open market. Youth Engage did not own a vehicle and thus was required to either rent a car, which was expensive, or use public transportation, which was an inefficient use of time. In the end, the vehicles were procured in November 2020. However, it would have been better if we had recognized earlier the need for project transportation – and purchased the vehicles as soon as the PIP had been approved in late June.

2. Health Worker Attitudes

The attitudes of local health personnel remain a huge barrier for adolescents and young people’s access to health SRHR services. The outreach programs has already been very effective towards increasing the uptake of services. The project needs to fully roll out this component of the project as soon as COVID-19 restrictions are relaxed. In the meantime, the Adolescent Sexual and Reproductive Health and Rights (ASRHR) Training Guide (for participants) and Facilitators Handbook (for trainers) has been developed and published.

3. The Importance of Partnerships

AGYW and young men face obstacles in accessing services and adhering to treatments. Barriers include: limited financing for nutrition and transportation to attend health clinics. Unfortunately, this project doesn’t provide support in these areas underlying the importance of linking with complementary organizations which provide this sort of support or access to livelihoods programming.

4. Linking with District Leadership

Meaningful engagement of both district and ward stakeholders is very crucial in community mobilization at every stage of the planning of project activities. This enables project staff to identify underutilized assets in the communities as well as facilitating the planning and implementation of project activities;

5. Risk Reduction

Disaster risk reduction is a critical component that should be prioritized in the implementation of the project. The project is focused on people and it is mandatory that the safety of both the staff and our target populations is prioritized. We are grateful that ICAD, ICASO and GAC recognize that the COVID pandemic affects the planning and scheduling of project activities.

6. Disruption to the Educational System

A major concern for the project is the impact of school closures on the motivation of young girls and boys – and the growing sense of hopelessness amongst this demographic which has resulted in increases in teenage pregnancies, illegal and unsafe abortions, early marriage and drug abuse. We discuss this in greater detail in section #7 of the Report which focusses on COVID - but it is important to note that the project is searching for innovative ways to engage young people, both immediately and once the pandemic is under better control.

5. Communications

1. ICAD held a fundraising bike-a-thon in June 2020 in Ottawa <http://www.icad-cisd.com/our-work/our-projects/simba-utano/pe-fundraising/>
2. The project held a webinar at the Canada Pavilion 2020 in July The Pavilion showcases Canadian contributions to HIV and AIDS at this international biennial conference. <http://icaso.org/simba-utano-empowering-adolescent-girls-in-zimbabwe/>
3. Youth Engage organized funding through UNAIDS to host 10 thirty minute radio shows to commemorate the 16 Days of Activism Against Gender Based Violence in November and December 2020. <http://www.icad-cisd.com/our-work/our-projects/simba-utano/project-gallery-and-videos/>
4. Part of the community awareness campaign and to create demand for SRHR service, the Pachoto groups put on a number of local theatre productions. Links are as follows:
<https://www.instagram.com/p/CFAOFzIDYAX/?igshid=1n6r5w21d5ln5>
<https://www.instagram.com/p/CFAOpanDrHD/?igshid=wa31ngd1ja2b>
<https://www.instagram.com/p/CFANPzADHcQ/?igshid=10lkcryhbg7di>
<https://www.instagram.com/p/CFAMMNQDmRI/?igshid=y95kkqd73yxx>
<https://www.instagram.com/p/CE7GEO5DYWq/?igshid=1v8ay4sk9ylpu>
5. Partners websites for Simba Utano are:
 ICAD: <http://www.icad-cisd.com/our-work/our-projects/simba-utano/>
 ICASO: <http://icaso.org/simba-utano-empowering-adolescent-girls-in-zimbabwe/>
 Katswe Sistahood: <http://katswesistahood.net/>
 Youth Engage: <https://www.facebook.com/YouthEngageInfo/>

Organization	Publication Title	Description	Project Support Provided	Release / Follow Up
Katswe Sistahood and Youth Engage	ASRHR Health Providers Training Guide (100 pages) ASRHR Participant Handbook (60 pages) Completed in December 2020 and printed in January 2021.	A training guide for facilitators to train health providers on adolescent and youth sexual and reproductive health and rights. The Participant Handbook will be distributed to participants attending training on ASRHR.	Project contributed to the cost of developing and publishing the resource.	Product tested on the first group of 119 health care workers. Will now be distributed more widely to include health service staff working in schools, health facilities, colleges, lecturers, village health workers, counsellors and peer educators.

6. Cost Sharing: Update

With respect to cost sharing, there are three things to report:

ICAD bike-a-thon:

ICAD participated in a bike-a-thon in June 2020 at which \$6,000 was raised on behalf of the project.

Internship Program

ICAD has applied to the Canada Summer Jobs Program to cover the 12-week 2021 summer salaries of the three interns attached to the project. The amount requested is \$9,000/intern and, if approved, will contribute to our cost share. The three positions are: Resource Mobilization Officer (Youth Engage), Communications Officer (Katswe Sistahood) and Social Worker (Katswe Sistahood). The latter position which provides direct support to the Simba Utano Project, was not one of the internships approved by the PIP. However, it is a priority for Katswe and thus we will be applying to substitute the web design internship for that of Social Worker. Should that not be possible, we shall increase the number of interns on the project from three to four.

ICAD Executive Director's in kind contribution:

Now that we have ended the start-up phase of the project, we are assuming that the oversight role played by ICAD's Executive Director will gradually decrease to approximately one day/month. Since our in kind budget has calculated her time at 2.5 days/month, we have started a conversation with our Zimbabwe partners as to the added value she can provide for the remaining 1.5 days/month. Our preference is that she take the lead on tracking the impact of COVID on the gender component of the project. She would begin with the development of a strategic framework or lens through which project activities and outcomes can be monitored. The aim is to be able to quickly address COVID-related concerns or issues that might adversely affect the progress of the project or, alternatively, contribute to its' unexpected benefits. Tracking the impact of the pandemic, making timely decisions and publishing our observations, insights and findings would not only benefit the project but might also serve as a reference point for the ongoing development of GAC's own COVID strategy.

7. Impact of COVID-19 on Project

Zimbabwe has been undergoing some form of lockdown since March 2020. The trends in infections mirror those in South Africa. Zimbabwe is highly dependent on South Africa for jobs in both the formal and informal sectors and the repatriation of SA earnings make up at least 10% of national GDP. Most Zimbabweans return for Christmas or summer holidays and rates of COVID infections inevitable increase during those times. However, cross border "vending" constitutes the majority of the Zimbabwean informal economy. While performing a vital role in keeping the broken economy alive by supplying food and consumer goods to street sellers, cross border vendors also serve as an important and continuous vector of COVID infection. Meanwhile, it is fair to say that the Government's COVID strategy is essentially nonexistent beyond declaring

timely lockdowns and waiting for the eventual decline in the South African COVID rates to impact Zimbabwe. At this point, no one expects vaccinations except perhaps health facility staff....eventually. While Zimbabwe is eligible for vaccines through the COVAX Facility, there are presently no publicly known plans in place for storage or distribution.

The impact of COVID on the education sector will have an important and growing influence on the Simba Utano project. Schools have essentially been closed since March 2020. Students returned to school in early September, but as infections increased, schools shut down again within a few weeks. The only exceptions were the three grades in which final exams take place - end of primary; at O levels (our grade 12); and at A levels (for students competing for university placements). Those three grades have remained open and students are writing exams now. Students attending any other grade, from 3 or 4 year olds registered in a crèche to 18 year enrolled in grade 11, had no access to education in 2020 - and this will likely be repeated throughout 2021 for the 95% of students attending government schools.

In a system which values university graduation above all else, young people are motivated to attend school and do well in tests and exams. Life skills and vocational skills are not a priority and consequently, even the brightest students graduate without the capacity to survive outside of the formal sector which employs just a small percentage of students. Imagine the impact of a pandemic that thwarts any potential progress because the only vehicle to deliver a better future is now permanently stalled. The situation is bleak – leading already to a noticeable increase in teen pregnancies, early marriages and drug abuse. The project has been very lucky thus far. Year 1 progress was on target with the early (PIP) expectations. However, Y2 will face much greater difficulties as young people become less motivated, more isolated and less engaged. Opportunities to meet or socialize (both within and outside of the project) are diminishing as each wave of restrictions wash over their lives. We may be witnessing the start of another lost generation.

Fortunately, the Simba project remains more relevant than ever. Providing it can retain its Community Facilitators, Youth Champion and Pachoto membership, it is one of the few initiatives that continues to reach young people, particularly AGYW. The goal to create an enabling environment for AGYW to improve their capacity to advocate for greater access to better health services remains both admirable and important. However the challenges shouldn't be underestimated. The project will have to work hard to develop innovative ways to deliver information and skills to AGYW in the context of a deteriorating economy, an abandoned educational system, reduced individual motivation and broad-based, minimal access to computer technology. It's not going to be easy.

8. Gender Equality

1. While it is still early days, the project has exceeded its Y1 gender targets at the outputs and activities level. For example, the number of Community Facilitators and Youth Champions trained (output #1112) exceeded targets by 300% and 400% respectively - and nearly all are AGYW thereby easily surpassing the 75% target established for adolescent girls and young women.
2. A number of our PMF indicators had not been disaggregated by sex during the PIP. We have corrected this. The suggested changes are highlighted in red on the PMF and are explained and justified in Section 3 of this report.

3. Finally, as noted in Section 6, the ICAD Executive Director will be tracking the impact of COVID-19 on the gender component of the project. This will include the development of a strategic framework, or lens, through which project activities and outcomes can be monitored thus enabling us to quickly address COVID related issues that adversely affect progress.

9. Environmental Sustainability

In terms of environmental sustainability, the project will promote reusable menstrual health products and the safe disposal of biomedical waste, including condoms. This component will begin in Year 2.

ANNEXES TO REPORT

Annex 1: Reach

Annex 2: Outputs and Activities Reporting Worksheet

Annex 3: Outcomes Reporting Worksheet

Annex 4: Performance Measurement Framework (PMF)

Annex 1

Category	End of Project Target	Cumulated to 31 Dec. 2020
Total Population of 4 districts Female Male	89,094 80,274	
Adolescents and Youth ¹ Female Male	31,100 12,725	
Youth Champions Female Male	98 50	120 0
Pachoto Community Facilitators Female Male	100 50	142 20
Pachoto Group Members ^{2*} Female Male	N/A	1,690 200
Men Engage Facilitators Female Male	26 48	0 0
Health Care Workers ³ Female Male	N/A	71 48
Religious Leaders Female Male	240 480	0 0
Ward/District Community Leaders Ward Female Ward Male Ward Youth Female Ward Youth Male District Female District Male	120 600	132 120 219 ⁴ 77 ⁵ 50 ⁶ 49
Other Key Populations (on site services to other high risk population groups) ⁷ Female Male	4235 4945	1811 490

¹ Health Care workers, religious and political leaders and “other” key populations are more likely to be classified as adult as opposed to youth. Age disaggregation was not captured in original reach. This needs to be clarified.

² New category

³ New category

⁴ Probably double counting as a proportion of these youth will be Pachoto group members

⁵ Ibid

⁶ No district attendance list...just a head count. Consequently, district numbers are not disaggregated by sex and numbers are distributed randomly

⁷ Category needs to be better defined. Will be done in early 2021

Annex 1: Outputs and Activities Reporting Worksheet Template

1 November 2019 to 31 December 2020

Project Title	Simba Utano: Enhancing Gender Equality and Human Dignity for Vulnerable Adolescent Girls and Young Women (AGYW)	Project No.	P005993	Implementing Organization	Interagency Coalition on AIDS and Development (ICAD) and International Council of AIDS Service Organizations (ICASO)
Country/ Region/ Institution	Zimbabwe Recipient Organizations are Youth Engage and Katswe Sistahood	Budget	GAC Contribution: \$1,980,000 Partner Contribution: 220,000 Total= \$2,200,000	Project Duration	29 October 2019 to 28 February 2024

Note: January to March represents Q1

Immediate Outcome 1110							
Increased knowledge and awareness of SRHR and HIV among vulnerable AGYW							
	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of project target	Status to date
Output 1111	Assessments conducted to understand the unique needs of vulnerable AGYW in selected wards from hotspots in the four districts.	# Assessments conducted in all wards	Umguza (5); Mazowe (8); Seke (5); and Goromonzi (6)	24	24	24 (one/ward)	Completed
<i>Activity 1111.1</i>	Organize a meeting with 30 AGYW representatives/30 stakeholders (per district) from selected communities						123 AGYW and 20 ABYM participated
<i>Activity 1111.2</i>	Document their experiences through story-telling and draft stories						Quarterly (July/August/September) Newsletter produced
<i>Activity 1111.3</i>	Analyse the findings to incorporate into the program						Ongoing

	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of project target	Status to date
Output 1112	Youth Champions, Community Facilitators and Pachoto Groups established and trained to engage vulnerable AGYW on SRHR and HIV.	# (f/m) of Youth Champions and Pachoto Community Facilitators and Pachoto members trained to engage vulnerable AGYW on SRHR and HIV	40 Youth Champions; 30 Community Facilitators; and 1,500 Pachoto members trained	120 Youth Champions (AGYW); 162 Community Facilitators (142 AGYW; 20 ABYM); 1890 young people (1690 AGYW; 200 ABYM) trained	Same	240 Youth Champions 120 Community Facilitators 5,000 AGYW as Pachoto members	Y1 progress exceeded Y1 targets by 300% for Youth Champions, 400% for Community Facilitators and 26 % of Pachoto group members. Note: Only Community Facilitators facilitate Pachoto groups. The purpose of also training Youth Champions is to provide them with an entry point to young people in the communities with which they will be undertaking social accountability activities (i.e. scorecard).
Activity 1112.1	Identify adolescents and young people for Youth Champions, Community Facilitators						Completed (targets to be increased)
Activity 1112.2	Deliver formation for Youth Champions						Exceeded Y1 target by 300%. Youth Champions also receive training on social accountability (data collection, analysis and reporting)
Activity 1112.3	Deliver formation for Community Facilitators						Exceeded Y1 target by 400%
Activity 1112.4	Set up ward level Pachoto groups						162 Pachoto groups established and 1629 sessions conducted (162 groups over 5 months held twice monthly)
Activity 1112.5	Establish youth theatre and arts groups for outreach						Community theatre groups established by young women who presented dramas and poetry on SRHR issues. See 1113.3 for links on theatre performances

	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of project target	Status to date
Output 1113	Sensitization conducted of vulnerable AGYW, on SRHR and HIV.	# of sensitization trainings organized for vulnerable AGYW # of AGYW attending sensitization exercises	New target: 600 training sessions (100 groups meeting twice monthly over 3 months) 1000 AGYW (plus 200 ABYM trained)	1620 trainings sessions conducted AGYW 1690 ABYM 200	Same Same	New Target 6,000 sessions (twice monthly meetings over 30 months for each of the 100 groups) 3,500 (1000 AGYW per year over 3.5 years)	Y1 progress exceeded Y1 target (which was determined after the submission of the PMF) by 270% Note: In terms of the number of AGYW participating in Pachoto groups, Y1 progress exceeds Y1 target by 69%. Clarity required on the number of AGYW who will be reached outside of Pachoto membership
Activity 1113.1	Conduct monthly Pachoto safe spaces for AGYW						1620 sessions were held calculated as follows: 162 Pachoto groups met twice monthly; over a 5 month period. Topics discussed included gender and sexuality, menstruation, understanding patriarchal societies. Post meeting surveys indicate a high degree of knowledge transfer. In addition 20 separate groups (of 10 ABYM)were formed and met twice monthly over 4 months = 160 sessions
Activity 1113.2	Organize outreach hotspots to reach vulnerable populations						Undertaken in collaboration with Ministry of Health and National AIDS Council in all four Districts. On site services offered were HIV testing and council, contraceptive (both short and long term), STI screening and treatment, and VIAC. The number of people reached -1811 female and 490 males. The people reached include sex workers, men who buy sex, adolescent girls and boys and young people.
Activity 1113.3	Conduct Pachoto outreach meetings through theatre and arts in order to create demand for the services						Links to theatre productions presented by Pachoto groups to create demand for SRHR services include the following: https://www.instagram.com/p/CFAOFzIDYAX/?igshid=1n6r5w21d5ln5 https://www.instagram.com/p/CFAOpanDrHD/?igshid=wa31ngd1ja2b

		https://www.instagram.com/p/CFANPzADHcQ/?igshid=10lkcryhbg7di https://www.instagram.com/p/CFAMMNQDmRI/?igshid=y95kkgd73yxx https://www.instagram.com/p/CE7GEO5DYWq/?igshid=1v8ay4sk9yipu
Activity 1113.4	Organize Nzwika Arts Festival at district and national levels to create awareness around AGYW specific issues	Festival did not take place because of COVID restrictions
Activity 1113.5	Sensitize community stakeholders at district and ward levels	99 district stakeholders (50 m/49 f); 252 ward stakeholders (132 f/120 m) plus 219 AGYW and 77 ABYM
Activity 1113.6	Organize and participate in the quarterly Adolescent Sexual and Reproductive Health (ASRH) Forum to share project experiences and lesson learned	Participated in ASRH Forums in Umguza district.
Activity 1113.7	Organize and participate in HIV/AIDS Multi-sectoral District Taskforce to influence the agenda ad input into the National AIDS Council Reporting Mechanism	Activity undertaken in all the four districts for period beginning April to December 2020 on a Quarterly basis in conjunction with the National AIDS Council.
Activity 1113.8	Participate in the annual MP and Youth Indaba at the National Level	Didn't take place due to COVID restrictions

Immediate Outcome 1120	Increased awareness of parents, caregivers, traditional and religious leaders, young men and adolescent boys of harmful social norms and inequalities that hinder access of AGYW to SRHR and HIV information and services.						
	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of project target	Status to date
Output 1121	Youth Champions, Community Facilitators and Pachoto groups trained on effective communication skills to increase awareness of SRHR and HIV at the community level	# (f/m) of Youth Champions, Community Facilitators and Pachoto members trained on effective communication skills	120 Youth Champions in Y1; 120 Community Facilitators in Y1; 1,500 Pachoto members	282 Youth Champions and Community Facilitators co-trained (see report for explanation of variances due to COVID-19) (247/f; /35m) Done in conjunction with output 1112.	same	240 Youth Champions 120 Community Facilitators 30,000 AGYW as Pachoto members	162 Community Facilitators (142 AGYW, 20 ABYM) and 120 Youth Champions (all AGYW) trained on effective communication, a component of their TOT training. (See output 1112). An additional 42 Community Facilitators from Seke (22) and Goromonzi (20) were trained to meet a higher than expected need.
Activity 1121.1	Review and revise Simba Utano Training Manual						The 100 page Adolescent Sexual and Reproductive Health and Rights (ASRHR) Training Guide plus the 60 page ASRHR Handbook was completed during the final quarter – and has been posted to the ICAD website.
Activity 1121.2	Train (ToT) Community Facilitators (30/district = 120) on Pachoto methodology						Completed (142 f/20 m)
Activity 1121.3	Train (ToT) Community Facilitators (30/district = 120) on youth friendly service provision in order to build effective communication						Completed- targets to be revised
Activity 1121.4	Train 120 Youth Champions on Pachoto methodology						Completed –
Activity 1121.5	Train 120 Community Facilitators at ward level to run Pachoto groups						142 AGYW and 20 ABYM Project target reached. An additional 42 AGYW were trained in each Goromonzi and Seke to address additional needs
Activity 1121.6	Provide ongoing mentorship and support for Community Facilitators						Virtual mentoring and support is being done.
Activity 1121.7	Develop a package of job aids for Youth Champions and Community Facilitators						30 000 Fliers, 5 roll up Banners, 100 Golf T-Shirts, 100 branded bags, 100 branded sunhats, 250 branded round t-shirts, 100 branded wrap around fabric, 500 branded calendars, 100 branded diaries. (also reported under # 1314 below

	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of project target	Status to date
Output 1122	Parents and caregivers engaged to better understand impact of harmful social norms.	# of community awareness activities that include gender sensitivity analysis conducted for parents and care givers	2 events in Year 1	0	0	6 events (2 annually)	Parent specific events were not undertaken due to COVID restrictions. However, parents did participate as stakeholders in the district and ward consultations under activity 1113.5
Activity 1122.1	Adapt materials for awareness raising with community stakeholders including parents and leaders						N/A
Activity 1122.2	Organize quarterly community dialogues on SRHR and HIV with parents, caregivers						N/A
Activity 1122.3	Disseminate key messages through mass media						N/A
	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of project target	Status to date
Output 1123	Traditional and community leaders engaged to better understand impact of harmful social norms	# of events targeting traditional and community leaders in gender sensitive community awareness activities	1 event	0	0	3 events	Events specifically targeting traditional and community leaders were not held. However both groups participated as stakeholders in the district and ward consultations under activity 1113.5
Activity 1123.1	Organize bi-annual meetings for traditional leaders to better engage them in AGYW issues						N/A
Activity 1123.2	Organize bi-annual meetings for religious leaders to better engage them in AGYW issues						N/A
Output 1124	Young men and adolescent boys engaged to better understand impact of harmful social norms.	# of events targeted at young men and adolescent boys in gender sensitive awareness activities	None	0	0	6 events	Events specifically targeting ABYM were not held. However 77 ABYM participated as stakeholders in the ward level consultations under activity 1113.5
Activity 1124.1	Organize biannual Men Engage forums						N/A
Activity 1124.2	Participate in SGBV prevention awareness days such as the 16 Days of Activism Against GBV						10 x 30 minute radio shows were held to promote 16 days of activism. The spots were funded by UNAIDS and the links have been posted to the ICAD website.
Activity 1124.3	Launch an annual advocacy campaign on a selected theme such as teen pregnancy, SGBV, early marriage, HIV/STIs among AGYW in hotspots						N/A

Immediate Outcome 1210	Increased knowledge and skills of service providers at the facility and community level to deliver gender-equitable and adolescent responsive SRHR services to vulnerable AGYW.						
	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of project target	Status to date
Output 1211	Facility-based Health Service Providers trained on gender-equitable and adolescent responsive SRHR and HIV service delivery and referrals	# of facility-based health service providers (f/m) trained	New Target 40 trained in Y1 and 40 in Ys (75% f, 25% m)	48 male and 71 female health service providers	same	80 (75% women)	Activity was conducted in all four districts and Y1 targets were exceeded by 236% for women and 480% for men
Activity 1211.1	Develop training tool kit for Health Service Providers						Tool Kit was finalized and printed.
Activity 1211.2	Provide training on gender equitable and youth friendly services for Health Service Providers						48 Male Health Service Providers 71 Female Health Service Providers Training content provided in Annual Report
Activity 1211.3	Provide training on gender equitable and youth friendly services for CBOs working in the health sector and youth networks						N/A – Y2 activity
Activity 1211.4	Organize reflection meetings with Health Service Providers on available data as well as emerging issues collected by Youth Champions						N/A – Y2 activity
Output 1212	Community Health Workers trained on gender-equitable and adolescent-responsive SRHR and HIV service provision and referral	# of VHWs/CATS (f/m) trained on gender transformative and adolescent responsive SRHR and HIV approaches	None	0	0	100 (75% female)	N/A - Y2 activity
Activity 1212.1	Develop the tool kit						N/A – Y2 activity
Activity 1212.2	Organize workshop with Community Health Workers						N/A – Y2 activity
Output 1213	District dialogues conducted with health service providers to facilitate access to vulnerable AGYW to gender-equitable and adolescent responsive SRHR and HIV services and referrals	# if district dialogues conducted	None	0	0	4 (one/district)	N/A - Y2 activity
Activity 1213.1	Train 30 Youth Champions on conducting advocacy dialogues on teen pregnancy, SGBV, STIs and HIV						Implemented in Umguza and Seke only
Activity 1213.2	Select Pachoto Champions and Data Collectors to attend key quarterly meetings to push for agreed advocacy positions						N/A
Activity 1213.3	Conduct quarterly advocacy dialogues with health service providers						N/A

Activity 1213.4	Develop and produce IEC advocacy materials on emerging themes which target specific groups of stakeholders						N/A
Activity 1213.5	Develop a Patients Chart adapted to AGYW needs and realities and a similarly focussed Referral Pathway						N/A
Activity 1213.6	Support Youth Champions and other advocates to run Simba Utano social media campaigns, blogs and podcasts						This activity was carried out in Umguza and Seke and is yet to be carried out in Goromonzi and Mazowe.
Activity 1213.7	Develop and maintain YE website and maintain the ongoing Katswe website						N/A
Immediate Outcome 1220	Strengthened integrated response to support the delivery of gender-equitable and adolescent responsive SRHR services to vulnerable AGYW						
	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of project target	Status to date
Output 1221	Coordinating committees established to link SRHR services for vulnerable AGYW at various levels of the health system.	#/level of Coordinating Committees established #/% of Coordinating Committee members are female	None None	0	0	24 (one/ward) 50% of members are women	N/A – Y2 activity
Activity 1221.1	Map the districts and identify clusters of wards within and around HIV and STI hotspots						Hotspot wards mapping exercise was done with support from the National AIDS Council.
Activity 1221.2	Facilitate adolescent and youth friendly outreach on SRHR and HIV information and services for identified hotspots						N/A
Activity 1221.3	Map Community Health Workers and Health Service Providers in each of three clusters at district level						Undertaken concurrently with 1211.2 training of health care professionals (HCPs). HCPs coordinate the HCCs. Additional info provided in Annual Report on make-up of HCCs and participation of AGYW
Activity 1221.4	Organize a 3 multi sectoral cluster meetings per district to strengthen referral systems/pathways for adolescents and youth health						Implemented in Umguza and Seke District in Oct to Dec Quarter- Remaining scheduled for implementation in Q1 in 2021

	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of project target	Status to date
Output 1222	Health facility managers and administrators sensitized to facilitate the delivery and referral of gender-equitable and adolescent responsive SRHR and HIV services to vulnerable AGYW.	#/% (F/M) of health facility managers, administrators and health officials trained to facilitate gender equitable, adolescent friendly integrated SRHR and HIV services	None in Y1	0	0	Revised target : 24 (75% women)	N/A – Y2 activity
Activity 1222.1	Identify key health facility managers, health administrators, for sensitization meetings in collaboration with the NAC						N/A – Y2 activity
Activity 1222.2	Organize sensitization meetings with health facility managers, health administrators and MOH department heads						N/A
Activity 1222.3	Convene feedback meetings with health facility managers, health administrators and MOH departmental heads on the provision of YFS at district level						N/A
Output 1223	Twinning facilitated with international and/or domestic CBOs to enhance project capacity to deliver quality gender equitable and adolescent responsive SRHR and HIV service	# of twinnings facilitated by partners and other CBOs	None	0	0	4 South/South twinnings	N/A –Y2 activity
Activity 1223.1	Identify needs, gaps and possible international CBOs/NGOs which could support staff to address needs/gaps						(N/A for all 1223 activities below)
Activity 1223.2	Arrange partnerships						
Activity 1223.3	Organize travel and other logistics between the partnerships						
Activity 1223.4	Incorporate lessons learned into programming						
Activity 1223.5	Engage volunteers in Canada to contribute e-time to the project						

Immediate Outcome 1310	Increased knowledge and skill of AGYW, health workers and community organizations to advocate for SRHR.						
	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumul.)	End of project target	Status to date
Output 1311	Community Youth and Health Champions trained and supported to produce and use data related to delivery of SHRHR services for vulnerable AGYW	# of Youth and Health Champions (f/m) trained on data collection and analysis	None	30 AGYW trained on Accountability Framework	Same	80 (20/district) and 75% female/district	30 Youth Champions have been trained on Accountability Framework
<i>Activity 1311.1</i>	Engage 30 Youth Champion data collectors to develop a 10-point advocacy tool around which campaigns can be developed on: Teen pregnancy; SGBV, Early Marriage HIV/STIs						N/A Y2+ activity
<i>Activity 1311.2</i>	Train Youth Champions on the Accountability Framework, Action Research , Data Collection and Advocacy						30 AGYW have received initial training on Accountability Framework. Ongoing training will be provided in Y2.
<i>Activity 1311.3</i>	Organize monthly data collection meetings with Pachoto groups						N/A
<i>Activity 1311.4</i>	Conduct sensitization meetings with key government ministries on “gender responsive, inclusive and accountable SRHR/HIV services and policies						N/A
<i>Activity 1311.5</i>	Conduct quarterly reflection meetings in preparation for advocating for specific issues at the district level						N/A
<i>Activity 1311.6</i>	Hold quarterly Nzwika District level policy dialogue with parliamentary portfolio committees, duty bearers and policy makers (?needs further clarity)						N/A
<i>Activity 1311.7</i>	Participate in parliamentary visits, submissions, petitions, policy papers and follow-up						N/A
Output 1312	Health Center Committees revitalized and strengthened to advocate for the needs of vulnerable populations including AGYW and PLHIV	# of HCC revitalized and strengthened	None	0	0	24 HCC	N/A Y2+ activity
<i>Activity 1312.1</i>	Reconstitute Health Center Committees and advocate for the inclusion of AGYW (including SGBV survivors, teen mothers, sex workers						Advocacy for the inclusion of AGYW and Key Populations (KPs) undertaken during activity 1211.2
<i>Activity 1312.2</i>	Conduct 2 day capacity building workshop for the Health Center Committees						Y2 Activity

	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of project target	Status to date
Output 1313	Participatory community-based assessment tools adapted to assess SRHR/HIV service acceptability, availability and access	# of community-based tools adapted or # of scorecard activities conducted	None	0	0	48 (2/ward)	Will begin in Y2
<i>Activity 1313.1</i>	Conduct workshop to review existing Accountability Framework and develop the Simba Utano Scorecard						N/A
<i>Activity 1313.2</i>	Design and print the revised Accountability Framework and Scorecard						N/A
<i>Activity 1313.3</i>	Develop promotional materials such as t-shirts and banners						See 1314.1 below. Material developed and printed.
<i>Activity 1313.4</i>	Train HCC, AGYW and PLHIV to gather, interpret ad use data to advocate for gender equitable and responsive HIV and SRHR services and policies						N/A

	Output statement from the logic model	Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of project target	Status to date
Output 1314	Public awareness and promotional materials developed and distributed	# and types of materials produced to highlight key results and support advocacy	none	30,000 flyers, 4 banners	Same	1000 t-shirts and caps designed and distributed; 12 large banners; and 5,000 SRHR-related pamphlets produced	Ongoing
<i>Activity 1314.1</i>	Develop, print and distribute IEC material (flyers, posters, pamphlets and banners)						30 000 Fliers, roll up Banners, 100 Golf T-Shirts, 100 branded bags, 100 branded sunhats, 250 branded round t-shirts, 100 branded wrap around fabric, 500 branded calendars, 100 branded diaries developed and printed. Distribution tied to workshops and community activities. Also reported under #1121.7
<i>Activity 1314.2</i>	Develop media materials supporting AGYW (short documentaries, photo voice)						Short documentary on the impact of COVID (during the 1 st lockdown). Posted to ICAD website.
<i>Activity 1314.3</i>	Build and promote a social media platform						N/A
<i>Activity 1314.4</i>	Participate in 3 radio interviews, annually						N/A
<i>Activity 1314.5</i>	Produce and distribute annual newsletter/magazine						Produced and distributed newsletter in September
<i>Activity 1314.6</i>	Document and package advocacy material such as policy briefs						N/A
<i>Activity 1314.7</i>	Meet with key social and traditional media “influencers”						N/A
<i>Activity 1314.8</i>	Participate and commemorate the Day of the African Child						N/A
<i>Activity 1314.9</i>	Participate in ongoing project monitoring, evaluation and learning						N/A

10/Feb/2021

OUTCOME REPORTING WORKSHEET: UPDATED TO 31 DECEMBER 2020

Project Title	Simba Utano		Project No.	P005993	Implementing Organization	Interagency Coalition on AIDS and Development (ICAD) and the International Council of AIDS Service Organizations (ICASO)
Country/ Region/ Institution	Zimbabwe		Budget	\$2,200,000	Project Duration	29 October 2019 to 28 February 2024 (4 years and 4 months)
Indicators	Baseline	Target	Actual Data Previous Reporting Period	Actual Data This Reporting Period (year)	Actual Data Cumulative	Analysis of Progress/Variance
Ultimate Outcome 1000: Improved health of adolescent girls and young women (AGYW) at risk of HIV in four priority districts in Zimbabwe¹						
# of new cases of HIV per year among AGYW in selected priority districts ² .	Goromonzi 15-19: 408 (f); 92 (m) 20-24: 895 (f) 275 (m) Seke 15-19: 34(f); 7(m) 20-24: 73(f); 31(m) Mazowe/ Umguza³ 15-19: xx(f); xx(m) 20-24: xx(f); xx(m)	3 % decrease in number of new cases (positive second tests) in selected districts from 2017 baseline	N/A			May be collected annually but reported at end of project Update: The National AIDS Council which is responsible for coordinating all stakeholders programming on HIV produces quarterly reports and annual reports at district and national level. We will report annually beginning in 2021. Note: The baseline data for Mazowe and Umguza will appear in June 2021 Operations Report
# and % of AGYW and ABYM, demonstrating positive attitudes towards ending SGBV through the project (disaggregated by age and sex) ⁴	Women/girls Agree: 51.4 Disagree 45.0 Don't know: 3.6% Men/boys Agree 48.5% Disagree 46.3% Don't know 5.2%	At least 30% change by end of project	N/A			End line Survey and FDGs
Intermediate Outcome:1100 Increased utilization of gender-equitable and adolescent-responsive SRHR and HIV services by vulnerable AGYW in 4 districts of Zimbabwe						
% of AGYW reporting that they have ever accessed SRHR services (disaggregated by age)	Ages 20-24: 22% (78/354) Ages 15-19: 13% (47/354) Ages 10-14: 5% (17/354)	At least 20% increase per age group by the end of the project	N/A			End line Update: While this is an endline responsibility, the project is working with service providers and community cadres who will be providing periodic statistics of the number of AGYW who are accessing services. Consequently, we will provide a mid-term report on the indicator in 2022.
% of AGYW who use contraception report practicing safer sex through condom use	17%	At least a 30% change by the end of the project	N/A			End line Update: Clinic and community cadres have reports on contraception and condom distribution. These reports

¹ AGYW defined by Zimbabwe Government as adolescent girls and young women between the ages of 10 and 24. The Project's principal focus is the 15-24 cohort

² The GoZ does not report new HIV cases by district, age and sex. However data available at district level provides the following proxy data which will be reported HTS4: # of clients who tested positive, annually, during (HIV) re-test (excluding for ART initiation) disaggregated by age and sex. It is best practice for two tests to be conducted for an HIV diagnosis.

³ Data for Mazowe and Umguza only available once the ICAD/District MOU is signed (to be issued after approval of PIP and revised CA)

⁴ "Women are to blame for sexual abuse by wearing revealing clothes" is the proxy for determining changes in attitudes (disaggregated by age and sex) towards ending SGBV

Indicators	Baseline	Target	Actual Data Previous Reporting Period	Actual Data This Reporting Period (year)	Actual Data Cumulative	Analysis of Progress/Variance
						can be used to see the rates specifically for AGYW. Consequently, we will include this in our mid-term report in 2022
Immediate Outcome 1110: Increased knowledge and awareness of SRHR and HIV among vulnerable AGYW						
# and % of AGYW aware of protective health related skills i.e. condom use	70% (154/220) aware of the importance of condom use	At least 80% of AGYW indicate knowledge of protected health related skills	N/A	N/A		End line Update: The data base for the number of young people engaged through Pachoto platforms and outreach meetings can also be used as evidence. We will report on the indicator in 2022
# of AGYW knowing where and how to access SRHR services	80.9% (161/199) AGYW;	At least 95% of AGYW indicate knowledge regarding access to services.	N/A	N/A		End line Update: Similarly, data can be gathered from Pachoto platforms and outreach meetings. We will report on this indicator in 2022.
Immediate Outcome 1120: Increased awareness of parents, caregivers, religious and traditional leaders, young men and adolescent boys of harmful social norms and inequalities that hinder access of AGYW to SRHR and HIV information and services						
% of community members (F/M) who can identify consequences of harmful social norms and inequalities including: Early sexual debut; Transactional sex; Age disparity partnerships; and Normalization of GBV	Baseline data inconclusive. Field staff to survey different community groups (M/F) in each district to identify consequences of harmful social norms. Baseline surveys to be collected before Dec. 2020.	TBD once data has been collected and analyzed.	N/A			End line .
% of community members (M/F) engaged in activities that improve AGYW access to SRHR/HIV information and services	None	40% of participants engaged in improving AGYW access to SRHR by end of project (i.e. include parental communication with AGYW on SRHR; advocacy through Coordinating Committees)	N/A			End line Update: Examples measuring community action in support of AGYW access to SRHR/HIV information are as follows: <ul style="list-style-type: none"> Parents/caregivers engaging in dialogue with and their children on SRHR issues. Traditional leaders engaging in actions, discussions to influence and effect change. ABYM working with AGYW to ensure that the health and rights of young people are protected. Reinforcing positive masculinity will also enable ABYM to champion women's rights.
Intermediate Outcome 1200: Improved delivery of gender equitable and adolescent responsive SRHR services to vulnerable AGYW						
# of health facilities providing AYF SRH services as per MOH tiered guidelines	100% (4/4 clinics) Sample size is too small to be relevant. . Consequently, it will be updated during the initial facility visits by project staff. Recommend number of	Note: Target increased from 4 to all 24 facilities located within the 24 wards)	N/A			Semi-annually Update: This will be reported on an ongoing basis as training sessions take place during each of the facilities. This hasn't started yet.

Indicators	Baseline	Target	Actual Data Previous Reporting Period	Actual Data This Reporting Period (year)	Actual Data Cumulative	Analysis of Progress/Variance
	facilities is 4/district =24					
# and % of AGYW reporting satisfaction with AYF-SRH services received at facilities in project communities.	97% of AGYW (97 of the 100 AGYW in the Survey who had ever accessed SRHR services) ⁵	Maintaining a 90% average throughout the project	N/A			Semi-annually and endline Update: This will begin in year 2 with the introduction of the scorecard which is one of the key tools used to measure the quality of service provided to AGYW.
% of AGYW reporting satisfaction with confidentiality by HF staff	89.4 (185/207)	Maintaining 90%* average throughout project	N/A			Semi-annually and endline Update: As above, this will begin in year 2 with the introduction of the scorecard which is one of the key tools used to measure the quality of service provided to AGYW
# of AGYW provided with access to sexual and reproductive health services (including HIV testing, modern methods of contraception), through this project	46% of AGYW (100/217) in targeted districts	15% yearly increase beginning in Y2	N/A			Annually
Immediate Outcome 1210: Increased knowledge and skill of service providers at the facility and community level to deliver gender-equitable and adolescent-responsive SRHR services to vulnerable AGYW						
# and % (M/F) of trained health care service providers who can identify key elements of gender-equitable and adolescent responsive services and how to provide them.	25% (5/20) women 25% (1/4) men;	At least 80% of those trained	N/A			Annually Update: Some training has been provided but stats have not yet been analysed
Intermediate Outcome 1300 Improved effectiveness of AGYW, health workers and community organizations to advocate for SRHR						
# of national laws, policies and strategies relating to SRHR implemented or strengthened, through this project at the district level	None	At least one by end of project	N/A			Annually Update" The partners are working to influence the following legislation: <ul style="list-style-type: none"> • ASRH Strategy • Review of the Termination of Pregnancy Act • Realignment of the Age of Consent and the legal age of marriage • Criminalisation of Date Rape under the Sexual Offences Act • Decriminalization of sex work However, the legislation relevant specifically to this project are: <ul style="list-style-type: none"> • Realignment of the Age of Consent and the legal age of marriage • Criminalisation of Date Rape under the Sexual Offences Act

⁵ Initial decline anticipated as AGYW gain knowledge and awareness of what good service delivery entails.

Indicators	Baseline	Target	Actual Data Previous Reporting Period	Actual Data This Reporting Period (year)	Actual Data Cumulative	Analysis of Progress/Variance
						More information is provided in the Annual Report narrative in section 1: Progress towards Outcomes
# of advocacy activities completed by GAC-funded partners which are focused on SRHR	None	At least 3 events annually	N/A			<p>Annually</p> <p>Update:</p> <ul style="list-style-type: none"> • 16 days of Activism Against Gender Based Violence (Nov/Dec 2020): 10 radio shows under the leadership of Youth Engage; • Canada Pavilion 2020 (an opportunity to showcase Canadian contributions to HIV and AIDS, July 2020): Session on the Simba Utano project • Katswe presentation to the Parliamentary Portfolio Committee on Primary and Secondary Education on SRHR experiences of young women and adolescent girls which made recommendations based on the learnings from Simba Utano's support for Pachoto spaces; • Katswe presentation to the Parliamentary Portfolio Committee on Public Service, Labour and Social Welfare in Nyanga: • Katswe served as a key speaker at national World AIDS Day launch on 1 December.
Immediate Outcome 1310 Increased knowledge and skill of AGYW to advocate for SRHR.						
# and % of AGYW expressing confidence (on a likert scale of 5) in their ability to advocate for SRHR 1- Very uncomfortable 2- Somewhat uncomfortable 3- Neutral 4- Comfortable 5. Very comfortable or confident	#,% of AGYW Cat 1-2: 32% (71/220): Cat 3: 14% (30/220) Cat 4: 30% (66/220) Cat 5: 24% (53/220)	At least 60% comfortable and 40% very comfortable/ confident by end of the project	N/A			<p>Year 3 Annual Report and endline</p> <p>Update N/A until Y3</p>

Annex 2 Performance Measurement Framework (updated to 31 December 2020)

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Actual/Cumulative	Analysis
ULTIMATE OUTCOME								
1000 Improved health of adolescent girls and young women (AGYW) at risk of HIV in four priority districts in Zimbabwe ¹	# of new cases of HIV per year among AGYW in selected priority districts ² .	Goromonzi 15-19: 408 (f); 92 (m) 20-24: 895 (f) 275 (m) Seke 15-19: 34(f); 7(m) 20-24: 73(f); 31(m) Mazowe/ Umguza ³ 15-19: xx(f); xx(m) 20-24: xx(f); xx(m)	3 % decrease in number of new cases (positive second tests) in selected districts from 2017 baseline:	District HIV reports	Review reports	May be collected annually but reported at end of project	N/A	Endline. (Too early to report on data from annual district reports)
	# and % of AGYW and ABYM, demonstrating positive attitudes towards ending SGBV through the project (disaggregated by age and sex) ⁴	Women/girls Agree: 51.4 Disagree 45.0 Don't know: 3.6% Men/boys Agree 48.5% Disagree 46.3% Don't know 5.2%	At least 30% change by end of project	Baseline and End line survey plus focus groups with women, girls, men and boys;	Review results of Surveys plus FGDs	Baseline and Endline Survey and FDGs	N/A	Baseline and Endline
INTERMEDIATE OUTCOME								

¹ AGYW defined by Zimbabwe Government as adolescent girls and young women between the ages of 10 and 24. The Project's principal focus is the 15-24 cohort

² The GoZ does not report new HIV cases by district, age and sex. However data available at district level provides the following proxy data which will be reported HTS4: # of clients who tested positive, annually, during (HIV) re-test (excluding for ART initiation) disaggregated by age and sex. It is best practice for two tests to be conducted for an HIV diagnosis.

³ Data for Mazowe and Umguza only available once the ICAD/District MOU is signed (to be issued after approval of PIP and revised CA)

⁴ "Women are to blame for sexual abuse by wearing revealing clothes" is the proxy for determining changes in attitudes (disaggregated by age and sex) towards ending SGBV

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Actual/Cumulative	Analysis
1100 Increased utilization of gender-equitable and adolescent-responsive SRHR and HIV services by vulnerable AGYW in 4 districts of Zimbabwe	% of AGYW reporting that they have ever accessed SRHR services (disaggregated by age)	Ages 20-24: 22% (78/354) Ages 15-19: 13% (47/354) Ages 10-14: 5% (17/354)	At least 20% increase per age group by the end of the project	Adolescents and youth at facilities	A and Y Survey	End line	N/A	Endline
	% of AGYW who use contraception report practicing safer sex through condom use.	17%	At least a 30% change by the end of the project	GES	A and Y Survey	Endline	N/A	Endline
1200 Improved delivery of gender equitable and adolescent responsive SRHR services to vulnerable AGYW	# of health facilities providing AYF SRH services as per MOH tiered guidelines	100% (4/4 clinics)	TBD. R as soon as project teams are permitted to travel and gather the info. Recommended target = 24	Facility assessments	Review of facility assessments	Semi-annually	N/A	Baseline sample too small. Recommend end of project target be increased from 4 to 24 (4 per district)
	# and % of AGYW reporting satisfaction with AYF-SRH services received at facilities in project communities.	97% of AGYW (97 of the 100 AGYW in the Survey who had ever accessed SRHR services) ⁵	Maintaining a 90% average throughout the project	AGYW exit survey at facility	AGYW Survey	Semi-annual and endline	N/A	Semi-annual survey not undertaken due to COVID restrictions
	Add New Indicator % of AGYW reporting satisfaction with confidentiality by HF staff	89.4 (185/207)	Maintaining 90%* average throughout project	AGYW exit survey at facility	AGYW Survey	Semi-annual and Endline	N/A	Semi-annual survey not undertaken due to COVID restrictions

⁵ Initial decline anticipated as AGYW gain knowledge and awareness of what good service delivery entails.

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Actual/Cumulative	Analysis
	# of AGYW provided with access to sexual and reproductive health services (including HIV testing, modern methods of contraception), through this project	46% of AGYW (100/217) in targeted districts	15% yearly increase beginning in Y2	DHIS or clinic records	Review of MOH registers/records and project data	Annually	N/A	Too early to report. Hopefully we will have the data in our next operations report
1300 Improved effectiveness of AGYW, health workers and community organizations to advocate for SRHR	# of national laws, policies and strategies relating to SRHR implemented or strengthened, through this project at the district level	None	At least one by end of project	District or national policies	Review of policies	Annually	N/A	<p>The partners are working to influence the following legislation:</p> <ol style="list-style-type: none"> 1. ASRH Strategy 2. Review of the Termination of Pregnancy Act 3. Realignment of the Age of Consent and the legal age of marriage 4. Criminalisation of Date Rape under the Sexual Offences Act 5. Decriminalization of sex work. <p>However, the legislation relevant specifically to this project are:</p> <ol style="list-style-type: none"> 1. Realignment of the Age of Consent and the legal age of marriage 2. Criminalisation of Date Rape under the Sexual Offences Act

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Actual/Cumulative	Analysis
	# of advocacy activities completed by GAC-funded partners which are focused on SRHR	None	At least 3 events annually	District event calendar and project records	Review records	Annually		<ol style="list-style-type: none"> 1. 16 days of Activism Against Gender Based Violence (Nov/Dec 2020): 10 radio shows under the leadership of Youth Engage; 2. Canada Pavilion 2020 (an opportunity to showcase Canadian contributions to HIV and AIDS, July 2020): Session on the Simba Utano project 3. Katswe presentation to the Parliamentary Portfolio Committee on Primary and Secondary Education on SRHR experiences of young women and adolescent girls which made recommendations based on the learnings from Simba Utano's support for Pachoto spaces; 4. Katswe presentation to the Parliamentary Portfolio Committee on Public Service, Labour and Social Welfare in Nyanga; 5. Katswe served as a key speaker at national World AIDS Day launch on 1 December.
IMMEDIATE OUTCOME								

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Actual/Cumulative	Analysis
1110 Increased knowledge and awareness of SRHR and HIV among vulnerable AGYW	# and % of AGYW aware of protective health related skills i.e. condom use.	70% (154/220) aware of the importance of condom use	At least 80% of AGYW indicate knowledge of protected health related skills	Knowledge Attitude and Practice (KAP) survey	Review of KAP survey results	Baseline, endline	N/A	Endline
	# of AGYW knowing where and how to access SRHR services	80.9% (161/199) AGYW;	At least 95% of AGYW indicate knowledge regarding access to services.	KAP survey	Review of KAP survey results	Baseline, endline	N/A	Endline
1120 Increased awareness of parents, caregivers, religious and traditional leaders, young men and adolescent boys of harmful social norms and inequalities that hinder access of AGYW to SRHR and HIV information and services	% of community members (F/M) who can identify consequences of harmful social norms and inequalities including: <ul style="list-style-type: none"> • Early sexual debut • Transactional sex • Age disparity partnerships • Normalization of GBV 	Baseline data inconclusive. Field staff to survey different community groups (M/F) in each district to identify consequences of harmful social norms. Baseline surveys to be collected before Dec. 2020.	TBD once data has been collected and analyzed.	Sample of community members including leaders (need to disaggregate between type of community member)	Initial 2020 surveys followed by pre and post workshops surveys	Annually (cumulative responses from community workshops)	N/A	Initial survey to be conducted as soon as staff and clients can go into the field

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Actual/Cumulative	Analysis
	% of community members (M/F) engaged in activities that improve AGYW access to SRHR/HIV information and services	None	40% of participants engaged in improving AGYW access to SRHR by end of project (i.e. include parental communication with AGYW on SRHR; advocacy through Coordinating Committees)	Sample of community members including leaders (need to disaggregate between type of community member);	Focus Group discussions Pre and post workshop surveys	Annually	N/A	Too early to assess. The activities related to this outcome will only begin in Y2
1210 Increased knowledge and skill of service providers at the facility and community level to deliver gender-equitable and adolescent-responsive SRHR services to vulnerable AGYW.	# and % (M/F) of trained health care service providers who can identify key elements of gender-equitable and adolescent responsive services and how to provide them.	25% (5/20) women 25% (1/4) men;	At least 80% of those trained of which 75% will be women	Post training questionnaire	Review of survey results	Annually from Y2		
1310 Increased knowledge and skill of AGYW to advocate for SRHR.	# and % of AGYW expressing confidence (on a likert scale of 5) in their ability to advocate for SRHR 1- Very uncomfortable 2- Somewhat uncomfortable 3- Neutral 4- Comfortable	#, % of AGYW Cat 1-2: 32% (71/220): Cat 3: 14% (30/220) Cat 4: 30% (66/220) Cat 5: 24% (53/220)	At least 60% comfortable and 40% very comfortable/confident by end of the project	Survey of AGYW	Review survey results	Year 3 Annual Report and endline	N/A	Y 3 Survey and Endline

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Actual/Cumulative	Analysis
	5- Very comfortable or confident							
OUTPUTS								
1111 Assessments conducted to understand the unique needs of AGYW in selected wards from hotspots in the four districts	# Assessments conducted in all wards (24)	None	all assessments conducted during Baseline	Project Records	Review of records	At project start	Umguza (5); Mazowe (8); Seke (5); and Goromonzi (6); Total = 24	End of project target reached 123 AGYW and 20 ABYM participated in ward assessments
1112 Youth Champions, Community Facilitators and Pachoto Groups trained to engage vulnerable AGYW on SRHR and HIV.	# (f/m) of Youth Champions, Community Facilitators and Pachoto members trained to engage vulnerable AGYW on SRHR and HIV	None	40 in Y1; 100 in Y2 and 100 in Y3.) (of whom 75% are AGYW)	Project records – training registrars	Attendance record review	Semi annually	120 Youth Champions (AGYW) and 162 Community Facilitators (142 AGYW; 20 ABYM) trained to engage vulnerable AGYW;	Y1 progress exceeded Y1 targets by 300% for Youth Champions, 400% for Community Facilitators Note: Only Community Facilitators facilitate Pachoto groups. The purpose of also training Youth Champions is to provide them with an entry point to young people in the communities with which they will undertake social accountability activities (i.e. scorecard).
1113 Sensitization of vulnerable AGYW on SRHR and HIV conducted	# of sensitization trainings organized for vulnerable AGYW	None	TBD in Y1: 6,000 sessions (twice monthly meetings over 30 months for each of the 100 groups)	Project records	Review of training lists	Semi annually	162 Pachoto groups established	1629 sessions conducted (162 groups and meetings held twice monthly over 5 months) In terms of groups established, the project has exceeded the targeted number by 69%. Consequently, we assume that the total number of sessions will eventually exceed the PMF target.

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Actual/Cumulative	Analysis
	# of AGYW attending sensitization exercises	None	TBD in Y1: 3,000 AGYW participating in Pachoto groups	Project records	Review of training lists	Semi annually	1890 young people (1690 AGYW; 200 ABYM) sensitized through participation in Pachoto groups	56% of end of project target for AGYW participating in Pachoto groups met
1121 Youth Champions, Community Facilitators and Pachoto Groups trained on effective communication skills to increase awareness of SRHR and HIV at the community level.	# (f/m) of Youth Champions, Community Facilitators and Pachoto members trained on effective communication skills	None	40 in Y1; 100 in Y2 and 100 in Y3 . of whom 75% are AGYW	Project records – training registrars	Attendance record review	Semi annually	120 Youth Champions (AGYW) and 162 Community Facilitators (142 AGYW; 20 ABYM)	282 youth champions and community facilitators trained on effective communication skills. End of project target exceeded by which is 17.5%
1122 Parents and caregivers engaged to better understand impact of harmful social norms	# of community awareness activities that include gender sensitivity analysis conducted for parents and care givers.	None	At least 2 events annually	Project records – training registers	Attendance record review	Semi annually	N/A	No related activity took place due to Covid-19 restrictions
1123 Traditional and community leaders engaged to better understand impact of harmful social norms	# of events targeted at traditional and community leaders in gender-sensitive community awareness activities	None	3 events by end of project	Project records – training registers	Attendance record review	Semi annually	N/A	No related activity took place due to Covid-19 restrictions
1124 Young men and adolescent boys engaged to better understand impact of harmful social norms	# of events targeted at young men and adolescent boys in gender-sensitive community awareness activities	None	At least 3 events in Y2, 2 in Y3 and 1 in Y4	Project records – training registers	Attendance record review	Semi annually	N/A	Not scheduled as a Y1 activity
1211 Facility-based Health Service Providers trained on gender equitable and adolescent-responsive SRHR and HIV service delivery and referrals	# of facility-based health service providers (f/m) trained	. 25% (5/20) women 25% (1/4) men;	Estimated number of health providers to be trained=80.	Post training questionnaire	Review of survey results	Semi annually	48 male and 71 female health service providers	Activity was conducted in all four districts and Y1 targets were exceeded by 236% for women and 480% for men

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Actual/Cumulative	Analysis
			Training to take place during Y2 and Y3 (50%/year)					
1212 Community Health Workers (i.e. Village Health Workers, Community Adolescent Treatment Supporters) trained on gender-equitable and adolescent-responsive SRHR and HIV service provision and referrals.	# of VHWs/CATSs (f/m) trained on gender transformative and adolescent responsive SRHR and HIV approaches	None	Estimate number =100 of whom 75% are female.. Training to take place during Y2, Y3 and Y4 (approx. 30%/year)	Training records	Review of attendance records	Semi annually	N/A	Y2 –Y4 activity
1213 District dialogues conducted with Health Providers to facilitate access by vulnerable AGYW to gender equitable and adolescent responsive SRHR and HIV services and referrals	# district dialogues conducted	None	At least 1 process undertaken per district	Project records from mobilization activities	Review of project records	Semi annually	N/A	Y2 –Y4 activity
1221 Referral Protocols developed and disseminated to stakeholders. Delete	# of health staff (f/m) trained on referral protocols	None	80% of health facility staff in selected wards trained by the end of the project (est.# of health facility staff = 80 of which 75% are female)	Project records	Review of project information	Semi annually	N/A	Delete indicator and include it as part of revised 1222 below. (See Annual report for explanation and requested approval)
1222 (revise to 1221) Coordinating committees established to link SRHR services for vulnerable AGYW at various levels of the health system	#/level of coordinating committees established	None	At least 1 Health Committee/ward	Project records	Review of attendance records	Semi annually	N/A	This is not a Y1 activity. Meanwhile a change in numbering is requested. Output number to be changed from 1222 to 1221

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Actual/Cumulative	Analysis
								(See Annual report for explanation and requested approval)
	#/% of Coordinating Committee members are female.	None	50% female membership on committees	Project records	Review of attendance records	Semi annually	N/A	Same as above
1223 (revise to 1222) Health facility managers and administrators sensitized to facilitate the delivery of gender equitable and , adolescent-responsive SRHR and HIV services to vulnerable AGYW	#/% (F/M) of health facility managers, administrators, and health officials trained to facilitate gender equitable, adolescent-friendly integrated SRHR and HIV services and referrals.	None (F/M breakdown unknown. Numbers will be determined during initial visits to all facilities on/before 31Dec. 2020.)	#/% (F/M level) of health facility managers/administrators/health officials by end of project (est. # of managers/administrators = 24. New target : 24 (75% women)	Project records – training registers	Review of attendance records	Semi annually	N/A	Similarly, this is not a Y1 activity. Output number to be changed from 1223 to 1222 and incorporate referrals into the indicator “.....trained to facilitate gender equitable, adolescent friendly, integrated SRHR and HIV services and referrals” (See Annual report for explanation and requested approval)
1224 (revise to #1223) Twinning facilitated with regional and/or domestic CBOs to enhance project capacity to deliver quality gender transformative and adolescent responsive SRHR and HIV services	# of twinings facilitated between partners and other CBOs	None	4 south/south twinings by end of project	Project records	Review project information	Semi-annually	N/A	This is not a Y1 activity. Similarly, output number to be change from 1224 to 1223. (See Annual report for explanation and requested approval)
1311 Community Youth and Health Champions identified, trained and supported to collect, analyze and use data related to delivery of SRHR services for vulnerable AGYW	# of youth and health champions (f/m)trained on data collection and analysis	None	At least 20 people (75% female) per district by end of project	Project records – training registers	Review attendance records	Semi-annually	30 (AGYW) have been identified and received initial training on data reporting.	Ongoing training will be provided in Y2

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Actual/Cumulative	Analysis
1312 Health Center Committees revitalized and strengthened to advocate for the needs of vulnerable populations including AGYW and PLHIV	# of HCC revitalized and strengthened	None	One functioning HCC per health facility per ward by end of project	Project records	Review records	6/year	N/A	Y2- Y4 activity
1313 Participatory community-based assessment tools (e.g. community scorecards) adapted to assess SRHR/HIV service acceptability, availability, access	# community-based tools adapted /or # of scorecard activities conducted	None	At least 2 community assessment conducted per ward (initial and follow-up)	Project records	Review records	In 2021 and 2023		Y2- Y4 activity
1314 Public awareness and promotional materials developed and distributed.	# and types of materials produced to highlight key results and support advocacy	None	1000 t-shirts and caps designed and distributed; 12 large banners fabricated; 5000 SRHR-related pamphlets produced	Project information and materials	Review material developed	Semi annually	30 000 Fliers, roll up Banners, 100 Golf T-Shirts, 100 branded bags, 100 branded sunhats, 250 branded round t-shirts, 100 branded wrap around fabric, 500 branded calendars, 100 branded diaries developed and printed. (Distribution tied to workshops and community activities).	Also reported under #1121.7

