

SIMBA UTANO

Annual Workplan for 2021



A promotional graphic for the HStv program 'Morning Laite'. The background is red with a white circular pattern. On the left is a large photo of the host, Uniquezimuto. On the right are three smaller circular photos of guests: Rumbidzai Chisango (Adult Rape Clinic), Audrey Chabweka (Youth Engage), and Samantha Mandaza (Youth Engage). The text includes: 'HStv MORNING Laite', 'MON 30 NOV-1030HRS C.A.T', 'HOST UNIQUEZIMUTO', 'TOPIC SURVIVING GBV AND THE MENTAL HEALTH IMPLICATIONS A LONG PATH TO RECOVERY.', 'Heart&Soul Broadcasting Services', 'LISTEN & WATCH LIVE', 'UNAIDS', and contact information for HStv.co.zw, NewsDay HStv Live, and WhatsApp +263 72 200 4000.

Project: P005993

Submitted by: Interagency Coalition on AIDS and Development (ICAD) and International Council of AIDS Service Organizations (ICASO)

Date: 16 March 2021

LIST OF ACRONYMS

AGYW	Adolescent Girls and Young Women
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DAC	District AIDS Council
KS	Katswe Sistahood
HCC	Health Center Committee
ICAD	Interagency Coalition on AIDS and Development
ICASO	International Council of AIDS Service Organizations
MOH	Ministry of Health
MOWGACD	Ministry of Women Gender and Community Development
MSP	multiple sexual partnerships
NAC	National AIDS Council
PLHIV	Person Living with Human Immuno-deficiency Virus
SGBV	Sexual and Gender Based Violence
SRHR	Sexual Reproductive Health and Rights
STIs	Sexually Transmitted Infections
VHW	Village Health Worker
YE	Youth Engage
ZDHS	Zimbabwe Demographic Health Survey

1. Introduction

The Annual and Operations Reports for Year 1 were submitted on the 15th February 2021 and approved on the 25th February. The approval included some minor comments which were addressed in an exchange of communication between ICAD and GAC in late February and early March. The reports demonstrated that, despite the pandemic, Y1 progress exceeded the PIP expectations. The cascade of training from facilitators to young people has surpassed our Y1 targets and the resource kits for adolescent girls and young women (AGYW) and health service providers have been finalized. Similarly, project staff engaged in a number of events aimed at influencing SRHR legislation and policy in key areas affecting health outcomes for AGYW. However the reports made clear that we do not anticipate such a high level of success in Y2. The ongoing challenges associated with COVID-19 will gradually take their toll. As we note in our GES Update, the project will have to work hard this year to build and strengthen AGYW capacity and agency in the context of a deteriorating economy, an abandoned educational system, reduced individual motivation and minimal access to digital technology. It's not going to be easy.

This document will outline our intentions for Y2. It comprises of the following in order of appearance:

- Logic Model which remains unchanged
- Revised PMF (as of 25 February 2021) attached as Annex A
- Annual Targets for Year 2 attached as Annex B
- Work Plan for Year 2 attached as Annex C
- Gender Equality Strategy Update
- Planned Communications Activities
- Updated Procurement Plan attached as Annex D

Finally, it should be noted that the Budget for Year 2, which included the cost share, was submitted and approved on the 5th March 2021

ULTIMATE OUTCOME:	1000 Improved health of adolescent girls and young women (AGYW) at risk of HIV in four priority districts in Zimbabwe				
INTERMEDIATE OUTCOMES:	1100 Increased utilization of gender–equitable and adolescent-responsive ¹ SRHR ² and HIV services by vulnerable AGYW in 4 districts of Zimbabwe		1200 Improved delivery of gender equitable and adolescent responsive SRHR and HIV services to address needs of most vulnerable AGYW		1300 Improved effectiveness of AGYW, health workers and community organizations to advocate for SRHR.
IMMEDIATE OUTCOMES:	1100 Increased knowledge and awareness of SRHR and HIV among vulnerable AGYW.	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.	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.	1220 Strengthened integrated response to support the delivery of gender-equitable and adolescent responsive SRHR services to vulnerable AGYW	1310 Increased knowledge and skill of AGYW, health workers and community organizations to advocate for SRHR.
OUTPUTS:	1111 Assessments conducted to understand the unique needs of vulnerable AGYW in selected wards from hotspots in the four districts.	1121 Youth Champions, Community Facilitators and Pachoto groups trained on effective communication skills to increase awareness of SRHR and HIV at the community level	1211 Facility-based Health Service Providers trained on gender-equitable and adolescent responsive SRHR and HIV service delivery and referrals	1221 Coordinating committees established to link SRHR services for vulnerable AGYW at various levels of the health system.	1311 Community Youth and Health Champions trained and supported to produce and use data related to delivery of SHRH services for vulnerable AGYW.
	1112 Youth Champions, Community Facilitators and Pachoto Groups established and trained to engage vulnerable AGYW on SRHR and HIV.	1122 Parents and caregivers engaged to better understand impact of harmful social norms.	1212 Community Health Workers trained on gender-equitable and adolescent-responsive SRHR and HIV service provision and referral.	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.	1312 Health Center Committees strengthened to advocate for the needs of vulnerable populations including AGYW and PLHIV.
	1113 Sensitization conducted of vulnerable AGYW, on SRHR and HIV.	1123 Traditional and community leaders engaged to better understand impact of harmful social norms.	1213 District dialogues conducted with health service providers to facilitate access by vulnerable AGYW to gender - equitable and adolescent responsive SRHR and HIV services and referrals.	1223 Twinning facilitated with international and/or domestic CBOs to enhance project capacity to deliver quality gender equitable and adolescent responsive SRHR and HIV services ³	1313 Participatory community-based assessment tools adapted to assess SRHR/HIV service acceptability, availability and access.
		1124 Young men and adolescent boys engaged to better understand impact of harmful social norms.			1314 Public awareness and promotional materials developed and distributed

¹ Gender-equitable and adolescent-responsive is defined as care and support to address priority needs of AGYW.

² The project will include a strong focus on SGBV in response to the local context.

³ Twinning with domestic and/or international CBOs might also be arranged under intermediate outcomes 1100 and 1300.

2. Revised PMF (as of 25 February 2021)

Attached as Annex A

3. Annual Targets for Year 2

Attached as Annex B

4. Annual Workplan for Year 2

Attached as Annex C

5. Gender Equality Strategy: Update

At this early stage of the project, it is premature to assess whether any changes are required to Simba's Gender Equality Strategy (GES). However, it is useful to review the progress of the strategy and the challenges faced during the early phase of implementation - and how they have been affected by the pandemic.

5,1 Summary of Initial Findings

The initial conclusions of the gender equality analysis were quite unambiguous. According to its findings, social norms, beliefs and attitudes are the major causes of gender inequality in the four districts. Decisions about the health of women and AGYW are often taken by men on behalf of their wives, partners, daughters or sisters while access to SRH services is determined through a patriarchal system of beliefs and attitudes that dominate the cultures and religions of the target communities. Needless to say, these social norms, attitudes and beliefs increase the vulnerability of AGYW to negative SRH outcomes such as unplanned pregnancy, HIV, early marriage, sexual and gender-based violence. In the culture and religious belief systems, abortion and same sex relationships are considered taboo. Finally, even the wellbeing and health of men and boys is negatively influenced by social norms and attitudes - the very notion of exploring health-seeking behavior options by men is deemed 'unmanly.'

One of the ways that the GAC approach to gender equality differs from other approaches is its focus on intersectionality. The findings of our gender analysis also confirmed the universal reality that gender equality is reinforced by the co-attendant factors such as poverty, age, social and economic class and sexual orientation. Successful interventions in promoting gender equality and protecting the rights of AGYW must operate at the intersection of these various factors that feed marginalization and exclusion. Consequently, going forward, the GES for Simba Utano must emphasize and document it's a holistic gender transformative approach.

Part 2 of Simba's GES focused specifically on operationalizing the findings of the gender equality analysis. Drawing from the Analysis (and the Baseline Report), six key GE objectives were developed. Except for the last, each is linked to a specific intermediate Simba Utano outcome. The sixth objective listed below is cross-cutting across all project activities. The GE objectives are:

- Empower individual AGYW to exercise agency;
- Influence societal attitudes and norms in the project districts to promote gender equality;

- Support Service Providers to deliver non-discriminatory gender-sensitive and youth friendly SRH services;
- Support health system to deliver non-discriminatory gender-sensitive and youth friendly SRH services;
- Support stakeholder advocacy to promote gender equality and protect women and AGYW's sexual and reproductive rights; and
- Strengthen Partner organizational transformation

5.2 Progress and Challenges for Year 2

a. Empower individual AGYW to exercise agency

The capacity for individual AGYW to exercise agency has certainly diminished over the year. The COVID crisis and accompanying lockdowns have certainly exacerbate pre-existing gender inequalities, placing AGYW at increased risk of intimate partner and gender-based violence (GBV) and reducing their capacity to make decisions and take control over their own lives.

As noted in our Annual Report, Zimbabwe has been undergoing some form of lockdown since March 2020. Most importantly, schools have essentially been closed since March 2020. For the vast majority of students, from 4 year olds registered in a crèche to 18 year olds enrolled in grade 11, there has been no access to education in 2020. This will likely be repeated throughout 2021 for the 95% of students attending government schools. Why is this important? Because in Zimbabwe, as elsewhere, the classroom is a route out of poverty. Education, the vehicle to deliver a better future, is now permanently stalled. Adolescent girls and young women are particularly affected. They are more at risk of dropping out of school permanently following school closures – and this will have a long term impact on their economic and health outcomes. The situation is bleak in our target districts – 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 exceeded the PIP expectations. The cascade of training from facilitators to young people has surpassed our Y1 targets and various resource kits for AGYW as well as health service providers have been finalized. However, Y2 will face much greater difficulties as young people become less motivated, more isolated and less engaged. 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 AGYW. Our gender equality strategy aimed at empowering AGYW to exercise agency, to improve their capacity to advocate for greater access to better health services remains important and relevant. However the challenges shouldn't be underestimated. The project will have to work hard in Y2 to build and strengthen AGYW capacity in the context of a deteriorating economy, an abandoned educational system, reduced individual motivation and broad-based, minimal access to digital technology. It's not going to be easy.

Finally, as noted in our Annual Report, 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.

b. Support Service Providers to deliver non-discriminatory gender-sensitive and youth friendly SRH services

The project has moved quickly to address this GES objective. The two training manuals - *Adolescent Sexual and Reproductive Health Guide* (for facilitators) and the *ASRHR Participants Handbook* – have been drafted, published and tested on a group of 119 Health Service Providers (48 m; 71 f). In Y2, we will closely monitor the group’s working relationships with their AGYW clients. To appreciate whether the project is on the right track, we think it is important to include a small mid-term evaluation of the 1100 and 1200-level outcomes. The guidance questions outlined in GAC’s *Gender Equality Guide for COVID-19 Related Programs* will be very useful in helping us formulate our questions. To reduce costs of this unplanned activity, it will be undertaken by Simba staff, much as the original GES and Baseline was done as part of our capacity-building agenda.

Please note that, as with all resources developed by the project, the ASRHR resource kits can be found on the ICAD website at: <http://www.icad-cisd.com/our-work/our-projects/simba-utano/project-documentation/>

c. Support stakeholder advocacy to promote gender equality and protect women and AGYW’s sexual and reproductive rights

Even prior to the start of this project, Katswe Sistahood and Youth Engage have been engaged in community and other efforts to influence strategies and legislation which aim to contribute to gender equality. Over the past year, these have included:

- 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 individual 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 has been revised and funding set aside to better support this component of the project.

d. Strengthen Partner organizational transformation

Programmatically, both organizations have adopted rights-based and feminist approaches. Gender transformation is the underlying aspiration of their work and the goal is to help and support them on this journey. The organizations have requested some capacity building through the Canadian ICASO gender specialist in South Africa – and we are in early discussion as to how best to define and address their needs.

6. Planned Communications Activities

a. Fundraising Bike-a-thon

ICAD held a virtual fundraising bike-a-thon in June 2020 in Ottawa. Approximately \$6,000 was raised as a contribution to our cost share. Photos and information can be found on the ICAD website at:

<http://www.icad-cisd.com/our-work/our-projects/simba-utano/pe-fundraising/>

Registration will be opened shortly for the 2021 bike-a-thon which will take place again virtually and in essentially the same format as last year. We want to build on the organizational strengths and public relations opportunities that were created in 2020. This year we are hosting the ride from June 1-6 to create additional flexibility for fundraising and engagement during the ride week.

b. Websites and Social Media Platforms

All four partners have up-to-date websites with current project descriptions, resources developed, photos, videos, interviews and radio recordings – all of which we encourage GAC to view and share. Links to the websites are as follows:

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://youthengage.org.zw/>

During the lockdowns, social media platforms such as whatsapp and facebook have become the primary method of reaching out to young people in Zimbabwe, especially adolescent girls and young women. Please don't hesitate to view the Partner's facebook accounts at:

<https://www.facebook.com/KatsweSistahood/>
<https://www.facebook.com/YouthEngageInfo/>

In addition, each of the partners has an instagram presence to which photos are posted almost daily. For example:

<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>

7. Updated Procurement Plan

Attached as Annex D



Annexes

- Annex A: Revised PMF (as of 25 February 2021)
- Annex B: Annual Targets for Year 2
- Annex C: Work Plan for Year 2
- Annex D: Updated Procurement Plan (Year 1 and 2)

Annex A: Revised Performance Measurement Framework (as of 25 February 2021)

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Responsibility
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/ 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 2019 baseline:	District HIV reports	Review reports	May be collected annually but reported at end of project	Project Coordinator in consultation with YE/KS Directors
	# 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	Project Coordinator in consultation with YE/KS Directors
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.	Responsibility
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	Project Coordinator in consultation with YE/KS Directors
	% 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	Project Coordinator in consultation with YE/KS Directors
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)	24 facilities (one per ward)	Facility assessments	Review of facility assessments	Semi-annually from Y2	Project Coordinator in consultation with YE/KS Directors
	# and % of AGYW reporting satisfaction with AYF-SRH services received at facilities in project communities (disaggregated by age).	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 from Y2 and Endline	Project Coordinator in consultation with YE/KS Directors
	% of AGYW reporting satisfaction with confidentiality by HF staff (disaggregated by age)	89.4 (185/207)	Maintaining 90%* average throughout project	AGYW exit survey at facility	AGYW Survey	Semi-annual from Y2 and Endline	Project Coordinator in consultation with YE/KS Directors
	# of AGYW provided with access to sexual and reproductive health services (including HIV testing, modern methods of contraception), through this project (disaggregated by age)	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	Project Coordinator in consultation with YE/KS Directors

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.	Responsibility
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	Project Coordinator in consultation with YE/KS Directors
	# 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	Project Coordinator in consultation with YE/KS Directors
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.(possibly disaggregated by age)	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	YE/KS Program Managers in consultation with Program Coordinator
	# of AGYW knowing where and how to access SRHR services (possibly disaggregated by age)	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	YE/KS Program Managers in consultation with Program Coordinator
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 from Y2 (cumulative responses from community workshops)	YE/KS Program Managers in consultation with Program Coordinator

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Responsibility
	% 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. parental communication on SRHR; advocacy through Coordinating Committees)	Sample of community members including leaders (disaggregated by type of community member);	Focus Group discussions Pre and post workshop surveys	Annually from Y2	YE/KS Program Managers in consultation with Program Coordinator
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	Survey of AGYW	Review survey results	Year 3 Annual Report and Endline	YE/KS Program Managers in consultation with Program Coordinator
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	YE/KS Program Managers in consultation with Program Coordinator
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	YE/KS Directors and Program Managers

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Responsibility
1113 Sensitization of vulnerable AGYW on SRHR and HIV conducted	# of sensitization trainings organized for vulnerable AGYW	None	6,000 sessions (twice monthly meetings over 30 months for each of the 100 groups)	Project records	Review of training lists	Semi annually	YE/KS Directors and Program Managers
	# of AGYW attending sensitization exercises	None	3,000 AGYW participating in Pachoto groups	Project records	Review of training lists	Semi annually	YE/KS Directors and Program Managers
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 registers	Attendance record review	Semi annually	YE/KS Directors and Program Managers
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 from Y2	YE/KS Directors and Program Managers
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 from Y2	YE/KS Directors and Program Managers
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. Training to take place during Y2 and Y3 (50%/year)	Post training questionnaire	Review of survey results	Semi annually	YE/KS Directors and Program Managers
1212 Community Health Workers (i.e. Village Health Workers, Community Adolescent Treatment Supporters) trained on gender-equitable and	# of VHWs/CATs (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,	Training records	Review of attendance records	Semi-annually from Y2	YE/KS Directors and Program Managers

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Responsibility
adolescent-responsive SRHR and HIV service provision and referrals.			Y3 and Y4 (approx. 30%/year)				
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 from Y2	YE/KS Directors and Program Managers
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 from Y2	YE/KS Directors and Program Managers
	#/% of Coordinating Committee members are female.	None	50% female membership on committees	Project records	Review of attendance records	Semi-annually from Y2	YE/KS Directors and Program Managers
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 from Y2	YE/KS Directors and Program Managers
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	YE/KS Directors and Program Managers
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	YE/KS Directors and Program Managers

Expected Results	Indicators	Baseline Data	End of Project Targets	Data Sources	Collection Methods	Freq.	Responsibility
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	YE/KS Directors and Program Managers

RF/6 June 2020/updated 7 Feb 2021/9 March 2021

Annex B: Annual Targets for Year 2

'9 March 2021

Expected Results	Indicators	Baseline Data	End of Project Targets	Y1 Actual	Y2 Target	Y2 Actual	Actual/Cumulative	Comments
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/ 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 2019 baseline:	N/A	N/A			Endline. Note: 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.
	# 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	N/A			Baseline and Endline Survey and FSGs

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	Y1 Actual	Y2 Target	Y2 Actual	Actual/ Cumulative	Comments
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	N/A			Endline Note: While this is an Endline responsibility, the project is working with service providers and community cadres who will be providing periodic statistics on 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	N/A		N/A	Endline Note: Clinic and community cadres have reports on contraception and condom distribution. These reports can be used to see the rates specifically for AGYW. Consequently, we will include this in our mid-term report in 2022
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)	24 facilities (one per ward)	0	6			Semi-annually from Y2 onwards
	# and % of AGYW reporting satisfaction with AYF-SRH services received at facilities in project	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	0	90% of those surveyed			Semi-annual survey & Endline Note: This will begin in Y2 with the introduction of the scorecard which is one of the

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	Y1 Actual	Y2 Target	Y2 Actual	Actual/ Cumulative	Comments
	communities (disaggregated by age).							key tools used to measure the quality of service provided to AGYW.
	% of AGYW reporting satisfaction with confidentiality by HF staff (disaggregated by age)	89.4 (185/207)	Maintaining 90%* average throughout project	0	90% of those surveyed			Semi-annual survey not undertaken due to COVID Endline. Note: 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 services provided to AGYW
	# of AGYW provided with access to sexual and reproductive health services (including HIV testing, modern methods of contraception), through this project (disaggregated by age)	46% of AGYW (100/217) in targeted districts	15% yearly increase beginning in Y2	0	15% increase on original 100 AGYW			Annually Will begin in Y2
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	Focussing on influencing 5 national laws and policies; Priority is on legislation impacting Age of Consent and Criminalization of Date Rape	Ongoing advocacy on behalf of all 5 issues with specific attention paid to the two priorities			The partners are working to influence 5 national strategies and legislation: 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.

Expected Results	Indicators	Baseline Data	End of Project Targets	Y1 Actual	Y2 Target	Y2 Actual	Actual/Cumulative	Comments
	# of advocacy activities completed by GAC-funded partners which are focused on SRHR	None	At least 3 events annually	5	3			See Y1 PMF for list of five Y1 events
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.(possibly disaggregated by age)	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			Endline Note: 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 (possibly disaggregated by age)	80.9% (161/199) AGYW;	At least 95% of AGYW indicate knowledge regarding access to services.	N/A	N/A			Endline Note: Similarly, data can be gathered from Pachoto platforms and outreach meetings. We will report on this indicator in 2022.
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.	N/A	TBD			Note: Initial survey to be conducted as soon as staff and clients can travel widely.

Expected Results	Indicators	Baseline Data	End of Project Targets	Y1 Actual	Y2 Target	Y2 Actual	Actual/Cumulative	Comments
	% 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. parental communication on SRHR; advocacy through Coordinating Committees)	N/A	N/A			<p>Endline</p> <p>Examples measuring community action in support of AGYW access to SRHR/HIV information are as follows:</p> <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.
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 the 80 service providers trained (64).Target will be increased 75% of those trained must be women	N/A	64			<p>Annually from Y2</p> <p>Note: Training was undertaken in Y1 but stats have not yet been analyzed</p>
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 Project target: 3000 AGYW Pachoto members	N/A	N/A			<p>Y 3 Survey and Endline</p> <p>Note N/A until Y3</p>

Expected Results	Indicators	Baseline Data	End of Project Targets	Y1 Actual	Y2 Target	Y2 Actual	Actual/ Cumulative	Comments
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	Umguza (5); Mazowe (8); Seke (5); and Goromonzi (6); Total = 24	N/A		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	Target: 240 40 in Y1; 100 in Y2 and 100 in Y3.) (of whom 75% are AGYW)	Total= 282 120 Youth Champions (AGYW) and 162 Community Facilitators (142 AGYW; 20 ABYM) trained to engage vulnerable AGYW	20 additional AGYW as Community Facilitators		;	Y1 progress exceeded Y1 targets by 300% for Youth Champions, 400% for Community Facilitators. May consider increasing targets in the future. Note: Only Community Facilitators lead Pachoto groups. The purpose of including Youth Champions is to provide them with an entry point to young people during the scorecard activities.
1113 Sensitization of vulnerable AGYW on SRHR and HIV conducted	# of sensitization trainings organized for vulnerable AGYW	None	6,000 sessions (twice monthly meetings over 30 months for each of the 100 groups)	1629 sessions conducted (162 Pachoto groups established)	1500 sessions			
	# of AGYW attending sensitization exercises	None	3,000 AGYW participating in Pachoto groups	1890 young people (1690 AGYW; 200 ABYM) sensitized through Pachoto groups	500 AGYW			56% of end of project target for AGYW participating in Pachoto groups met. May consider increasing target in the future.

Expected Results	Indicators	Baseline Data	End of Project Targets	Y1 Actual	Y2 Target	Y2 Actual	Actual/Cumulative	Comments
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	120 Youth Champions (AGYW) and 162 Community Facilitators (142 AGYW; 20 ABYM)	500 AGYW			282 youth champions and community facilitators trained on effective communication skills in Y1. End of project target already exceeded by 17.5%. May consider increasing target in the future.
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	0	2		N/A	Y1 planned activity did not take 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	0	1		N/A	Y1 planned activity did not take place due to Covid-19 restrictions
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. Training to take place during Y2 and Y3 (50%/year)	48 male and 71 female health service providers were provided with initial training	A minimum of 64 (80% of 80 health workers) of whom 75% are women			Activity was conducted in all four districts and Y1 targets were exceeded by 236% for women and 480% for men. May consider increasing targets in the future.
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/CATs (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)	N/A	25		N/A	Y2 –Y4 activity

Expected Results	Indicators	Baseline Data	End of Project Targets	Y1 Actual	Y2 Target	Y2 Actual	Actual/Cumulative	Comments
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	N/A	1		N/A	Y2 –Y4 activity
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	N/A	1		N/A	This is a +Y2 activity
	#/%/ of Coordinating Committee members are female.	None	50% female membership on committees	N/A	50% of Committee members are female		N/A	Same as above
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	N/A	0		N/A	Same as above
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 Total: 180 of which 75% are female	30 (AGYW) have been identified and received initial training on data reporting	40 AGYW		.	Ongoing training will be provided in Y2
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) (48)	N/A	12			Y2- Y4 activity

Expected Results	Indicators	Baseline Data	End of Project Targets	Y1 Actual	Y2 Target	Y2 Actual	Actual/ Cumulative	Comments
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	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 (Distribution during activities).	Will depend on training needs and numbers			Also reported under #1121.7 USD 5,000 is allocated in Y2 for IEC Materials

RF/6 June 2020/updated 7 Feb 2021/9 March 2021

Annex C: Year 2 Work Plan (Work Breakdown Structure)		Breakdown by Quarter			
Number	Activities for the period January to December 2021	Q1	Q2	Q3	Q4
1110	Increased knowledge and awareness of SRHR and HIV among vulnerable AGYW.				
1111	Assessments conducted to understand the unique needs of vulnerable AGYW in selected wards from hotspots in 4 districts.				
1111.1	Organize a meeting with 30 AGYW representatives/30 stakeholders from selected wards				
1111.1.1	Determine selection procedure				
1111.1.2	Select representatives from each ward				
1111.2	Document their experiences through story-telling and journaling				
1111.2.1	Review notes and identify relevant stories				
1111.2.2	Identify uses for stories (ie. project activities or internal media)				
1111.2.3	Draft stories with individual AGYW				
1111.3	Analyse the findings to incorporate into programming				
1111.3.1	Analyse findings within small group discussion				
1111.3.2	Organize stakeholder (staff, AGYW) meeting to share findings				
1112	Youth Champions, Community Facilitators and Pachoto Groups established and trained to engage vulnerable AGYW on SRHR and HIV.				
1112.1	Identify adolescents and young people for Youth Champions, Community Facilitators and Pachoto Groups				
1112.1.1	Identify mechanisms for advertising the positions				
1112.1.2	Develop job descriptions				
1112.1.3	Advertise positions				
1112.1.4	Select representatives from each ward for the positions				

1112.2	Formation of Youth Champions				
1112.2.1	Develop TORS for facilitator				
1112.2.2	Select facilitator				
1112.2.3	Develop curriculum				
1112.2.4	Organize workshop logistics				
1112.2.5	Conduct workshop/training				
1112.2.6	Develop mentoring/monitoring plan for Youth Champions				
1112.3	Formation of Community Facilitators				
1112.3.1	Develop TORS for trainer				
1112.3.2	Select facilitator				
1112.3.3	Develop curriculum				
1112.3.4	Organize workshop logistics				
1112.3.5	Conduct workshop/training				
1112.3.6	Develop mentoring/monitoring plan for Community Facilitators				
1112.4.1	Setting up of ward level Pachoto groups (24)				
1112.4.2	Identify suitable candidates				
1112.4.3	Organize logistics to bring together each of the groups				
1112.4.4	Provide orientation and training to each groups				
1112.5.	Establish youth theatre and arts groups for outreach				
1112.5.1	Advertise theatre and arts groups throughout the wards				
1112.5.2	Bring interested individuals together to form theatre and arts groups				
1113 Sensitizing stakeholders and partners on the SRHR challenges facing by AGYW					
1113.1	Conduct bi-monthly Pachoto safe spaces for AGYW by staff				

1113.1.1	Arrange meetings (including refreshments)				
1113.1.2	Conduct Pachoto meetings in all 4 districts				
1113.2	Organize outreach for hotspots and to reach vulnerable key populations				
1113.2.1	Conduct 16 outreach meetings (4/district/annually) around hotspots in order to reach key vulnerable populations				
1113.3	Conduct Pachoto outreach meetings; theatre and arts for demand creation				
1113.3.1	Organise pachoto outreach meetings; theatre and art for demand				
1113.3.2	Organise logistics for outreach meetings				
1113.3.3	Conduct outreach meetings				
1113.4	Organize annual Nzwika (Arts Festival) at district and national levels to create awareness for AGYW				
1113.4.1	Develop program schedule				
1113.4.2	Book performers				
1113.4.3	Book location, refreshments etc.				
1113.4.4	Advertise festival				
1113.4.5	Develop/collect relevant AGYW material for distribution at festival				
1113.4.6	Hold festival				
1113.5	Community sensitization with key stakeholder at district and ward levels				
1113.5.1	Identify and invite key community stakeholders at district and ward levels				
1113.5.2	Conduct 4 community sensitization meetings (one/district)				
1113.6	Organize and participate in the quarterly provincial Adolescent Sexual Reproductive Health(ASRH) Forum to share project experiences and lessons learnt for input into the national ASRH forum				
1113.6.1	Develop agenda for each quarterly meeting in consultation with Forum executive				
1113.6.2	Invite participants and circulate agenda				

1113.6.3	Pepare policy or programming documentation to share with participants				
1113.6.4	Facilitate meeting				
1113.6.5	Undertake any required followup from the meeting				
1113.7	Organize and participate in the HIV & AIDS Multi-Sectorial District taskforce to influence the agenda and input into the National AIDS Council Reporting Mechanism.				
1113.7.1	Contribute to the agenda for each quarterly meeting in consultation with taskforce				
1113.7.2	Prepare background documents and position papers				
1113.7.3	Participate in meeting				
1113.7.4	Undertake any required followup from the meeting				
1113.8	Bi-Annual MPs & Youth Indaba at the National level				
1113.8.1	Prepare background documents and position papers				
1113.8.2	Participate in meeting				
1113.8.3	Undertake any required followup				
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.				
1121	Youth Champions, Community Facilitators and Pachoto groups trained on effective communication skills to increase awareness of SRHR and HIV at the community level.				
1121.1.	Review and revise Simba Utano (Pachoto and Youth Data Reporters Program)Training Manual				
1121.1.1	Identify staff or engage consultant to take on the review				
1121.1.2	Identify advisory group to support the activity				
1121.1.3	Review and revise Simba Utano Training Manual				
1121.1.4	Finalize and distribute manual				
1121.2	National level Training of Trainers of Community Facilitators (30 facilitators from the 4 districts trained) on Pachoto the methodology				
1121.2.1	Identify and select Trainers				

1121.2.2	Organize logistics for meeting of 30 TOTs				
1121.2.3	Conduct training session for the 30 TOTs				
1121.3	Training of community facilitators(120 pple across all districts) on youth friendly service provision movement building and effective communication				
1121.3.1	Map and identify 120 community facilitators				
1121.3.2	Identify and book workshop/training location				
1121.3.3	Organize meeting (invitations, participant travel, food and refreshments etc)				
1121.3.4	Conduct training for 120 community facilitators on building a youth friendly service provision movement				
1121.4	Training of 120 Youth Champions (30 pple x 4 districts)				
1121.4.1	Map, Identify and select Trainers				
1121.4.2	Organize meeting (invitations, location, participant travel etc)				
1121.4.3	Conduct training for 120 Youth Champions				
1121.5	Training of 120 Community Facilitators(30 pple x 4 dist = 120) at ward level for running Pachoto groups				
1121.5.1	Identify and select 120 Facilitators representing all 24 wards				
1121.5.2	Organize one meeting in each of the 4 districts (invitations, location, participant travel etc)				
1121.5.3	Conduct 4 trainingof community facilitators on implementing Pachoto program in each ward				
1121.6	Ongoing mentorship and support for community facilitators				
1121.6.1	Provide district level mentoring meetings (one/quarter) for community facilitators				
1121.7	Job aides for Youth Champions and Community Facilitators				
1121.7.1	Review existing aids and make relevant upgrades				
1121.7.2	Produce (or procure) and disseminate 130 kits to community facilitator prior to their training				
1122	Parents and caregivers engaged to better understand impact of harmful social norms.				

1122.1	Adapt materials for awareness-raising with community stakeholders including parents and leaders				
1122.1.1	Adapt materials				
1122.1.2	Print resources				
1122.2	Community dialogues on SRHR and HIV with parents, caregivers				
1122.2.1	Map districts and identify concerned or engaged parents and caregivers				
1122.2.2	Adapt and print relevant resources				
1122.2.3	Conduct quarterly meeting with target group				
1122.3.4	Diseminate key messages through mass media e.g. radio				
1123	Traditional and community leaders engaged to better understand impact of harmful social norms.				
1123.1	Organize bi-annual meetings for traditional leaders				
1123.1.1	Conduct planning meeting for program staff				
1123.1.2	Identify community leaders to participate in sessions focussing on improving their understanding of social norms				
1123.1.3	Conduct semi annual meeting with community leaders				
1123.2	Organize bi-annual meetings for religious leaders engagements through meeting				
1123.2.1	Conduct planning meeting for program staff				
1123.2.2	Identify traditional leaders to participate in sessions focussing on improving their understanding of social norms				
1123.2.3	Conduct semi annual meeting with traditional leaders				
1124	Young men and adolescent boys engaged to better understand impact of harmful social norms.				
1124.1	Organize semi annual Men Engage forums				
1124.2	Participate in SGBV prevention awareness days/events e.g. 16 days of activism				
1124.3	Launch of Annual Advocacy Campaign on a selected theme: Teen Pregnancy, SGBV, Early Marriage, HIV & STIs among AGYW in Hotspots				

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.				
1211	Facility-based Health Service Providers trained on gender-equitable and adolescent responsive SRHR and HIV service delivery and referrals.				
1211.1	Develop Training Toolkit for Health Service Providers				
1211.1.1	Develop TORS for consultant				
1211.1.2	Establish advisory group of health service providers				
1211.1.3	Develop and test materials				
1211.1.4	Print training tool kit				
1211.2	Provide training on gender equitable and youth friendly services for Health Service Providers				
1211.2.1	Identify health facilities which do not offer youth friendly services and seek approval from MOH to train them				
1211.2.2	Conduct 5 trainings of 20 health workers each on the provision of youth friendly services at their facilities				
1211.2.3	Conduct 1 post training mentorship and coaching for the 100 health workers				
1211.3	Provide training on gender equitable and youth friendly services for CBOs and Youth Networks				
1211.3.1	Identify CBOs and Youth Networks operating in the 4 districts				
1211.3.2	Revise and print resources				
1211.3.3	Organize (TBD) trainings for approximately 20 participants				
1211.3.4	Conduct training to CBOs and networks				
1211.4	Train health workers in primary data collection, reporting and utilization of data for analysis and planning)				
1211.4.1	Provide training to Health Service providers on data collection, analysis and utilization				
1211.4.2	Analyse and utilize data collected by Youth Champions on a quarterly basis				

1211.4.3	Organize reflection meetings with Health Service Providers on available data and emerging issues collected by project trained youth champions				
1211.4.4	Present data analysis to relevant for a such as the National AIDS Council Reporting Mechanism				
1212	Community Health Care Workers (i.e. Village Health Workers, Community Adolescent Treatment Supporters) trained on community centered gender-transformative and adolescent-responsive SRHR and HIV approaches including human rights, SGBV.				
1212.1	Develop the toolkit				
1212.2	Organize workshop for Community Health Care Workers				
1212.2.1	Identify and select with MOH 15 CHWs from each of the 4 districts				
1212.2.2	Print tool kit				
1212.2.3	Conduct 2 trainings of 30 CHWs in each on SRHR including HIV, SGBV and human rights				
1212.2.4	Provide ongoing support to CHWs through semi annual staff visits				
1213	District dialogues conducted with health service providers to facilitate access by vulnerable AGYW to gender -equitable and adolescent responsive SRHR and HIV services and referrals.				
1213.1.1	Capacity Training of 30 Youth Champions on conducting advocacy dialogues on Teen Pregnancy, SGBV, STIs/HIV				
1213.1.2	Selected Pachoto Champions/Data Collectors attend quarterely key meetings to push agreed Advocacy positions				
1213.1.3	Advocacy dialogues conducted quartely with health service providers				
1213.1.4	Production of Advocacy IEC material on emerging themes targeted at different Stakeholders				
1213.1.5	Reproduce the Patients Charter adapted to AGYW needs & realities along with Referral Pathway				
1213.1.6	Support Youth Champions, Advocates run Social media advocacy campaigns, SIMBA UTANO bloggers - and podcasters club production sessions				
1213.1.7	Website maintenance				
1213.1.8	Engage consultant to help YE in developing website				

1213.1.9	Maintain and update all 4 websites (internally and thorough consultant)				
1220 Strengthened integrated response to support the delivery of gender-equitable and adolescent responsive SRHR services to vulnerable AGYW.					
1221 Coordinating committees established to link SRHR services for vulnerable AGYW at various levels of the health system.					
1221.1.1	Map the districts and identify clusters of wards within and around HIV and STIs hot spots .				
1221.1.2	Using District AIDS Coordinator maps, identify ward clusters in and around HIV and STI hotspots				
1221.2	Facilitate adolescent and youth friendly outreach on SRHR and HIV information and services for indentified hotspot clusters				
1221.2.1	Determine content for info sessions				
1221.2.2	Identify 120 community facilitators from each of the clusters who can provide info on services				
1221.2.3	Conduct semi annual info and awareness raising sessions in each of the clusters				
1221.2.4	Provide ongoing support to facilitators on an as needed basis				
1221.3	Map Community Health Care Worker and health service providers for each of the 3 clusters at district level				
1221.3.1	In collaboration with MOH, map and identify CHWs and Health Service Providers working in the different clusters				
1221.3.2	Identify health facilities that are providing/can provide adolescent friendly services				
1221.4	Organize 3 multi-sectorial cluster meetings per district to strengthen referral systems/ pathways for adolescents and youth health (clusters around hotspots)				
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.					
1222.1	Identify key health facility managers and health administrators for sensitization meetings in collaboration with NAC.				
1222.2	Organise sensitization meetings with the Health facility managers/ health admins/ MOH department heads.				
1222.3	Convene feedback meetings with Health facility managers/ health admins/ MOH department heads on provision of YFS at district level.				

1223	Twinning facilitated with international or domestic CBOs to enhance their capacity to deliver quality gender transformative and adolescent responsive SRHR and HIV services.				
1223.1	Identify needs, gaps and possible international CBOs/NGOs which could address needs/gaps. Prioritize the needs for year 1				
1223.2	Develop relationship and formally contract partner (one/year)				
1223.3	Organize travel and other logistics between the partnerships				
1223.4	Incorporate lessons learned through mixed-media from the partnership into the service provision cascade				
1310	Increased knowledge and skill of AGYW, health workers and community organizations to advocate for SRHR.				
1311	Community Youth and Health Champions trained and supported to produce and use data related to delivery of SHRH services for vulnerable AGYW.				
1311.1	30 Youth Champions- Data Collectors engage in consultative meetings & develop a 10 point demands-Teen Pregnancy, SGBV, Early Marriage, HIV & STIs among AGYW advocacy paper.				
1311.2	Training of Youth Champions on the Accountability Framework, Action Research, Data Collection & Advocacy.				
1311.3	Monthly Data Collection meetings within Pachoto Groups				
1311.3.1	Determin what data is to be collected and how (refer to PMF)				
1311.3.2	Train Youth Champions in action reseach, data collection and analysis				
1311.3.3	Organize data collection meetings by district				
1311.3.4	Invite participants and arrange refreshments				
1311.3	Conduct 4 meetings (by district) of Youth Champions on a quarterly basis				
1311.4	Conduct Stakeholder engagement-sensitization meetings with key Government Ministries on Gender Responsive, Inclusive & Accountable SRHR/HIV Services & Policies				
1311.5	Quarterly Joint reflection meetings i.e. preparation for Advocacy at District level attended by representatives from community champions and facilitators, AGYW ward representatives and staff,				
1311.6	Quarterly Nzwika District level Festival Policy dialogues with Parliamentary Portfolio Committees (in the community), Duty Bearers & Policy Makers				

1311.7	Parliament Visits; Submission of Petitions, Position Papers etc.				
1311.7.1	Establish policy priorities for the year				
1311.7.2	Determine if the writing will require a consultant or be written in house				
1311.7.3	Develop at least one policy paper addressing vulnerability of AGYW				
1312	Health Center Committees strengthened to advocate for the needs of vulnerable populations including AGYW and PLHIV.				
1312.1	Reconstitution of Health Centre Committees (advocate for inclusion of AGYW in the HCCs including SGBV survivors, Teen Mothers, Sex Workers)				
1312.1.1	Collaborate with MOH in identifying participants				
1312.1.2	Collaborate with MOH in determining the key issues to be addressed at Committee meetings				
1312.1.3	Develop a set of updated Committee rules and regulations (if none exist)				
1312.2.4	Conduct 2 day capacity building workshops with Health Centre Committees				
1312.2.5	Map and identify facilities in each ward/district				
1312.2.6	Work with MOH and HC staff in developing a suitable agenda and workshop content				
1312.2.7	Organize workshop (invitations, release forms, printing of resource materials, location, refreshments, participant travel,				
1312.2.8	Conduct 2 day workshop training for 30 participants				
1312.3	Quarterly HCC - AGYW meetings ScoreCard review, data analysis meetings				
1313	Participatory community-based assessment tools adapted to assess SRHR/HIV service acceptability, availability and access.				
1313.1	Workshop- Review existing Accountability Framework, & develop Simba Utano Score Card				
1313.2	Design, Printing of Accountability Framework				
1313.3	Development of Promotional materials i.e. tshirts , banners				
1313.4	Health Center Committees, AGYW and PLHIV trained to gather, interpret and use data to advocate for gender equitable and responsive HIV and SRHR services and policies				

1314	Public awareness and promotional materials developed and distributed.				
1314.1	Production, printing and distribution of IEC material (flyers, posters, pamphlets, banners)				
1314.1.1	Determine which promotional materials already developed can be distributed in support of the project				
1314.1.2	Make simple revisions where necessary (i.e. t-shirt design, revised flyers or pamphlets				
1314.1.3	Copy/print older/revised resources and distribute at workshops and similar events. (Newly developed resources will be developed and distributed in Year 2				
1314.2	Production of media materials for sensitizations (short documentaries, photo voice)				
1314.3	Run social media mobilization monthly (ongoing organizational activity)				
1314.4	Participate in 3 radio interviews annually (by invitation)				
1314.4.1	Plan radio spots and radio programs, with the participation of professionals involved in implementation and the beneficiaries				
1314.4.2	Participate in a radio program at least once annually				
1314.5	Production and distribution of annual newsletter/magazine (already a regular organizational activity)				
1314.6	Documentation and packaging of advocacy material such as policy briefs				
1314.7	Information dissemination & Advocacy meetings with the Media (traditional, new) TV, Radio, Print, Social Media				
1314.7.1	Develop key messages for public awareness on SRHR issues affecting AGYW				
1314.7.2	Monitor the dissemination of the ongoing public awareness SRHR issues by the project				
1314.8	Commemoration of the Day of the African Child				
1314.9	Monitoring, Evaluation & Learning				
	Other Activities				
	Conduct Baseline Evaluation				

	Train KS and YE staff on Collection of Data for Gender Analysis				
	Conduct Gender Assessment				
	Purchase 2 vehicles (if approved)				
	Conduct Quarterly Partnership Meetings				
	Conduct Annual Workplan Meeting				
	Conduct Annual Project Steering Committee Meetings				
	Update Partner Websites				
	Conduct Endline Evaluation				
	Conduct Dissemination of Results Workshop				

Annex D: Updated Procurement Plan

15-Mar-21

Date	item/ description	Supplier	quantity	Amount (USD)	CDN (1.33)
Actual Costs of Items Procured in Y1					
Youth Engage					
2020-06-20	Branded G T shirts	Septaswein	150	1,800	2,394
2020-06-20	Branded Sunhats	Septaswein	150	1,500	1,995
2020-06-21	Roll up banners	Right play Media	2	240	319
2020-06-21	4 x 1.5 banner	Right play Media	1	129	172
2020-07-05	Simba Utano Fliers	Septaswein Media	30000	1,450	1,929
2020-07-05	Simba Utano Roll up banners	Septaswein Media	4	550	731
2020-07-07	Branded Golf T-shirts	Septaswein Media	100	1,374	1,827
2020-07-07	Branded bags	Septaswein Media	100	2,046	2,721
2020-07-07	Branded Sunhats	Septaswein Media	100	1,603	2,132
2020-07-07	Branded Roud T-shirts	Septaswein Media	100	1,374	1,827
2020-07-07	Branded Zambias	Septaswein Media	100	1,603	2,132
2020-12-02	Branded Roud T-shirts	Vine Design	150	1,800	2,394
2020-12-21	Simba Utano Branded Diaries	Maclee and Whaten	100	1,100	1,463
2020-12-31	Simba Utano branded Calenders	Maclee and Whaten	500	850	1,131
Sub Total				\$17,419	\$23,167
Katswe					
	Vehicle for Katswe: Toyota Hilux	One stop Auto	1	33,500	44,555
25/10/2020	Vehicle for Youth Engage: Toyota Fortuna	Intact Auto	1	34,500	45,885
2020-10-11	Tires for Katswe Vehicle : Goodyear	Mike Harris Toyota	4	950	1,264
13/11/2020	Change of ownership (Katswe)	Avondale Motors	1	300	399
2020-11-11	reproductive health and rights toolkit	SINOSI MEDIA	300	4,065	5,406
2020-11-04	Laptop and printer	Creative Computers	2	1,120	1,490
2020-12-28	Printing of Story cards	SINOSI MEDIA	535	589	783

2020-10-22	Desktop Computer: For Tafadzwa (new finance officer) for reporting and scanning receipts	Build for World	1	1,775	2,361
2020-10-22	Health Provider Training Guide : Consultancy (Writing)	AVENENI MANGOMBE	Handbook and Guide	5,600	7,448
Sep-20	SRHR Movement Builders Toolkit: Writing	Mayittah	1	4,000	5,320
Sep-20	SRHR Movement Builders Toolkit: Printing (initial layout)	SINOSI MEDIA	1	345	459
Jun-20	Update Gender Stratey	Tayson Mudarikiri	1	1,000	1,330
Mar-20	Gender Analysis Strategy	Tayson Mudarikiri	1	7,100	9,443
Sub Total				\$94,844	\$126,142
Total				\$112,263	\$149,310

Estimate Costs of Items to be Procured in Y2					
Youth Engage	IEC Materials (See Notes)		As req'ed	5,000	6,650
	Accounting Software		1	2,000	2,660
	Scorecard Consultancy		1	1,000	1,330
	Printing Scorecards		500	2,000	2,660
	Tires for Toyota Fortuna		4	950	1,264
Estimated Sub-total				\$10,950	\$14,564
Katswe					
	Date Rape and Age of Consent Consultancies		2	6,000	7,980
	Policy briefs and related IEC Materials		2	4,000	5,320
	Consultancy for designing and printing SRHR Movement toolkit		1	4,000	5,320
	Camera		1	400	532
	Desktop Computer (See notes)		1	1,200	1,596
	PPE		As req'ed	4,000	5,320
Estimated Sub-total				\$19,600	\$26,068
Estimated Total for Y2				\$30,550	\$40,632

Notes

Youth Engage IEC Materials: May increase if funds allow

Katswe Desktop Computer: For Tafadzwa (new finance officer) for reporting and scanning receipts