

TARIRO YOUTH DEVELOPMENT TRUST

YEAR 2021



2021 ANNUAL REPORT

Contents

oUR IDENTITY 2

OUR 2021 PROJECTS AND ACHIEVEMENTS 3

 Community-Led Monitoring (CLM) 3

 Child, Early and Forced Marriage (CEFM) Project..... 6

 Preventing HIV among young people in Zaka district..... 8

 Gender-based violence (GBV) and women in artisanal mining in Zimbabwe 10

 Menstrual Health Management 11

FINANCIAL REPORT 12

OUR PARTNERS 13

 Partners who Supported Our Work in 2022..... 13

 Our Networks..... 13

THANKS GIVING..... 14

OUR IDENTITY

Founded in 2015, TYDT is a youth-led organization striving to cultivate an inclusive ecosystem where **ALL** youth are empowered to lead healthy, productive, and engaged lives. We do this through integrated, adaptive innovations centered on igniting Inclusive Sexual and Reproductive Health and Rights (ISRHR) for **ALL** youth. While simultaneously advancing youth contribution and resilience that build youth agency for optimal SRHR outcomes. This means we advance ISRHR for **ALL** youth within the Global Goals, while paying close attention to the ecosystem they live. To reimagine the youth ecosystem we want, we leverage the unique power of youth to be the lead drivers of transformative social change. For this reason, we holistically empower youth to unleash their creativity, innovation and energy in redefining their ecosystem. Their innovation and energy is critical to cultivating the ecosystem we want. We also harness innovation, and learning from our researches and interventions to shape our work.



Message from the Director

Like the rest of the world, TYDT was hit by COVID-19. With lockdowns and travel restrictions, COVID-19 has had a dramatic impact on how TYDT operates, as it has almost eliminated our ability to interact with our targeted population, and stakeholders. At the same time, COVID-19 prompted us to be innovative, and embrace new ways of doing business. As TYDT, we are pleased to have done well, and be able to minimize the disruptive impact of COVID-19 very effectively. My utmost thanks goes to TYDT's staff, volunteers, donors and partners who contributed immensely toward our 2021 successes. Under this difficult times, it has been an outstanding year. Happy reading of our 2021 achievements!

OUR 2021 PROJECTS AND ACHIEVEMENTS

1. Community-Led Monitoring (CLM)

The CLM project, funded by PEPFAR, was implemented in Chiredzi and Zaka districts, in partnership with Vana VeZimbabwe, to increase universal access to high quality HIV services. From July to December, TYDT implemented the following activities:



a) Project sensitization

Community and district stakeholders in Chiredzi and Zaka districts were sensitized about the CLM project to gain their support and buy-in. Stakeholders engaged included the district authorities (DDC, VFU, DAC, DNO, DMO, RDC, DHE, President's Office), Community leaders (Councilors, Community Cadres, headmen, local MPs, etc.), Health facility Managers (Nurses in Charge) in 12 health facilities and Users of health services.

b) CLM Monitors and Staff Training

- VAVEZ was identified to partner with TYDT, and with support from ACT, VAVEZ staff received a 2-day CLM inception training from 23 to 24 August 2021 at VAVEZ Office.
- 4 TYDT staff received a 2-day CLM inception training facilitated by ACT on the 16th to 17th of August 2021 at TYDT office in Zaka.
- 24 CLM Monitors (12F/12M) were identified and received a 2-day training from 25th to 26th of September 2021. This training was conducted after TYDT staff received a Training of Trainers (TOT) facilitated by ACT on the 7th and 8th of September 2021 in Masvingo at Youth Advocates Zimbabwe (YAZ) office.



c) Selection of Health Facilities

12 health facilities (6 in Zaka district and 6 in Chiredzi district) were selected to monitor the provision of HIV prevention, treatment and care services. The major focus was to unearth barriers to accessing HIV services, and collectively define solutions with the authorities at site, district, provincial and national levels. The health facilities were selected, among others, based on high volume vs low volume, rural vs urban, high performing vs low performing, and proximity. The health facilities selected are presented in the table below:

Table 1: selected health facilities

| Zaka District | Chiredzi District |
|-------------------------|---------------------------|
| Jerera Satellite Clinic | Chiredzi General Hospital |
| Chinyabako Clinic | Hippo Valley Clinic |
| Siyawareva Clinic | Chizvirizvi Clinic |
| Gumbo Clinic | Pore Pore Clinic |
| Bota Clinic | Rupangwana Clinic |
| Ndanga Hospital | Chiredzi Poly Clinic |

d) Health User Fees Survey

Trained CLM monitors conducted user fees survey in the selected 12 health facilities on the 8th of December 2021. The results of the survey showed that, out of 12 health facilities, 8 had user fees, ranging from USD\$1 to USD\$6 (i.e. 6 in Zaka district and 2 in Chiredzi District). The fees were meant for guard levies and consultation fees. The levy fees were decided by the Health Centre Committees (HCCs) to pay the guards (have nothing to do with the Ministry of Health and Child Care (MoHCC)), and to maintain health facility infrastructures. People on ART do not pay consultation fees, however, if they want to be treated for other diseases, they have to pay. Therefore, as TYDT, we advocated for the removal of these fees for PLHIV, as they stand as barriers towards equitable access to HIV and TB services. Table 2 below shows the results:

| Health Facility Name | Ownership (Council/Gvt) | Name of User Fee ¹ | User Fee Charged ² (USD) | What does the clinic uses the User Fees for? | Number of Community ART Refill Facilities in the community | Type of Community-based ART Refill Facilities (e.g CARGS, OFCAD, Malayitsha) | Advocacy Status (what has been done so far) |
|----------------------|-------------------------|-------------------------------|---|--|--|--|---|
| Chinyabako Clinic | Council | Guard Levy ³ | \$1 per family | For paying the security guard | 13 | CARGS | |
| Jerera Satellite | Council | Guard Levy | ZWL 40 | For paying the guard | 34 | CARGS | |
| Siyawareva Clinic | Council | Guard Levy | \$2 per year per family | For paying the security guard | 24 | CARGS | |
| Bota Clinic | Council | Guard Levy | \$6 per village | For paying security guards | 36 | CARGS | |
| Ndanga Hospital | Government | Consultation fee | ZWL 80 per person per consultation ⁴ | For hospital administration | 27 | CARGS | |

¹ For all the 5 facilities that pay guard levy, it is the Health Centre Committee that decided to pay a security guard who provides security for the clinics and drugs. This has nothing to do with the MOHCC.

² From all the facilities 6 facilities, everyone gets ART medication for free.

³ The levy differs from centre to centre.

⁴ This does not apply to patients on ART except when they want to be treated of other illnesses.

| | | | | | | | |
|----------------------------|---------------------------|------------------|----------------------------|-------------------------------|----|--|--|
| Gumbo Clinic | Council | Guard Levy | ZWL 50 per person per year | For paying the security guard | 29 | CARGS | |
| Rupangwa Clinic | Government | N/A | No Charge | No Charge | 1 | Community Refill Family Refill Fast Track | |
| Pore Pore Clinic | Government | N/A | No Charge | No Charge | 1 | Community Refill Family Refill Group of CARGS Fast Track | |
| Chizvirizvi Clinic | Government | N/A | No Charge | No Charge | 1 | Community Refill Family Refill Group of CARGS | |
| Tsovani Poly Clinic | Council | Consultation Fee | ZWL 50 | For maintenance of the clinic | 1 | Community Refill Family Refill Individual Refill Group of CARGS | |
| Hippo Clinic | Private (Tongaat Hullels) | N/A | No Charge | No Charge | 2 | Family Refill Fast Track Individual Refill Groups of CARGS | |
| Chiiredzi General Hospital | Government | Consultation | ZWL 80 | Maintenance of the Hospital | 6 | Community Refill Family Refill Individual Refill Group of CARGS | |

e) Piloting CLM Routine Monitoring Tools

Piloted and tested the harmonized service user survey, and the health facility manager survey at Jerera Satellite Clinic and Chiredzi General Hospital. The exercise was to test the feasibility of the routine monitoring tools, and the results of the pilot were submitted to ACT via CommCare. In summary, the findings revealed that the monitors require comprehensive training on the tools, given their literacy level. The tools are also long, particularly for the inexperienced data collectors; CLM monitors. As such, the tools were revised.

f) CLM Quarterly Review Meetings

2 TYDT programs staff participated in a 3-day CLM quarterly review meeting facilitated by ACT, held at ZIPAM Centre, Darwendale from 27 to 29 August 2021. The convening was used as a platform to share progress and challenges. TYDT also learnt from others, and replicated the best practices.

2. Child, Early and Forced Marriage (CEFM) Project

The CEFM project was supported by the Canadian Embassy to Zimbabwe through Canada Fund for Local Initiative (CFLI). The project reduced the incidence of CEFM during acute and recovery phases of COVID-19 in ward 8, 19 and 24 of Zaka district. This was achieved through deploying a multi-sectoral approach, which focused on girls' empowerment; tackling deeply entrenched social norms, economic drivers and policy advocacy to protect the girl child. The key results of the project are as follows:

a) Livelihood Support



200 at risk girls had increased economic resilience through support in poultry production integrated with Internal Savings and Lending Schemes (ISALS). Economic empowerment increased the agency of girls to negotiate the pressures of CEFM, and also reduced poverty aggravated by COVID-19, therefore, CEFM was not seen as the only coping mechanism to COVID effects. Through selling chickens and eggs, and ISALS, girls reported increased average household income from \$20 to \$150 per month. The girls were supported in groups of 10 members, and at the end of the project, groups shared 15 chicks for each member to expand and grow their poultry business.

b) Comprehensive Sexuality Education (CSE)

20 girls and boys were trained as peer educators (PEs) to educate their peers on CSE, and policies that protects girls' right to marriage. The PEs engaged their peers using 1:1, social media (WhatsApp) and safer group model approaches to educate them on CEFM. 3,482 girls and young women were educated on their rights, and had increased agency in decisions related to marriage, raised their voices against traditions that affect their rights. At least 92.2% girls had increased knowledge on their rights.



c) CEFM Awareness Campaigns



5 awareness campaigns were conducted in CEFM hotspot areas in collaboration with multiple actors, including the Victim Friendly Unit (VFU), Ministry of Women Affairs, MoHCC and Ministry of Youth, among other actors. 8,974 wider community members were reached with CEFM messages, and had increase knowledge on the harmful effects of CEFM, and transformed their behaviors towards girls and young women.

d) CEFM Social Accountability

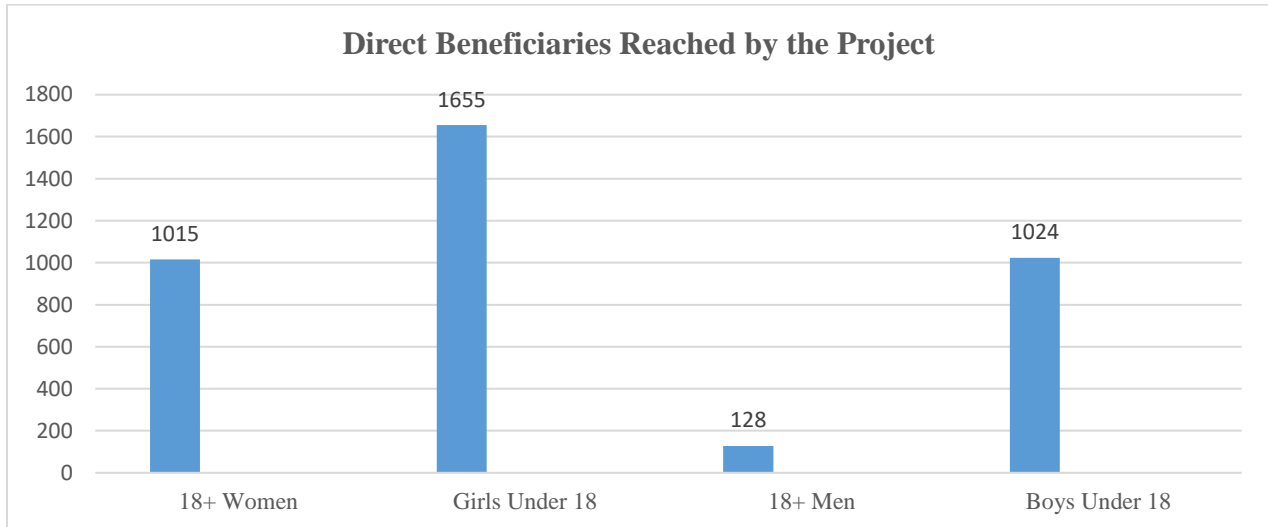
- 20 gender champions (GCs) were trained, and had capacity and skills to lobby and advocacy for girls' rights, holding decision makers to sustain CEFM social accountability during and after COVID-19.
- 4 Zaka chiefs were engaged, and crafted by-laws that criminalize CEFM in Zaka communities.
- 3 youth-led engagements with 30 Zaka authorities conducted, demanding CEFM social accountability.
- Developed a [Policy Brief](#) (click the link) to influence CEFM social accountability.



Chiefs' engagement at BSPZ; Ministry of Education in Jerera Growth Point, Zaka.

e) Total People Reached Directly and Indirectly

The project reached 10,471 indirect beneficiaries through advocacy activities, and 3,822 direct beneficiaries with tailored CEFM interventions. The direct beneficiaries are disaggregated in the graph below:



3. Preventing HIV among young people in Zaka district

The project was sponsored by AIDS Healthcare Foundation (AHF) to build the resilience of young people aged 10-24 to be able to take measures to protect themselves against HIV and AIDS. The project implemented the following activities:



Project inception meeting held at Zaka Rural District Council Boardroom, Jerera Growth Point, Zaka

a) Project sensitization.

Conducted an inception meeting with the district stakeholders on 28 October 2021 at Zaka Rural District Council (ZRDC) boardroom to sensitize the stakeholders on the AHF-funded project. The stakeholders who participated, included but not limited to, the District Medical Officer (DMO), ZRDC, District AIDS Council (DAC), District Nursing Officer (DNO), 6 Health Facility Managers from the targeted clinics, District Development Coordinator (DDC), District Schools Inspector (DSI), Victim-Friendly Unit (VFU) department-Police, Security, Ward Councilors and Young people’s representative. Buy in and support of the project was secured.

b) HIV Knowledge Transfer



- Recruited, and trained 20 Peer Educators from 5 HIV hotspot areas in Zaka district. The peer educators received a 2-day training, from 27-28 November 2021 at TYDT's office, facilitated by the TYDT Field Officer. They were trained on HIV/AIDS and other Sexual and Reproductive Health and Rights (SRHR) topics to transfer knowledge to their peers in their communities.
- Educated, through Peer Educators, 4,921 young people aged 10-24 years on HIV and AIDS to improve their knowledge and skills to protect themselves against STIs, including HIV. The Peer Educators transferred knowledge through safe home visits, safer smaller groups and use of social media, particularly WhatsApp. During peer education sessions, Peer Educators also referred their peers (351) to nearby health service providers to access HIV prevention and treatment services. They also identified young people who defaulted treatment, and retain them through TYDT support. 21 young people were identified, and retained on treatment.
- Developed, and distributed through Peer Educators, 400 flyers and 100 T/shirts, disseminating information on HIV prevention and treatment, fighting other driving factors such as Gender Based Violence (GBV), Drug and substance abuse, and child marriages as well as fighting against stigma and discrimination.
- Produced 4 youth-friendly podcasts in both video and audio visual, raising awareness on HIV, including fighting stigma and discrimination, factors that affect the ending AIDS. The podcasts produced included conversations with young people, and health experts as well as the local popular poet. The Podcasts were disseminated through different platforms, including Facebook, WhatsApp, Spotify, and sharing through SHAREit. The podcasts were also played during awareness campaigns, and an estimation of 5,000+ listeners were reached with HIV information. *Click the links to listen to some of our podcasts: [HIV and Child Marriage](#) and [HIV/AIDS Poem](#).*

c) HIV Awareness Campaigns



Awareness Campaigns: Conducted 3 outreaches with partners, Ministry of Health and Child Care, National AIDS Council, and the Victim Friendly Unit. The outreaches were conducted on 10 December 2021, and 23 December 2021 at Bota and Gumbo communities, respectively. The campaigns included the provision of HIV services to young people. At least 2,302 people were reached, and 607 were tested for HIV and received their results. 17 tested positive, and were initiated on ART in their nearby clinics. The campaigns used sport as an entry point to mobilize young people.

4. Gender-based violence (GBV) and women in artisanal mining in Zimbabwe

The activity was supported by the Overseas Development Institute (ODI) through Advancing Learning & Innovation on Gender Norms (ALIGN). Through ODI support, TYDT conducted a rigorous evidence-based research project on GBV experiences of women in small-scale artisanal mining. The study was carried out in 3 mining hotspot districts in Zimbabwe namely; Mberengwa, Zvishavane and Shurugwi. The key findings of the research were:

- This report finds high levels of gender-based violence (GBV) in Zimbabwe’s artisanal small-scale mining (ASM) sector, with 77% of women working in the sector reporting that they have experienced such violence.
- The three most common forms of GBV against women and girls in the sector are reported to be physical violence, sexual assault and emotional abuse.
- This violence is underpinned by negative gender norms, including rigid and culturally ascribed norms of masculinity and patriarchy that do not tolerate women as actors in public spaces, as well as norms that normalize GBV as a way for men to wield power over women. These norms deepen the plight of women in the absence of strong laws and ASM-specific GBV policies to protect them.
- The COVID-19 pandemic heightened women’s vulnerability to GBV in ASM, both at home and in prospecting areas.
- Preventive and protective services for GBV survivors in the ASM sector were disrupted during the COVID-19 lockdown as most service providers were not considered to be essential services.
- There are no ASM-specific GBV policies, legislation or regulations for GBV prevention and reporting, despite the government’s recognition of this problem in the Constitution and other gender-mainstreaming agreements.

To access the full report, click this link: [GBV in Artisanal Mining in Zimbabwe](#).

5. Menstrual Health Management



In partnership with Sanitary Aid Zimbabwe, TYDT distributed disposable and reusable pads, and menstrual cups to 523 girls and young women in Zaka district. This helped these girls to fight period poverty. These girls also received menstrual health management education, including how

to use the sanitary pads. Educational sessions also included 241 boys to demystify taboos surrounding menstruation.

FINANCIAL REPORT

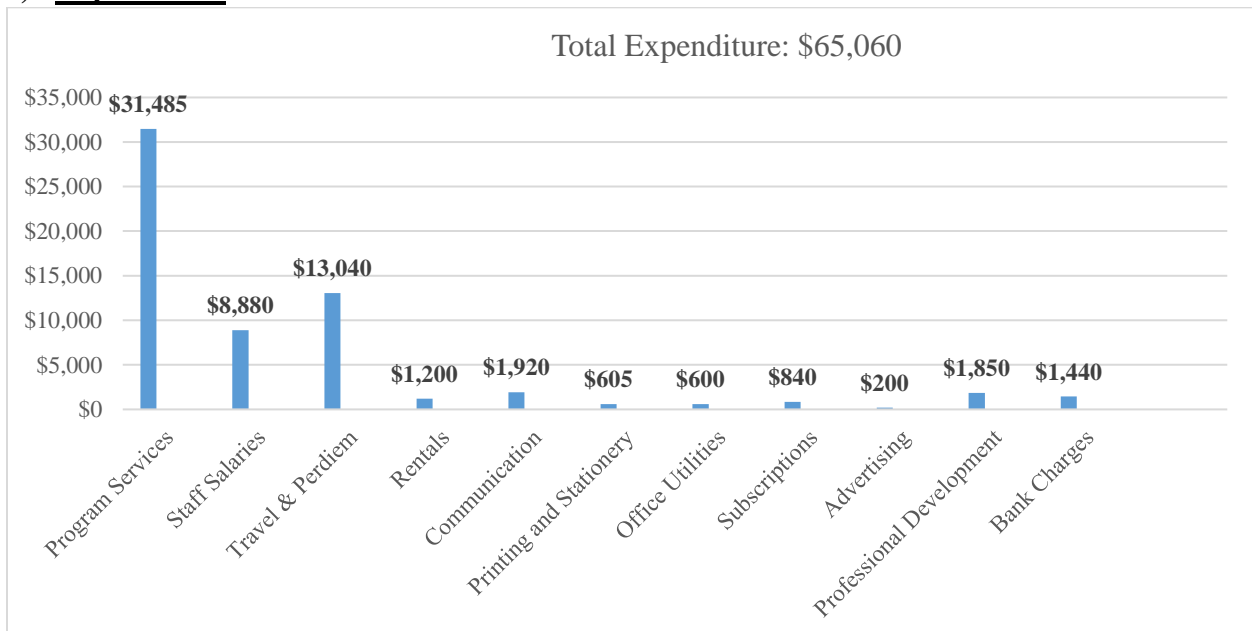
a) Cash Balances

- Beginning Balance on January 1, 2021: \$15,567.00
- Ending Balance on December 31, 2021: \$11,487.00

b) Organizational Income



c) Expenditure



OUR PARTNERS

1. Partners who supported our work in 2022



2. Our Networks



THANKS GIVING

We give thanks to all our donors, strategic partners, volunteers and supporters!



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