

TARIRO YOUTH DEVELOPMENT TRUST



ANNUAL REPORT YEAR 2022

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1. OUR IDENTITY

a) Who We Are – Shift in Focus

We are a youth-led, and a community-based organization (CBO) registered as a Trust (MA0001519/2015). Since 2015, TYDT has been anchored on promoting inclusive sexual and reproductive health and rights (ISRHR) for ALL youth. However, the world has transformed at an accelerated pace, which prompted us to shift our focus to remain relevant and impactful. In 2022, TYDT fine-tuned its focus, and is now committed to advancing positive youth development (PYD) in Zimbabwe. In this focus, we want to see a better society, in which ALL youth are holistically empowered to thrive. So, we now primary exists to cultivate healthy, and productive youth, who actively contribute to the development of their communities. We do this by unleashing cutting-edge innovations anchored on youth health, resilience and agency. In our work, we leave no youth behind, and therefore, work with ALL youth in their diversity.

b) Vision, Mission and Values

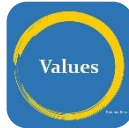
VISION

We envision healthy, productive and contributing youth.



Mission

To innovate for positive youth development.



Values

ICARE

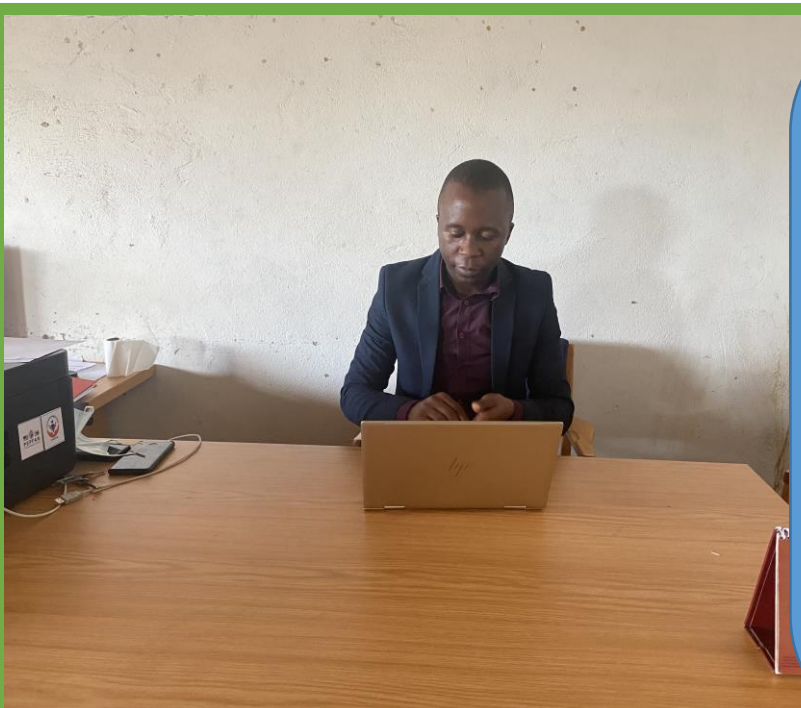
Innovation, Connection, Accountability, Respect and Equity

Message from the Director

It is with great pleasure that I present to you our 2022 annual report. The report highlights our key achievements of the year 2022. 2022 marked the year where TYDT shifted its focus to advancing positive youth development. The shift in focus was necessitated by our desire to remain impactful in a changing landscape. The landscape we are operating is volatile. It is rapidly changing, and humanitarian emergencies are now the new normal, unpredictable, and intense. We are witnessing recurrent climatic disasters, and epidemics such as COVID-19, among other shocks and stressors. These shocks and stressors are crisis multipliers, exacerbating youth challenges. In this fast-changing landscape, defined by shocks and stressors, we had to fine-tune our work to remain relevant.

Our sincere gratitude goes to our strategic, and funding partners who immensely contributed to our work in 2022. Their contributions helped us to push forward our mission. In 2023, we look forward to refocus, grow, and expand our operations.

Samson Muzenda, Founder and Executive Director.



2. OUR 2022 PROJECTS AND ACCOMPLISHMENTS

2.1.HIV AND AIDS PREVENTION PROJECT

AIDS Healthcare Foundation supported TYDT to implement the HIV prevention project in Zaka district. The project was anchored on 3 objectives:

- To empower 7,360 young people with skills and knowledge to make informed sexual health decisions to prevent contracting HIV by 2022.
- To ensure that 3,560 young people have access to HIV prevention services, testing, treatment, care and support by 2022.
- To build the capacity of 12 young people in lobbying and advocacy to influence local implementation of HIV and AIDS policies.

The project implemented the following activities:

a) Peer Educators (PEs) Training

20 PEs from 3 STI/HIV hotspot areas in Zaka district were recruited, and received a 3-day Trainer of Trainers (TOT) at TYDT office in Jerera Growth Point to provide Comprehensive Sexuality Education (CSE) to their peers, with the aim to improve young people's knowledge and skills to protect themselves against HIV and AIDS.



b) Comprehensive Sexuality Education (CSE)

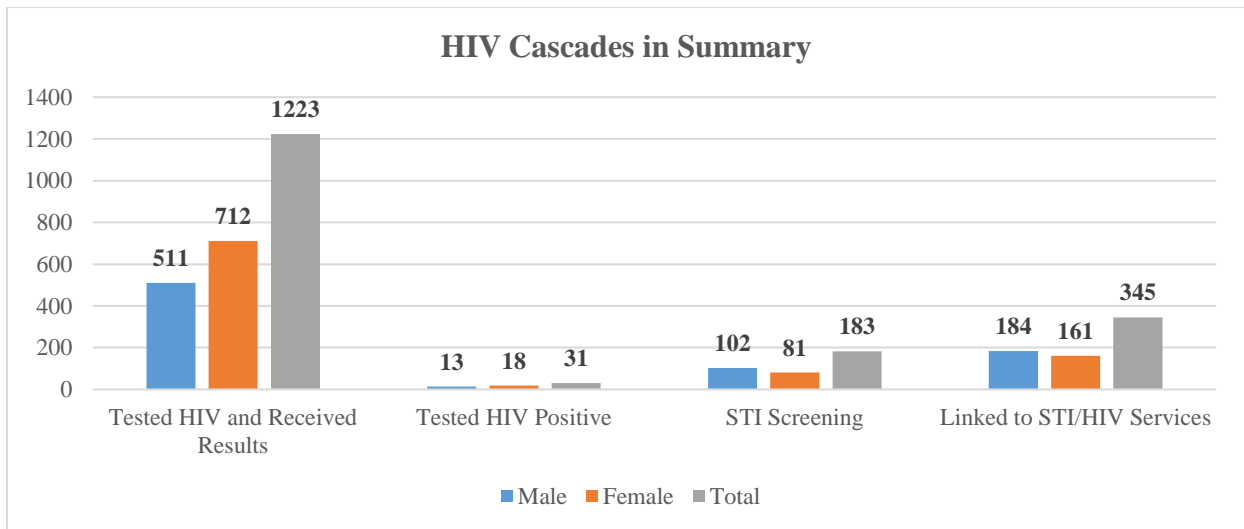


7,382 young people received CSE through peer education sessions. PEs, with support from TYDT staff, reached their peers with HIV/AIDS and COVID-19 information through social media platforms such as WhatsApp, safe home visits and safer small groups, observing all COVID-19 protocols. Young people were also reached through podcasts. 8 episodes were produced (2 videos and 6 audio visuals), sharing information, and educating young people on HIV/AIDS. The podcasts included conversations with young people and celebrated personalities to drive listeners, and they also reinforced messages on ending stigma and discrimination. Apart from these strategies, young people were reached with HIV information through IEC materials. 220 IEC materials (100 T/shirts, 400 flyers and 120 branded masks) were designed, printed and distributed to young people with HIV information and how to access HIV services.

c) Access to, and Uptake of HIV services.



- Conducted 5 safe outreaches in HIV hotspot areas with partners such as the Ministry of Health and Child Care (MoHCC) and Victim Friendly Unit (VFU). 3,025 young people were reached and provided with multi-sectoral information and service provision such as HIV testing and counselling.
- Delivered key HIV prevention services using PEs. PEs distributed 3,105 condoms to young people. Clinics in the project areas were providing treatment package for only one month, but the trained PPEs in support of TYDT officers advocated for Multi-Month Dispensing (MMD), and now PLHIV in the project areas are receiving 3MMD (3 months).
- Created demand for HIV services, and 1,223 were referred to access HIV testing and treatment services. Of the total number, 31 young people tested positive and were initiated on ART in their nearby clinics. The PEs also identified 43 young people who defaulted from their treatment, and retained them.



d) HIV Social Accountability

- Trained 12 young people as CHAs. The CHAs received a 3-day training on advocacy, including community-level research to identify gaps on HIV service provision. This activity was integrated with TYDT’s PEPFAR funded CLM project. In this instance, CHAs conducted routine monitoring, collecting qualitative and quantitative data on HIV and TB service provision in health facilities. Data collected were then analyzed, and used for evidence-based advocacy, which resulted in improved accessibility and quality of HIV services in the project area.
- Conducted 2 youth-led engagements with 20 key local policy makers, including the District Medical Officer (DMO), District Development Coordinator (DDC), District Schools Inspector (DSI), Zaka Rural District Council, Victim Friendly Unit, District Nursing Officer (DNO) and Department of Social Development (DSD), among others to sustain HIV social accountability. Data collected by CHAs were also used, holding local decision makers accountable to issues affecting their communities. This resulted in the improvement in quality of HIV service delivery in health facilities.



2.1.1. Key Outcomes in Summary

A reduction in new HIV infections among vulnerable young people, and increased access to HIV treatment, care and support.

Objective 1

Of 7,382 young people reached, 93.2% had improved knowledge and skills to make informed sexual health decisions that protect them against HIV and AIDS.

Objective 2

3,020 young people were reached, creating demand for them to use HIV/SRHR services. The project resulted in 73% increase in the uptake of SRHR/HIV services in the targeted areas.

Objective 3

12 young people were trained as community health advocates (CHAs) through integrating this project with our community-led Monitoring (CLM) project. 100% of the trained CHAs gained the skills and means to advocate for HIV social accountability.

2.2.COMMUNITY-LED MONITORING (CLM) PROJECT



The CLM project aimed at increasing the accessibility of high-quality HIV prevention, treatment, care and support in Chiredzi and Zaka districts, supported by PEPFAR. The main objectives of the project were:

- a) To identify barriers to accessing high quality health services in 12 health facilities in Chiredzi and Zaka district.
- b) To refer and track identified barriers to relevant authorities in Chiredzi and Zaka district for resolutions.
- c) To strengthen the voices of young people to influence HIV policy and strategy development.

The CLM project implemented the following key activities in Chiredzi and Zaka districts

a) Routine Monitoring Training



24 CHAs (12 Chiredzi/12 Zaka) were trained in data collection using CommCare, and practical simulations of routine data collection tools. The training was conducted on the 24th and 27th of January 2022 in Zaka

and Chiredzi districts respectively. The training was conducted after 2 TYDT staff members participated in a 1 and half day Training of Trainers on routine data collection tools in Kadoma on the 13th and 14th of January 2022. Subsequently, these 24 CHAs received refresher trainings on the 11th and 12th of March 2022, and 3 to 6 October 2022. The refresher training aimed at improving data quality and advocacy skills for the CHAs.

b) Routine Monitoring (Data Collection and Analysis)

The trained CHAs collected qualitative and quantitative data in 12 health facilities in Chiredzi and Zaka districts using standardized tools uploaded in CommCare to unearth key barriers and enablers in accessing HIV services. Data collected was analyzed and reports were produced, and used to conduct evidence-based advocacy. Routine Monitoring was conducted in the following 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

c) Influencing and Advocacy



Utilizing the data gathered, TYDT supported the CHAs to conduct advocacy through the already existing structures and platforms. TYDT participated in quarterly HCC meetings and carried out feedback and data validation meetings at all the 12 facilities. The Health Centre Committee (HCC) and feedback meetings were also utilized to take stock and check on the facility level issues corrected and those that still needed attention. At district levels, TYDT participated in monthly Social Services Meeting, Full Council Meetings,

District Stakeholders Meetings, Breakfast Meetings with the DMOs, DHE Meetings, and Real-time phone call engagements with the DMOs and made presentations at the World Aids Day in the two districts. The platforms paved way for TYDT to advocate for action on the identified issues presented in the table below.

Chiredzi District

Facility	Identified Issue	Solutions Sought	Resolution
Rupangwana, Chizvirizvi, Pore Pore, Chiredzi General, and Chiredzi Poly clinic	Long distances to access ARVs (some patients travel approx. 20km) and long waiting hours.	Engaged the DMO and DNO to initiate 6MMD and engage the private sector (pharmacies)	6MMD initiated at Hippo Valley and Chiredzi General, while other remaining clinics initiated 3MMD compared to the previous 1MMD.
Rupangwana	No demand for PrEP among service recipients	Engaged HCC and Facility Manager to create demand through information dissemination	Commitment to disseminate information through community leadership and other local meetings was made.
Chiredzi General and Tshovani Poly	Consent for the provision of contacts for index case testing not being followed	Engaged Facility Managers to ensure that consent is sought for index case testing contacts	Resolved -Facility Managers had internal meetings to resolve the issue.
Rupangwana, Chizvirizvi, Pore Pore, Chiredzi General and Chiredzi Poly	Unfriendly attitudes of health service providers particularly priority populations.	Engaged the DMO and DNO to close monitor and build the Capacity of nurses to provide friendly-services	Commitment from the DMO and DNO on concertizing staff during meetings.
Porepore, Tshovani and Rupangwana	Difficulty in finding defaulters because service users give the wrong phone numbers or addresses	Engaged HCCs and Facility Managers to make use of local contacts tracing through ART refill/adherence groups.	HCC and Facility managers have improved interaction and contact with adherence clubs coordinators.
Porepore	Low turnout of PLHIV for viral load testing	Engaged HCC and Facility Manager to make use of local contacts tracing through ART refill/adherence groups.	HCC and Facility manager have improved interaction and contact with adherence clubs' coordinators.
Porepore	Service users not aware of the availability of cervical cancer	Engaged HCC and Facility Manager to create demand through information dissemination	Commitment to disseminate information through community leadership and other local meetings was made.

Zaka District

Facility	Identified Issue	Solutions Sought	Resolution and Status
Ndanga Hospital	Long waiting hours	Engaged the Health Facility Managers to address Long waiting hours for PLHIV	The Health facility Managers resolved to implement the Fast-Track Model in which PLHIV can, and now collect their medications at pharmacies.
Ndanga, Bota, Gumbo, Siyawareva, Chinyabako, Jerera Satellite	Long distances resulting in PLHIV defaulting their treatment	Engaged the health facility Managers and District Health Authorities to move from 1MMD to 6MMD	Ndanga Hospital initiated the 6MMD, and currently, the remaining 5 clinics have initiated the 3MMD and there is still need for continued advocacy.
Ndanga, Bota, Gumbo, Siyawareva, Chinyabako, Jerera Satellite	Exclusion of young people in HCC and key decision making platforms	Engaged the HCCs and the facility level health authorities towards the inclusion of young people in the HCCs.	1 CHA in all 6 facilities was selected to be a member of the HCC to participate in key decision making.
Ndanga, Bota, Gumbo, Siyawareva, Chinyabako, Jerera Satellite	User fees	TYDT engaged the health and district authorities to remove user fees for PLHIV.	User fees directed to paying the security guards was scrapped for PLHIV.
Bota, Gumbo, Siyawareva, Chinyabako, Jerera Satellite.	Late to no return of Viral Load Testing Results	Engaged the district health authorities i.e. the DMO and the DNO.	Return of VLT fast-tracked and now taking a maximum of 6 days as compared to previous timeframe of 3 months.
Bota and Siyawareva	No suggestion or complaints boxes	Engaged the HCCs and Health Facility Managers to Install complaints boxes	Complaints boxes installed.

Ndanga, Bota, Gumbo, Siyawareva, Chinyabako, Jerera Satellite	No electronic systems for storing service users' records	Engaged the district authorities to establish electronic system that reduce loss of patients' records	In all the 6 sites, currently, the district authorities engaged TelOne and Installed WIFI in all the facilities.
Bota, Gumbo, Siyawareva, Chinyabako, Jerera Satellite	Drug stock out especially second line regimen	Engaged the DMO, DNO and Health Facility Managers to ensure the supply chain is fully functioning.	Supply chain well-functioning and no drug stock outs in the facilities.
Siyawareva	Water Challenges	Engaged the HCCs to install reliable water systems	The clinic installed an electric pump.

d) Participate in CLM Quarterly Review Meetings

- TYDT participated in CLM Quarterly review meetings facilitated by the Advocacy Core Team (ACT). The platforms enabled TYDT to share the successes, challenges and plan for the next quarter towards CLM implementation. It also enabled TYDT to learn best practices from other partners. Successes were shared through the presentation of a trend analysis of the key indicators from the first quarter (Q1) to Q4 of 2022.

2.2.1. KEY RESULTS ACHIEVED AGAINST INDICATORS

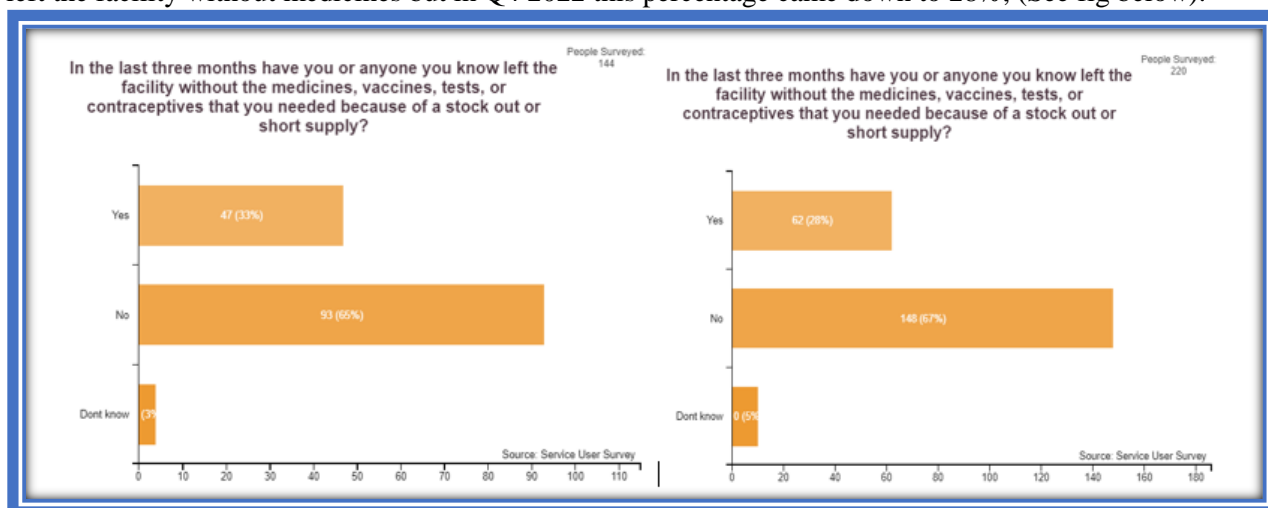
a) ZAKA DISTRICT FACILITIES

Long waiting hours

In Q2 2022, the district average waiting time at facilities was at 5.622 and this has come down to 4.325 in Q4 2022, (See http://data.impilovethu.org/?CC=ZW&year=2023&period=Q1&ind=cc_facility_hours&SNU1=&SNU2=ZW.MV.ZA&facility=). This has been attributed to CLM because the working culture among facility staff has changed because of the presence of our CHAs as well as our continuous engagements with the HCC and Facility managers.

Low drug stock out rate

Drug and commodity stock outs registered an improvement in Zaka district as TYDT was in constant check of the availability of key drugs for HIV service users through the CHAs. In Q2 2022, 33% Service users left the facility without medicines but in Q4 2022 this percentage came down to 28%, (See fig below).

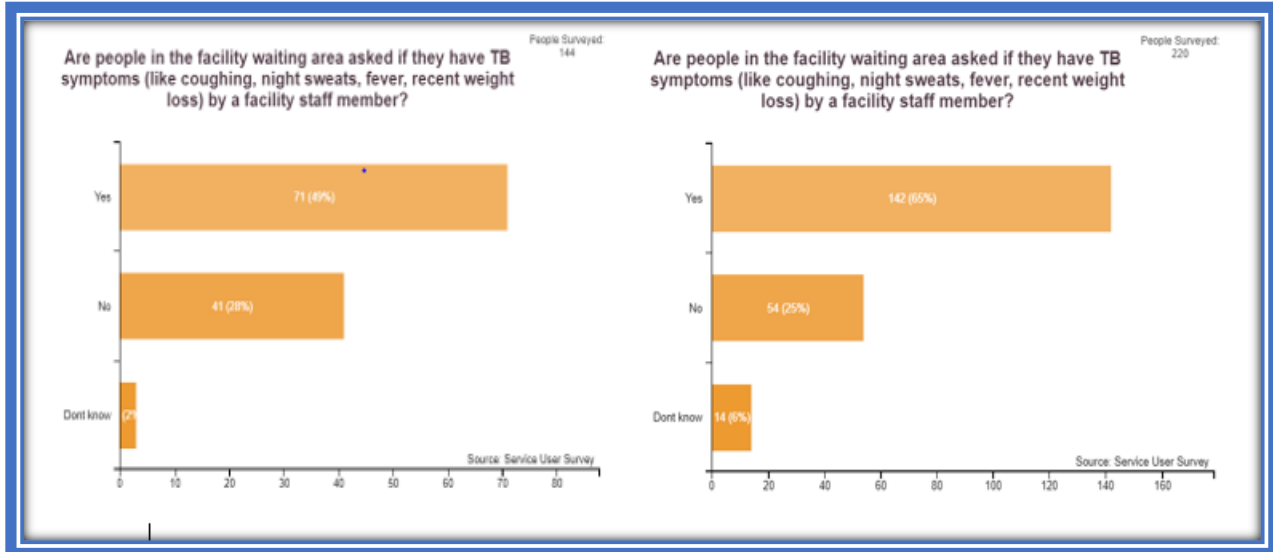


HIV treatment and retention

The district average percentage for patients enrolled on ARVs who maintain them for 12 months is at 80.688 in Q4 2022. There are still challenges around this indicator as facility managers indicated that besides them not having transport to follow-up defaulters, most of them provide wrong phone numbers and addresses.

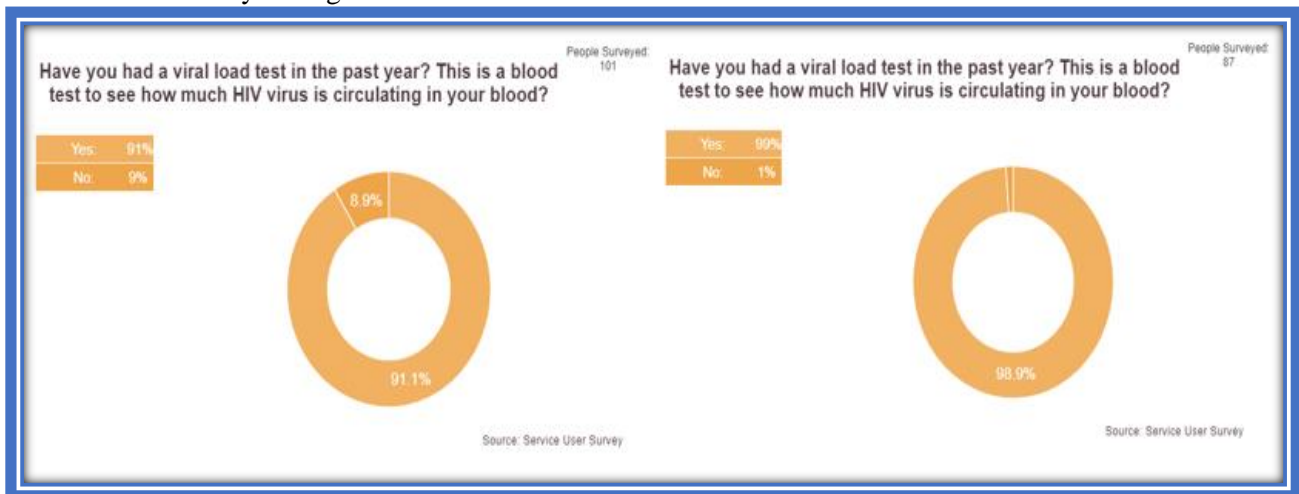
Access to prevention, testing and treatment of TB

While testing and treatment of TB is quite stable, most staff in all facilities overlooked asking people in the waiting areas if they have TB symptoms (like coughing, night sweats, fever, recent weight loss) as a means of ensuring prevention of the spread of TB. Through continuous engagements with the DNO and facility managers, the percentage of those who are not asked if they have TB symptoms in the waiting area dropped from 28% in Q2 2022 to 25% Q4 2022 as shown in fig below.



Viral Load Suppression

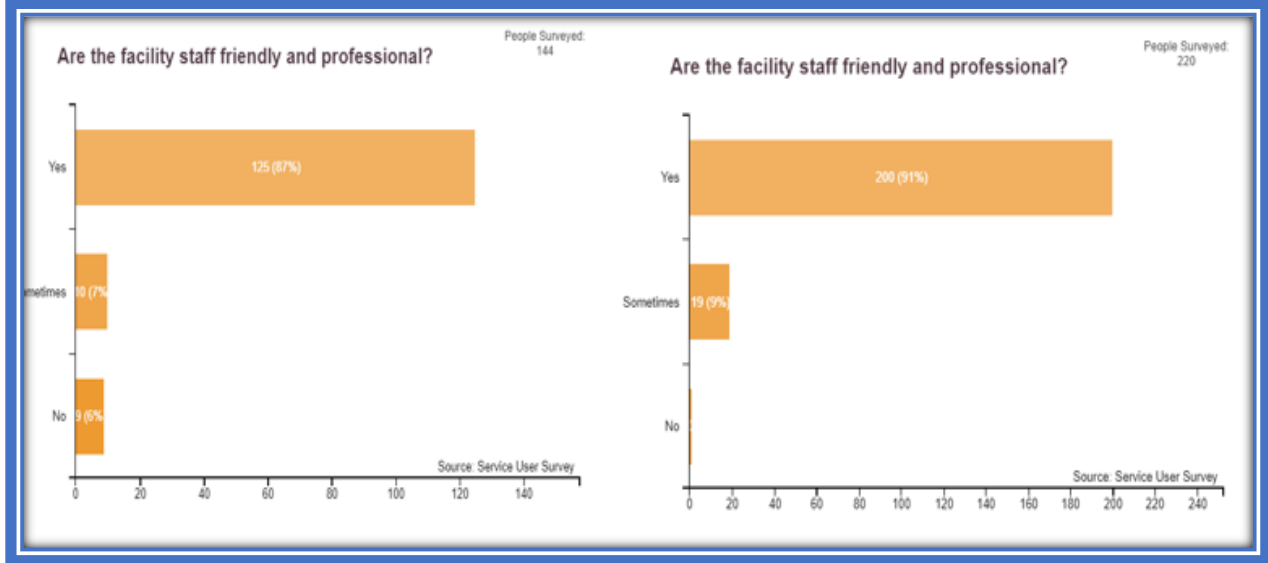
There has been an improvement in the efficiency of VLT. During Q2 2022, TYDT noted that a considerable number of HIV patients were not tested for VL and also that there were delays in the provision of VL results across all facilities. Samples were also sometimes lost and consequently for some VL results never came back. Fig shows that the percentage of HIV clients who were not tested for VL dropped from 9% during Q2 2022 to 1% in Q4 2022, (See fig below). This follows emphasis and efforts from TYDT to the DNO, DMO and the facility managers.



Employee attitudes

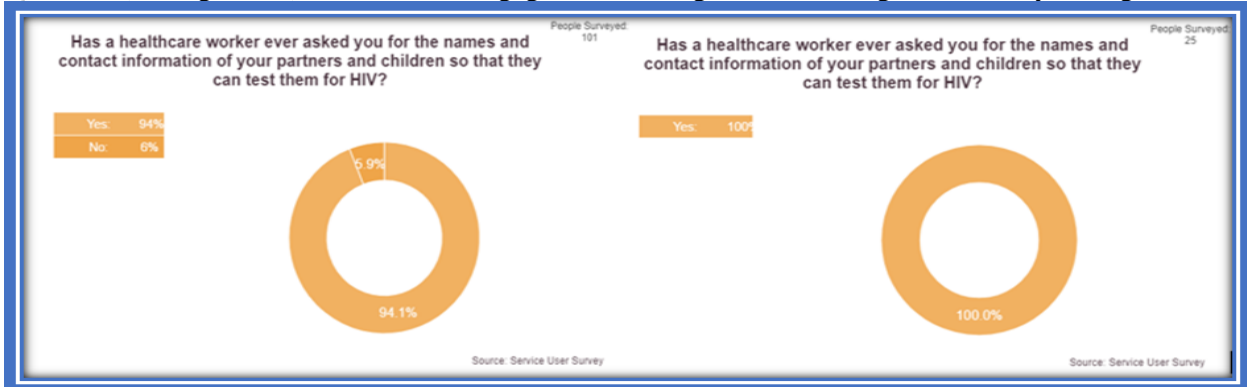
Friendliness and professionalism of facility staff was a challenge in all the facilities. Data from Q2 2022 indicated that a combined 13% felt that facility staff were not friendly or were sometimes friendly. TYDT

engaged facility staff on this serious barrier and in Q1 2023, only 9% feel that sometimes the facility staff are not friendly, (See fig below).



HIV counselling and care link

HIV service users are accessing HIV counseling or psychosocial support at all the six facilities. However, issues were identified in Q2 2022 around index case testing procedures which were not adhered to. The percentage of HIV positive clients asked for the names and contact information of their partners and children so that they can test them for HIV by health workers improved from 94% in Q2 2022 to 100% in Q4 2024, (See fig below). This follows engagements through HCC meetings and Facility managers.



Access to contraceptives and other essential medicines

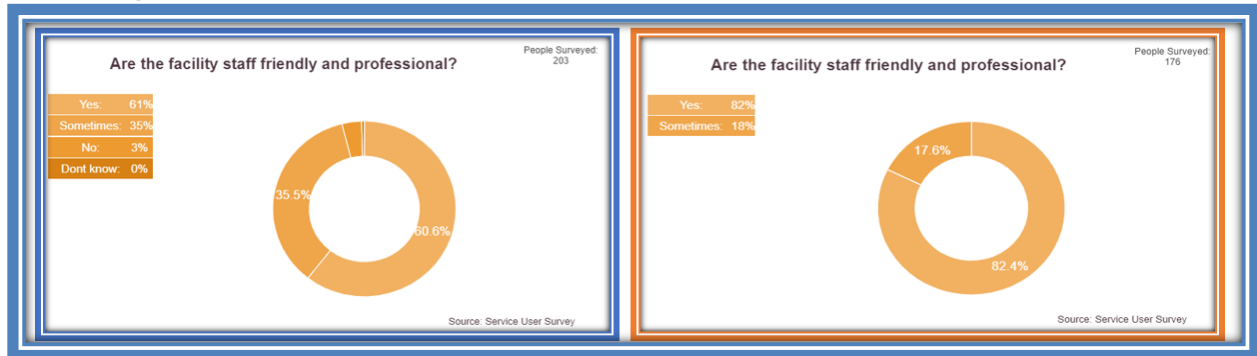
Condoms, Lubricants, PrEP and PEP are offered in all facilities. With improvements in drug stocks across the facilities, access to contraceptives has also improved. However, challenges remain around PrEP and PEP because of limited knowledge levels among service users. Data from FGDs and Facility Managers indicate that there is very low demand of PrEP and PEP because the majority of service users are not aware of their use.

b) Chiredzi District Facilities

Health service providers’ attitude.

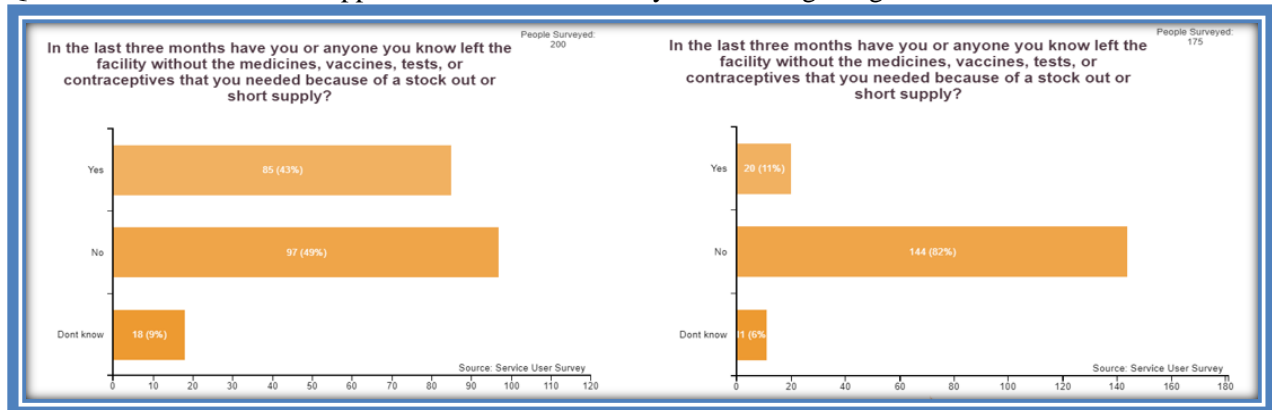
As shown in fig below, Comparison of Data from the Q2 (2022) on the left and Q4 (2022) on the right shows an improvement in staff friendliness following our facility level engagements in Q3. During Q2 35%

service users highlighted that facility staff were not always but sometimes friendly and this came down to 17.6% in Q4 2022.



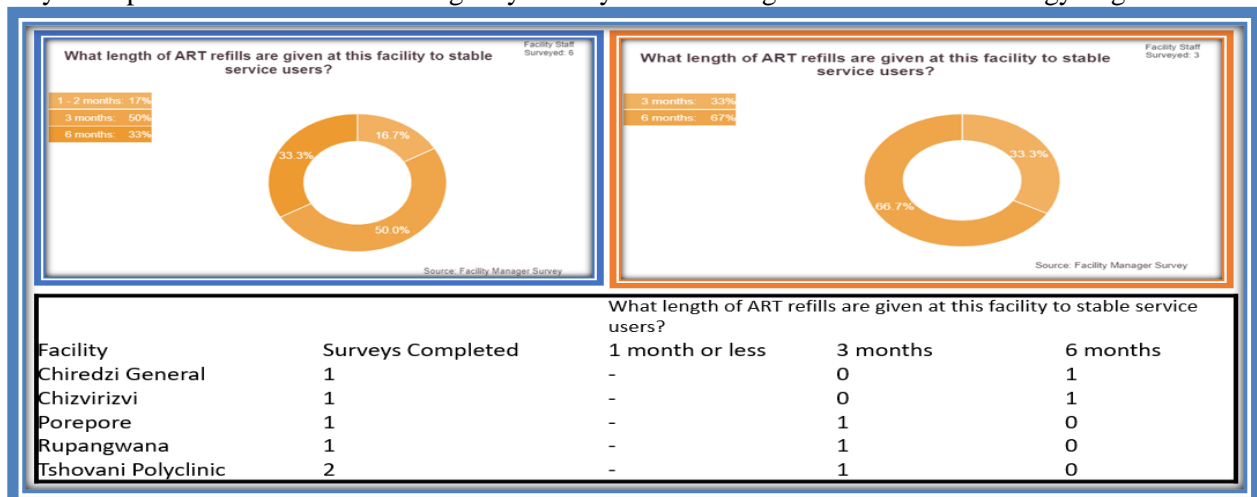
Low drug stock out rate.

Fig below shows a comparison of data from the Q2 (2022) on the left and Q4 (2022) on the right shows that there has been an improvement on drug stock outs. In Q2 43% left the facility without drugs and in the Q4 2022 the number has dropped to 11%. Our advocacy efforts are getting the attention.



HIV treatment and retention

As shown in fig below, analysis of Data from the Q2 on the left, and Q4 (2022) on the right shows that Chiredzi General and Chizvirizvi are now offering 6 months ART refills. However, Porepore and Rupangwana which are rural facilities continue to offer 3 months ART refills. The reason being that when they need patients for viral load testing they usually face challenges hence this is a strategy to get them.

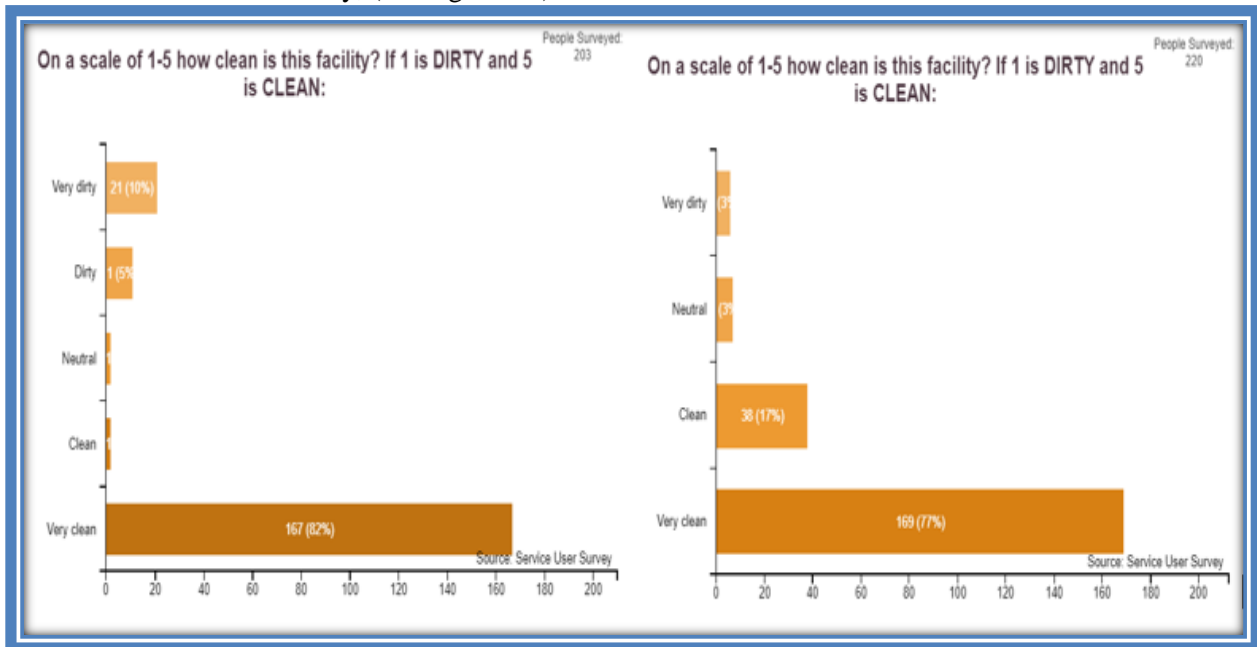


Long waiting hours

In Q2 2022, the district average waiting time at facilities was at 5.019 and this has come down to 3.608 in Q4 2022. This has been attributed to CLM because the working culture among facility staff has changed because of the presence of our CHAs as well as our continuous engagements with the HCC and Facility managers.

Damaged infrastructure and cleaning

In terms of infrastructure, Chiredzi scored 100% from Q3 2022 through to Q4 2022 with service users indicating that the infrastructure is good. Challenges were around cleanliness of the facilities. In Q2 of 2022, a combined 22% service users indicated that facilities were either very dirty or dirty but through constantly engaging facility managers with this evidence the percentages have come down to only 3% who still feel the facilities are dirty, (See fig below).



Access to contraceptives and other essential medicines

Condoms, Lubricants, PrEP and PEP are offered in all facilities. With improvements in drug stocks across the facilities, access to contraceptives has also improved. Just like in Zaka, challenges remain around PrEP and PEP because of limited knowledge levels among service users. Data from FGDs and Facility Managers indicate that there is very low demand of PrEP and PEP because the majority of service users are not aware of their use.

HIV counselling and care link

During Q2 2022, data from the service users indicated that Chizvirizvi clinic did not offer counselling before an HIV test. This was escalated to the facility manager and data from Q4 2022 shows that Chizvirizvi is now offering counseling before an HIV test, after an HIV positive result (post-test) and to all people living with HIV at any time.

CLM Change Stories

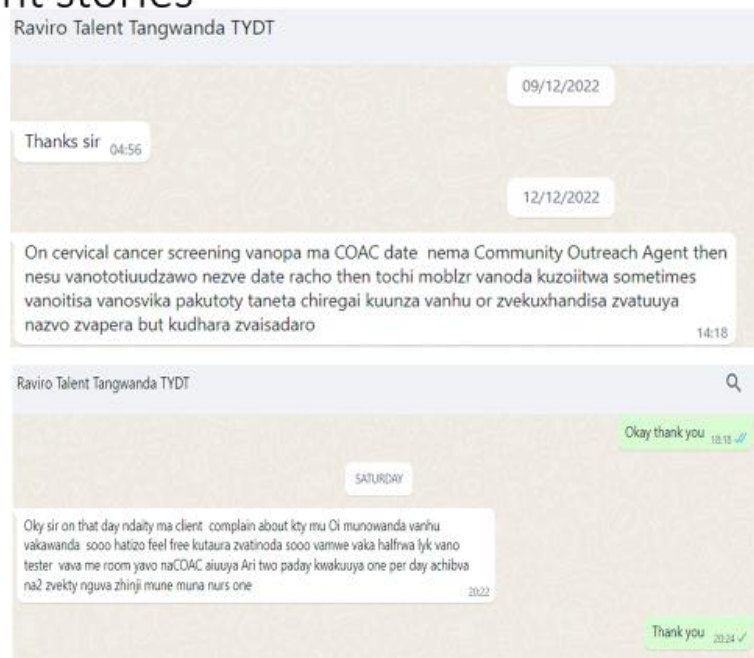
Testimony from Rupangwana

My name is Angel (not her real name) and I'm here to share my testimony. I am a lady aged 34, HIV positive and I'm on ART. In December 2021, I was visited by two Community Health Advocates (CHAs) who are my young brother and sister from our community. They asked if they could ask me questions, but I was initially skeptical. I just decided to answer their questions out of respect since I know them. By the time of their visit, I was almost three months pregnant. I had not yet visited the clinic to register my pregnancy because I feared facing the facility staff since they knew that I am on ART. I was also in the process of coming up with a strategy to get my ART refilled without going to the facility. They explained their work and as they were asking me, I realized I could share my story with them. That's when I told them I was pregnant. We had a good day with my brother and sister as they introduced me to information that I am so grateful for today. They taught me about PMCT, specifically that despite my HIV-positive status I could still give birth to a healthy baby. They encouraged me to visit the clinic before the third month for booking so that I could be initiated on PMTC medication to protect my baby from getting HIV. After the discussion, I asked the lady CHA to accompany me for booking at Rupangwana clinic the following day. I don't regret that decision and today I am very happy to give my testimony because I gave birth to a healthy baby. I don't know what would have happened if I had not been visited on that day and if I had refused to be interviewed. I want to encourage my fellow Zimbabweans on ART to welcome all people introduced to us as health advocates to educate us. I saved my baby because of this. This is my testimony thank you.]

A Testimony from Rupangwana clinic in Chiredzi showing the Community level impact of CLM.

Quality Improvement stories

- Integration of Youth in HCCs in all the facilities.
- Improvement in staff friendliness and professionalism
- Improved demand of Cervical cancer screening
- Availability of services specific to young people at Chiredzi General Hospital.
- Patients were complaining that the OI Unit had no privacy due to limited space as it housed. We engaged Nurse in Charge and now the testing staff were moved to another room. Kapneck Community Outreach Agents were also instructed to take turns to come to the OI room.



CHA at Jerera Satellite Clinic providing evidence on the decongestion of OI unit at the facility.

3. AFLATEEN+ LIFE SKILLS AND FINANCIAL EDUCATION.

With support from Aflateen International through Junior Achievement Zimbabwe (JAZ), TYDT implemented the Aflateen Project (Social and Financial Education) in 16 secondary schools in Zaka district, targeting 512 in school youth. The project implemented the following activities:

a) Training of Trainers (TOT)



16 Volunteer teachers were brought together for the TOT workshop BSPZ offices in Zaka. The 3-day training was carried out from 7 to 9 July 2022. Clear targets were set and expectations were outlined to the Trainers.

b) Formation of Clubs in Schools

A total of 16 clubs, with 32 members each making a total of 512 in-school youths were formed. The inclusion criteria was informed by sex, age, disability, passion, and level/class. We agreed to leave out examination classes (Form 4 and 6). A total of 266 (52%) of the club members were female and 246 (48%) were male. About 37 of the total number of in-school youth targeted by the project were youths with disabilities.

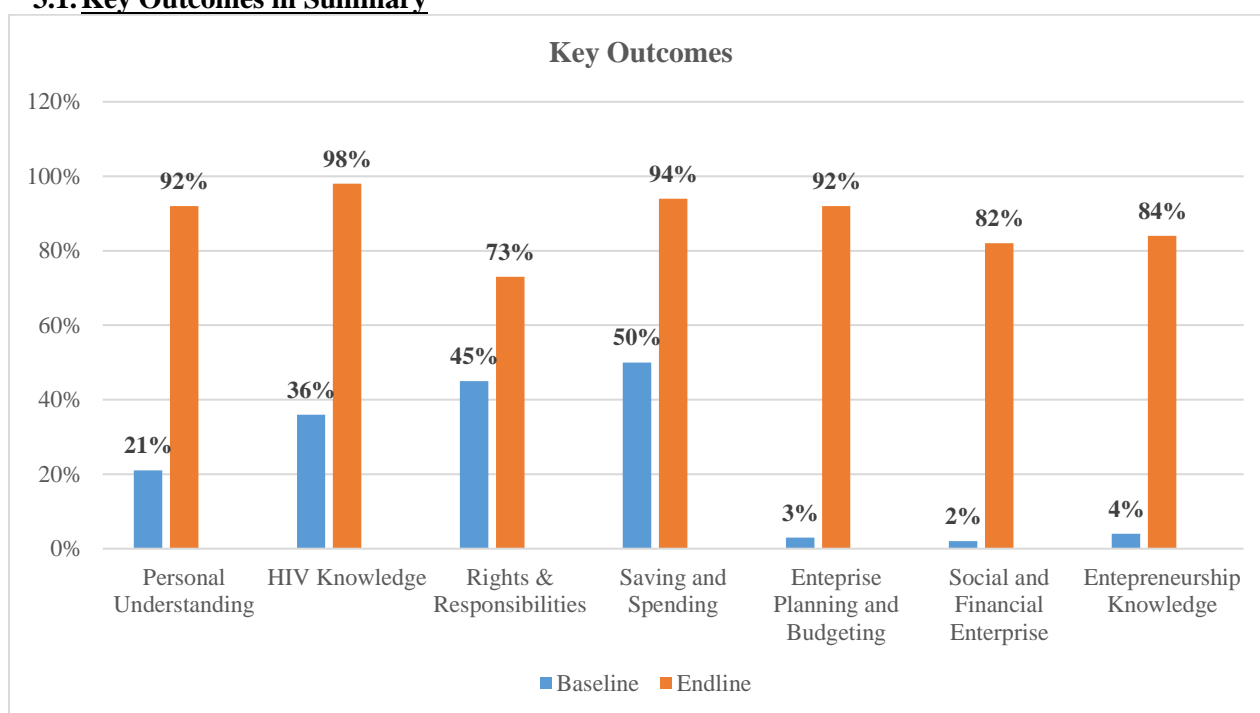
c) Club Sessions



Trained teachers facilitated club sessions with club members using the Aflateen 2.0 curriculum, which had 40 sessions. Of all the 16 schools, a minimum of 36 sessions were implemented as shown in the table below:

Name of School	Sessions Covered		Name of School	Sessions Covered
Rusere High School	37		Mutsambwa High School	45
St Anthony High School	49		Musenyereki A Secondary School	45
Dekeza Secondary School	36		St James Secondary School	36
Muchechetera Secondary School	40		Panganai Secondary School	36
Muroyi Secondary School	37		Matara Secondary School	36
Chiromo Secondary School	39		Svuure Secondary School	40
Svingarimwe Secondary School	42		Musenyereki B Secondary School	46
Nemauku Secondary School	44		Jinjika Secondary School	36

3.1. Key Outcomes in Summary



3.2. Success Stories

The project received positive feedback from a number of key stakeholders including the students. The following are few chosen testimonials from the relevant stakeholders.

“The life skills and financial program molded the character of learners. It offers the foundation of important virtues for life, linking academic achievement, businesses development, self-reliance, and employment”

Zaka District Schools Inspector, Ministry of Education.

One of the best performing schools, St Antony's High teacher volunteer had the following remarks about the project.

"To be honest the program contributes towards the development of Ubuntu/unhu /vumunhu through nurturing of important virtues of life such as commitment, honest, empathy etc. The program guides learners to make informed and responsible decisions about their health and environment and develops their critical thinking, individual initiative and problem solving skills. "

Ms S. Chademana, Volunteer Teacher St Antony's High School.

School head teachers were also receptive of the program and positively commented on its impact on learners.

"This was a very good initiative which did not only benefit learners but also the staff. At Nemauku Secondary School, we challenged the 32 club members to participate and deliver life skills learnt from their sessions to the whole school including teaching staff. Time was limiting but it was good"

Mr L. Mutanda, Headmaster Nemauku Secondary School.

The learners who were part of the clubs also attested to the importance of the program and its impact in their lives. One learner from Svingarimwe Secondary School had this to say.

"The project was good to me, as someone who wants to be a children's rights defender and entrepreneur, I learned interesting things and I am now aware of children's rights and business"

Form 3 Learner, Svingarimwe Secondary School.

4. ZAKA YOUTH-LED ACTIONS FOR SECURING EMPLOYABILITY AND RESILIENCE (ZASER)



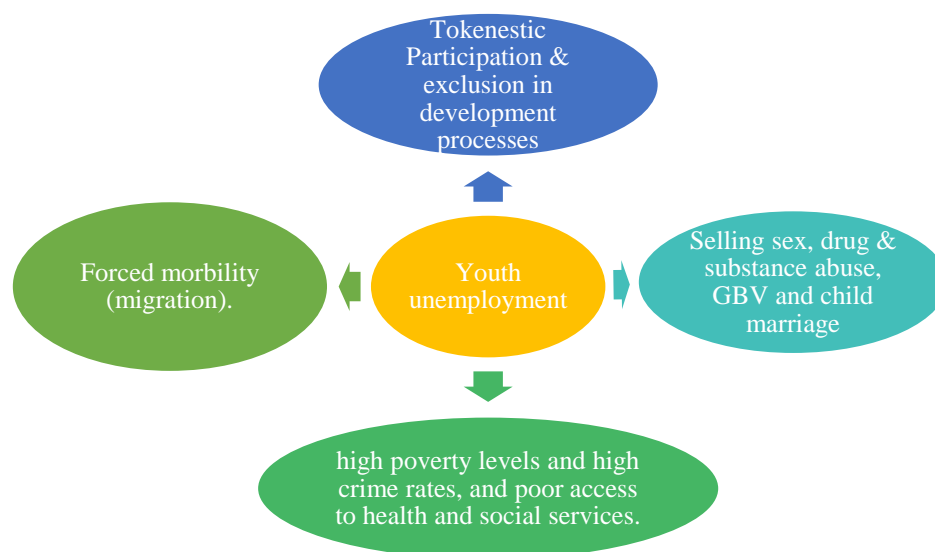
In collaboration with the USAID/Zimbabwe Youth Squad, TYDT co-created ZASER, an integrated youth-led initiative that aims to reduce youth unemployment and increase incomes that foster resilience and self-reliance, youth agency, and positive health outcomes among 20,000 Zaka youth aged 10-35 years. Major activity implemented was:

4.1. Co-Creation Process

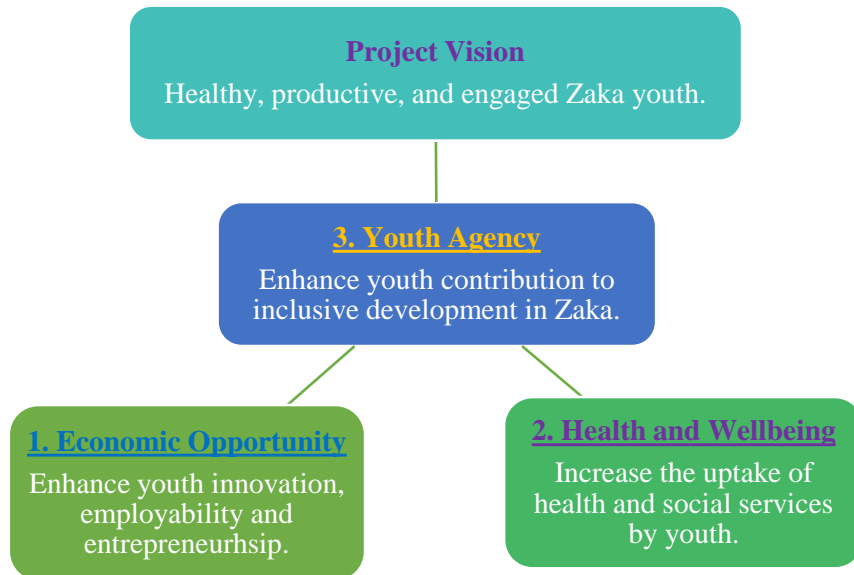
From 15 to 20 May 2022, TYDT and USAID conducted a scoping exercise, visiting Zaka actors in their localities. Actors visited included but not limited to, local government ministries and departments, civil society organizations (CSOs), youth, community leaders and the private sector. Thereafter, TYDT and USAID brought 54 Zaka Stakeholders into one Room from the 1st to 5th of August 2022 to define Zaka youth challenges and solutions. The following actors participated in the two co-creation exercises:

Category	Stakeholders
Government Ministries and Departments	Ministry of Primary and Secondary education, Ministry of Health and Child Care, Environmental Management Agency, Forestry Commission, Victim Friendly Unit, President’s Office, District Development Coordinator, Department of Social Development, Ministry of Women Affairs, Zaka Rural District Council, Ministry of Youth, Agritex,
CSOs and donors	Simukaupenye Integrated Youth Academy, Youth Aspire Development Trust, Zaka Disability Association, Takunda, Christian Care, TYDT, Restless development, USAID and Youth Empowerment Transformation Trust.
Private Sector	Annual vest, NMB Bank Ltd, Agrovvet, Walchine Recycling, Zaka Business Community Committee,
Youth	PEPFAR Hero, Youth in Internal Savings and Lending Schemes, Community Health Advocates, youth in business, youth in poultry production, youth in university, young sex workers, USAID’s Local Works youth advisory board members (Masvingo),
Community leaders and cadres	Child Care Workers, Village Health Workers, Councilors (ward 8, 19 and 32), Village heads, ward chairpersons, and guardians.

4.2. Outcome Achieved: Challenges and Solutions Defined.



Youth unemployment was indicated as the major challenge facing Zaka youth. The vice then drives social ills, including drug and substance abuse, selling sex, child marriage, gender-based violence (GBV), high crime and poverty rates, poor access to health and social services, forced morbidity and disengagement from participating in development processes. In response to these challenges, the stakeholders defined the following key solutions:



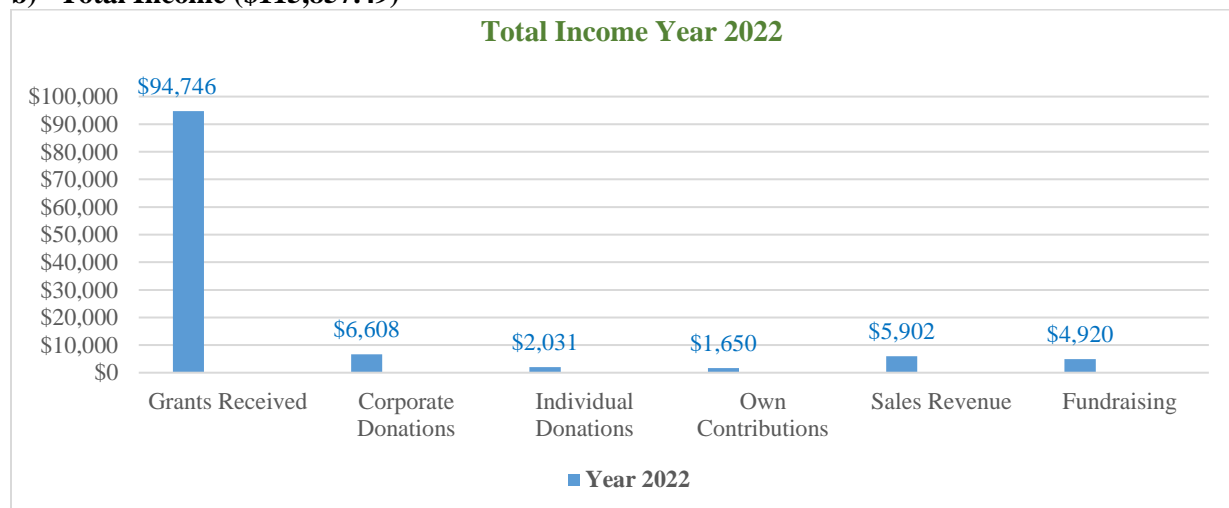
The 2 pillars; economic opportunity and health & wellbeing are the anchors of the responses that can unlock youth contribution in development processes, and ultimately, cultivate healthy, productive and engaged Zaka youth. The co-creation was not only important for ZASER, but for TYDT, to refocus its strategies towards promoting positive youth development.

5. FINANCE REPORT

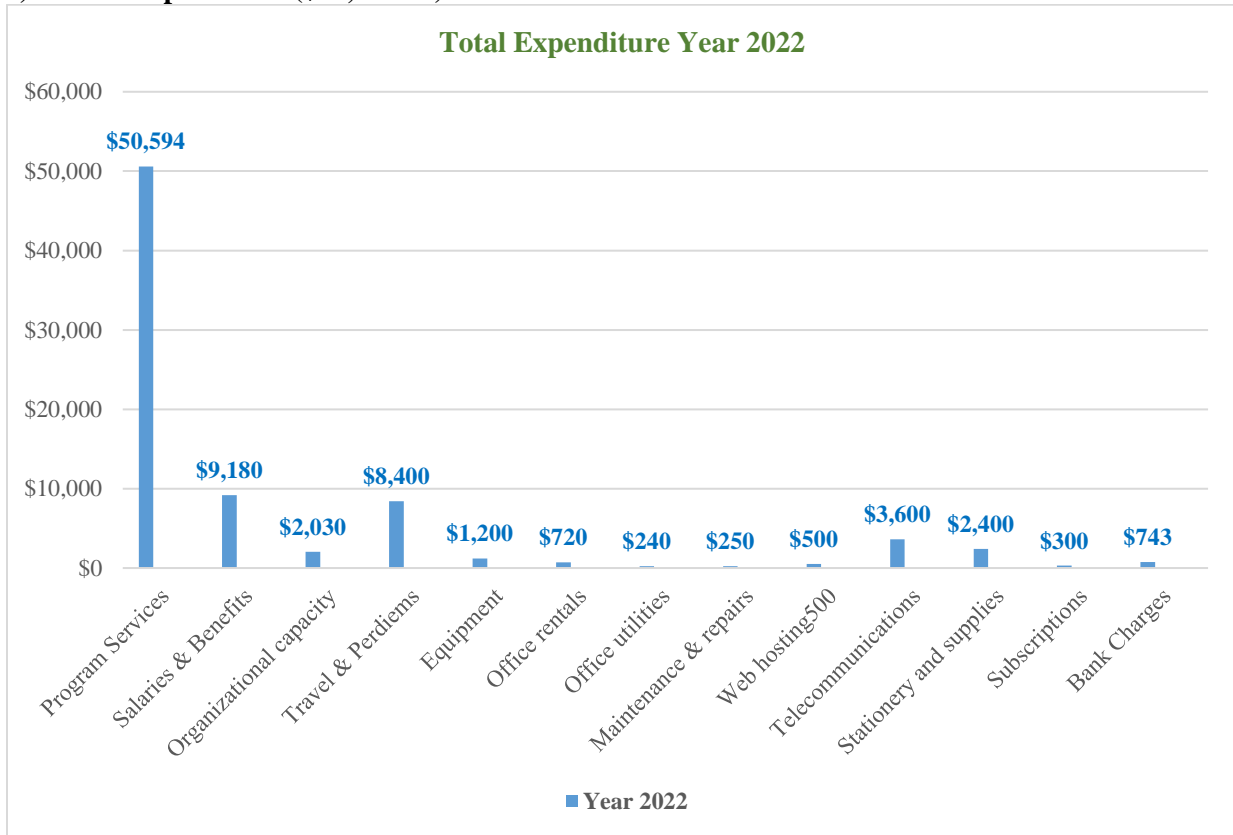
a) Cash Balances

- Beginning Balance on January 1, 2022: \$11,487.00
- Ending Balance on December 31, 2022: \$35,700.00

b) Total Income (\$115,857.49)



c) Total Expenditure (\$80,157.49)



6. PARTNERS AND NETWORKS

a) Partners who supported Our Work in 2022



Aflatoun International



The Advocacy Core Team



Junior Achievement Zimbabwe



Vana VeZimbabwe/Abantwana beZimbabwe
Vana VeZimbabwe

b) Our Networks



7. THANKSGIVING

Our utmost thanks to all our donors, strategic partners, volunteers and supporters!

