

The background of the cover features silhouettes of five diverse adolescents and youth. From left to right: a girl in a blue dress, a person in a purple long-sleeved shirt, a person in a red long-sleeved shirt with one arm raised, a person in a green long-sleeved shirt, and a person in a yellow wheelchair. The silhouettes are layered and overlap, creating a sense of a group. The text is overlaid on the center of these silhouettes.

Adolescents and Youth Strategy

2023 to 2026

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Foreword From The Representative



On behalf of UNICEF Zimbabwe, I am pleased to present the UNICEF Zimbabwe Adolescents and Youth Strategy 2022-2026 committing the Country Office to systematically programme for and with young people in the current country programme cycle. The Strategy will guide sectoral teams under the leadership of the 'HIV/AIDS and Adolescent Development & Participation (ADAP)' Section to make a significant contribution towards country office's efforts to better coordinate and integrate adolescents and youth programming in health, nutrition, WASH, Climate, HIV, education, child protection, social protection and social policy sectoral work.

To be able to coordinate this work, the country office has established matrix working arrangements on adolescents and youth as a cross sectoral issue and is guided by a cross sectoral rolling work plan and budget. Over the past 5 years, the country office has made progress towards programming for adolescents and HIV/AIDS thereby created a foundation on which this strategy is built. With that progress, key gaps that the Strategy will help to achieve include fragmented and siloed programming and difficulties to measure results. This Strategy is therefore geared to address these gaps in a systematic manner.

I am therefore delighted to extend my gratitude to Government, donors, Civil Society Organizations (CSO), and adolescents that continue to contribute to adolescent and youth programming work in Zimbabwe. UNICEF Zimbabwe reiterates its ongoing support to the Government of Zimbabwe in all its efforts towards advancing the rights of children anchored in the Convention on the Rights of the Child (CRC).

Tajudeen Oyewale

Dr. Tajudeen Oyewale
Representative
UNICEF Zimbabwe



Preface from the Deputy Representative for Programmes

Adolescence is an important stage of human development characterized by immense physical, social, and emotional change. Adolescence represents a critical time for programming to improve the lives of adolescents, an opportunity to consolidate investments in early childhood and offset the consequences of any harm suffered during early childhood. It is a time to build the capacity of the next generation of adults with the relevant knowledge and skills to enable them to thrive as adults and overcome challenges in their environment.

The UNICEF Zimbabwe Adolescents Strategy 2023-2026 will therefore support national efforts to bring together responses to complex and multiple issues affecting adolescents and youth in the country. A better coordinated and systematic approach to adolescent development and participation will bring better results especially for the vulnerable adolescents and youth. These results will include reduction of adolescent pregnancies and better management and support of adolescent mothers, reduction in new HIV infections and viral suppression amongst adolescents and youth living with HIV, reduced child marriages, retention in school, violence prevention, dignified menstrual health and hygiene, skills building for employability, and analytics and evidence generation on adolescents and youth data.

UNICEF is therefore committed to support the Government of Zimbabwe to improve participation and empower adolescents and youth to reach their full potential. This work will be implemented under the broader UN Framework on Youth premised within the UNSDCF 2022-2026 and aligned to National Development Strategy (NDS1). Through better coordination of efforts, together we can make a difference in the lives of adolescents and youth in Zimbabwe.

A handwritten signature in black ink, appearing to read 'Zeinab Adam'.

Zeinab Adam
Deputy Representative
UNICEF Zimbabwe

GLOSSARY

Adolescence	A development phase for those aged 10- 19, characterized by emergence of a sense of identity, acquisition of new responsibilities, and exposure to emerging opportunities and risks and in many cases engaging in more risk-taking behaviors
Adolescent	Any person who is aged between 10 and 19 years (girls, boys and those with other gender identities aged 10–19 years)
Empowerment	Personal journey during which a person, through increased assets and critical awareness develops a clear and evolving understanding of themselves, their rights and opportunities in the world around them, and through increased agency, and voice and participation, have the power to make personal and public choices for the improvement of their lives and their world
Engagement	Covers broad ways that adolescents can engage in matters that affect their lives and communities (dialogue, decisions, mechanisms, processes, events, campaigns, actions and programmes)
Adolescent Participation	A process where adolescents (individually and/or collectively) form and express their views and influence matters that concern them directly and indirectly
Youth	An persons aged between 15 and 24 years
Young People	Any person aged between 10 and 24, thus captures both adolescents and youth

1.0 Introduction

The Zimbabwe Country Office Strategy 2023-2026 aims to support national efforts to advance the development and participation of adolescents aged 10-19 in matters affecting them. For Zimbabwe, the Adolescents Strategy extends to include youth aged 20-24. The strategy provides guidance towards UNICEF Zimbabwe's contribution to vulnerable adolescents and youth in becoming active agents of change by equipping them with knowledge, skills and opportunities to become socially, civically and economically resilient.

The adolescent programme strategy aims to establish the parameters of UNICEF Zimbabwe's adolescent programming work in the next four years, 2023 to 2026. The Strategy is based on the analysis of the situation of children and adolescents in Zimbabwe and UNICEF's comparative advantage in addressing adolescents needs. Due to limited resources, the Strategy sets out choices that must be made to ensure that UNICEF's efforts are concentrated and targeted and compliment to the national agenda in an effective manner.

The strategy further ensures that UNICEF's response is contextualized to the specific needs of adolescents. Implementation of the Strategy will facilitate a coordinated adolescents programme and prevent ad hoc and reactive responses that are not based on sound analysis. And finally, the strategy provides a framework for fundraising to ensure that funding raised support priority activities and needs.

Subject to the successful mobilisation of resources, UNICEF will allocate approximately USD2.5m to implement this strategy.

2.0 Contextual Analysis

Zimbabwe has an estimated total population of 15.2million of which 32 per cent are 10-24 years old (Census, 2022; WHO, 2018). Adolescents and youth in Zimbabwe face multiple deprivations including poverty, high rates of adolescent pregnancies, child marriages, maternal deaths amongst adolescents, physical and sexual violence, HIV infection, school dropout, high unemployment and limited engagement and participation opportunities in matters that affect their lives and their families. All of these impede adolescent development, especially the cognitive, socio-emotional, and behavioural capacities that support health and well-being.

Since adolescents and youth represent the future of the country, one of the most important commitment a country can make for future economic, social and political progress is to address their developmental needs. Early adolescence in particular, between the ages of 10 and 14, is a time when enduring patterns of healthy behaviour can be developed. Developing healthy patterns from the start is easier than changing risky behaviours that are already entrenched.

The country has made progress in addressing matters affecting adolescents and youth. Notable accomplishments include a progressive constitution which support child rights, the recent passing of the Marriages Act that prohibits the marriage of minors under the age of 18, raising the age from 16." The Education Amendment Act has made provisions for school retention for pregnant girls and adolescent mothers, free basic education, abolishment of corporal punishment as well as provision of free

sanitary wear for girls in primary and secondary schools. The country has a Youth Policy and Strategy which have prioritised participation and economic development including skills development for employability. On HIV front the country has achieved the last two 95:95 UNAIDS target and is on track to achieve the third 95 (93:100:95) for all age groups.

Despite these accomplishments, adolescents and youth continue to face multiple challenges. For instance, 22 per cent of women aged 15 to 19 have begun childbearing (DHS, 2015). According to Health Management Information System (HMIS), 30-33 per cent of maternal deaths are among adolescents 10-19 years old. Zimbabwe is among the highest HIV-burdened countries with a prevalence of 12 per cent, with 1.2 million people living with HIV. There are over 85,000 adolescents 10-19 living with HIV (40,202M: F44,814). New infections are 7 times higher in female 15-29 with 226 and 1,689 new infections recorded in males and female respectively (2023 HIV Synthesis Report, UNAIDS). Only 46 percent adolescents aged 15-19 have access to contraceptives (WHO, 2018).

In 2018-2019, 4.1 per cent of females and 0.3 per cent of males ages 13–17 experienced sexual violence and about 1 in 10 females ages 18–24 (9.1 per cent) experienced sexual violence during childhood (i.e., before the age of 18). The prevalence of overall childhood sexual violence was significantly higher for females compared with males; 1.1 per cent of males ages 18–24 experienced childhood sexual violence.

The Zimbabwe's females not in employment, education or training - NEET rate (15-24) is high at 53 per cent (World Bank, 2019) outnumbering the male NEET with a strong

suggestion of permanence in NEET status likely due to their vulnerability to teen pregnancies and early marriages for example, calling for the need to address obstacles to young women's participation in decent work.

The increased climate variability, including increased temperatures, lower precipitation levels and more erratic rainfall, has led to an increase in disaster risk and an acute impact on people in Zimbabwe, and children are the most vulnerable.

The country has experienced cyclones, droughts and floods in the past few years. Adolescents and youth have limited awareness of, or opportunities to engage in dialogue on climate change mitigation and environmental degradation and the impact these issues will have on their lives, including access to basic and protective services such as water and food.

The lack of relevant disaggregated data on adolescents prevents the development and delivery of effective programmes specifically tailored to their needs. Inadequate data prevents effective programming reaching adolescents who are at great risk. Age- and sex-disaggregated data will help inform effective policies, programming and service delivery.

This situation warrants for an integrated programming that brings a core/minimum package of interventions in a layered manner to address the different vulnerabilities, and well-targeted to ensure meaningful impact. However, the current adolescent programming by UNICEF Zimbabwe is more sectoral, compartmentalized and spread thinly across so many geographical locations to make meaningful impact on the lives of the adolescents and youth.

3.0

Key Issues Affecting Adolescents and Youth in Zimbabwe

3.1

Adolescent pregnancies and maternal deaths among adolescents

With high adolescent pregnancy rate of 21.6 per cent, and 30-33 per cent maternal deaths occurring among adolescents, accelerating efforts to reduce adolescent pregnancies situation in the country are needed now more than ever before.

Worsened by the COVID-19 pandemic where the Government reported a record of 4,959 adolescent pregnancies between January and February 2021, the adolescent pregnancy situation is a crisis. The Adolescent Birth Rate (ABR) remains high at 108 live births per 1000 women aged 15-19 years against a national target of 100 by 2022 and a global average of 44. This upsurge in adolescent pregnancy will likely increase the ABR and derail progress towards achieving the national target by year end.

The most cited reasons for first pregnancy among female adolescents age 15-19 years were unplanned (48 per cent), wanted a child (45 per cent), did not think I would fall pregnant (23 per cent), early marriage (19 per cent), did not know about condom use / contraceptives (10 per cent), and sexual violence/abuse/rape (8 per cent).

Cultural and religious and culture also play a strong role in driving adolescent pregnancy, and sacrifice lives of female adolescents at the "altar" of religion and tradition. Some of cultural practices that put adolescents at risk of pregnancy are child / early marriage, traditional cleansing, wife pledging / kuzvarira among others

3.2

HIV infections high amongst adolescent girls and young women

Adolescents and young people aged 15-24 years account for one third of all new HIV infections in Zimbabwe, with Adolescent Girls and Young women are disproportionately affected with a higher annual HIV incidence rate of 0.39 per cent than same-aged young men (0.12 per cent). Social isolation, economic disadvantage, discriminatory cultural norms, orphanhood, violence, and high school drop-out rates are some of the key contributing factors.

The risk of HIV transmission is further compounded by higher sexual and gender-based violence (SGBV), with young women who have experienced sexual violence or abuse to be around 25 per cent, in Zimbabwe. The HIV testing coverage for persons 10-24 years old is also low, especially among boys. According to Demographic Health Survey 2015, 63 per cent of young women and 49 per cent of young men aged 15-24 were tested for HIV in the past 12 months and received their results. In addition, comprehensive knowledge on HIV amongst adolescents is also very low at 46 per cent.

3.3

Violence

With both girls and boys encountering multiple types of violence in Zimbabwe, efforts will be made to address all forms of violence including sexual, physical and emotional abuse. With 1 in 3 adolescent girls experiencing sexual violence by 18 years of age, violence prevention is a priority. On-line risks including misuse of private information, access to harmful content, and cyberbullying are also on the rise.

3.4

Child Marriage

Zimbabwe is home to over 1 million child brides with 1 in 3 young women having being married in childhood (MICS, 2019). 41.7 per cent of women have been married before the age of 18 and 6.7 per cent of women married before the age of 15. Child marriage has a devastating impact on the lives of girls as it disrupts childhood and deprives girls of their right to be a child. In Zimbabwe, child marriage is most prevalent in the poorest households, among those with little or no education and in rural areas and is mostly driven by harmful traditional and cultural practices. These child marriages have devastating impact on adolescents and youths including early child bearing, child brides tend to have less access to reproductive health services such as family planning and antenatal and delivery care, and school dropout. Legal framework on child marriage and other Child Protection protocols protecting children against child marriage.

3.5

School dropout

With 47 per cent of adolescents out of school in Zimbabwe, the country will not be on track to acquire the minimum level of secondary skills that adolescents and youth require in order to succeed in life, school, and work. Overall, the percentage of primary and lower secondary school-age populations who are out of school remain high at 10 and 17 per cent respectively. While more girls than boys complete primary education, more girls drop out by Form 4, mainly due to pregnancy, early marriage, school-related gender-based violence, parents' prioritization of boys' education and insufficient gender-sensitive infrastructure. Intersectoral barriers to children's access to education include household poverty, abuse, remoteness and sociocultural norms.

3.6

Youth unemployment

Zimbabwe is one of the Sub-Saharan African countries with high levels of youth unemployment with 8 in 10 youth engaged in the informal sector (insecure incomes, no social security, low earning). The national unemployment rate for 15-24 age group stands at 35 per cent. With 53 percent of females (15-24) not in employment, education or training (very high NEET rate for girls & young women). Digital learning is only accessible to 6.8 per cent of learners. The problem of youth unemployment and under-employment in Zimbabwe poses complex economic, social, and moral policy issues. Labour market conditions have continued to deteriorate over the last two years. The employment related challenges are also worsened by limited access to information, lack of knowledge and relevant 21st century skills to navigate the competitive and highly technological job markets amidst the increasing number of university graduates and a shrinking economy.

For girls there is a marked gender divide in access to the digital space. For example, globally there are 197 million fewer women than men who own a mobile phone. Girls living in rural and peri-urban areas have even less access to digital tools and even less social entrepreneurship skills.

The national education system is still largely academic focused limiting the potential of those who are good in practical and technical skills. For girls, there has been a tendency to channel girls into gendered fields that are not suitable for the modern economy and that offer pathways to insecure work. The result is that girls and young women are excluded from engaging and harnessing the products of innovation and change and hence limiting their potential. There

is a growing recognition for supporting multiple pathways including blended digital and innovative solutions. Evidence has also shown that youth unemployment results in malnutrition, mental illness and loss of self-confidence resulting in depression.

It is also associated with high stress leading to people committing suicide and poor physical health and heart attack in later life. Youth unemployment also brings stress to the societies and families who after high investment in youth education, expect them to be employed and hence contribute to the wellbeing of family and society (ILO).

3.7 Low level of participation

The country has reported low level of young people's participation in development processes, with only 3.3 per cent of adolescents and youth participating in matters affecting their lives. Majority of adolescents and youth are excluded from participating in decision-making processes and where engagement occurs it is mostly once off or tokenism.

This therefore calls for the need for systematic and meaningful engagement and participation processes. Adolescents' lives are affected by many people and circumstances in society. This includes family, peers, school and the local community as well as local and national Government all the way to the regional spheres and the global environment. At all these levels, adolescents have a right to participate and be heard, including influencing the decisions that affect their lives.

3.8 Substance and Drug Use

Substance (and drug) misuse refers to "intoxication or regular excessive consumption of and/or dependence on psychoactive substances, leading to social, psychological, physical or legal problems". It includes problematic use of both legal and illegal drugs (NICE, 2016). There is a growing concern in Zimbabwe that adolescents and youth are being exposed to substance and drug use which is affecting schooling and mental wellbeing. For instance, through the Youth Advocates Helpline, 60 per cent of the callers reported being expelled from school due to drug and substance use and over 40 per cent of the callers had suicide attempts due to substance and drug use. Young people have vehemently requested UNICEF to intervene in this important area.

4.0 Theory of Change

The strategy theory of change

If,
adolescents and youth, especially young girls, are increasingly empowered and equipped with knowledge, skills and opportunities to become socially and economically resilient;

AND
are meaningfully engaged and empowered as change agents;

AND
an enabling policy and legislative environment is created and sustained;

THEN
adolescents and youth will be able to reach their full potential

Goal	By 2026, adolescents & youth (aged 10 – 24), especially adolescent girls and young women, those with disabilities and the most vulnerable, are empowered and equipped with knowledge, skills and opportunities to become socially and economically resilient.			
Outcomes	Adolescents and youth engage on innovative and own enterprises to offer solutions to own and community challenges	Implementation of multisectoral programmes at scale on pregnancy prevention and management	Adolescents and youth have reduced risky behaviour on HIV, pregnancy prevention and substance use	Adolescents and youth meaningfully participate and engage in UNICEF programming and decision-making processes at all levels
Outputs	Adolescents and youth acquire business, digital, financial literacy and entrepreneurial skills	Adolescent pregnancy prevention and response in place	Adolescents and youths have comprehensive knowledge on HIV prevention, substance use, Sexual and Reproductive Health & Rights, pregnancy prevention	Strengthened institutional capacities for meaningful adolescent & youth participation & engagement; increased agency/capacities for youth to participate and engage UNICEF & decision-making processes
Strategic Interventions	Skills development, job shadowing, innovation challenges, social innovation hubs, financial literacy	Multisectoral pregnancy prevention and response, incl SBCC, policy enforcement,	Comprehensive Sexuality Education, CCommunity Adolescent Treatment Supporters, Young Mentor Mums, SRH/HIV/GBV integration	Sectoral mainstreaming of adolescent participation, policy and strategy development and enforcement, capacity building to junior councils, child MPs, AYAC; U Report polls/engagements/
Causes	High Youth Unemployment levels, Low NEET rate for girls (29 per cent), limited job market skills	High Adolescent Pregnancies and maternal deaths	High HIV incidence among AYP, particularly adolescent girls and young women	Low adolescent and youth participation and engagement in UNICEF programmes and decision-making processes at all levels

5.0 Strategic Focus

5.1 Goal

By 2026, adolescents & youth (aged 10 – 24) especially adolescent girls and young women, those with disabilities and the most vulnerable, are empowered and equipped with knowledge, skills and opportunities to become socially and economically resilient.

5.2 Strategies

Specifically, the Country Office will adopt a twin approach towards programming for adolescents: targeted interventions and sectoral mainstreaming interventions. Evidence shows that successful integration of adolescent programming requires both targeted efforts and mainstreaming in sectoral programmes as such a strategy helps with addressing risk and protective factors for multiple challenges. As such, in the next four years, UNICEF will pursue this dual strategy to advance adolescents development and participation, with targeted interventions allowing focused and sharpened actions while addressing cross sectoral barriers thereby ensuring that holistic services are being provided to adolescents and youth. These interventions will also facilitate high visibility and learning. At the same time, the mainstreaming priorities will support integration of adolescents programming in sectoral work critical for sustaining sectoral ownership of adolescent work.

Specific strategies will include;

- Promoting adolescents as change agents (space, voice and influence): Link this to the adolescent girl strategy
- System Strengthening
- Multi-sectoral service delivery that are integrated, adoles-

cent-friendly and scalable

- Evidence Generation
- Community dialogue and behavior change

Adolescent and youth participation will be the overarching strategy that will embrace the entire programme. UNICEF will work towards creating and increasing use of platforms for meaningful participation of adolescents so they have the skills, space and opportunities to demand their rights for development and wellbeing, to quality information, service provision, and support. UNICEF will leverage partnerships with Government, adolescent and youth groups, organizations representing adolescent girls and young women's rights, NGOs, and academia to promote and support meaningful adolescent and youth participation.

This will facilitate creating a sustainable, systematic and institutionalized approach for civic engagement and participation across all sectors. UNICEF will further support implementation of the existing adolescents and youth policies and strategies, supporting the Government to translate them into concrete actions.

UNICEF will support mainstreaming participation efforts that will ensure that voices of adolescents and children are systematically taken into consideration in the planning, implementation, monitoring and evaluation of the country programme cycle. The Adolescents And Youth Advisory Committee for UNICEF (AYAC) which was established in 2022 will be the main instrument for participation throughout UNICEF work.

The Country Office will also explore possibility of introducing national internships as a way of encouraging participation.

The institutional participation will be supported

through the operations of the Child Parliament and Junior Councils. The other key platforms for participation will include school boards, health facility committees and school health clubs.

Digital platforms will also be used to enhance participation and UNICEF will use U-Report as a youth engagement tool.

5.3 Programming Principles

The following principles will guide Zimbabwe Country Office UNICEF's efforts to contribute to the goal of improving the lives of adolescents and youth through development and participation.

- Adolescent and youth-supportive policies and institutional frameworks are in place and functioning
- Age and gender sensitive services and increased opportunities for skills development, engagement and freedom of expression.
- Community engagement and co-creation with young people.
- Strategic partnerships (this brings in private sector and work on Generation Unlimited & Innovation).
- Promotion of utilization of age and sex disaggregated data for programme analysis and routine disaggregated data collection needs to improve programme effectiveness and for leveraging resources for adolescents and youth programming.
- Child safeguarding and do no harm by supporting a safe environment for participation by increasing the awareness of communities (particularly 'gatekeepers' such as parents, elders, teachers, etc.) of the benefits of adolescent participation, especially for girls, adolescents with disabilities and other marginalized groups.
- Adolescents and humanitarian preparedness and response shall integrate adolescent programming in the preparedness and response plans.



6.0 Strategic Intervention Areas

6.1

Targeted Priority Interventions

UNICEF Zimbabwe Country Office will prioritize the following five cross sectoral targeted strategic intervention areas in the next 4-year period: (i) Prevention and Management of Adolescent Pregnancies (ii) SRH/HIV/AIDS and Adolescent Girls and Young Women (iii) Skills, Entrepreneurship and Employability (iv) Substance and drug abuse and (v) Adolescent and Youth Participation.

The five targeted actions are prioritized because they are critical to adolescents and youth in Zimbabwe and do span across health, nutrition, HIV, education and child protection.

They build on existing work that the Zimbabwe Country Office has pursued in the previous Country Programme and also represent important issues that UNICEF Zimbabwe Country Office has set to address in the current Country Programme 2022-2026.

The five areas are inherently interconnected for example, while new HIV infections are high amongst adolescent girls and young women, the unprotected sex renders them prone to unintended pregnancies.

Furthermore, these vulnerabilities are also driven by poverty from which investing in their skills development, entrepreneurship and employability is a proven powerful and protective factor in reversing these.

Specifically, UNICEF will undertake the following actions;

1. Prevention and Management of Adolescent Pregnancies

Adolescent birth rate remains high at 108/1000 live births, with an estimated 24 per cent of women aged 20-24 having a live birth before age 18 years (MICS 2019). Exacerbated by COVID-19 restriction, the country has experienced an increase in teenage pregnancies especially during periods of mandatory school closure. This has contributed to school dropouts, maternal deaths with 30-33 per cent of maternal deaths occurring amongst adolescents along with increased negative health outcomes for the adolescent mother and contributing to high newborn mortality. UNICEF will provide technical and financial support towards curbing adolescent pregnancies and supporting adolescent mothers. Specific interventions will include evidence generation through conducting an Adolescent Pregnancy Study to understand drivers of pregnancies to inform policy and strategy development. Social and behaviour change communication towards reduction of adolescents' pregnancy targeting adolescents, parents, men and boys, and local leaders, and supporting increase in access and utilization of contraception, especially through a comprehensive primary health care platform will also be pursued.

Management based interventions will include support to alternative education programs, vocational training and school re-entry policies especially with regards to uptake and overall operationalization of non-formal education programmes by the Ministry of Primary and Secondary Education. Pregnant and breast-feeding adolescent mothers will also be supported with Early Childhood Development interventions targeted at their infants. Investments will be made in research to generate evidence for better targeted programming.

2. SRH/HIV/AIDS and Adolescent Girls and Young Women

Adolescents making the transition from childhood to adulthood, and entering their reproductive years, need access to sexual and reproductive health information and services so they can use contraception, prevent unintended pregnancies and decide if and when to have children.

Adolescent and young people aged 15-24 years account for one third of all new HIV infections in Zimbabwe and adolescent girls and young women 15-24 years are more than twice as likely to contract HIV than adolescent boys and young men.

UNICEF will continue to respond to the HIV/AIDS epidemic by supporting programmes to enhance HIV knowledge among adolescents especially AGYW, consistent use of condoms and increased HIV testing and counselling. Equipping adolescents especially girls with accurate information and practical skills will empower them to transition safely into adult life.

Support will also be provided towards improving adolescents' participation in SRHR planning, budgeting, implementation and M&E. Considering that most of the adolescent girls fall pregnant while in school, schools will be supported with capacity building of teachers to ensure that they engage children and parents on SRHR issues. Schools will also be supported with SRHR information through the school health clubs.

Support will be provided towards strengthening national mechanisms, policies, and legislation for integrated HIV/SRH/GBV/MHPSS services for adolescents, especially girls, adolescents with disabilities and adolescents in humanitarian situation.

3. Skills, Entrepreneurship and Employability

With such high levels of unemployment and NEET rates, it is therefore critical to identify and anticipate the change in demands for certain skills in different sectors and strengthen education and training systems for adolescents and youth to better deliver skills required for the green economy, health care market and digital transformation as well as bridging the gender divide in digital skills.

Under the Generation Unlimited Partnership, UNICEF will equip adolescents and youth with innovative transferable skills for life and work in the 21st century that empower them by building confidence, resilience, employability and entrepreneurship (micro level) skills. UNICEF will foster entrepreneurship as a mindset and a livelihood and link young people to private sector opportunities for job shadowing as young entrepreneurs. Innovation for youth by youth will also be enhanced as a pathway for skilling and creating businesses.

Furthermore, a gender targeted intervention called 'Skills4Girls' programme which will provide girls and young women with opportunities to transform and empower their lives by overcoming gender barriers that limit aspirations and opportunities to fulfill their potential will be supported so as to address the NEET gaps experienced by most of the girls due to their unique vulnerabilities.

Specifically, UNICEF will partner with ILO and UNDP to support the following actions

- Skills development, entrepreneurship and employability
- Skills4Girls empowerment through Science, Technology, Engineering & Mathematics (STEM) subjects
- Innovation and Youth Challenge address societal problems

- Connectivity and Digital Transformation for schools
- Social Impact through participation, advocacy and high-level policy engagement

4. Drug and Substance Use

Although the rates of substance and drug use and abuse amongst adolescents and youth in Zimbabwe is not known, the growing concern and anecdotal data on its impact on adolescents and youth points out the need for action. It is very important to intervene at this early stage for primary and secondary prevention where impact of substance misuse may be reversible (Bromley JSNA, 2018). Critical is the need to raise awareness about the problem amongst communities especially parents and children as well as stakeholders who should invest in this area. Interventions are needed at individual, family, school and policy level and should be multisectoral in nature covering child protection, education and adolescent health spectrums.

5. Participation and civic engagement

While adolescent and youth participation is the core strategy, it is also a critical core targeted programming area that the Zimbabwe Country Office will invest in through fostering meaningful and systematic processes. Participation is much more than having a voice. It is about being informed, engaged and having an influence in decisions and matters that affect one's life. Article 121 of the United Nations Convention on the Rights of the Child (CRC) enshrines participation as a fundamental human right.

The Zimbabwe Country Office will facilitate creation of spaces and platforms for meaningful participation of adolescents in youth. Adolescents and youth will be empowered to become change agents. U-Report, a digital platform, shall be used as an adolescent

and youth engagement tool for adolescents and youth to engage and access important information for their well-being, while also sharing their opinions through polls. A young person shall be recruited to coordinate and champion the U-Report work in the CO.

6.2 Mainstreaming Priority Interventions

6.2.1 Climate and Adolescents

With climate change affecting both present and future generations, young people have a vital role in ensuring environmental sustainability and climate change adaptation and mitigation. UNICEF will continue to support the engagement of children on the active citizenry and environmental stewardship at home and school. UNICEF will work with and for children to foster understanding of climate change issues and provide children and young people with an opportunity to become agents of climate adaptation and mitigation in their communities - from children's own lived experiences with leadership training and mentoring.

6.2.2 Health, Nutrition and Adolescents

UNICEF will strengthen the integrated school health programme through capacity development of healthcare workers, social workers, teachers and community health workers to help foster an enabling environment for adolescent responsive health services. UNICEF will support a rapid assessment and analysis to understand the situation of adolescent nutrition so as to come up with appropriate interventions, support menstrual



health and hygiene efforts as part of the school WASH interventions as well as HPV vaccinations, Iron and Folic Acid supplementation, school gardens and diversified diets.

6.2.3 Education and Adolescents

UNICEF will support empowerment activities for adolescent girls and young women through promotion of secondary education by keeping girls in school and enabling re-entry for those rescued from child marriages and post-pregnancy. Continued schooling of pregnant girls and young mothers will be achieved through engagement of communities, parents and young mothers as well as addressing promoting gender responsive teaching methodologies teachers' attitudes. UNICEF will support learning environments to be responsive to the needs of adolescent girls and boys including those with disabilities by promoting approaches that reduce the distance to school. UNICEF will also support

provision of inclusive and gender friendly toilets and menstrual health hygiene in schools and support implementation of re-entry policies for adolescent and young mothers. For all learners, UNICEF will support provision of mental health and psycho social support services through the strengthening the delivery of school based mental health services.

6.2.4. Child Protection and Adolescents

In addition to the targeted priority of curbing adolescent pregnancies, UNICEF will address important protection issues of violence including child marriage more broadly as key mainstreaming priorities. While adolescent girls are faced with the challenge of child marriage, both adolescent girls and boys encounter various forms of violence. Child brides are exposed to a significantly higher risk of abuse, violence, depression, early pregnancy, complications during childbirth and higher risk of death for their infants. Becoming a child

bride means the end of education for most girls.

To address these, UNICEF will support efforts towards prevention of violence and harmful Practices against adolescents and youth especially towards ending child marriages and VAC. This will be achieved through the development and implementation of a strategy to combat child marriage as well implementation of the policy around corporal punishment.

UNICEF will develop capacity and skills of Youth Champions to enable them effectively raise awareness on actions to eliminate harmful practices among traditional leaders through a series of dialogues on the elimination of child marriages. Adolescents and youth shall also be oriented to be able to recognize violence and channels of reporting through youth empowerment programmes.

6.2.4 Innovation

Challenges faced by adolescents and youth demand new ideas and fresh thinking. Innovative approaches designed with equity in mind can help bridge the technological, financial, institutional, cultural and political barriers that stand in the way of conventional efforts to reach the most marginalized children, adolescents and youth. Even though adolescents and youth are interested in co-creation and innovation, they have no experience in finding partners or knowing the right partners to sponsor and support their work.

As part of the Generation Unlimited, UNICEF will support Youth Innovation Challenge on different aspects of key priority areas including climate adaptation and mitigation, social innovation hubs, entrepreneurial activities

among many. Adolescents and youth shall be capacitated to co-create solutions for the problems and challenges affecting them and their communities.



7.0 Implementation of the Strategy

7.1 Internal Governance

The HIV/AIDS and ADAP Section shall provide leadership on the ADAP work under the guidance of the Deputy Representative for Programmes. Adolescent Sectoral Focal Persons from the programme sections will provide the sectoral point for mainstreaming ADAP work across the various sectors and shall be members of the Zimbabwe Country Office Task Force on Adolescents and Youth Chaired by the Chief of HIV and ADAP Section. The Task Force shall report to the Deputy Representative and provide quarterly update to the Programme Management Team and Country Management Team. The ADAP work shall be implemented through a cross sectoral 2 year rolling work plan and budget.

UNICEF ADAP work will be aligned to United Nations Sustainable Development Coordination Framework through the Joint UN Framework on Youth and aligned to the National Development Strategy 1 (NDS 1).

7.2 Partnerships

• Public Private Youth Partnerships (PPYP)

To ensure adolescents' needs and ideas are embedded in policies, plans and strategies, UNICEF Zimbabwe will collaborate with Government through a system strengthening approach. This will involve strategic, multisectoral initiatives for all adolescents to be healthy, educated, skilled and able to

contribute as active citizens. This will entail capacity strengthening of Government stakeholders to create and implement adolescent-friendly policies, programmes and plans and support meaningful adolescent participation by strengthening institutional mechanisms for adolescent participation including use of existing mechanisms such as the Child Parliament and the Junior Council. Strong partnerships will also be established and nurtured with youth led and women/girls led organizations as a way to reach the most vulnerable.

Partnership will be established with private sector to provide business development support on skills and wage or self-employment to adolescents and youth. to source opportunities and pool investments for creation of employability for adolescents and youth in Zimbabwe. The private sector will be engaged as key strategic partners to deliver products and services required to address the gaps in employability. This will entail a shift from the usual corporate social responsibility to creating meaningful opportunities for adolescents and youth in their companies through job shadowing, internships, training and career -track positions. Private sector will also be involved in the provision of mentorship support and resource mobilization, as well as participating as judges during the GenU Youth Challenge activities.

• Adolescent Friendly Provinces Initiative

Adolescent Friendly Provinces Initiatives will be an initiative to encourage districts to implement policies that will reduce inequalities experienced by many adolescents and youth living in particularly vulnerable districts within the provinces. The initiative will also be instrumental in enforcing the CRC. Participating Provinces shall undertake a rapid situation assessment of adolescents and youth living

in their provinces and develop and implement a plan of action to address key issues with UNICEF support. This shall entail capacity building of the provincial teams in public policies that would generate systematic results for adolescents and youth and provinces with high performance on the indicators shall be incentivized and accredited.

8.0 Monitoring and Evaluation

The CO IMEP shall guide the monitoring and implementation of the implementation of the adolescent strategy. Progress towards planned results will be monitored using the indicators contained in the results framework. Studies and research will be undertaken as

needed to provide more in-depth analysis on key issues. This will be conducted jointly with the Government and other partners in order to develop the national capacity for adolescents programming and result based planning.

9.0 Budget

The total budget for the four-year period is USD2.5m and the budget comprises USD300,000 in regular resources (core resources), and USD2.2m in other resources (OR), which are the funds the Zimbabwe Country Office will seek to mobilize from donors, development partners, funds, trusts and the aid agencies of various Governments.

10.0 Appendices

10.1 Terms of Reference for the Task Force

1. Background and Rationale

Adolescence is a period of transition from childhood to adulthood marked by major physical, emotional, and psychological changes

as well as growth. It's a period when children may experiment sexually and with drugs and alcohol, can struggle with their identities and seek new meanings of the transitions. They face a myriad of challenges related to their development including, limited access to education and health services, gender-based violence, child marriage, HIV infection, lack of information on issues pertaining to their rights and services and other negative reproductive health outcomes. Globally, there is increasing



attention on programming for adolescents to address the complex challenges and vulnerabilities they face towards reaching the SDGs and leaving no one behind.

Zimbabwe has a young population with 53.6 per cent being under the age of 20 years. The adolescents age group of 10-19 have remained a priority focus group in Zimbabwe where a third of the country's population is between the ages of 10-24 years and 13 per cent are young adolescents between the age 10-14 years. Despite efforts to reduce the vulnerabilities of adolescents in Zimbabwe, adolescents continue to face many challenges: the national teenage pregnancy rate currently stands at 21.6 per cent (NDHS 2015). That means overall, 22 per cent of women aged 15 to 19 have begun childbearing. 47 per cent of adolescents (13–18 years) are out of school with more girls dropping out by Form 4, mainly due to pregnancy, early marriage, school-related gender-based violence, parents' prioritization of boys' education and insufficient gender-sensitive infrastructure. An estimated 30-33 per cent maternal deaths are among adolescents 10-19 years old.

Adolescent and young people (15–24 years) account for one third of all new HIV infections and adolescent girls and young women are twice as likely to contract HIV than males with only 25.8 per cent access HIV prevention programmes. One third of girls experience sexual violence before their 18th birthday (ZIMSTAT, 2011) while child marriage rates remain high, driven by poverty and fueled by social norms. While both adolescent boys and girls are vulnerable, generally girls are disproportionately affected. It is essential that programs targeting adolescents recognize evolving capacities and adopt a rights-based approach also recognising extremely low level of young people's participation in development processes of 3.3 per cent (Youth Strategy, 2021). A lot of effort has been made to scale up and enhance the effectiveness of the national adolescents' programme through

a multisectoral approach, to achieve results for adolescents. Related studies to generate evidence and inform planning have been conducted, policies such as the National Youth Policy, strategies such as the Adolescents Sexual and Reproductive Strategy and plans have been put in place to provide guidance and scale up implementation of adolescents related interventions. However, a lot still needs to be done to ensure fulfilment of the adolescents' rights and ensure that they grow, thrive, and reach their full potential.

Within the UNICEF Zimbabwe proposed Country Program Document 2022-2026, an integrated and coordinated multisectoral response to adolescents' work has been identified as a priority. The new country programme will entail a shift from fragmented programming to integrated and rights-based approaches through the strengthening of multi-sectoral delivery platforms and capacity development of service providers. In response, the UNICEF Zimbabwe country office, guided by the UNICEF Global Strategic Plan and UNSDCF and in collaboration with other UN Agencies and NGO partners, will step up efforts to support the Government of Zimbabwe to implement different interventions for adolescents and young people.

While emphasizing external partnerships and collaboration, UNICEF also seeks to ensure that its own internal planning, communication, monitoring and coordination is informed by evidence, clearly defined and monitored throughout the country programme, to ensure that a strong leadership role can be played within the UN system, with the Government of Zimbabwe and with civil society. In order to make an impact and achieve maximum results with the minimal resources available, the Country Office has put in place an Adolescents and Young People Task Force to strengthen the overall coordination, performance and achievements of UNICEF Zimbabwe country office on adolescent development and participation.

2. Task Force Mandate

The mandate of the Adolescents and Young People's Task Force is to strengthen the overall coordination, performance and achievements of UNICEF Zimbabwe country office on adolescent development and participation (ADAP).

3. Purpose

The main purpose of the Task Force is to provide a forum for leadership and oversight in the facilitation of cross sectoral dialogue, debate, planning, implementation, monitoring, coordination, reporting and mobilizing resources on ADAP within the UNICEF Zimbabwe Country Programme for the period 2021-2026. While acknowledging that UNICEF's focus is on adolescents 10-19 years, for Zimbabwe Country Office, the ADAP work shall extend to young people up to the age of 24 in line with the key national priorities and plans.

The objectives of the Task Force are as follows;

1. Identify opportunities for integrated programmes on adolescents and implement selected number of joint programmes with cross sectoral convergence and integration for maximum results on adolescents needs and ensure they are reflected in respective AWP's with allocated budget.
2. Develop an action plan to guide implementation of Task Force activities annually
3. Identify key and relevant adolescents related indicators for tracking in line with Global, Regional and related UNSDCF ADAP indicators and report on progress at mid and end of year.
4. Consolidate and monitor progress on the implementation of ADAP activities from the sections approved annual work plans to foster programme linkages and innovative approaches
5. Support cross-sectoral resource mobilization for ADAP programming through development of multisectoral funding proposals and establishment of new partnerships including with the UN.
6. Facilitate capacity building of program staff on key and relevant adolescents related policies, guidelines and other related issues towards enhanced integration of adolescents.
7. Contribute to evidence informed strategy development, documentation and knowledge sharing on adolescent programming supported by UNICEF and in collaboration with Government, UN, Development partners and civil society.
8. Facilitate meaningful participation of adolescents in policy and programme development and implementation.
9. Provide monthly updates to PMT and quarterly to CMT

4. Areas of Focus

- 4.1 Evidence generation on the situation of adolescents in Zimbabwe to inform programming.
- 4.2 Adolescents' access to sexual and reproductive health information and services with a particular focus on prevention and management of adolescents' pregnancies.
- 4.3 Skills building and adolescents engagement and participation in policy formulation and programming.
- 4.4 Resource mobilisation through funding proposals and partnerships for single or multiple sector interventions.

Guided by a work plan to guide the task force's activities i.e. a results matrix with clear expected outcomes, outputs, monitoring indicators and division of labor for the identified most promising joint interventions, the task force will focus on the following 4 deliverable areas;

5. Standard Operating Procedures (SOP)

Task Force members shall provide updates on key activities with their section annual workplans and discuss joint programming activities for harmonization of programming efforts. Members shall also ensure regular feedback is provided during their respective section meetings on issues discussed during the Task Force meetings. 4

5.1 Accountability: Task Force reports to PMT monthly and to CMT on quarterly basis showing evidence of achievement of defined milestones and members are accountable through their PER and respective section work plans. Membership should be reflected in the staff member's annual assignments and assessed under their performance appraisal.

5.2 Frequency of Meetings: The Task Force shall meet on monthly basis to enable tracking progress and reporting to PMT. Meetings shall be held on every last Wednesday of the month.

5.3 Quorum: 60 per cent presence of members shall form a quorum. Task Force members shall identify permanent alternate members to represent them when they are not able to attend meetings. This shall ensure continuity and consistency. To ensure maximum participation and contributions during the meeting, a substantive member should adequately update the alternate member prior to the meeting.

The following are specific SOPs which will guide the operations of the Task Force;

6. Membership composition

The TF shall be chaired by the Chief of HIV/AIDS and Adolescent Development (HADAP)

Section providing overall oversight and management of the AYP TF with secretarial support from the HIV/AIDS Officer (JPO). Members shall consist of adolescent focal persons from all sections including health, nutrition, WASH, climate, education, protection, communications, SBC and T4D.



