World Education Inc./Bantwana with support from USAID is implementing a Gender Based Violence (GBV) Programme to support the national GBV Prevention and Response Plan. Informed by the National Baseline Survey on the Life Experiences of Adolescents (NBSLEA), the Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe and the Gender Policy of 2013, the programme seeks to expand and strengthen the capacity of local service providers to identify, effectively respond to, and provide support to GBV survivors. According to the NBSLEA:

- 60% of reported rape cases in the Zimbabwean courts are for children;
- only 1 in 4 alleged perpetrators of child abuse is arrested;
- 13% of girls report being sexually harassed at school;
- 22% of children report being abused by caregivers;
- 33% reported experiencing sexual violence in childhood;
- 29.3% of females reported sexual violence by a perpetrator at least 10 years older than them.
- Only 2% of survivors of sexual violence access professional services.

Additionally, the Zimbabwe Demographic Health Survey (ZDHS) indicates that 1 in 4 women experience sexual violence; approximately 27% of women reported experiencing sexual violence at some point in their lives; 22% of women who ever had sex reported that their first sexual intercourse was against their will or forced.

**Prevention** – Working with GBV specialist service providers, WEI/B supports community mobilisation activities to:
- Expand school-based club activities focused on empowering children and youth to respond to and prevent GBV;
- Integrate GBV prevention into the Ministry of Primary and Secondary Education’s Life and Leadership Curriculum;
- Engage fathers to tackle GBV stemming from harmful socio-cultural norms and practices;
- Strengthen the GBV community based case management system to identify and support children at risk or victims of sexual exploitation and domestic violence.

**Access to Services** – Working with the Department of Child Welfare and Probation Services and critical ministries such as the Ministry of Women’s Affairs Gender and Community Development, Ministry of Justice Legal and Parliamentary Affairs and the Ministry of Health and Child Care to increase access to services, WEI/B supports activities that help prevent, detect, monitor, and address GBV. Additionally, to ensure that survivors receive immediate and comprehensive health, legal and psycho social support, WEI/B specifically works through the following specialist organizations:

- **Family Support Trust** - access to Post exposure prophylaxis for survivors of GBV and forensic training of health service providers on clinical management of sexual abuse.
- **Justice For Children** - Legal aid to child survivors of GBV, systems strengthening for the family court system and paralegals and training of traditional leadership.
- **Zimbabwe Women Lawyers Association** - Legal aid to adult women survivors of GBV, systems strengthening for the family court system and paralegals and training of traditional leadership.
- **Child line** - psycho social support and drop in centres for child survivors of GBV.
- **Leonard Cheshire** - access to GBV prevention and response services for people living with disabilities.
- **Care at the Core of Humanity (CATCH)** - Legal aid, community awareness and case management of child survivors of GBV.

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Access to health remains difficult for orphans and vulnerable children (OVC) in Zimbabwe and has been further complicated by the socio-economic challenges faced by the health sector in the past decade. As a result, many vulnerable children in need of assistance fail to access primary healthcare and either suffer silently or seek help from unqualified medical personnel. This leaves them highly vulnerable to abuse in some cases. These children's poor state of health also means that they can miss significant amounts of school and fail to participate in other beneficial programs. In response to this situation, WEI/Bantwana implements programs to offer primary health care, Paediatric ART and PMTCT and adolescent sexual reproductive health.

**School Health Assessments (SHAs)**

Working in collaboration with the Ministry of Health and Child Welfare (MoHCW), nurses from local clinics conduct head-to-toe screenings on all children in schools for common, as well as, life threatening illnesses that include HIV/AIDS-related infections, while also offering counseling and Psycho Social Support (PSS). Children with conditions that require additional medicine or treatment are referred to local clinics where they receive free treatment through the use of a clinic block grant.

**Integrated Management of Pediatric Care and Treatment (IMPACT)**

WEI/B provides improved access to HIV care and treatment services for children and young people aged from six weeks to 18 years. WEI/B partners work with PMTCT sites to track mother-baby pairs and ensure that they are not lost to follow up. This is done through the community based volunteers who also serve the IMPACT children, thereby ensuring there is a full continuum of follow up not only for children and adolescents, but also for mothers and babies.

**Adolescent Sexual Reproductive Health (ASRH)**

The ASRH program provides adolescents with good reproductive health information on delaying the age of sexual debut, whilst promoting, abstinence, preventing HIV transmission, STIs and pregnancy. It uses sports, drama and other activities that attract young people to deliver interventions around SRH.

These activities normally take place in 'youth friendly corners' at churches, community halls, sports clubs etc., where young people naturally gravitate and 'hang out'.

**Challenges, Needs & Gaps in Health**

Critical issues emerging from programing include resource requirements for greater availability of drugs at clinics; treatment of children with conditions not covered by the block grant; sanitary wear for girls and dental care for children. Also noted is a critical shortage of health personnel to deal with children's issues.