

ANNUAL REPORT

20
23



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Executive Director's Note

In 2023, Pangaea Zimbabwe continued to break new ground in HIV prevention, sexual and reproductive health, and community systems strengthening. Through partnerships, evidence-based interventions, and the resilience of our communities, we reached nine provinces out of the ten in Zimbabwe as well as made regional impact.

We expanded our reach and deepened our impact across Zimbabwe through innovative programming and a strong commitment to inclusivity, youth empowerment, and human rights. Our work was guided by the voices of the communities we serve—underserved groups—ensuring that our interventions remained responsive, culturally relevant, and sustainable.

With the support of our partners and funders, we successfully implemented key initiatives to strengthen healthcare systems and improving access to services in even the most remote areas. These programs helped deliver services, build capacity among healthcare workers, and promote policy change.

Despite the ongoing socio-economic challenges, our teams demonstrated resilience and innovation—leveraging digital tools, community-led approaches, and cross-sector collaborations to navigate barriers and deliver meaningful results. Our work in 2023 also laid the groundwork for regional learning and replication, allowing us to contribute to policy dialogues and knowledge sharing beyond Zimbabwe's borders.

As we look ahead, we remain steadfast in our mission to build healthy, productive and quality lives. We are committed to scaling up what works for more positive outcomes.

Together, we will continue to transform lives—one community at a time. — Imelda Mahaka, PZ's Executive Director



Imelda Mahaka, PZ's Executive Director

A Year in Review

2023 was a transformative year for Pangaea Zimbabwe—one defined by growth, resilience, and bold strides toward health equity. As communities across Zimbabwe continued to navigate socio-economic challenges, our programs responded with innovation and purpose. We reached thousands in need of HIV prevention services, scaled up peer-led models of service uptake, supported Pregnant and Lactating Populations, Adolescents and Young People, especially, Adolescent Girls and Young Women and Key Populations, underserved and vulnerable populations with tailored interventions, and collaborated with government, research institutions, and community partners to shape health policy and practice.

From launching the CATALYST study under the MOSAIC project to expanding DREAMS programming in rural districts, we strengthened the foundation of our community systems.

Our advocacy work under CASPR elevated youth voices and brought critical attention to the needs of pregnant and lactating populations, tertiary students, and marginalized groups. We also took a regional leadership role with COMPASS, stewarding governance transitions and mentoring partners across southern Africa.

Amid emerging opportunities and operational challenges, our teams remained steadfast. We leaned into human-centered design, robust monitoring and learning, and adaptive programming to ensure our services remained responsive, relevant, and rights-based. As we close the chapter on 2023, we celebrate the partnerships, people, and progress that brought us here—and look ahead with renewed energy to scale, innovate, and empower in 2024 and beyond.

Follow us on social media

Pangaea Zimbabwe on all Platforms



Vision

Pangaea Zimbabwe envisions an environment in which all people live healthy, productive, and quality lives.

Mission

Pangaea Zimbabwe strives to transform the lives of underserved populations by increasing access to quality, responsive, evidence-based, client-centered comprehensive health services through facility and community engagement and policy advocacy.

Core Values

01 Equity

We believe no one should be left out in the quest for universal access to health

02 Inclusivity

We believe that every human being has a right to quality health services

03 Integrity

We operate with honour, reliability and veracity

04 Stewardship

We take responsibility and accountability of ensuring effective and efficient use of resources in compliance with the purpose for which they were intended

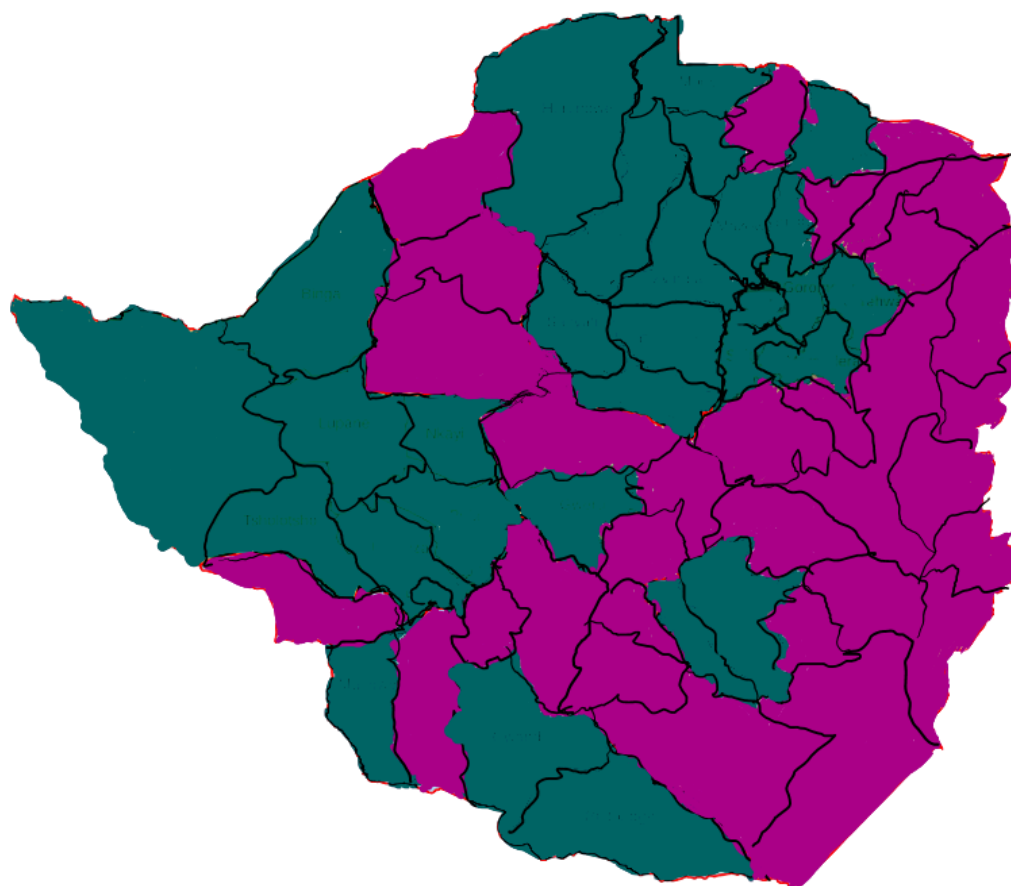


PZ team during an outreach

Geographic Location

In 2023, Pangaea Zimbabwe delivered a dynamic and wide-ranging portfolio of programs that reached diverse communities across both urban and rural settings. Through an integrated approach combining service delivery, research, advocacy, and capacity strengthening, we addressed critical health and development challenges. Our operations spanned national and subnational levels, leveraging strong partnerships

with government institutions, local health facilities, and community-based organizations to ensure alignment with public health priorities and sustainability of impact. At the regional level, under the COMPASS initiative, we extended our reach beyond Zimbabwe's borders, fostering cross-country collaboration and knowledge exchange to address shared challenges in adolescent health and HIV response.



Key



Districts operated by PZ

Districts not operated by PZ

Our Impact

Pangaea Zimbabwe and its partners reached thousands of individuals across the country through a diverse range of services. This progress is a testament to the dedication, innovation, and impact of the collective work being done to improve health outcomes and empower communities across Zimbabwe. Find below the population numbers:



Primary Healthcare
145 365



HIV Prevention
37 120



HIV Treatment and Care
22 539



STI Prevention

2 807



Sexual Reproductive Health

3 381



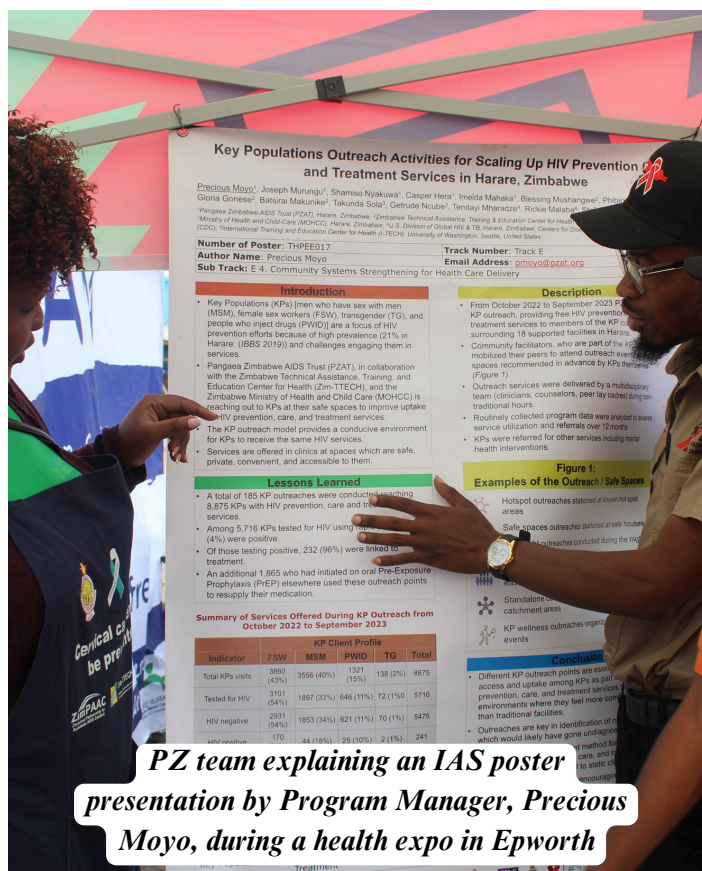
Economic Strengthening

65

OUR PROJECTS



ZimPAAC- Care and Treatment (Key Populations & PrEP) Program



PZ team explaining an IAS poster presentation by Program Manager, Precious Moyo, during a health expo in Epworth

Funded by PEPFAR through CDC under the ZimPAAC consortium, PZ under the Care and Treatment program aims to implement integrated, comprehensive, appropriate, and accessible HIV treatment and prevention services that are differentiated and client-centered, specifically tailored to the needs of Key and Priority Populations (KPs and PPs) in targeted districts. These include men who have sex with men (MSM), female sex workers (FSW), transgender individuals, and people who inject drugs (PWID), as well as HIV-negative individuals aged 16 and above who opt for PrEP. This includes enhancing the availability and quality of HIV services through a public health approach that ensures inclusivity and responsiveness.

In Harare district, the program focused on improving HIV prevention and treatment literacy among both KPs and the general population across 18 supported public sector facilities. Similarly, in Mazowe district, the program aimed to strengthen HIV prevention efforts for adolescent girls and young women (AGYW) as well as the broader community through 29 public sector facilities. By addressing structural, behavioral, and

biomedical factors, the program sought to reduce new HIV infections and improve health outcomes for vulnerable populations. Both Key Populations (KP) and PrEP (Pre-Exposure Prophylaxis) programs in Harare and Mazowe collaborate with Zim-TTECH

In 2023, the Care and Treatment program conducted a comprehensive hotspot mapping exercise that identified 179 hotspots and estimated a population of 5,395 KP clients. 63 Community Facilitators were trained to mobilize peers and deliver HIV prevention education. In addition to training of lay cadres, PZ, in collaboration with the Ministry of health and Child Care trained 112 HCWs on PrEP and KP friendly service provision. Pangaea Zimbabwe presented its innovative peer-led interventions and data-driven approaches at major international forums such as the IAS 2023 and KP Symposium, highlighting Zimbabwe's leadership in strengthening national KP programs and integrating mental health into HIV services.



ZimPAAC- Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) Program

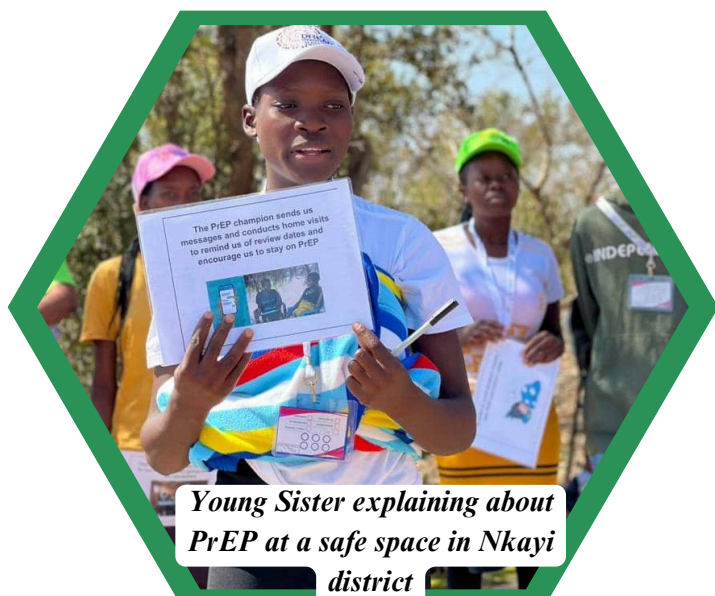


Funded by PEPFAR through CDC under the ZimPAAC consortium, the main goal of the DREAMS program is to enhance access to comprehensive HIV prevention, care, and treatment services for key and priority population groups, with a particular focus on Adolescent Girls and Young Women (AGYW) and Young Women Selling Sex (YWSS) in the four Matabeleland North districts of Bubi, Lupane, Nkayi, and Tsholotsho. The DREAMS program has three implementing partners namely PZ, ZimTTECH and Bantwana Zimbabwe. The program aims to reduce HIV vulnerability among these populations through a multi-pronged approach that includes the implementation of Enhanced Economic Strengthening (ES) interventions specifically tailored for YWSS, helping them to develop sustainable livelihoods and improve their socio-economic status. Other stakeholders include government line ministries, City of Harare, National AIDS Council, local authorities including Chiefs and Headmen and CBOs (Community Based Organizations)

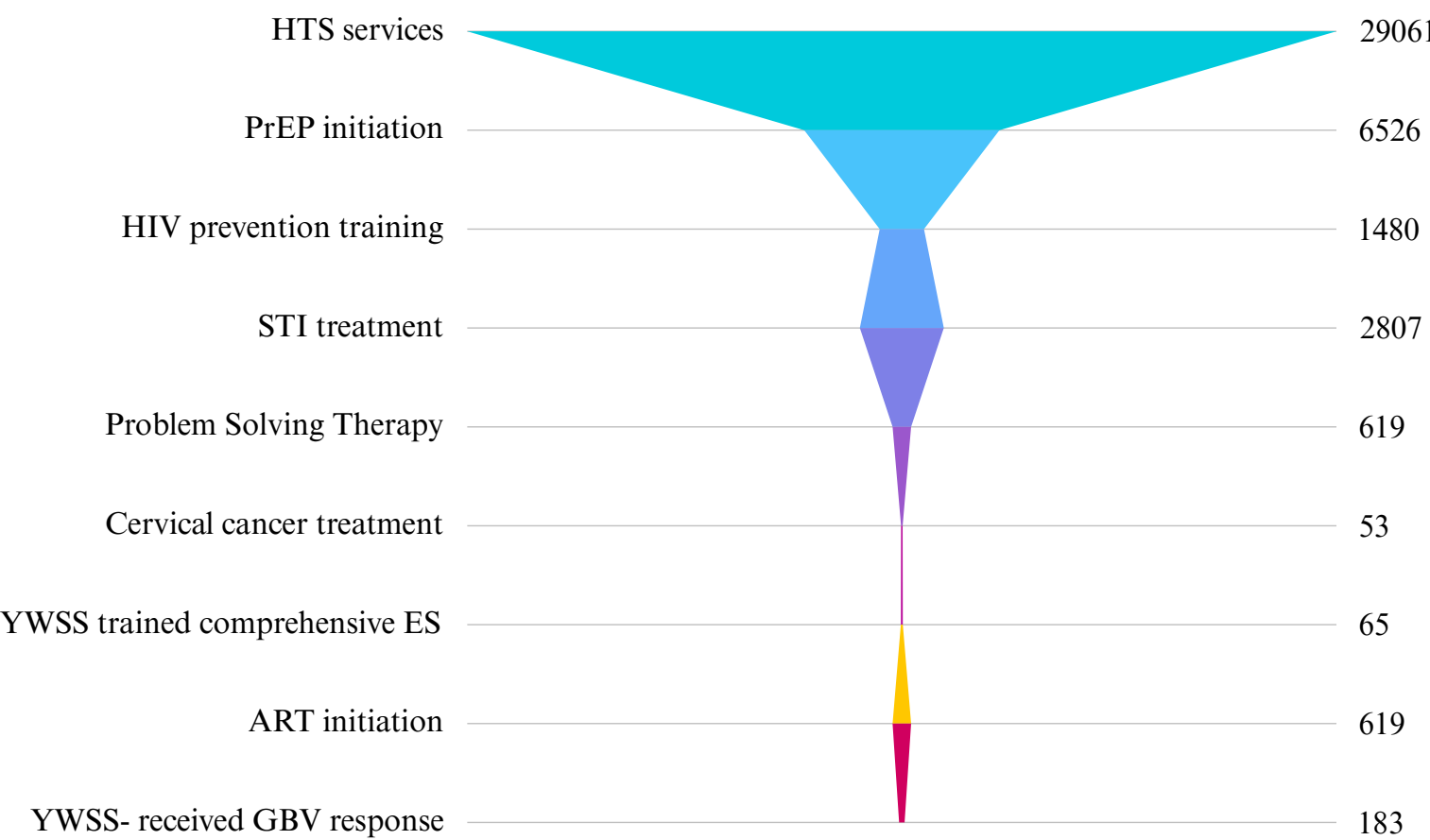
Additionally, DREAMS provides a layered service delivery model to address the diverse needs of AGYW, ensuring that each girl receives a customized package of services based on her individual risk and vulnerability. A key component is the roll-out of Pre-Exposure Prophylaxis (PrEP) across 61 supported



health facilities, offering biomedical protection to HIV-negative individuals at substantial risk of infection. 94 PrEP Champions and 20 Young Sisters were trained to mobilize peers and deliver HIV prevention education.



In 2023, the program empowered young women by training 65 YWSS on economic skills and providing them with starter packs. The program reached 183 YWSS with GBV response services, Young Sister mentors led sessions on HIV prevention, gender norms, financial literacy, and GBV prevention. DREAMS shared its successes through platforms such as the IAS and ICASA conferences, contributing to the broader HIV response.



**CONTRIBUTION HIV PREVENTION, CARE
AND TREATMENT BY PZ UNDER THE
ZIMPAAC CONSORTIUM**



DREAMS

WORKING TOGETHER FOR
AN AIDS-FREE FUTURE
FOR GIRLS & WOMEN

10th Anniversary

GBV hinders access
to health services



Unite to end violence

Coalition to Accelerate and Support Prevention Research (CASPR)



The Coalition to Accelerate & Support Prevention Research (CASPR), designed by AVAC in collaboration with key partners and supported by USAID, is a set of partnerships and activities focused on accelerating biomedical HIV prevention research, toward the goal of HIV epidemic control.

CASPR led in Zimbabwe by PZ, focused on HIV prevention advocacy, policy engagement, and research literacy. CASPR interventions targeted tertiary students, pregnant and lactating people (PLPs), and civil society actors. Implemented in Bulawayo, Chitungwiza, Beitbridge, Ngundu, and Masvingo, the project emphasized inclusion, peer mentorship, and community advocacy to support uptake of biomedical HIV prevention.

Notable achievements include training 763 students in HIV prevention and referring over 387 for Oral PrEP, HIV testing and STI screening.



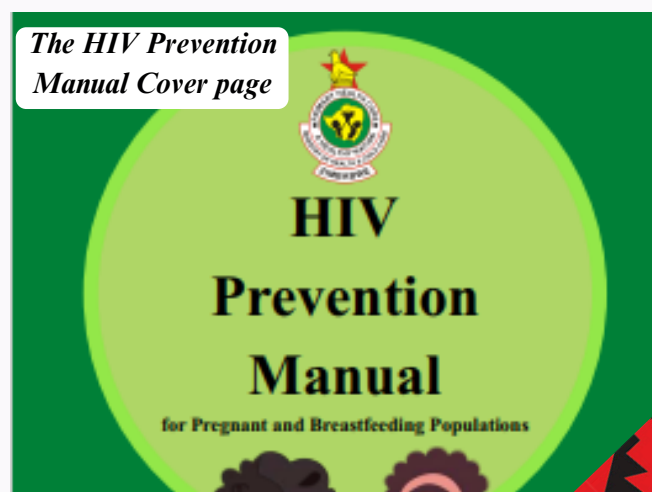
CASPR also hosted policy dialogues and 32 HIV Prevention champions attended the HIV prevention symposium organized by WACI Health to facilitate learning, sharing and access to regional advocacy platforms, equipping HIV prevention champions with tools to advocate at national platforms such as ICASA and other regional forums.

240 pregnant and lactating persons (PLPs) were sensitized on PrEP options in 5 of the 6 MOSAIC



CATALYST study sites. Follow-up monitoring showed 36 pregnant and 46 lactating women started oral PrEP. Many expressed interest in the discreet dapivirine ring and injectable options. 82 key influencers—including partners, and traditional, religious, and community leaders—attended sessions. Concerns raised included PrEP side effects on unborn children and cultural barriers to women's health decision-making.

The Ministry of Health officially endorsed the CASPR's HIV Prevention Manual for PLPs, allowing its national use. Using the developed HIV Prevention Manual for PLP, 6 mentor mother trainings were done in these National AIDS Council (NAC) districts: Mutare, Goromonzi, Chegutu, Zvimba, Mutare, Goromonzi, Chegutu, Zvimba, Gweru and Bulawayo. A total of 117 mentor mothers were trained on Prevention of Mother to Child Transmission (PMTCT), oral PrEP, ED PrEP, Dapivirine vaginal ring and CAB-LA.



An HIV prevention policy dialogue for AGYW in tertiary institutions brought together representatives from Parliament, key ministries, NAC, CSOs, and young people. It fostered collaboration to prioritize access to comprehensive HIV prevention services for adolescents and youth in tertiary institutions.

MERL (Monitoring, Evaluation, Results, and Learning) Roadshows were carried out to capacitate MERL teams across the consortium with MERL concepts and resources such as key concepts from the [MERL Handbook for Advocacy](#), how to use the CASPR Outcomes Assessment ([COAT](#)) [Tool](#) and how to develop Simple Participatory Assessment of Real Change ([SPARC](#)) [stories](#). The CASPR MERL Handbook for Advocacy was launched as a reference source for advocates to integrate MERL into their work. It captures the most important MERL & Advocacy concepts.¹⁹ participants from WACI, APHA, Wits RHI, Internews, Copper Rose Zambia, TALC, and HAVEG whose CASPR work focuses on advocacy, research, journalism, and mentorship; 2 staff members from the CASPR AVAC Senior Programs Team and 4 MERL Team members from AVAC and PZAT attended the Roadshows. The MERL team submitted one abstract and one poster for the 2023 ICASA Conference. There was support offered to partners by attending all CASPR-funded sessions documenting key messages from advocates and policymakers.

Looking ahead, CASPR will enhance mentorship documentation, expand rural engagement through strategic partnerships, and prioritize PLP-focused service integration as part of its 2024 agenda.

CASPR is a network of Africa-based and global partners advancing HIV prevention through local structures and collaboration. Key members include PZAT, WACI Health, NHVMAS, and Wits RHI, with global support from AVAC, FHI 360, IAVI, and Internews. The network promotes an integrated response across HIV, TB, and family planning.

The team at ICASA 2023. with MERL officer, Princess Mharire, after winning the best abstract award



Maximizing Options to Advance Informed Choice for HIV Prevention (MOSAIC)

Zimbabwe

MOSAIC is a global project, locally led by Pangaea Zimbabwe in Zimbabwe, that aims to promote informed access to new HIV prevention technologies including the dapivirine vaginal ring and long-acting injectable cabotegravir (CAB PrEP). It is A 5-year global project (2021–2026) funded by PEPFAR through USAID, focused on expanding access to new HIV prevention methods—currently the dapivirine ring and CAB-LA—for women in sub-Saharan Africa. Operating in 11 countries, it supports a multi-product market with informed choice and collaborates with governments, partners, civil society, and product developers.

MOSAIC promotes a user-centered approach to HIV prevention, focusing on the needs of adolescent girls and young women (AGYW) and other priority populations. The project supports research, including the CATALYST study and HIVDR monitoring, to inform effective PrEP introduction and use. It works

with national and subnational stakeholders to align policy, programs, and service delivery, and facilitates rapid evidence translation into practice. MOSAIC also builds local partner capacity through subgrants to organizations like AWA, HACN, SISTA, and YES Trust. Target groups include HIV-negative AGYW, female sex workers, pregnant and breastfeeding women, and individuals assigned female at birth, as well as providers, policymakers, and influencers such as partners and caregivers.

In 2023, Pangaea Zimbabwe (PZ) achieved notable milestones through the MOSAIC project and the CATALYST study. Youth engagement was a highlight, with young leaders like Sanele Ngulube, Pangaea Zimbabwe's Youth Representative under the



*The CATALYST Study
launch pictures*



project, playing central roles—facilitating a high-impact PrEP webinar for nearly 300 global participants, serving on expert panels, and receiving invitations to international platforms including ICASA and South-to-South Learning Network (SSLN) Collaborative Regional Convening on PrEP. There was also the inclusion of Havana Sanderson, PZ's Youth Representative in regional networks such as the CASPR Young Women HIV Prevention Council.

The CATALYST study was successfully launched across six sites: Harare, Cowdray Park, Beitbridge, Ngundu, Masvingo, and Plumtree, focusing on user-centered prevention for AGYW and other women in their diversity. enrolling 733 women and training over 150 healthcare providers. PZ advanced stakeholder and civil society engagement by establishing six Community and Youth Advisory Boards across CATALYST sites, involving 79 members, including 40 AGYW. Members were trained and sensitized on MOSAIC and the CATALYST study. Sub-national and site-level meetings built local buy-in and improved stakeholder understanding of new PrEP methods.

A Quality Improvement (QI) Collaborative was launched with MOHCC, with baseline assessments,

QI projects at four sites, and training for 40 healthcare workers. Peer learning sessions enabled teams to share experiences and plan further integration of PrEP with GBV, mental health, and family planning.

Process evaluation included 17 qualitative interviews, 16 provider surveys, and six site assessments, with analysis underway. Four community partners were engaged to raise awareness and educate women on PrEP, supported by tailored capacity-strengthening plans.

PZ also developed draft national CAB PrEP guidelines, aligned with oral PrEP and PrEP ring protocols, in preparation for the upcoming PEPFAR CAB rollout. The draft is under review by the national PrEP Technical Working Group. The CATALYST study was featured in news by media outlets such as ZBC, Herald, and Sunday News.



Havana Mtetwa leading a discussion with AGYWs



Sanele Ngulube during a workshop

“I’m proud to have helped facilitate this successful webinar, which I believe made a meaningful impact on HIV prevention. Its success sets the stage for future MOSAIC Global PrEP Learning Network events. I look forward to continuing this work to promote PrEP and other HIV prevention tools worldwide.” – Sanele Ngulube

“ I found it fulfilling to share insights on products like the dual prevention pill and contribute to the Council's ICASA activities and social media. I also supported the development of an advocacy toolkit, still in progress. My time with the Council has been enriching, especially for capacity building. As a law student, being part of efforts that amplify young women's voices in research, regulation, product introduction, and SRH access has been a privilege. This experience strengthened my belief in the value of diverse voices. Including them from the start improves impact and builds a more just, equitable future. – Havana Mtetwa



Does assessing for PrEP Readiness increase Month 1 Return: Increasing the proportion of PrEP clients returning for their month one scheduled visits at SHAZ! Hub

Petronella Masinyani** Ruramai Mudzingwa, Kimberly Mawonera,
Tendai Mupakati,
Sibusisiwe Sibanda,
Tinaye Muzeyi, Bekithemba Ndhlovu*
*QI coach, **QI Team Leader

Background

SHAZ! Hub, located in Chitungwiza's Citimed Hospital, stands for Shaping the Health of Adolescents in Zimbabwe.

This drop-in clinic offers HIV testing, HIV prevention (PrEP) screening and treatment, short-term family planning, comprehensive sexuality education, and life skills training for adolescents and young adults.

In 2018, it introduced PrEP services, mainly for adolescent girls and young women (AGYW), female sex workers (FSWs), and key populations (KPs) such as men who have sex with men (MSMs) and transgender individuals.

The discreet and convenient location of the drop-in center attracts many adolescent and young people who also enjoy fringe benefits such as free internet access.

While it primarily serves ages 16 to 24, services are available to anyone who presents to the hub.

Problem and Aim Statement

Only 42% of clients returned for scheduled PrEP month 1 visit by December 2023 at SHAZ! Hub.

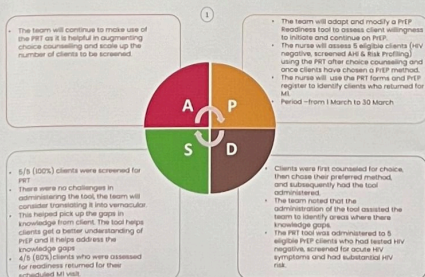
As a team, we aimed to increase proportion of clients returning for scheduled PrEP month 1 visit from 42% to 75% at SHAZ! Hub by June 2024.

PDCA Cycle

Improvement objective: To increase proportion of clients returning for scheduled PrEP month 1 visit from 42% to 75% at SHAZ! Hub by June 2024.

Change idea: To use PrEP Readiness Tool (PRT) to assess readiness amongst eligible PrEP clients prior to initiation.

Prediction: 60% of PrEP ready clients will return for their scheduled month 1 visit.



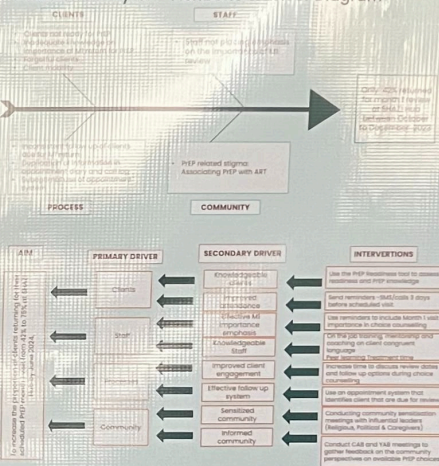
Overall lessons learnt

- The tool helps clients get a better understanding of PrEP and plays a pivotal role in addressing the knowledge gaps.
- As test of changes are being scaled up it is important to orient all team members to avoid missed opportunities.
- The team had to strike a balance where clients who were not adequately ready for PrEP but still wanted the service by revisiting choice counselling rather than not dispensing PrEP.
- The tool also helps when following up clients who are due for review as it captures the preferred method of follow up.
- Using an electronic tool would be cost-effective in the long run and easy to link with month 1 returns or missed visits.

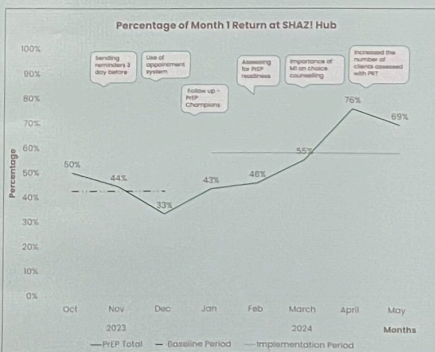
Way forward

- Interested in HIV prevention get a comprehensive service from within the unit.
- How waiting time is assessed.

Problem Analysis – Fishbone & Driver Diagram



Run chart



Implementation Challenges

- Consultation time increased by 7 to 10 minutes as the nurse revisited areas where the client lacked understanding.
- Administration of the PRT increased waiting times for other clients resulting in missed opportunities.
- Using one provider to conduct assessments resulted in missed opportunities.
- The use of paper based PRT questionnaires is not cost effective.
- Linking PRT responses to PrEP clients was cumbersome, resulting in names being documented on the back of the form to identify clients who came for month 1.



Coalition to Build Momentum, Power, Activism, Strategy and Solidarity in Africa (COMPASS)



COMPASS Africa is an innovative, data-informed and audacious North-South collaboration of civil society organizations working in the global North and in East and Southern Africa. The project is anchored by civil society-led coalitions in Malawi, Tanzania and Zimbabwe. Under COMPASS, these Africa-based coalitions work with partners in the region and in the global North to gather, analyze and use evidence and data to shape strategic activist and advocacy campaigns focused on addressing barriers to a comprehensive, evidence-based HIV/AIDS response. COMPASS Africa initiated its work in 2017, with a theory of change model which asserted that sharing tactics, skills and strategies regionally within East and Southern Africa, and internationally, between the Global North and the Global South, would support the development of strategic campaigns that led to measurable outcomes. Overtime, the coalition has continued to grow and evolve both in terms of its scope- and its composition.

Presently the composition of the COMPASS Africa Coalition consists of 6 technical support cross-cutting “global” partners and 21 country-based partners in Malawi, Tanzania and Zimbabwe. The “global” partners are amfAR, AVAC, Health GAP, MPact (US-registered); ICW East Africa (Uganda), and PZ (Zimbabwe).

PZ plays a central role in COMPASS Africa, leading both MERL and sub-granting with support from AVAC. The coalition is committed to African-led, community-driven advocacy that holds governments and funders accountable for equitable HIV policies and resource allocation.



*PZAT and AVAC joint visits to
COMPASS partners*





Over the past year, PZ has led COMPASS Africa's MERL and sub-granting efforts with support from AVAC, focusing on strengthening African-led advocacy that holds governments and funders accountable for HIV policies and resources. MERL activities in 2023 included assessing the coalition's health, improving decision-making and transparency, and supporting partners in monitoring advocacy outcomes through tools like the COMPASS scorecard, C-CAAT reviews, and SPARC storytelling. The team also mentored MERL champions via webinars, trainings, and site visits, and developed a case study documenting COMPASS's transition to African-led governance. Two MERL abstracts were accepted at ICASA 2023, with one awarded Best Abstract.

On the sub-granting side, PZ executed Year 6 agreements and provided targeted financial and compliance support to partners through in-person visits and ongoing coaching. These efforts strengthened partners' grant management, with most achieving compliance by the end of the year. To ensure a smooth leadership transition from AVAC, PZAT engaged closely with country coalitions through visits and relationship-building, reinforcing shared vision and clarifying its role in managing finances and grants under COMPASS 3.0.

Microbicide Research and Development to Advance HIV Prevention Technologies through Responsive Innovation and eXcellence (MATRIX)



MATRIX is a USAID-funded global consortium aimed developing a range of acceptable, affordable, scalable, and deliverable products to meet the unmet needs of women at risk of HIV. The project has 5 hubs responsible for the different activities. Pangaea Zimbabwe (PZ) is in the Design to Delivery Hub (D2D) which is the MATRIX collaborative's consultative working group for coordinated engagement of a range of end-users, service providers, key influencers and other local partners who can provide insight into the uptake, roll-out and acceptability of different HIV prevention options. The project operates in Harare, Bulawayo, Chitungwiza, Plumtree, and Mazowe.

The target groups include diverse women—such as adolescent girls and young women, pregnant and breastfeeding women, women in stable relationships, female sex workers, and women from all socio-economic backgrounds—along with healthcare providers from both public and private sectors, and key influencers like male partners from rural and urban communities.

The project conducted full-day consultations with three sub-groups of women—Adolescent Girls and Young Women (25), Pregnant and Breastfeeding Women and Women in Stable Relationships (24), and Female Sex Workers (23)—to gather feedback on five dual-purpose HIV and pregnancy prevention products. Groups were stratified by age and risk, recognizing overlapping characteristics. Key insights included strong interest in dual products due to convenience and cost-effectiveness, appreciation for both ARV/non-ARV and hormonal/non-hormonal options, and a clear preference for discreet methods.

A full-day workshop with 27 healthcare providers (20 nurses, 4 pharmacists, 3 doctors) explored their understanding and preferences for MATRIX products. Participants were recruited through roadshows at two public and one private health facility. The project also conducted a tablet-based market segmentation survey with 518 women aged 18–45 from rural and urban areas and various socio-economic backgrounds. To support the Rapid Response Network (RRN), the project joined two training sessions and created a database of 500 end-users,



Participants during one of the design consultations in Harare



Healthcare providers workshop



A woman with voluminous, curly, light brown hair is shown from the chest up. She is wearing a bright yellow blazer over a black top with a white geometric pattern. She is looking down at a small, white, cylindrical container with a white cap that she is holding in her right hand. The background is a plain, light-colored wall. The overall lighting is soft and even.

Participant observing one of the prototypes of the dual-purpose prevention products

influencers, and stakeholders from diverse settings. The project assisted MATRIX Prime (Magee-Womens Research Institute) in organizing a regulatory meeting with authorities from Kenya, South Africa, and Zimbabwe. influencers, and stakeholders from diverse settings. The project assisted MATRIX Prime (Magee-Womens Research Institute) in organizing a regulatory meeting with authorities from Kenya, South Africa, and Zimbabwe.

Wild4Life program is aimed at improving access to services and provision of quality of care to clients' in Lupane, Binga, and Hwange districts. Implemented through clinical mentoring, outreach services, Village Health Workers (VHWs), Community ART Groups (CARGs), adolescent support, and community dialogues, the project aligns local plans with district health priorities. In 2023, Wild4Life program saw notable gains across multiple indicators. The project achieved strong results across multiple health indicators. In maternal and child health, 85% of women in labor were correctly monitored using partographs, and no IMNCI-related deaths occurred. TB treatment success stood at 89%, and ART retention at 24 months was 94%. Viral suppression rates were high: 95% among ART clients, 97% among CARG members, and 92% among adolescents. A total of 14,865 clients were reached through 366 integrated outreaches, including 2,033 dental extractions. VHWs reached 150,266 clients—more than double the target—following malaria outbreaks in Binga; 96% of VHWs were trained. CARG enrollment reached 75% of the target (7,133/9,544) across 919 groups, with 97% of those tested achieving viral suppression. Among adolescents, 654 were screened for mental health, 515 received counseling, and 92% (1,368/1,479) of those with viral load results were suppressed. EPI services reached 77 hard-to-reach sites and administered 706 and 2,078 antigens in Lupane and Binga, respectively, with 97% EPI coverage in Binga and 92% in Lupane.

Clinical mentorship covered all three districts, with 96% (179/186) of health workers mentored at least twice and 93% (28/30) of facilities attaining a clinical grading of 4 or above. Data quality improved. In Lupane and Binga, 611 out of 639 VHWs were mentored and equipped, boosting outreach and reporting; 425 VHWs in Binga received branded T-shirts. A total of 366 outreaches delivered services including vaccinations, family planning, Vitamin A, and COVID-19 vaccines. EPI efforts brought back 29 defaulters. CARG enrollment reached 63% in Binga and 33% in Lupane, with an additional 20% using other ART models. Viral load coverage was 74%, with 97% suppression. Some groups engaged in livelihood projects.

Adolescent support reached 1,208 young people through 51 groups and 263 meetings. Friendship Bench was offered at 15 facilities, providing 654 screenings and 515 counseling sessions, despite 50% cadre attrition. Thirteen gender norms and dialogue sessions reached 609 people, promoting positive masculinity and addressing issues like child marriage and polygamy.

All 29 Health Centre Committees remained active, met regularly, and guided facility planning. Some facilities, including Chunga, Siabuwa, and Jotsholo, carried out renovations despite NATPHARM-related challenges.



Program outreaches in the districts, offering different services to the communities

Combination HIV Prevention

The Combination HIV Prevention (CHIP) project, implemented by Pangaea Zimbabwe and supported by ViiV Healthcare, aims to deliver comprehensive, youth-friendly HIV prevention and support services to adolescents and young people in all their diversity, including key populations. The project focuses on creating inclusive, accessible, and safe environments where young people can access both clinical and non-clinical services tailored to their needs.

Through drop-in centers, the SHAZ! Hub, in Chitungwiza and a newly established one in Mazowe, CHIP provides integrated HIV prevention services such as HIV testing, PrEP, STI screening and treatment, family planning, and mental health support. The program also incorporates economic strengthening initiatives, peer-led PrEP literacy sessions, and recreational services to holistically address the health and well-being of priority populations, including adolescent girls and young women (AGYW), adolescent boys and young men (ABYM), men who have sex with men (MSM), female sex workers (FSW), young women who sell sex (YWSS), and transgender individuals.

In 2023, the CHIP project recruited and trained 18 CHIP Champions and 3 healthcare workers

to lead peer education, PrEP mobilization, and mental health support using the Friendship Bench model. The champions conducted hotspot mapping and delivered PrEP literacy sessions to 100 adolescents and young people, of whom 80 were initiated on PrEP.

The project also engaged over 145 young people in HIV prevention and testing services across both districts. Importantly, efforts to create stigma-free, youth-centered spaces led to increased access to services among MSM and other marginalized groups.



The SHAZ! Hub recreational room

CHIP's inclusive and data-informed approach was supported by collaboration with government stakeholders such as the Ministry of Health and Child Care, the National AIDS Council, and community leaders. The project successfully launched new services, improved data collection systems, and strengthened partnerships.

Going forward, CHIP will expand economic empowerment interventions and refine life skills curricula to enhance impact.

Through youth empowerment, peer leadership, and strategic partnerships, the CHIP project is contributing meaningfully to national HIV prevention goals while ensuring that no young person is left behind.



Chitungwiza and Mazowe community outreaches

Strategic Partnerships and Collaborative Impact

Pangaea Zimbabwe (PZ) deepened its strategic partnerships to amplify impact across HIV prevention, health systems strengthening, and sexual and reproductive health programs. We collaborated with a diverse range of donors, government ministries, civil society actors, academic institutions, and communities—anchoring our work in mutual accountability, shared goals, and equity-centered programming.

Our work was generously supported by global development partners and technical consortia. Our funders included but not limited to PEPFAR (via CDC and USAID), ViiV Healthcare, the Bill & Melinda Gates Foundation, AVAC, FHI 360, the National Institutes of Health (NIH), New York University, the Bohemian Foundation, Egmont Foundation, CRI Foundation, Vitol Foundation, and the West Foundation. In addition, our programmatic reach was also achieved through collaboration with with local implementing actors.

We maintained strong relationships with the Ministry of Health and Child Care (MoHCC), National AIDS Council (NAC), provincial and district health executives, and local government authorities including rural district councils, traditional leaders, and Health Centre Committees (HCCs). These engagements were pivotal in ensuring alignment with national priorities, integrating our work into district master plans, and fostering local ownership. CHRCs, mentor mothers, peer champions, and youth advisory boards were mobilized as frontline advocates and health educators across all programs.

As we enter 2024, Pangaea Zimbabwe is committed to expanding and diversifying its partnership base. We aim to increase domestic resource mobilization. By leveraging technical excellence, grassroots engagement, and strategic alliances, we will continue driving forward a health agenda that is inclusive, resilient, and community owned.

Pangaea Zimbabwe Stakeholder Map



N.B Stakeholders have been listed in alphabetical order for ease of reference.



*We envision an environment in which
all human beings live healthy,
productive, and quality lives.*

*We strive to transform the lives of underserved
populations by working to increase access to quality,
responsive, evidence based, client-centered
comprehensive health services through facility and
community engagement and policy advocacy*

Equity

Integrity

Inclusivity

Stewardship