

ANNUAL REPORT 2024

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Imelda Mahaka, PZ's Executive Director in Binga handing over medical equipment to the District Development Coordinator and District Nursing Officer.

Executive Director's Note

“Pangaea Zimbabwe deepened its impact across the country through bold, inclusive, and community-led approaches. Guided by our vision, the goal is to increase our impact across the country and regional borders. Throughout the year, our teams demonstrated remarkable adaptability. Whether addressing the needs of women and girls in remote rural areas, supporting adolescent health and mental well-being, promoting accountability through health governance structures, or providing mentorship to frontline health workers, we remained focused on creating solutions that are both context-sensitive and sustainable.

We saw communities mobilize around their own health rights, local champions emerged, structures like Health Centre Committees became more inclusive and effective while youth voices were amplified in policy forums. Our partnerships—with government ministries, traditional leaders, health professionals, academia and civil society—grew stronger and more collaborative. Through these alliances, we made health services more accessible, more accountable, and more aligned with community needs.

This year, our programs reached thousands of women, girls, and key populations with critical information and services. We built capacity in public health facilities, supported village health workers, facilitated regional knowledge exchange, explored digital solutions and influenced policies that protect and promote health rights. These achievements are not ours alone—they belong to the communities, partners, and frontline champions who walk with us.

As we look to 2025 and beyond, our vision remains clear: a world where all people are living healthy, productive and quality lives. We are committed to scaling what works and finding opportunities of growth. Together, we are building a future where health is not a privilege, but a right. Thank you for standing with us.”

Imelda Mahaka
Executive Director
Pangaea Zimbabwe

A Year in Review

2024 marked a year of deepened impact, innovation, and regional leadership for Pangaea Zimbabwe. Across rural and urban landscapes, we expanded our reach, strengthened partnerships, and delivered people-centered health services to underserved communities. From frontline prevention to policy advocacy, our work remained anchored in equity, evidence, and community voice.

We scaled up PrEP delivery and HIV prevention options under projects like MOSAIC, CHIP and ZimPAAC and MATRIX, pioneered the rollout of long-acting injectables and user-preferred prevention technologies. Our interventions under CASPR empowered tertiary students and pregnant and lactating women to access prevention with agency and dignity. DREAMS surpassed its targets, reaching thousands of adolescent girls and young women with layered support in education, economic strengthening, and health. Our leadership in regional coalitions, such as COMPASS, influenced HIV policy, pandemic preparedness, and resource mobilization across East and Southern Africa.

At the community level, initiatives like ZIMACE and WILD4LIFE enabled citizen oversight, strengthened village health worker systems, and improved health governance. From improving STI care in remote facilities to amplifying community champions in Health Centre Committees, we helped build accountable, resilient health systems. None of this would have been possible without the commitment of our partners—government ministries, donors, community leaders, peer educators, and health workers. Together, we turned challenges into opportunities for sustainable impact.

As we move into 2025, we remain committed to transforming systems, advancing rights-based care, and scaling what works—so that all Zimbabweans, regardless of who or where they are, can live healthy, empowered lives.

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

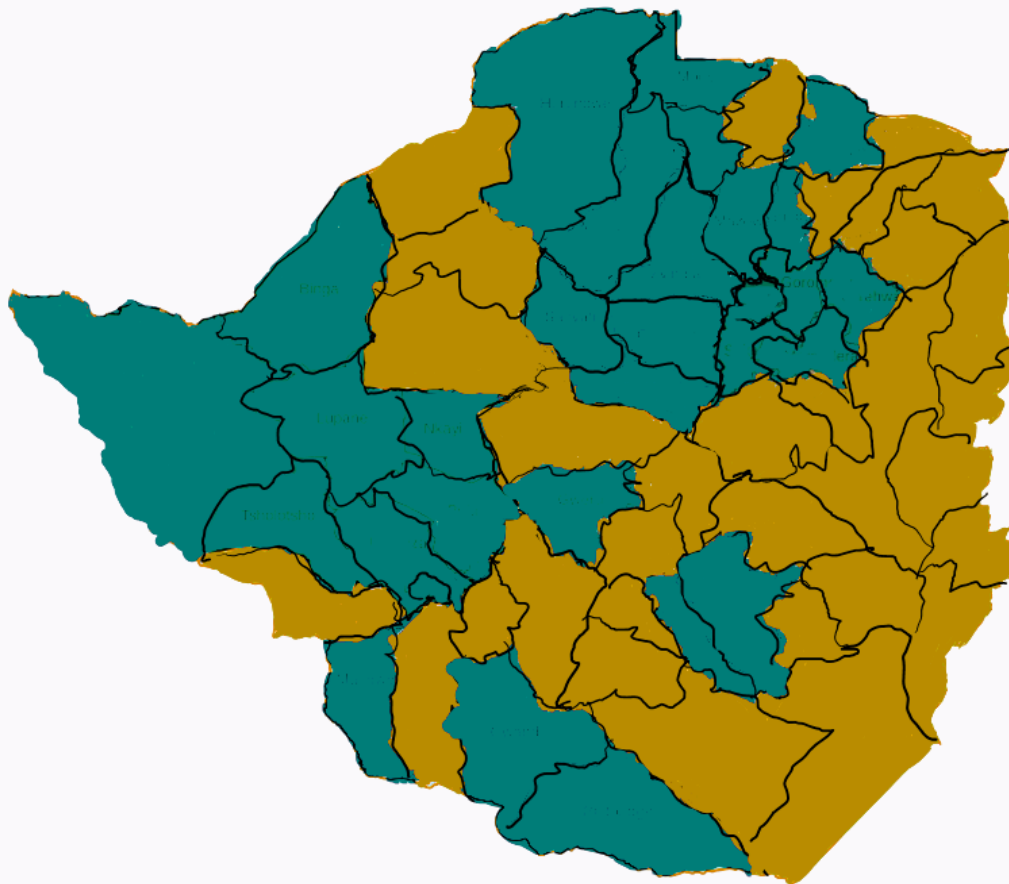
04 Stewardship

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

Geographic Location

In 2024, 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:



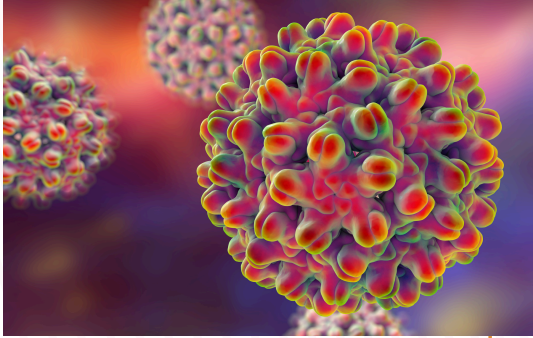
Primary Healthcare
112 618



HIV Prevention
38 010



HIV Treatment and Care
43 100



STI Prevention

1 181



Sexual Reproductive Health

1 466



Economic Strengthening

756

Our Projects



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

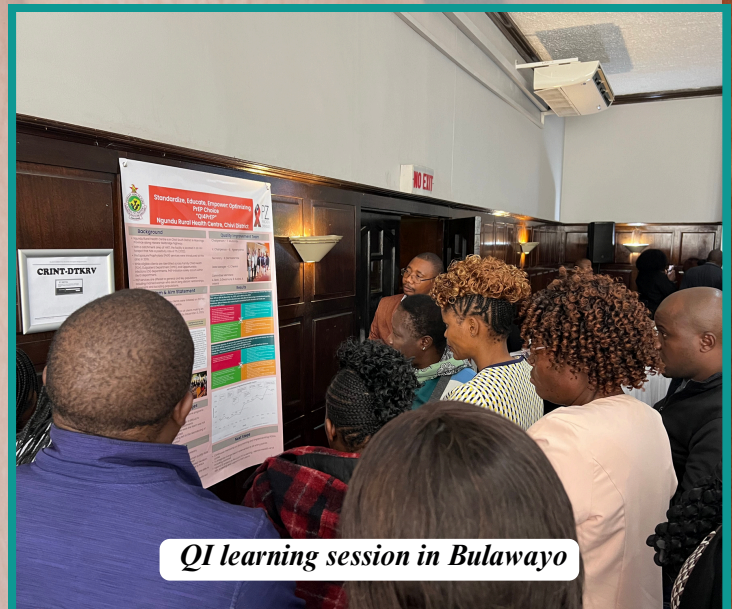
MOSAIC is a global project, locally led by Pangaea Zimbabwe in Zimbabwe, that aims to promote informed access to new HIV prevention technologies including the dapivirine vaginal ring and long-acting injectable cabotegravir (CAB PrEP). It is A 5-year global project (2021–2026) funded by PEPFAR through USAID, focusing 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.

Between January and June 2024, the MOSAIC Zimbabwe team recorded several key achievements across research, policy, youth

engagement, and capacity strengthening.

One of the most significant milestones was the successful launch of Stage II of the CATALYST study. The research team and healthcare providers were trained on new procedures to enable the offering of three PrEP options to women. A shipment of 4,725 vials of CAB PrEP was received and distributed across study sites, with SHAZ! Hub launching Stage II on April 24 and all sites fully activated by May 20. Complementing this, the Zimbabwe Quality Improvement Collaborative (QIC) facilitated its first learning exchange from May 7 to 10, bringing together QI teams from all six study sites to focus on priority issues. These teams also participated in the Global PrEP Exchange, fostering cross-country learning.



QI learning session in Bulawayo

On the policy and program front, MOSAIC played a critical role in the programmatic rollout of CAB PrEP. The team supported the planning and coordination of PrEP Technical Working Group meetings, developed detailed CAB PrEP



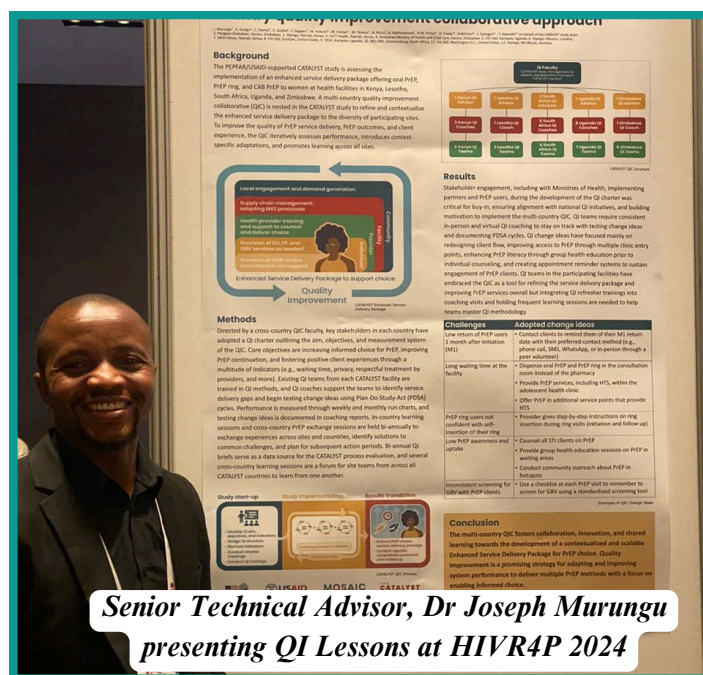
CATALYST Study stage 2 launch in Masvingo

guidelines approved in February, and adapted the RISE/MOSAIC training curriculum for the Zimbabwean context. A national Training of Trainers was held in February with stakeholders from MoHCC, USAID, CDC, and four implementing partners. CAB PrEP was officially launched programmatically in early June across several sites, resulting in 213 initiations by the end of the reporting period. Additionally, the MOSAIC team developed youth-driven demand generation materials by collaborating with the AGYW-led organization SISTA to feature local young women in creative campaign assets. These materials were adapted based on feedback from the Ministry of Health and are now pending final rollout.



Youth Representative, Sanele Ngulube, at the IAS Conference 2024

Meaningful youth engagement remained a core focus. Sanele Ngulube, Zimbabwe's NGS member, joined the AVAC Young Women HIV Prevention Council, participated in the PrEP Ring systematic review, and was selected for the AIDS 2024 Young Leaders Programme. She received a full scholarship to attend the AIDS 2024 conference and will participate in multiple panels, including one with Ambassador Nkengasong. Her activities showcase the visibility and influence of Zimbabwean youth on global platforms. Locally, young women were also actively involved in creating PrEP communication materials, ensuring relevance and authenticity.



Senior Technical Advisor, Dr Joseph Murungu presenting QI Lessons at HIVR4P 2024

On capacity strengthening, Pangaea Zimbabwe demonstrated leadership in research utilization by co-authoring four HIVR4P abstracts—two led by PZ staff—with one accepted as a poster presentation. Laboratory capacity was enhanced as Zimbabwe's National Microbiology Reference Laboratory validated SOPs for HIV drug resistance (HIVDR) testing. Four scientists also received specialized training in Botswana. A notable best practice involved piloting and scaling up the use of appointment registers across CATALYST and non-CATALYST sites. These registers improved tracking and follow-up, resulting in better PrEP continuation rates and enhanced client engagement. Together, these achievements reflect MOSAIC Zimbabwe's strategic focus on expanding PrEP access, amplifying youth leadership, and strengthening national systems for long-term sustainability in HIV prevention.

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

MATRIX is a USAID-funded global consortium developing innovative HIV prevention options. Pangaea Zimbabwe leads country-level efforts in understanding user preferences and acceptability of multipurpose prevention technologies (MPTs) through the Design-to-Delivery (D2D) Hub. The project operates in Harare, Bulawayo, Chitungwiza, Plumtree, and Mazowe.

The Design to Delivery (D2D) Hub, a key component of the MATRIX initiative funded by USAID, aims to advance the development and delivery of acceptable HIV and dual-prevention products for women in sub-Saharan Africa. The Hub focuses on enhancing product acceptability through extensive end-user engagement, integrating sociobehavioral research (SBR) into clinical trials, strengthening regional research leadership, and disseminating policy-relevant evidence.

One major activity this year was participatory engagement with stakeholders to gather preferences and perceptions related to product packaging and framing. This process included two participatory engagements (PE4 and PE5) with 176 and 181 participants, respectively, in Kenya, South Africa, and Zimbabwe. These sessions revealed strong preferences for discreet, lifestyle-oriented packaging instead of overtly medical designs — a view further supported by poll data from the Rapid Response Network (RRN), which involved over 1,800 stakeholders across Kenya and Zimbabwe. An example outcome was a strong majority (83%) choosing non-medical packaging for the FDI product.

The D2D Hub's work is closely integrated with ongoing clinical trials (MATRIX-001, -002, -003), where SBR methods enable real-time adaptation and fine-tuning. SBR trainings were held at



KEMRI in Kenya, HHRC in Zimbabwe, and WRHI in South Africa, while codebooks for qualitative data were finalized for subsequent trials (MATRIX-004 and -005).

At a SBR Workshop in Nairobi in 2024, 30 researchers from 7 sites exchanged methods, refined data analysis frameworks, and fostered a growing network of regional SBR expertise.

Capacity strengthening forms a key piece of D2D's approach, reflecting its objective to enable a transfer of leadership to African institutions. FHI 360 trained Pangaea Zimbabwe, KEMRI, and CAPRISA in advanced quantitative methods, resulting in their developing their own manuscripts and taking greater ownership of data routines.

Furthermore, the CaSE Scholars Program supported individuals like Kudzai Hlahla, who published an opinion piece, and Wanzi Makoni, who led a landscape analysis in AIDS and Behavior. This progress signals growing confidence and independence in the region's ability to drive its own research agendas.

Evidence from D2D's work was broadly disseminated through publications two manuscripts were submitted for peer review and through presentations at major conferences, including the MPT Summit, SBR Partners' Forum, and CROI 2025. Tools and data from these engagements were also shared with stakeholders such as the Biomedical Advanced Research and Development Authority (BARDA) to aid policy and product design.

Considerable care was taken to account for gender-related barriers and safeguards. The team engaged a range of women, from sex workers to married women, in participatory sessions alongside their male partners' perspectives.

Clinical trial protections were implemented to account for related vulnerabilities, and gender-based violence referral mechanisms were put in place across sites.

Some implementation bottlenecks, however, delayed progress — notably slow South Africa's IRB approvals and competing priorities for some partners — but these were addressed through diligent follow-up, activity reschedules, and delegation of responsibilities. Furthermore, additional training by CAPRISA and ongoing data sharing kept trial timelines on track.

Rapid SBR-informed product tweaks, strong and growing regional leadership, and a collaborative cross-site network collectively reflect the D2D Hub's progress toward delivering desirable, effective prevention products for women in sub-Saharan Africa. The Hub plans to further engage male partners (PE6) and clear bottlenecks related to South Africa's study approvals in its fourth year of implementation, strengthening both the reach and robustness of its approach.

MATRIX Participatory Engagement 4



SBR training in KEMRI, Kenya

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

The COMPASS (Coalition to Build Momentum, Power, Activism, Strategy, and Solidarity) Africa project aims to strengthen the HIV response in East and Southern Africa through coalition-based, data-informed advocacy and activism.

COMPASS's core purpose is to address structural barriers to equitable HIV services, enhance accountability of policymakers and funders, and shift leadership to African civil society. The project operates through country-based coalitions in Malawi, Tanzania, and Zimbabwe, supported by global advocacy partners.

COMPASS focuses its efforts on four primary objectives. The first is improved HIV policy implementation, which involves advocating for laws, policies, and approaches that enable person-centered services for key populations, adolescents, and vulnerable groups. The second objective is optimized resource allocation — this includes increasing and improving the use of financial, human, and technical resources from governments, PEPFAR, and the Global Fund for critical HIV programs. The third objective, strengthened pandemic response, aims to enhance global health equity and multi-sector collaboration to protect HIV gains during health emergencies. The fourth objective involves developing a sustained Africa-led coalition — evolving a transnational, Africa-centric model that redistributes power and accountability.

During the reporting period from December 2023 to November 2025, COMPASS achieved significant milestones across these objective areas. In policy and



Strategic Lab in Malawi

service delivery, PEPFAR Country Operational Plan (COP) 23 advocacy resulted in crucial commitments, including expanded HIV prevention targets, additional funding for community-led monitoring (CLM), and initiatives to empower youth. In Tanzania, this resulted in \$1.2M for CLM and \$700,000 for violence prevention for key populations.



Zimbabwe secured commitments for universal TB prevention coverage and youth representation on PEPFAR advisory boards. Furthermore, Tanzania approved the long-acting Cabotegravir (CAB-LA) for PrEP, while Malawi launched a CAB-LA implementation study. Advocacy for the dapivirine vaginal ring and lenacapavir also advanced, with AVAC developing a rollout plan to reach 2.5 million users in low- and middle-income countries by 2027. CLM guidelines were successfully implemented in Malawi alongside their expansion to include TB, malaria, and pandemic response, while Tanzania integrated CLM data into PEPFAR processes, and Zimbabwe operationalized revised tools to aid their advocacy.

The coalition also grew, adding new key population (KP) partners, such as Malawi’s Diversity Forum and Zimbabwe’s Sexual Rights Centre. The Tanzania team led a \$1.2M violence prevention initiative, while key population representation in sustainability planning was recognized at the International AIDS Conference.

In the area of resource mobilization and accountability, several significant funding increases were secured. Tanzania raised its health budget by 8.7% alongside a 3.4% increase for HIV programs, while Zimbabwe doubled per-capita health spending to \$80.



Strategic Lab pictures

Malawi’s health budget allocation grew from 9% to 12%. Furthermore, COMPASS provided technical assistance during Botswana’s Global Fund grant process and influenced the Global Fund’s Community Engagement Strategic Initiative. AVAC subsequently secured a seat on the Global Fund’s NGO Delegation, and amfAR published an insightful analysis of the Fund’s community investments. The human resources for health gap in Tanzania was reduced by 4.5% after securing 9,758 health worker permits, while Zimbabwe’s HRH COMPACT strategy secured \$223M in funding.

In strengthening pandemic preparedness and response, COMPASS launched a preparedness working group, facilitated by AVAC, where partners contributed to reviews of Pandemic Fund proposals and supported Zimbabwe’s PPPR (Pandemic Prevention, Preparedness, and Response) coordination mechanisms. Malawi, meanwhile, successfully implemented a PPPR



training curriculum, and COMPASS showcased the role of community-led monitoring in strengthening health resilience at ICASA 2023. On the fourth objective — sustained Africa-led coalition — Pangaea Zimbabwe (PZ) assumed the lead role in governance and financial oversight, and a Governance Committee was formed to oversee its operations. This process was documented in a case study demonstrating the transfer of power from Global North to South institutions. The MERL team subsequently developed a “Coalition Health Scorecard” to aid in addressing governance gaps, coordination



bottlenecks, and conflict resolution mechanisms, while strategy labs fostered greater regional collaboration and policy synergy amid shrinking donor funding. Capacity-building initiatives resulted in tailored financial and operational policy improvements across the coalition, alongside greater representation by youth, key populations, and people living with HIV in its leadership structures.

Across all these endeavors, COMPASS secured 58 policy, funding, or service delivery “wins”—ranging from Tanzania’s CAB-LA approval to Malawi’s draft standard operating procedures for key population services — alongside numerous partial victories. The MERL team contributed through outcome harvesting, training for MERL champions, and developing knowledge products such as newsletters and case studies, strengthening both accountability mechanisms and the credibility of the coalition’s policy influence. The project successfully delivered its strategic action plans, landscape analyses, and skill-sharing initiatives on time, without generating additional intellectual property rights.

COMPASS’ progress underscores its mission to enable structural transformation through data-informed, coalition-centric action. Nevertheless, significant challenges remain in sustaining its momentum, strengthening its governance structures, and navigating the delicate balance between addressing country-specific needs and honoring evolving global health priorities.

In the future, COMPASS plans to pursue greater resource diversification, implement mechanisms for conflict resolution, and amplify its role in HIV prevention within the context of growing health emergencies and policy uncertainty.



Zimbabwe Strategy Lab 2024

HIV PREVENTION SYMPOSIUM FOR ADOLESCENT GIRLS AND YOUNG WOMEN



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.

In 2024, Pangaea Zimbabwe made significant strides in strengthening HIV prevention for adolescents, young people, and pregnant and lactating populations (PLP), with a deliberate focus on community leadership, access, and sustainability. A notable success was the deepened engagement of young people in tertiary institutions through the HIV Prevention Champions initiative. 35 adolescent girls and young women were trained and supported as champions across seven tertiary institutions, leading peer-based outreach initiatives.

“Revitalising HIV Prevention for Young People in the Region”



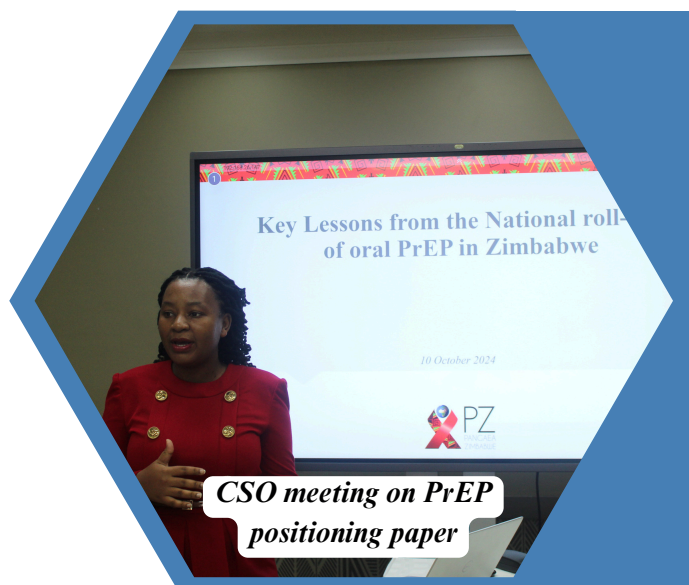


HIV Prevention observing PrEP products during PrEP champion annual meeting



Through their efforts, 527 young people were engaged in HIV prevention conversations via WhatsApp groups, while another 638 were reached through face-to-face campus dialogues. These interactions not only increased awareness of HIV prevention options such as oral PrEP, the Dapivirine Vaginal Ring (DVR), and CAB-LA, but also translated into real action: 281 students were initiated on oral PrEP, with several referred to access new products like DVR and CAB-LA at MOSAIC CATALYST sites in Bulawayo and Masvingo.

This work was pivotal in demonstrating how youth-led models can drive uptake of HIV prevention services among their peers. For many young people, especially adolescent girls and young women, these interactions happened in safe, familiar spaces and involved people they could trust—key factors in influencing health-seeking behavior. The champions not only educated their peers but also played an advocacy role, surfacing structural barriers and facilitating referrals. As a result of this youth-led mobilization, five effective practices for engaging young people in HIV prevention were documented and adopted by stakeholders for scale-up. This marks a step toward more structured and sustainable models of youth engagement in HIV prevention in Zimbabwe.



CSO meeting on PrEP positioning paper

Among pregnant and lactating populations, Pangaea Zimbabwe built on earlier literacy and engagement work to understand how prior HIV prevention messaging influenced real-world choices. Through follow-up activities in six sites across Zimbabwe, it was found that of the 128 PLP reached in earlier sessions, 44 had taken proactive steps to initiate oral PrEP. This self-reported data revealed strengthened knowledge, agency, and a willingness among PLP to protect themselves from HIV, despite the often-overlooked structural and cultural barriers they face. Many participants also began sharing HIV prevention information within their communities, challenging myths and misconceptions. This ripple effect was particularly important in communities where women's access to health information is mediated by family or partners.

To further inform HIV prevention programming for PLP, a qualitative study was conducted to explore the experiences of women who were dis-enrolled from biomedical HIV prevention trials after becoming pregnant. The findings are expected to inform ethics and policy debates around equitable trial participation, particularly in relation to the exclusion of PLP from ongoing access to prevention technologies they had initially received through research studies.

In the advocacy and policy space, Pangaea Zimbabwe produced a position paper outlining implementation considerations for long-acting PrEP methods—CAB-LA and DVR—drawing from Zimbabwe’s experience with oral PrEP rollout. The paper provided targeted recommendations for civil society organizations (CSOs) on how to strengthen their capacity to engage with the HIV research and development pipeline and to advocate for the availability and equitable rollout of new products. This was a key step in ensuring that CSOs are not only informed about emerging technologies but are also equipped to influence policy and implementation priorities.

Institutionally, 2024 was also marked by continued efforts to support tertiary institutions to integrate HIV prevention into student life and health programs. This included working closely with college authorities to establish structures and support champions as part of broader efforts to create sustainable, youth-led HIV prevention ecosystems.

These efforts were amplified during the Regional Symposium held in Harare on June 19, 2024, where a panel discussion with young people brought their voices to the forefront of the conversation on revitalizing HIV prevention in the region.

The discussion provided a platform for young people to directly engage stakeholders, share lived experiences, and advocate for meaningful involvement in policy and program design.

Underpinning all of these efforts was a commitment to participatory approaches and cross-sectoral collaboration. By centering communities—whether young people, PLP, or their influencers—in every step of the program cycle, Pangaea Zimbabwe ensured that solutions were not only responsive but co-created. Strong alliances with the Ministry of Health and Child Care, the National AIDS Council, and implementing partners were key in aligning efforts, avoiding duplication, and amplifying impact. Together, these efforts contributed to a more inclusive, informed, and empowered HIV prevention landscape, with a growing momentum toward equitable access and sustainable programming.



HIV Prevention Champions at the 2024 HIV Prevention Regional Symposium

MERL Officer, Princess Mharire at the INTEREST Conference 2024

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

Pangaea Zimbabwe (PZ) is a key partner in the Zimbabwe Partnership to Accelerate AIDS Control (ZimPAAC) consortium. ZimPAAC focuses on implementing context-appropriate health interventions to enhance access to and the quality of HIV prevention, treatment, care, and support services through site-specific interventions and community outreach. PZ is executing a CDC-funded project aimed at delivering comprehensive, high-quality, and client-centered HIV prevention, care, and treatment services to key populations (KPs), including men who have sex with men (MSM), female sex workers (FSW), persons who inject drugs (PWID), and transgender people (TG).

During the reporting period from October 2023 to September 2024, PZ has collaborated with the Ministry of Health and Childcare (MoHCC), Harare City, and the Zimbabwe Technical Assistance,

Training and Education Centre for Health (Zim-TTECH) to ensure that HIV prevention, care, and treatment services are accessible and friendly to KPs in Harare, Marondera, Seke and Sanyati districts.

The Key Populations (KP) program under the ZimPAAC Consortium aims to provide integrated, client-centered HIV prevention and treatment services for key populations, including MSM, sex workers, transgender individuals, PWID, and other vulnerable groups. The program focuses on reducing stigma, strengthening KP community advocacy, and improving access to quality public health services. Key objectives include training healthcare workers, delivering tailored HIV services, defining a standard KP service package, engaging KP communities and CBOs, offering complementary services like mental health and violence prevention, and establishing quality metrics to drive continuous improvement.



Outreach activities across the districts



In Harare, Pangaea Zimbabwe implemented the KP program across 21 facilities, targeting female sex workers (FSW), men who have sex with men (MSM), people who inject drugs (PWID), and transgender individuals (TG). The program reached a total of 16,220 KPs with HIV prevention services, and 13,867 of these were tested for HIV. Among those tested, 775 were found HIV-positive, yielding a 5% positivity rate, and 93% were successfully linked to ART. The program demonstrated impressive PrEP scale-up, with 5,703 initiations (5,309 oral PrEP and 135 CAB-LA), led primarily by FSW (38%) and MSM (19%). Continuation at one month reached 66%, bolstered by outreach follow-ups and strengthened adherence support. HIV self-testing was a major success, with 8,656 kits distributed and a 98% ART linkage rate among reactive cases. STI screening reached all tested KPs, identifying 1,030 infections, though medicine stockouts limited treatment coverage to 84%. Outreach services, conducted in hotspots through moonlight and safe space models, reached over 4,000 KPs and were instrumental in initiating 1,135 clients on PrEP and re-supplying 1,694 others. The Friendship Bench model supported 341 KPs for mental health concerns, with 65% showing signs of distress and 9% flagged for severe concerns like suicidal thoughts. Support groups provided safe spaces for open dialogue on adherence, stigma, and disclosure. Monitoring was enhanced through active Facility Monitoring Committees (FMCs), CDC site visits, and community-led quality improvement efforts.



In Marondera, the KP program made significant strides in increasing access to HIV prevention services despite initial delays due to program roll-out challenges. Outreach efforts played a pivotal role in engaging KPs, particularly FSWs and MSM, through community-led activities. Over the course of the year, PrEP uptake rose consistently, supported by facility staff and trained community facilitators. HIV testing, STI screening, and the provision of HIV self-test kits were key components of outreach activities. ART initiation and PrEP continuation rates were strengthened by strong linkage systems and routine support visits. Coordination with local stakeholders, including the District AIDS

Committee and MoHCC, improved community acceptance and ensured that services were tailored to local contexts. Challenges such as stockouts of STI medicines and delayed CAB-LA availability were noted, but regular technical support and stakeholder engagement helped mitigate service disruptions and sustain momentum.



The KP program in Seke, supported at two main facilities, was initially delayed due to stakeholder approvals, with full implementation beginning in July 2024. Despite this late start, significant progress was made in reaching underserved populations. Community outreach and moonlight initiatives targeted key hotspots, resulting in high engagement from MSM, FSW, and TG individuals. PrEP initiation in Seke gained traction through these targeted interventions, and continuation at one month was supported through improved tracking systems and the engagement of community facilitators. HIV self-testing and STI screening were incorporated into outreach events,

although access to STI medications remained a limiting factor. Facility-based service delivery improved with the establishment of appointment systems, peer-led follow-ups, and regular site support visits. Training for healthcare workers and lay cadres enhanced service quality, and the formation of FMCs created strong community-facility linkages, enabling greater KP involvement in service delivery oversight.

In Mazowe, the KP program reached notable success in PrEP scale-up, testing, and STI treatment among key populations. A total of 706 KPs (590 FSW, 94 MSM, 2 TG, and 20 PWID) were initiated on PrEP, far exceeding initial targets. The majority of initiations were concentrated in the 20–29 age band, which benefitted from joint outreaches conducted with PZ’s CHIP and Care and Treatment teams. PrEP continuation at one month improved to over 70% from March 2024, attributed to rigorous client tracking and facility support visits. All 11 KPs who tested HIV positive were FSWs, and all were linked to ART, ensuring a 100% linkage rate. STI screening reached 1,166 KPs, and all 136 who tested positive received treatment. Support groups were highly effective, facilitating peer support and discussions on adherence, barriers to PrEP use, and mental wellness. However, challenges such as the unavailability of CAB-LA, STI medicines, and noisy PrEP pill containers were cited by participants.

limitations. No reactive cases were recorded during the reporting period. Nonetheless, support group meetings and routine follow-ups allowed for knowledge exchange on PrEP use, mental health, and STI prevention. KPs reported high levels of peer support and expressed enthusiasm for the CAB-LA injectable option, though availability remained a challenge. KP Facility Monitoring Committees in Goromonzi played a critical role in promoting quality and equity in service provision, and their early engagement helped build trust within the KP community. Issues such as user fees for STI services, long waiting times at clinics, and frequent mobility among KPs posed challenges to service continuity, but strategies such as diaries for tracking and increased community dialogues were recommended to address them.

In Sanyati, implementation began in March 2024 and quickly yielded strong results. A total of 939 KPs were initiated on PrEP, including 390 FSW, 100 MSM, and



Two KP Facility Monitoring Committees were formed, improving service delivery and accountability. Hotspot mapping identified 20 active locations, aiding targeted outreach, while strong collaboration with local leaders ensured continued community engagement and buy-in.

In Goromonzi, the KP program complemented interventions in Mazowe by strengthening access to HIV prevention services through targeted outreach and facility-based services. HIV self-testing uptake remained low, with only 138 kits distributed—all through assisted primary distribution—due to supply

26 PWID, with the highest uptake among those aged 20–29. HIV testing reached 752 KPs, identifying 47 positives, with 98% linked to ART. HIV self-testing was limited (81 kits) due to stockouts. PrEP continuation at one month averaged 43%, impacted by pill burden, drug stockouts, and client mobility. Twenty-nine outreaches and eleven support group sessions promoted adherence, safer sex, and peer support. KPs expressed strong interest in CAB-LA and STI treatment. Site support visits and improved documentation were best practices, though shortages of HIVST kits and STI drugs remain key challenges.

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

PZ is a partner in the Zimbabwe Partnership to Accelerate AIDS Control (ZimPAAC) consortium, funded by PEPFAR under CDC and has been working with the MOHCC in collaboration with Zimbabwe Training and Technical Assistance Training and Education Center for Health (Zim-TTECH) to improve access to HIV prevention, care and treatment services for key and priority population groups, including adolescent girls and young women (AGYW) in Zimbabwe. PZ is implementing the Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe (DREAMS) program in Matabeleland North's four districts namely: Bubi, Lupane, Nkayi and Tsholotsho. The program aims to identify most vulnerable and at risk AGYW aged 10-24 and keep them HIV free through empowering them, strengthening their families, mobilizing communities for change, and reducing risk of sexual partners. The overall objective is to reduce HIV incidence by 40%. Specifically, PZ is responsible for delivering PrEP to AGYW, identification and enrollment of young women selling sex (YWSS) for the DREAMS primary and secondary packages in the wards that the DREAMS project is operating in, as well as identifying vulnerable AGYW and linking them to various partners for need based layered services, including economic strengthening.

For COP 23, the target was to initiate 1499 AGYW on PrEP and enroll 1360 YWSS into the primary package and 716 for the basic economic strengthening package.



Between October 2023 and September 2024, Pangaea Zimbabwe (PZ) successfully implemented the DREAMS program in Matabeleland North Province—specifically in the districts of Bubi, Lupane, Nkayi, and Tsholotsho. The DREAMS initiative (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe), supported by PEPFAR through the ZimPAAC consortium, aims to reduce HIV incidence among adolescent girls and young women (AGYW), particularly those aged 10–24 and young women selling sex (YWSS). Through a combination of biomedical, behavioral, and structural interventions, the program empowers AGYW, strengthens family and community support, and provides tailored HIV prevention services. A key focus of PZ's work was the delivery of pre-exposure prophylaxis (PrEP), enrolment of YWSS into primary and secondary DREAMS packages, and the integration of economic strengthening and psychosocial support.

Significant progress was made in HIV prevention. A total of 1,690 AGYW, including 628 YWSS, were initiated on PrEP, surpassing the annual target by 13%. Continuation rates also improved, with 303 clients remaining on PrEP through peer-led support, adherence counselling, and safe space follow-ups. PZ established 30 PrEP support groups across the districts, providing psychosocial support and strengthening adherence. PrEP uptake peaked in December 2023 due to increased exposure during the festive season but declined in later months due to stockouts and pill fatigue—highlighting demand for longer-acting injectable PrEP options like CAB-LA.

The program also excelled in its engagement of YWSS. A total of 1,232 YWSS were screened for eligibility, and 1,182 were successfully enrolled into the DREAMS program. Of these, 1,128 completed the primary package, achieving a 96% completion rate. Services provided included STI screening (1,173 reached), HIV testing (1,066 reached), and gender-based violence (GBV) response services for 218 individuals. At the six-month reassessment point, 714 young women were successfully followed up, with data showing behavioral improvements, including increased condom use and better knowledge of HIV prevention. Despite high mobility and some dropouts due to relocation, PZ's Young Sister Mentors continued to track and engage participants.



Economic empowerment was another core achievement. Over 1,000 YWSS were trained in basic financial literacy, 878 received Internal Savings and Lending Schemes (ISALS) training, and 711 completed Life Skills and Job Preparation (LSJP) training. Forty YWSS received enhanced economic strengthening support, which included vocational training and start-up kits for projects such as poultry, goat rearing, and gardening. ISALS groups were established across all four districts, with 15 active groups and 82 members saving and borrowing regularly. These initiatives promoted self-reliance, financial literacy, and entrepreneurial skills, while also strengthening the resilience of AGYW.

In total, PZ posted over 2,700 service referrals to partners, primarily for HIV testing and PrEP. This robust referral system ensured that AGYW accessed a broad range of clinical and psychosocial services according to their individual vulnerabilities. The program also ran vibrant social asset building activities at safe spaces, including sports, cultural events, mentorship, and community service. These activities fostered self-esteem, social inclusion, and peer bonding among the young women.

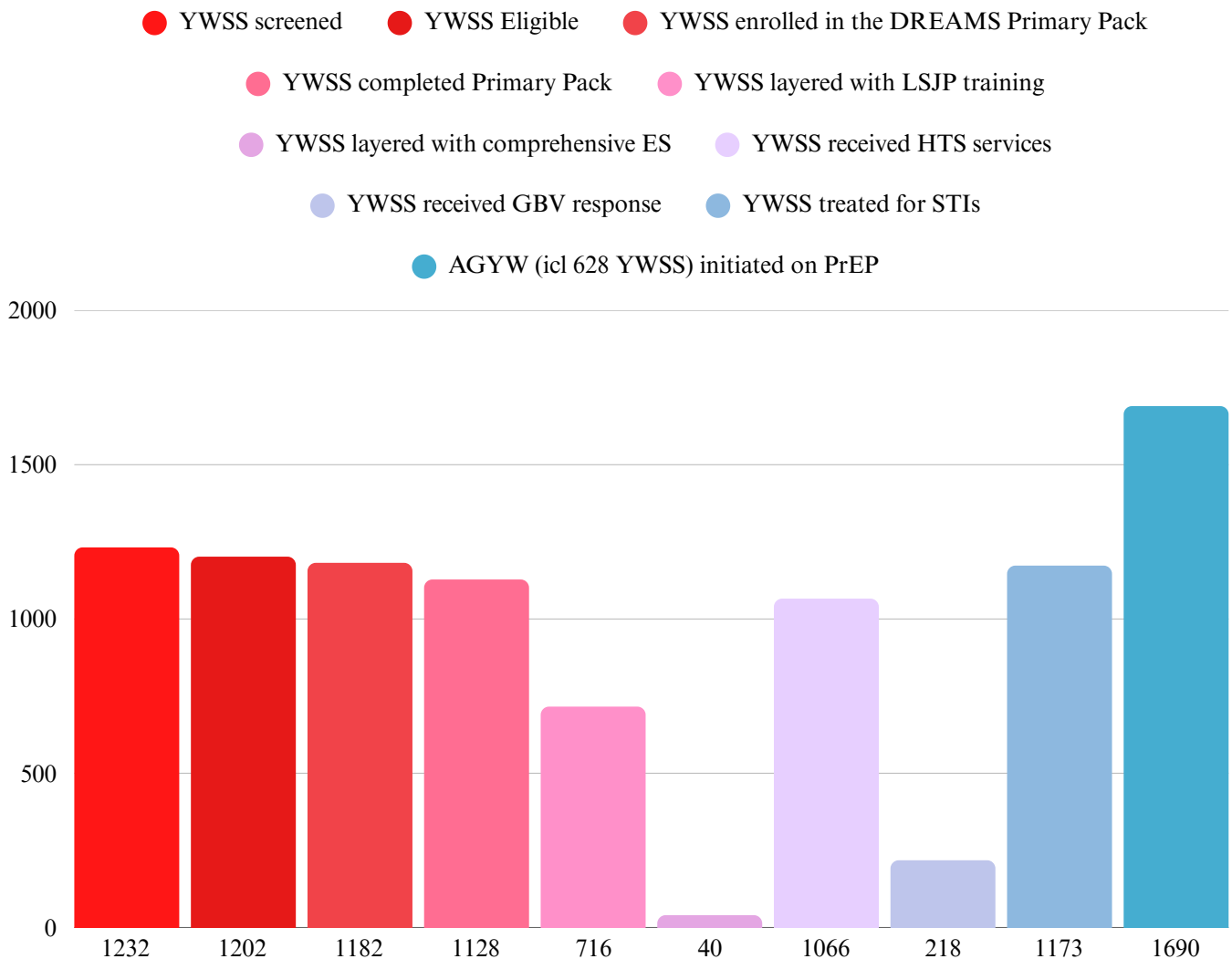
Coordination with government ministries and community leaders was central to DREAMS implementation. PZ held inception meetings, review workshops, and regular joint support visits with the Ministry of Health and Child Care, local



DREAMS activities across the districts



Minister Monica Mutsvangwa at PZ DREAMS booth during



ZimPAAC- Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) Program Activities and number of beneficiaries reached



authorities, and other stakeholders to promote integration and program ownership. Facility mentorship visits were conducted across all 13 supported clinics to strengthen service delivery, PrEP stock management, and documentation. In areas where PrEP uptake lagged, such as Tsholotsho, targeted demand generation and community mobilization efforts improved uptake significantly.

Monitoring, evaluation, and learning remained strong pillars of the program. PZ conducted numerous trainings on M&E tools, data quality, and the use of platforms like DHIS2 and CommCare. A Group Maturity Index assessment found that three groups reached the maturity level of development, indicating that they are ready to sustain their activities with minimal external support. Regular data reviews, abstraction, and cleaning activities ensured accurate reporting and informed decision-making.

Overall, the DREAMS program under PZ's leadership delivered impressive results. It not only surpassed targets in PrEP initiation and economic strengthening but also empowered young women through layered services and community engagement. Despite challenges such as PrEP stockouts and participant mobility, the program remained adaptive and responsive, reinforcing its role in reducing HIV vulnerability among AGYW and building the foundation for long-term impact.

CHIP Roadshow in Chitungwiza



The CHIP (Combination HIV Prevention) Project, funded by ViiV Healthcare and implemented by Pangaea Zimbabwe (PZ), aims to improve access to comprehensive, youth-friendly HIV prevention and sexual and reproductive health and rights (SRHR) services for young people in Mazowe and Seke districts of Zimbabwe. Targeting both adolescent girls and young women (AGYW) and young men (ABYM) ages 15–24, the project addresses key barriers, including poverty, stigma, limited health literacy, and geographic isolation.

CHIP's main goals are to enhance knowledge of HIV prevention, care, treatment, and SRHR services; to increase the availability, uptake, and continued use of a range of prevention methods, such as PrEP and condoms; and to strengthen health systems by training providers in

delivering key population (KP)-friendly services and creating non-judgmental spaces — or SHAZ!Hubs — where youth feel supported and empowered.

To achieve these goals, a range of key activities were implemented. The project trained 18 CHIP champions — peer educators — to provide accurate information about prevention methods, carry out mental health screenings, and aid in economic strengthening initiatives. The training resulted in an improvement in knowledge scores from 72% to 88%. Additionally, 37 health care providers and community workers from 10 health facilities received training in delivering KP-friendly services. Role-play sessions and quizzes were used to enable them to handle real-world scenarios, fostering greater competency and understanding.

At the community level, two youth-friendly SHAZ! Hubs opened in Mazowe and Seke, offering a range of services, from HIV testing and PrEP delivery to STI treatment, family planning, and mental health support. Large community roadshows in August 2024 drew over 200 AGYW and ABYM, with nurses providing on-site testing and follow-up care. The CHIP champions further kept up momentum by conducting 28 outreach sessions during the year, delivering information and linking clients to

More than 200 AGYW and ABYM accessed services during community roadshows, while the SHAZ!Hubs saw a steady flow of clients for PrEP, STI treatment, family planning, and related care. Economic strengthening sessions, which drew 20 participants per hub each month, provided additional skills alongside health services. Provider training resulted in a measurable improvement in clinician attitudes and delivery of services to key population groups, while the District AIDS Council adopted many project



appropriate services. PrEP literacy sessions — typically with 20 participants per meeting — were held 3 times per month at each hub, strengthening understanding and utilization of prevention methods.

Stakeholder engagement was a key feature of the project's implementation. PZ held quarterly progress reviews alongside the District AIDS Council, health authorities, and community stakeholders, using data to guide decisions and adapt strategies to account for barriers, whether related to transport, payments, or health crises. Collaborative partnerships with Zvandiri and other organizations fostered policy coherence and service delivery alignment with the country's health strategy.

The project's outcomes reflect its significant progress.

innovations — from the use of vernacular IEC materials to client-centric delivery models — into their own campaigns.

Client testimonies highlight the project's human impact, demonstrating reduced stigma, greater service utilization, and growing empowerment. A young woman, a sex worker in Zengeza, explained that previously judgment kept her from accessing care — but after a CHIP Champion connected her to a SHAZ! Hub, she felt supported and encouraged to bring her friends in for STI treatment and prevention services.

An AGYW's poem, "Protect Your Future, Protect Your Life", further encapsulates the growing awareness and confidence stemming from these interventions.

The project found out opportunities for improvement to enhance services. These included employing mobile outreach teams, adding flexible payments, and following health advisories while retaining service delivery routines. The lessons learned highlight the necessity of community participation in designing health programs, standardizing data for ongoing improvements, securing financial sustainability, and tailoring delivery methods to account for context-specific needs in both rural and peri-urban settings.

Overall, the CHIP project successfully advanced HIV prevention and SRHR care for young people in Mazowe and Seke through a combination of peer education, training for health care providers, service delivery innovations, policy engagement, and community empowerment.

There has been a significant number of AGYW coming to access services at the SHAZ!Hub. During a client satisfaction in-depth interview conducted with AGYW selling sex, one shared the following:

“My mother passed away. My sister brought me up since when I was young. Since my sister was unemployed, I stopped going to school in Form 2. I started doing sex work in bars. That is how I earn a living. I support my younger siblings through this work. That’s how I am getting food on the table. I was always afraid of getting HIV. Not all clients agree to use a condom during sex, and they pay more for unprotected sex. I got a SHAZ!HUB flier from another young lady in our community who works as a CHIP Champion, which talked about PrEP as an option for HIV prevention. I was a bit hesitant to go but after a scary encounter with a client, I decided to just visit the clinic. I remember how I was so scared but the friendly staff at the hospital made me feel so welcome. They were not judgmental of the life that I was living. Instead, they told me of all the available options that I had to protect myself from HIV. I had never heard of oral PrEP before. Ever since I started going to the hub for services, I have felt so supported. I have even invited friends to like me for STI treatments.”- Young FSW, 19 years, Zengeza



CHIP Roadshow in Mazowe





The Pangaea Zimbabwe ZIMACE project, implemented with funding from DAI, aimed to strengthen the voices of women and girls in health care delivery and policy decisions in their communities.

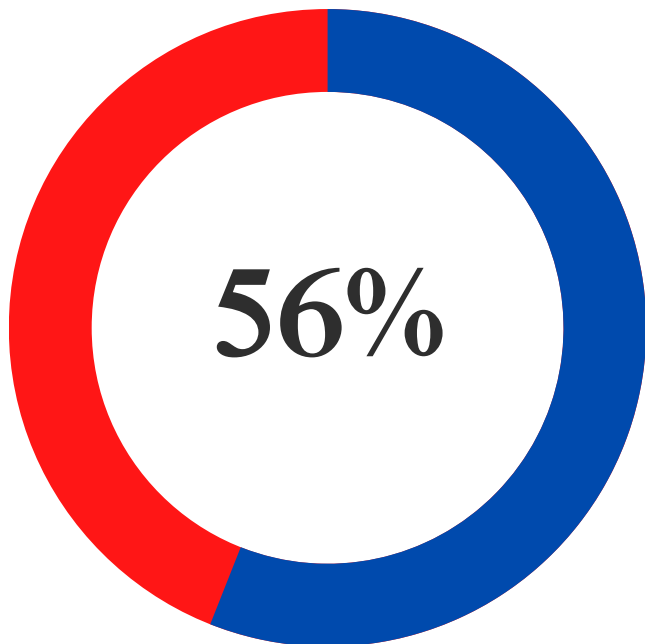
The project focused on empowering community members — especially women and girls — to influence health policy and delivery, foster collaboration among stakeholders, and enable social accountability mechanisms at health facilities.

The project's main objectives included enhancing community participation, strengthening collaborative policy platforms, and improving service quality through citizen oversight. This was done by training and integrating Community Health Rights Champions (CHRCs) into Health Centre Committees (HCCs), strengthening their ability to identify bottlenecks in health care delivery and advocate for solutions.

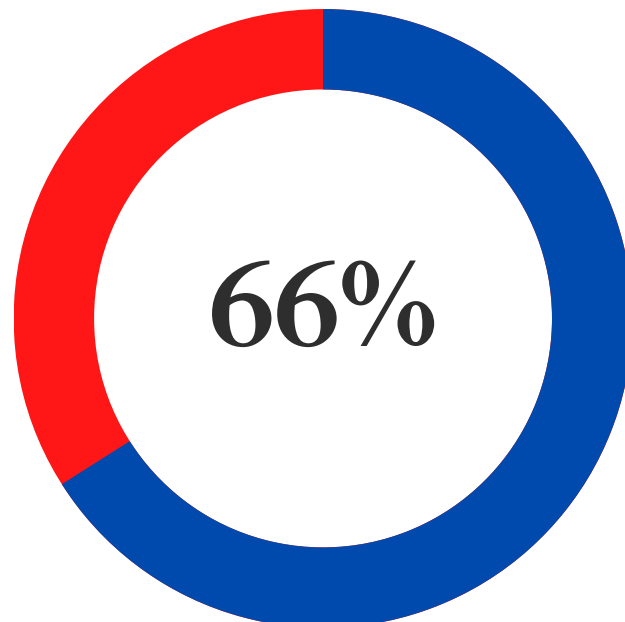
Key activities implemented under the project reflect these goals.

The team successfully trained and supported 18 CHRCs alongside health care workers and stakeholders, integrating them into their respective HCCs. All CHRCs and HCC members received training on their roles, responsibilities, policy mechanisms, and strategies to enable community oversight and civic participation. The team also facilitated policy brief submissions and surveys — for instance, health funding priorities presented during the National Budget Consultation — strengthening civic influence in health policy.

Some of the project's key outcomes include greater representation of women, girls, and key population groups in health policy structures. 24 716 women were reached by CHRCs



Women Representation in HCC



Youth Representation in HCC

ZIMACE project team with HCC at Guwa clinic in Masvingo



Furthermore, CHRCs are recognized by stakeholders — policy makers, health care workers, civic groups, and community members — as a key link in following up complaints, strengthening health service delivery, and addressing bottlenecks.

All health facilities supported by the project now have functioning complaints mechanisms, with suggestion boxes made available and mechanisms for following up community complaints. CHRCs collaborate directly with health care providers and stakeholders to highlight service delivery bottlenecks and contribute to their resolution.

Collaborative mechanisms were supported through District Task Teams (DTTs), which have been revitalized and made functional, alongside policy dialogue platforms at the provincial level. ZIMACE stakeholders collaborate in policy reviews and follow-up mechanisms to collectively influence policy makers. DTTs address bottlenecks related to sexually transmitted infections, delayed ANC booking, poor delivery practices, and related health care delivery issues.



ZIMACE Program Manager, Enock Msungwini, with stakeholders in Masvingo

Sustainability and financial discipline were a key consideration for the project. The team implemented strong financial controls and engaged stakeholders at all phases of implementation — strengthening community ownership.

This guarantees sustained functionality after the project exits. The policy framework for CHRC participation is now recognized by health institutions at both the local and district level, helping to keep community oversight alive. Overall, Pangaea Zimbabwe's ZIMACE project stands as a strong example of collaborative, community-centric, gender-transformative programming.

The project's combination of policy engagement, civic participation, training, oversight mechanisms, and financial discipline resulted in measurable policy and health delivery improvements — reflecting the power of community engagement in strengthening health care services for women and girls.



HCC meeting

The Wild4Life project continued its strong momentum in improving health care delivery for vulnerable communities in Binga and Lupane districts. Implemented alongside the Ministry of Health and ChildCare (MOHCC) and community stakeholders, the project's main purpose is to enable vulnerable and hard-to-reach groups — especially women, children, and key populations — to access high-caliber health care services, while strengthening delivery mechanisms at health facilities. This is in support of the country's health policy priorities and sustainable development goal 4, which aims for universal health coverage.

The project's main objectives include strengthening health care workers' skills and their ability to manage service delivery; extending service delivery through integrated outreaches; strengthening community structures' participation in health care delivery; mentoring Village Community Health Workers (VHWs) to enable them to identify health issues and provide appropriate care; and fostering community dialogue to promote understanding and policy compliance.

Importantly, the project focuses on improving service delivery for vulnerable groups — children, women, people living with hiv, and key population groups — through strong community participation and extensive mentoring.

Binga and Lupane districts recorded strong progress across key program areas between March 2024 and February 2025. In Binga, 39 integrated clinical mentorship visits were conducted across 20 facilities, reaching 96 of 98 mentees (98%). Lupane carried out 41 visits to 14 facilities, mentoring 92 of 96 targeted mentees (96%). Most mentees had at least five mentoring encounters, improving service quality and workplace organization. Mentor capacity exceeded targets in Binga, with 24 mentors trained (vs. 15 planned), while Lupane met its target with 15 mentors.



Outreach activities expanded access to care in remote areas. Binga held 88 outreach sessions reaching 5,615 clients this year and 25,501 cumulatively, surpassing the 3-year target. Eight new hypertensive clients were identified and referred, aided by provision of diagnostic tools. Lupane conducted 151 sessions reaching 10,272 clients this year and 22,655 overall, with intensified EPI services achieving over 95% antigen coverage. VHW mentorship reached 425 workers in Binga and 214 in Lupane, covering reporting, record keeping, and health education. Binga VHWs reached 36,818 clients with TB and malaria screening and minor ailment treatment. Lupane introduced the Boost Application to 15 VHWs, improving digital health education delivery.

All 20 Health Centre Committees (HCCs) in Binga and 13 in Lupane are functional. They led infrastructure improvements including toilets, water access, and building renovations. Despite economic hardships, Health CommunCs were mentored on planning and fundraising, contributing meaningfully to facility improvements.

In Binga, 17 adolescent support groups held 117 meetings with 996 attendees. Of 294 adolescents tested, 10% had high viral load and received EAC. Mental health screening identified 173 with anxiety-related issues, two of whom were referred for specialized care. Life skills training reached 23 adolescents and 12 caregivers, and income-generating projects were initiated. Lupane's 27 groups held 118 meetings with 1,705 attendees, testing 1,074 adolescents and identifying 16 for EAC. Six red flags were referred for specialized support, and 20 adolescents and 10 caregivers received life skills training.

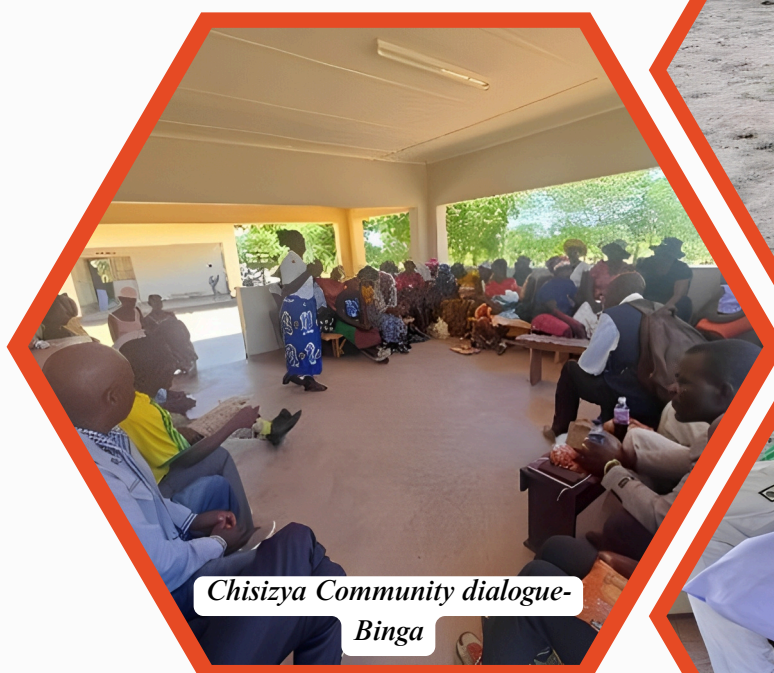
Ten new CARG groups were added in Binga, bringing the total to 501, with 63% of ART clients enrolled. Lupane maintained 451 CARGs with no attrition.

Community dialogues were held in both districts to promote male involvement, early ANC booking, and institutional deliveries. In Binga, 493 people attended nine sessions; home deliveries declined from 31% to 12% at Chisizya. In Lupane, 13 dialogues reached 320 people, addressing child immunization resistance and male participation.



Program Director for Wild4Life, Latelang Ndlovu, receiving an Award from Egmont Trust

Data quality improved, with Binga maintaining a 3% variance margin and Lupane 2%, both below the 5% threshold. Program reviews led to TB case-finding targets, mental health screening using NSQ-14, and integration of ART and support group activities. Outreach and mentoring exceeded targets, with Binga achieving 172% and Lupane 111% of total cadre mentorship goals.



Chisizya Community dialogue- Binga



Outreach in Kwarayi- Lupane



Self testing demo at Fatima Clinic

Strategic Partnerships and Collaborative Impact

Pangaea Zimbabwe (PZ) strengthened its strategic partnerships to enhance the impact of HIV prevention, health systems strengthening, and sexual and reproductive health initiatives. We worked collaboratively with a diverse network of donors, government ministries, civil society organizations, academic institutions, and communities—grounding our efforts in mutual accountability, shared objectives, and equity-driven programming.

Our work was made possible through the generous support of global development partners and technical consortia. Key funders included, but were not limited to, PEPFAR (through CDC and USAID), ViiV Healthcare, the Bill & Melinda Gates Foundation, AVAC, FHI 360, the National Institutes of Health (NIH), New York University, RTI, DAI, the Bohemian Foundation, Egmont Foundation, CRI Foundation, Vitol Foundation, and the West Foundation. Additionally, our programmatic reach was significantly expanded through strong collaborations with local implementing partners.

We maintained strong and collaborative relationships with the Ministry of Health and Child Care (MoHCC), National AIDS Council (NAC), provincial and district health executives, as well as local government structures—including rural district councils, traditional leadership, and HCCs. These strategic engagements were instrumental in aligning our interventions with national priorities, integrating activities into district health plans, and fostering local ownership. Community Health Rights Champions (CHRCs), mentor mothers, peer champions, and youth advisory boards were effectively mobilized as frontline advocates and health educators across all program areas.

Looking ahead to 2024, Pangaea Zimbabwe remains committed to broadening and diversifying its partnership base. We will prioritize domestic resource mobilization and, through a combination of technical expertise, grassroots engagement, and strategic collaboration, continue to advance a health agenda that is inclusive, resilient, and rooted in community ownership.

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