

Zimbabwe Annual Activity Report

2025



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LIST OF ACRONYMS

AAB	Adolescent Advisory Board
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASGM	Artisanal Small-Scale Gold Mining
ASM	Artisanal Small-Scale Miners
ASRH	Adolescent Sexual and Reproductive Health
CAB-LA	Cabotegravir Long-Acting
CAD	Computer-Aided Detection
CARE	Contraceptive Acceptability & Reproductive Experience
CBO	Community-Based Organisation
CoH	City of Harare
ELB	Epworth Local Board
EO	Edith Opperman
FP	Family Planning
GBV	Gender-Based Violence
HC	Host Community
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IMNCI	Integrated Management of Newborn and Childhood Illnesses
KP	Key Populations
LEN	Lenacapavir
LTFU	Lost to Follow-Up
MCAZ	Medicines Control Authority of Zimbabwe
MC	Mining Community
MHPSS	Mental Health and Psychosocial Support
MoHCC	Ministry of Health and Childcare
MSF	Médecins Sans Frontières
OPD	Outpatient Department
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
PSEAH	Prevention of Sexual Exploitation, Abuse and Harassment
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TPT	Tuberculosis Preventive Therapy
URTI	Upper Respiratory Tract Infection
VIAC	Visual Inspection with Acetic Acid and Cervicography

Message from the Country Coordinator



Throughout 2025, Médecins Sans Frontières (MSF) increased access to healthcare for people facing structural barriers to essential services, including adolescents and young people in Mbare and Epworth and artisanal miners in Gwanda District. Across both projects, our focus remained consistent and intentional: bringing integrated, quality care closer to communities. Stigma continues to be a persistent barrier in both adolescent health and mining communities, challenging us not only to expand clinical services but also to strengthen and sustain community engagement to address the social norms that limit access to care.

In Gwanda District, MSF provided mobile, integrated medical services to artisanal small-scale miners (ASM), mining communities (MC), host communities (HC) including those living and running businesses at mining sites. A significant advancement in 2025 was the introduction of an ultra-portable digital X-ray system with Computer-Aided Detection (CAD) software. This innovation brought advanced diagnostics directly to remote mining communities, cutting on travel and costly referrals and enabling earlier detection of both tuberculosis and silicosis during routine outreach. The project also strengthened its peer-led approach by recruiting and training peer educators from Artisanal Small-Scale Miner (ASM) communities in counselling and health promotion, improving community trust and encouraging earlier health-seeking behaviours.

In Mbare and Epworth, MSF continued to offer youth-friendly, one-stop centres for sexual and reproductive health (SRH) services tailored to adolescents and young people. Through differentiated models of care and a structured, peer-led, evidence-informed community participation approach, we worked to reduce stigma, improve confidentiality, promote follow-up, and strengthen

adolescents' agency in managing their health. Peer educators remained a trusted bridge between facilities and communities.

In parallel, MSF advanced operational research to strengthen evidence-based practice. In 2025, we launched a dissemination drive for our completed STI study, which assessed the feasibility and added value of integrating laboratory testing for Chlamydia, Gonorrhoea, and Trichomonas vaginalis into adolescent STI treatment algorithms. We also began assessing the acceptability of the Annovera contraceptive vaginal ring compared to other family planning (FP) methods among women seeking family planning services, under the CARE multisite study in Zimbabwe and Kenya.

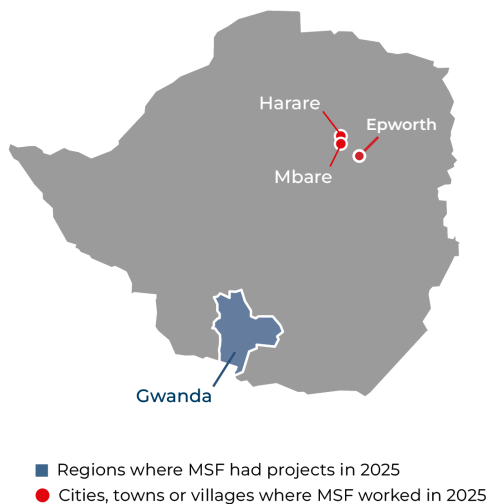
This Annual Activity Report reflects a year of progress and strong partnerships with our partners. On behalf of MSF in Zimbabwe, allow me, therefore, to thank all our partners, the Ministry of Health and ChildCare, the City of Harare, the Epworth Local Board, the Gwanda Rural District Council, the Municipality of Gwanda, as well as our other partners, patients, communities, and MSF staff for their continued collaboration and trust in strengthening Zimbabwe's health delivery system.

Tatenda, Siyabonga, thank you.

Zahra Zeggani-Bec

**Country Coordinator
Médecins Sans Frontières Zimbabwe**

Operational Strategy



Médecins Sans Frontières (MSF) is an international, independent medical humanitarian organisation working in more than 70 countries worldwide. Guided by the principles of humanity, impartiality, neutrality and independence, MSF provides medical assistance to people affected by conflict, disease outbreaks, natural disasters and exclusion from healthcare. Our work is grounded in medical ethics and in the conviction that access to quality healthcare is a fundamental human right.

While MSF operates globally, our approach at country level is anchored in partnerships and complementarity. In Zimbabwe, we work in close collaboration with the Ministry of Health and Childcare, strengthening, not substituting, public health systems. We coordinate closely with national, provincial and district health authorities to ensure that our interventions align with existing frameworks, reinforce local capacity, and contribute to sustainable system strengthening.

MSF has a long history of implementing programmes in Zimbabwe, including support to the country's response to HIV, tuberculosis, sexual reproductive health,

and public health emergencies. Over the years, we have supported outbreak responses, strengthened diagnostic capacity, and introduced innovative models of care designed to reach people facing structural barriers to accessing services.

In Harare, under the Adolescent Sexual and Reproductive Health (ASRH) project in Mbare, MSF works in close collaboration with the City of Harare at Edith Opperman (EO) Mbare Polyclinic and Matapi Clinic and with the Epworth Local Board at Epworth Polyclinic. This partnership ensures that youth-friendly services are integrated within existing health structures, reinforcing local systems while expanding access for adolescents and young people, strengthening service delivery through joint planning, mentorship, and peer-led community engagement.

In Gwanda District, MSF implements the Artisanal Small Scale Gold Mining Basic Health Care project in partnership with the Gwanda District Health Executive, the Rural District Council, and the Town Council. Through these collaborations, we deliver critical mobile health services to artisanal miners and surrounding host communities, ensuring that outreach activities are embedded within district health coordination mechanisms and aligned with local development priorities.

Across all projects, our model combines direct service delivery, capacity building, technical support, operational research, and innovation. We prioritise knowledge transfer, continuous training, and shared accountability with health authorities.

KEY PERFORMANCE SNAPSHOT

2025



20,791

Consultations delivered

6,290

HIV tests conducted



25,943

Adolescents reached in communities

1,083

ANC linkages

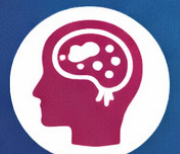


7,620

Silicosis screenings

274

MH consultations



5,759

Psychosocial interventions



Image by Doris Burtscher

Mbare Adolescents Sexual and Reproductive Health Project



In Mbare, MSF has been implementing an Adolescent Friendly Sexual and Reproductive Health (ASRH) project since 2011, initially starting as a Sexual and Gender-Based Violence (SGBV) initiative at Mbare Polyclinic. Following a joint survey conducted in 2015 with the University of Zimbabwe, which identified critical gaps in adolescent-friendly services, the project expanded to include ASRH interventions in collaboration with the City of Harare Health Department and under the oversight of the Ministry of Health and Childcare. The project now focuses on improving access to integrated, youth-friendly health services for adolescents and young people, including those from key and vulnerable populations.

Mbare is one of Harare's oldest and most densely populated suburbs. The suburb has a highly mobile population due to its accessibility from across the country and its position as a major hub

for informal trade. The 2022 Census estimated a population of 71,402 people, with approximately 60% aged between 10 and 24 years. The project also targets Epworth, located about 12 kilometres southeast of Harare's central business district. Epworth is largely an informal settlement with a population of over 206,000 people, characterised by inadequate housing, poor water and sanitation infrastructure, and high levels of unemployment and poverty.

Findings from MSF assessments reveal a substantial gap between knowledge and behaviour among adolescents regarding sexual health. Barriers to accessing care include lack of trust in confidentiality, judgmental attitudes from healthcare providers, parental control, and negative perceptions among youth themselves. The cost of services, such as family planning and antenatal care, further limits access, contributing to high rates of unintended pregnancies. Adolescent pregnancy remains a major concern, with nearly 23% of young women aged 15–19 having been pregnant or given birth. Many pregnancies are unplanned, and unsafe abortions are common due to restrictive laws, contributing significantly to maternal morbidity and mortality.

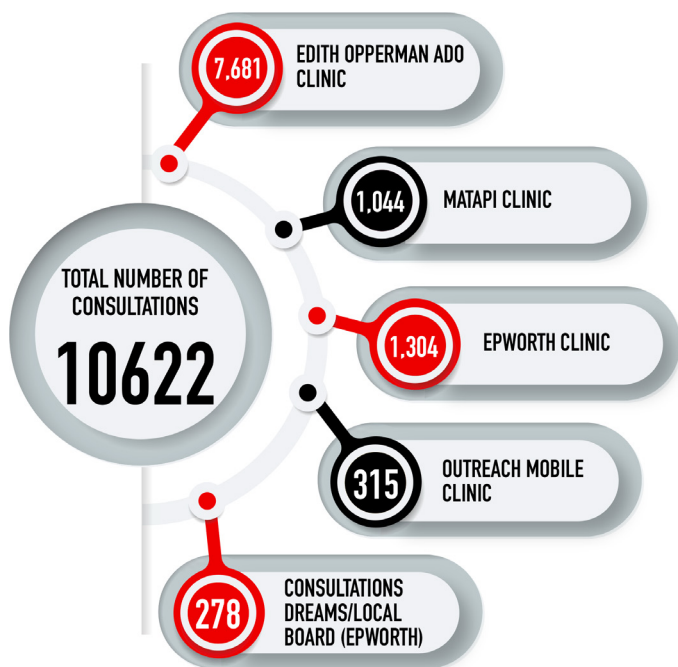
HIV and sexually transmitted infections remain a critical concern, with HIV being the leading cause of death among adolescents in Zimbabwe. Young women are disproportionately affected, with significantly higher infection rates compared to their male counterparts. MSF data from Mbare shows alarmingly high prevalence rates of STIs among adolescents, including chlamydia, gonorrhoea, and trichomoniasis, alongside notable HIV prevalence. Additional challenges include poor linkage to care, treatment adherence issues, and loss to follow-up, often driven by high mobility and socio-economic instability.

Key populations, face even greater barriers to accessing healthcare. These groups are often marginalised, stigmatised, and criminalised, limiting their access to essential services such as PrEP, PEP, and HIV treatment. Mental health and substance use are emerging concerns, particularly in urban settings like Mbare and Epworth. There is limited access to mental health services, with very few specialists available nationwide, and existing systems are not adequately equipped to respond to the needs of adolescents and young people.

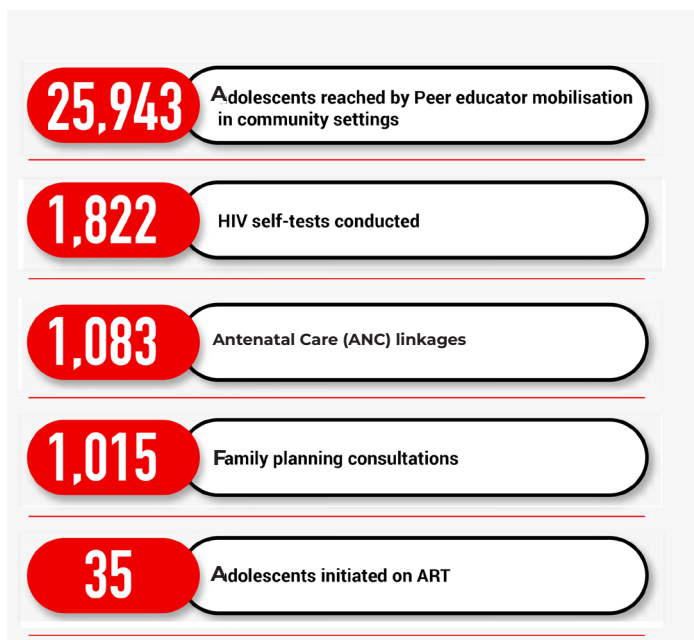
In response to these challenges, MSF is delivering integrated, adolescent-friendly health services aimed at reducing barriers to care and improving health outcomes. The project provides comprehensive sexual and reproductive health services, including family planning, antenatal care support, STI diagnosis and treatment, HIV testing and treatment, and linkage to care. The project prioritises confidentiality, non-judgmental care, and community engagement to build trust with young people. In addition, MSF is working to reach vulnerable and hard-to-access populations through targeted interventions and outreach activities, while also addressing broader determinants of health such as stigma, mobility, and economic vulnerability.

Key Outcomes

In close collaboration with the authorities, the Mbare ASRH project reached 10,622 adolescents through integrated youth-friendly services in 2025. Females accounted for 60% of consultations, reflecting SRH demand.



Edith Opperman accounted for nearly **72%** of annual consultations, which is explained by its status as a fully medicalised facility that operates even on weekends and public holidays. ASRH consultations began at **Epworth** in September 2025, three days a week, after the DREAMS programme ended following funding cuts announced by the US government. Women account for **60%** of total consultations, reflecting the strong focus of services on their needs (contraception, ANC, menstrual hygiene). In facility-based services, adolescents aged 15 to 19 years account for the highest proportion of consultations, while during outreach activities, young people aged 20 to 24 years are the most represented group. Young pregnant women are the most represented vulnerable group, mainly due to ANC appointment services. The Outpatient Department (OPD) continues to serve as the primary entry point for care across both facility-based and outreach services, acting as the first point of contact for most patients. Whether in clinics or during mobile outreach activities, OPD consultations remain the most utilised and sought-after service.



Integrated, high-quality SRH services

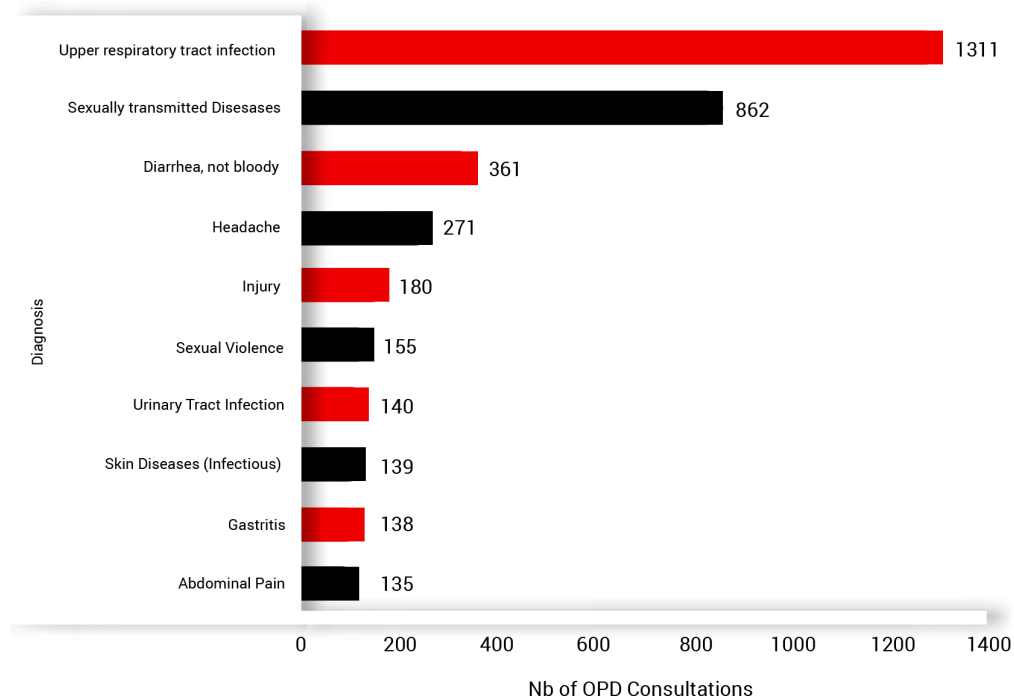
In 2025, MSF strengthened its SRH care model and adapted it to the needs of adolescents and young people in Mbare and Epworth, with the aim of ensuring a comprehensive, integrated, and sustainable service package is achieved.

Out Patient Department (OPD) Consultations and referrals

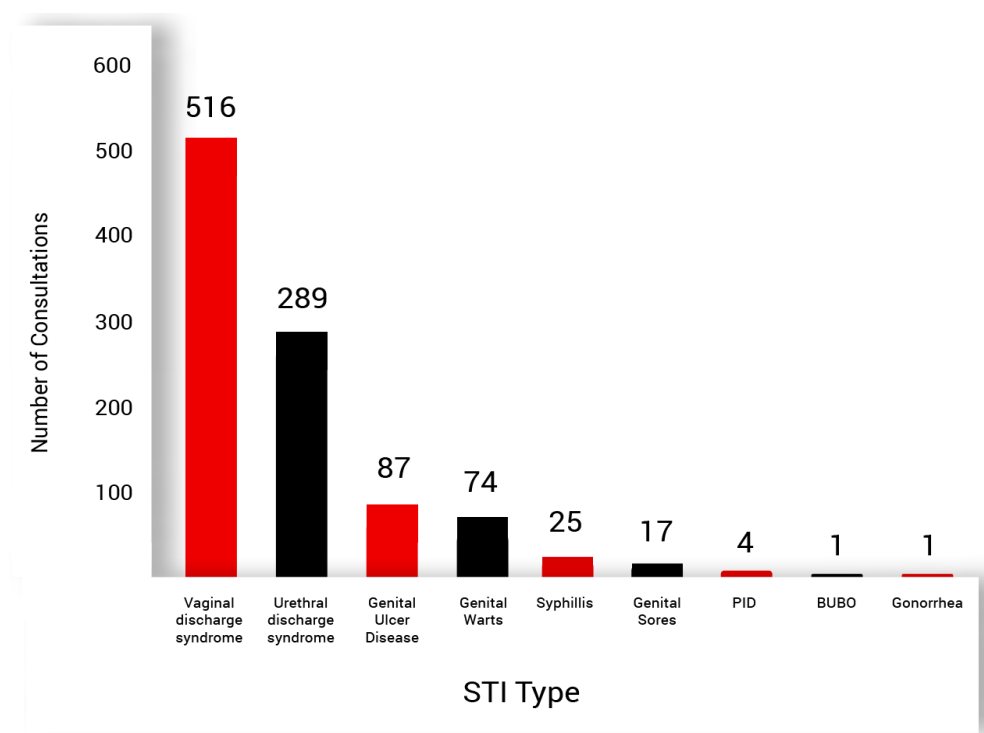
OPD Indicators	Total
Total OPD Consultations (Facility & outreach)	8196
Edith Opperman	6305
Matapi	881
Epworth	797
Outreach	213
Total OPD referral out	554
% of total OPD referral out	6.8%
Edith Opperman	502
Matapi	32
Epworth	14
Outreach	6

Overall, the results show an increase in demand for OPD services, from 7151 in 2024 to 8196 in 2025 with a notable rise in Epworth. There were 554 OPD referrals in 2025.. The majority of referred patients were initially followed-up in Edith Opperman and, in descending order, Epworth, Matapi, and Mobile clinics.

TOP OPD CONSULTATIONS BY DIAGNOSIS ACROSS SITES



Distribution of STI Diagnoses in 2025



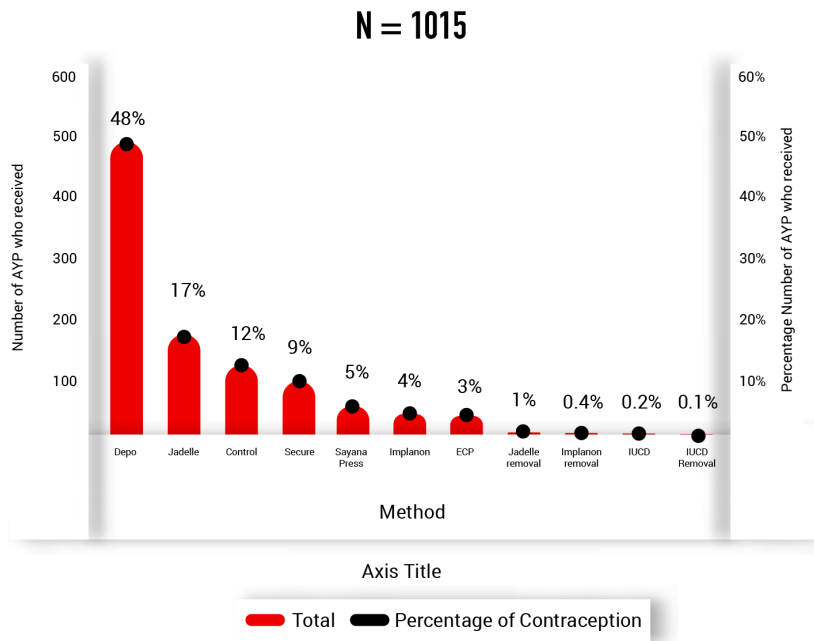
Sexually Transmitted Infections (STIs) accounted for **23.3%** of diagnoses recorded in 2025, ranking second only to Upper respiratory tract infection (35.5%). Of these STIs, Vaginal discharge syndrome was the most frequently diagnosed.

Contraception, STI, ANC, PreP, PeP & Sexual Violence Summary

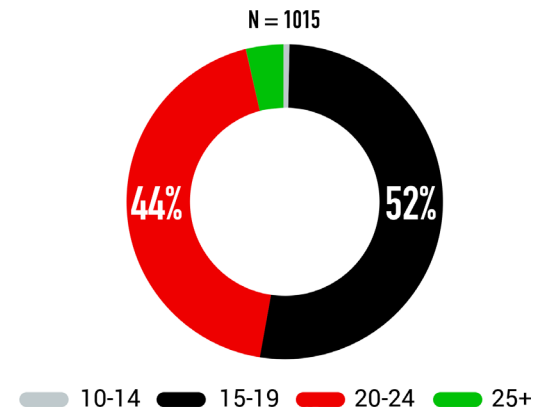
Activities	Indicators	Total
Family Planning	Total FP consultation	1015
	Facility FP consultations	906
	Outreach FP consultations	109
Number of AYP who received ECP in the community	AYP received ECP	207
STI	STI prophylaxis, screening, and diagnosis	1199
ANC Booking	ANC linkage – EO	281
	ANC linkage – Epworth	802
	Total of ANC linkage to care (registration for MoH ANC consultation)	1083
Sexual Violence	SV survivors who received medication	214
PEP	AYP who received PEP	48
PreP	AYP who received PreP	25

ANC referrals show a strong contribution from Epworth (802) compared to EO (281), bringing the annual total to 1,083 women referred to MoH ANC services, with stable activity throughout the year. There were 214 survivors of violence (SV) who received Antenatal care.

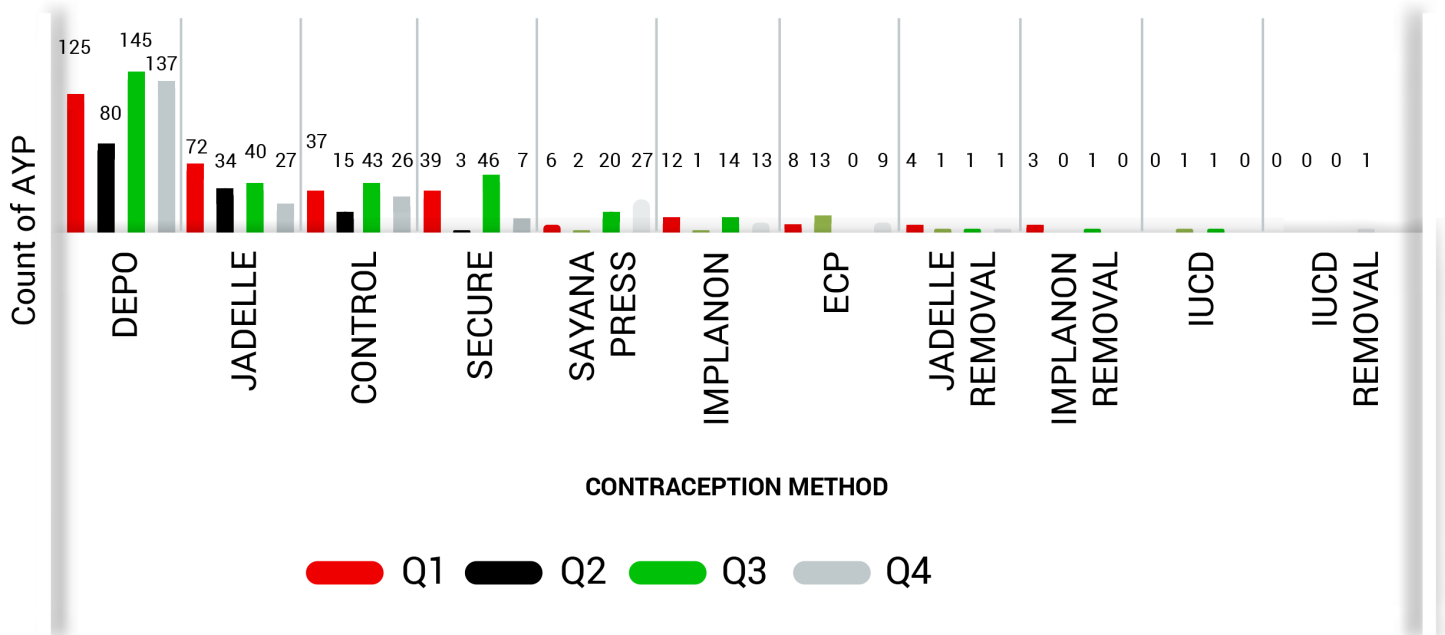
Distribution of family planning methods 2025 (n = 1015).



Distribution of family planning methods by age group in 2025



2025 Contraception Access Summary by quarter (n= 1015)



Depo (contraceptive injection-birth control shot) remained by far the most widely used contraceptive method throughout the year. Jadelle (contraceptive implant) is the second most common method, although significantly less widely used (72 users in Q1, followed by a gradual decline). Control, Secure, and Sayana Press show lower but relatively stable volumes. The use of long-acting methods, such as Implanon, remains limited (12 to 27 uses per quarter), as does the removal of implants or IUDs. Emergency contraception (EC) is used regularly. Overall, the trend confirms a very strong preference for Depo and Jadelle, while other methods remain in the minority.

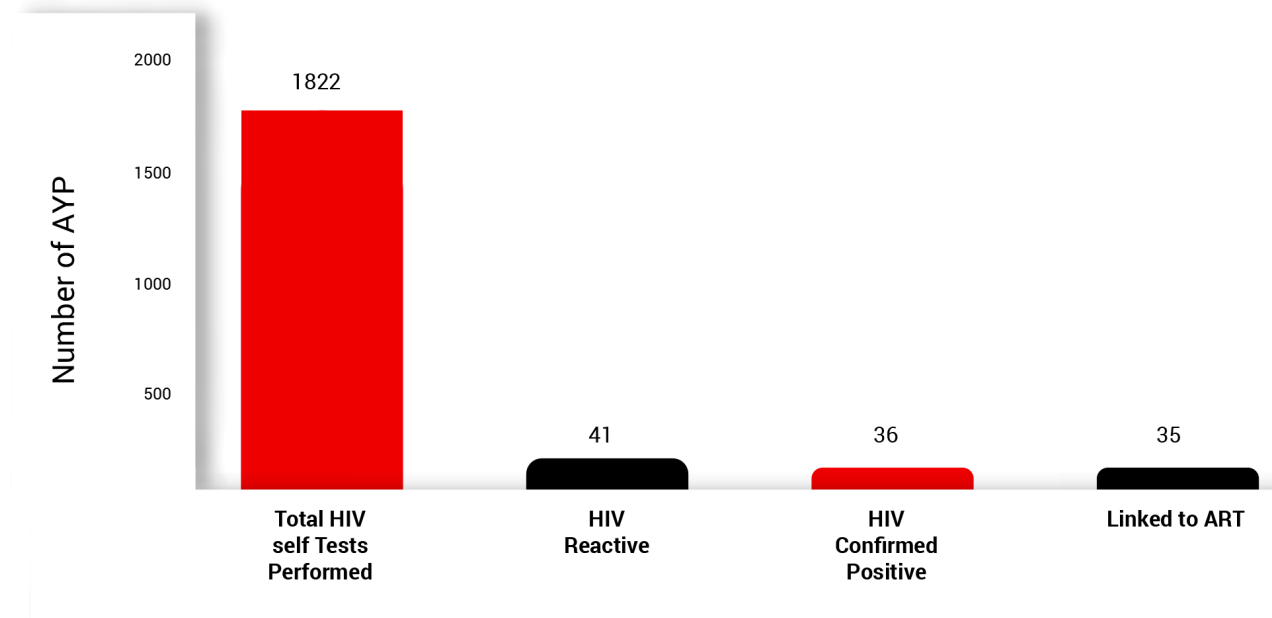
Accessible and Quality HIV Interventions

Accessible and quality HIV interventions are an essential pillar of the ASRH model in a context marked by significant health vulnerabilities. HIV interventions by MSF are implemented to improve detection, treatment initiation, and retention in care for adolescents and young people living with HIV.

HIV cascade interventions to reach, link, and retain HIV+ adolescents and young people are available in Mbare and Epworth, 2025.

Activities	Indicators	Q1 - 2025	Q2 - 2025	Q3 - 2025	Q4 - 2025	Total
HIV Self-Tests done in Facility	Total tests done	445	420	541	416	1822
	EO	282	267	273	235	1057
	Matapi	68	35	90	48	241
	Epworth	95	118	178	133	524
HIV	Number of AYP who tested positive with the Self-test	13 (2.9%)	9 (2.1%)	13 (2.4%)	6 (1.4%)	41 (2.3%)
	Number of young people starting ART	11	6	11	5	35
	Transfer in	3	12	9	11	25
	Active ART cohort at the end of the reporting period	267	273	251	257	257
	% of HIV+ who needed tracking who were brought back to care	13 (4.9%)	9 (3.3%)	3 (1.2%)	5 (1.9%)	30 (11.7%)
	Transfer out	3	18	25	6	30
	Number and % of adolescents LTFU in the quarter	8 (3.0%)	2 (0.7%)	9 (3.6%)	9 (3.5%)	28 (10.9%)
	Number and % of adolescents who died	0 (0.0%)	1 (0.4%)	1 (0.4%)	0 (0,0 %)	2 (0.8%)
	# of HIV cohorts that have suppressed VL <1000	252 (94.4%)	258 (94.5%)	249 (99.2%)	251 (97.7%)	251 (97.7%)
TB	Number of screening TB consultations	100	295	52	260	707
	Number of presumptive cases	16	7	9	13	45
	Number of positive cases	1	0	1	0	2

HIV screening cascade assisted by self-testing in 2025, Mbare project



Of the 1,822 HIV self-tests performed among adolescents and young people (AYPs), 41 were reactive, representing 2.3%. Of these reactive tests, 36 were confirmed positive (87.8%), suggesting that the confirmation stage was generally effective. Thirty-five of the 36 confirmed cases were placed on Antiretroviral Therapy (ART) (97.2%).



Innovative and Integrated Mental Health & PSS Services

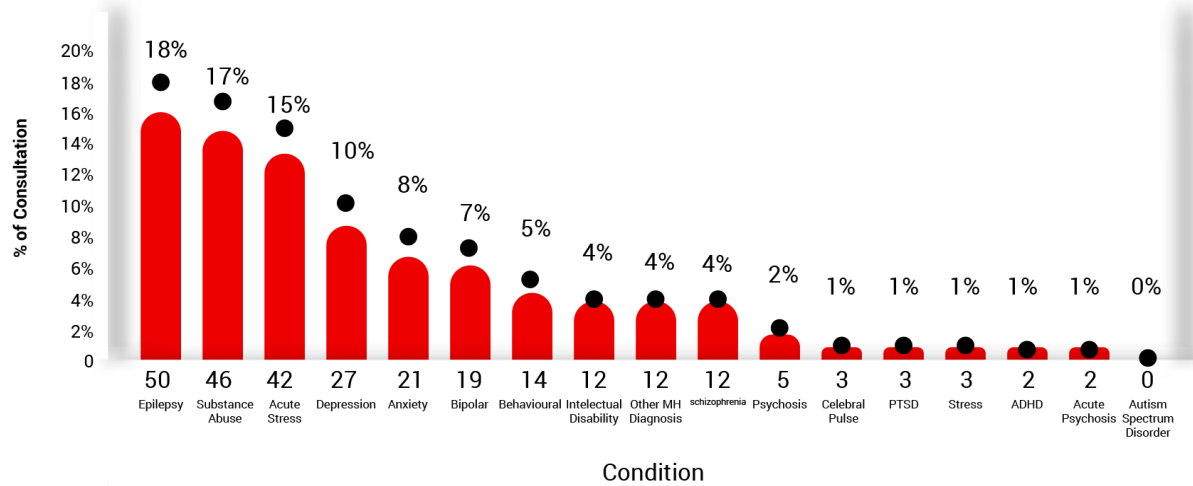
Mental Health and Psychosocial Social Support (MHPSS) services play a pivotal role in overall patient health outcomes in the project. The growing importance of mental health for the overall well-being of adolescents and young people can never be underestimated. MSF's investment in MHPSS highlights the project's commitment to providing accessible, integrated psychological care tailored to the psychosocial realities of adolescents and young people.

Mental Health (MH) & Psychosocial Support (PSS) services Summary – 2025.

Activities	Indicators	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Total
MH	Number of MH consultations (% First Visit)	70	80	73	51	274
	Epilepsy Specific	11	19	18	2	50
	Number of active patients on psychotropic medication seen in the reporting period	34	33	30	15	112
Social Support	Number of Social support consultations provided (% pregnancy related)	311	291	345	367	1314
Type of Psychosocial Support	Case Conference	30	16	3	8	57
	Family/Group Counselling	32	14	15	12	73
	Group Talks	2	3	10	8	23
	Referral	296	254	331	412	1293
	Supportive Counselling	218	237	423	367	1245
Reason for Psychosocial Support	Patient Support	22	11	8	13	54
	Pregnancy	280	221	296	286	1083
	Empowered Programs/Career Guidance	7	15	13	18	53
	Protection Support	5	7	9	8	29
	Psychological Challenges	1	3	15	6	25
	Social/Relationship challenges	1	6	2	9	18
	Educational Challenges	1	9	10	5	25
	Registration	1	1	3	5	10
	Rehabilitation	2	1	0	0	3
	Disabilities	2	0	6	3	11
	Other	2	0	0	4	6
	Total general	1328	1221	1611	1599	5759

In 2025, there were 274 MH consultations, with nearly 50% being first visits. Epileptic cases continue to be the main presenting diagnosis, with the highest in Q2, with most of them coming in for resupplies as well as psychotherapeutic support. Under social support, pregnancy-related cases constituted a significant share of social work cases, with a total of 1314. Other support provided included referrals with 1293, counselling with 1245, and case conferencing with families and adolescent groups. Overall, the social workers' support leaned more towards providing direct support and linking young people and adolescents to other services. Additional targeted support was provided to persons with disabilities, with 11 individuals assisted in obtaining registration documents and a further 11 receiving rehabilitation services.

Mental health consultations among adolescents in 2025, Mbare project. (n=274)



The data shows that epilepsy, substance use, and acute stress are the top three reasons for mental health consultations, together accounting for nearly half of all cases. Other diagnoses, such as intellectual disorders, schizophrenia, and psychosis, are less common but still present, reflecting the diversity in clinical needs encountered in the project. The gender distribution chart shows relatively balanced participation, with 54% boys and young men and 46% girls and young women presenting for MH consultations.

Anthropological Assessment on Substance Use



Image by: Doris Burtscher

A 2025 assessment in Mbare and Epworth found strong links between substance use, poverty, and high-risk sexual behaviours among adolescents. Barriers to care included stigma and lack of youth-friendly services. Recommendations highlight the need for peer-led, community-based, non-judgemental, and accessible SRH interventions.

Case Management and Continuity of Care

Social Work provided over 1,314 consultations delivering targeted psychosocial support addressing key SRH vulnerabilities such as teenage pregnancy, ART non-adherence, stigma, GBV, poverty, and school dropout. Through assessments, care planning, referrals, home visits, and family engagement, Social Work reduced loss to follow-up, strengthened family support systems, and improved adherence and overall wellbeing.

Adherence Support and Defaulter Tracking

Social Work traced 62 ART defaulters, successfully returning 46 (74%) to care. Through counselling, home visits, caregiver engagement, and support groups reaching children

and caregivers, key barriers to retention were addressed. Interventions improved adherence, reduced missed appointments, and strengthened psychosocial wellbeing, demonstrating Social Work's critical role in sustaining HIV care among adolescents.

Teen Mothers Clubs and Support Structures

Teen Mothers Clubs reached 446 adolescent mothers, providing peer support, SRH education, and parenting skills through structured sessions led by multidisciplinary professionals. Activities strengthened mental health, self-esteem, and peer support, empowering young mothers and improving engagement in care.

Inclusion

Social Work advanced disability inclusion by supporting 14 adolescents with disabilities through assistive devices, tailored psychosocial support, and strengthened referrals. Partnerships with organisations such as Leonard Cheshire and WiZEAR enhanced inclusive service delivery, ensuring equitable access to SRH services and reinforcing dignity and participation.

Strengthened Referral Systems

Social Work strengthened referral systems and multi-sector collaboration, improving access to comprehensive SRH services. Updated referral pathways ensured timely care, reduced duplication, and enhanced outcomes through coordinated partnerships.

Strengthened Community Engagement and Transition to Community Based Organisations (CBOs)



In 2025, the Mbare and Epworth ASRH project operationalised a structured, peer-led, and evidence-informed community participation model that reached 25,943 adolescents in community settings and 24,475 in facilities, demonstrating deep district-wide penetration and balanced gender engagement. Through microplanning, hotspot mapping, and collaborative outreach with MoHCC, CoH, ELB, MSF supported CBOs (SYCC, DFTZ, MACO, ETMA, YAADS, & MA), CeSHHAR, and GALZ, including targeted moonlight outreaches for key and vulnerable people. The project expanded access to hard-to-reach groups, translating community dialogue into tangible prevention outcomes, including assisted HIV self-testing, pregnancy testing (925 tests, 126 positives), ECP provision (193), condom programming, and menstrual health support.

Peers Community Activities Summary - 2025

Activities	Indicators	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Total
Community services	Total number of AYP reached in the community (% of follow-up)	4854 (11.6%)	8631	6875	5583	25943
	Number of AYP who received ECP in the community	1478(Mbare) 3376(Epworth) 31	2647(Mbare) 5984(Epworth) 63 (53 Mbare, 10 Epworth)	2263(Mbare) 4612(Epworth) 57 (49 Mbare, 8 Epworth)	1969(Mbare) 3614(Epworth) 42 29 (Mbare) 13 (Epworth)	8357(Mbare) 17586(Epworth) 193 162(Mbare) 31(Epworth)
	Number of AYP who received a pregnancy test in the community (number of positive)	230(32)	197 (29)	285 (35)	213(30)	925(126)
	Number of AYP who received menstrual health commodities in the community	32 (12 Epworth, 20 Mbare)	184 (114 Epworth, 70 Mbare)	462 444 (Epworth, 18 Mbare)	305 262 (Epworth) 43 (Mbare)	983 832(Epworth) 151 (Mbare)
Facility services	Number of AYP reached through peer educators in facilities	3236 994 (EO) 323 (Matapi) 1919 (Epworth)	6017 1878 (EO) 698 (Matapi) 3441(Epworth)	8331 2499(E.O) 1148 (Matapi) 4684 (Epworth)	6891 2178(E.O) 688(Matapi) 4025(Epworth)	24475 7549(E.O) 2857(Matapi) 14069(Epworth)
	Number of AYP accessing facilities for recreational activities	586 18 (E.O) 142 (Matapi) 426 (Epworth)	89 89(Epworth)			675 18(E.O) 142 (Matapi) 515 (Epworth)

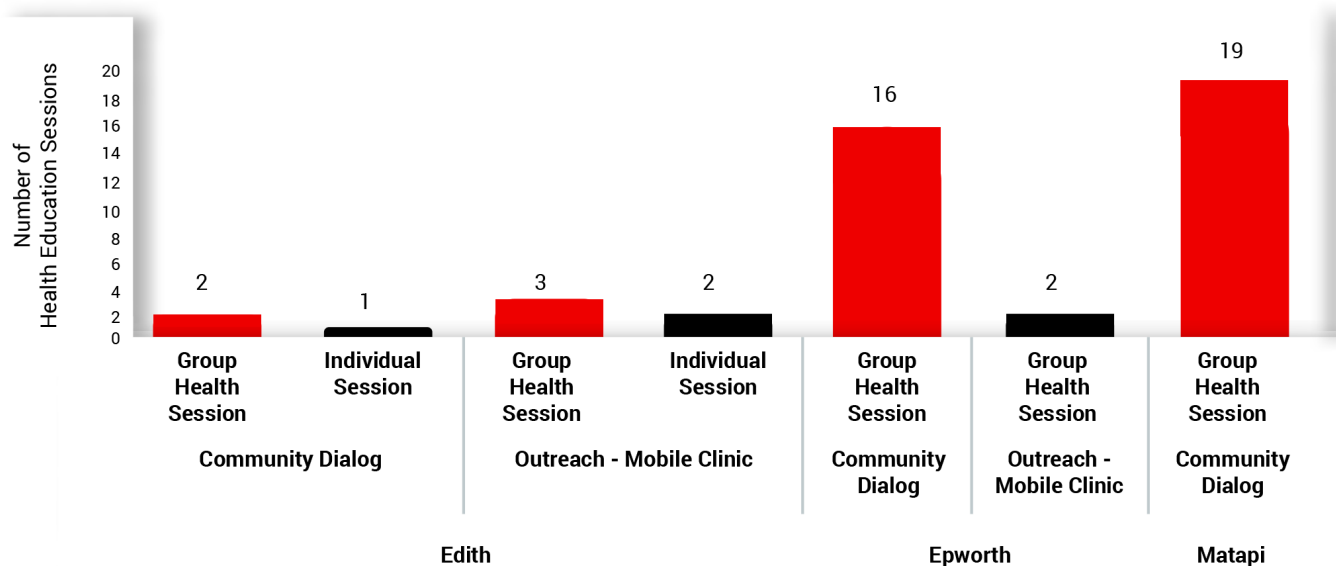


Distribution of AYPs reached by gender and place of intervention. Mbare project, 2025

Gender	In community		In Facility	
	Nb	%	Nb	%
Male	13802	53%	13520	55%
Female	11917	46%	10865	44%
Other	224	1%	90	0.4%
Total	25943	100%	24475	100%

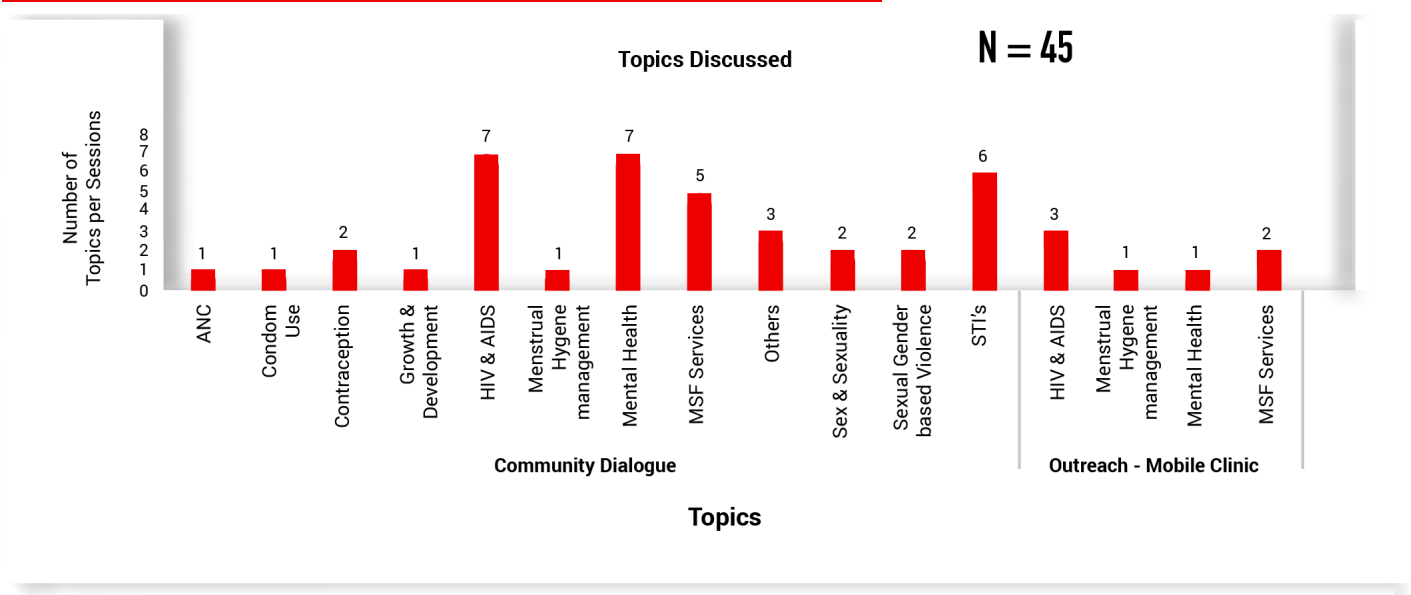
The table shows that community activities reached a slightly higher volume than those carried out in facilities: 25,943 young people compared to 24,475. In both environments, boys and young men account for most beneficiaries (53% in the community and 55% in facilities). Young women represent 46% of participants in the community and 44% in facilities. The “Other” category, although a minority (1% in the community and 0.4% in facilities), remains present.

Activities HP — Number of Health Education Sessions by Type and Location 2025 Mbare Project



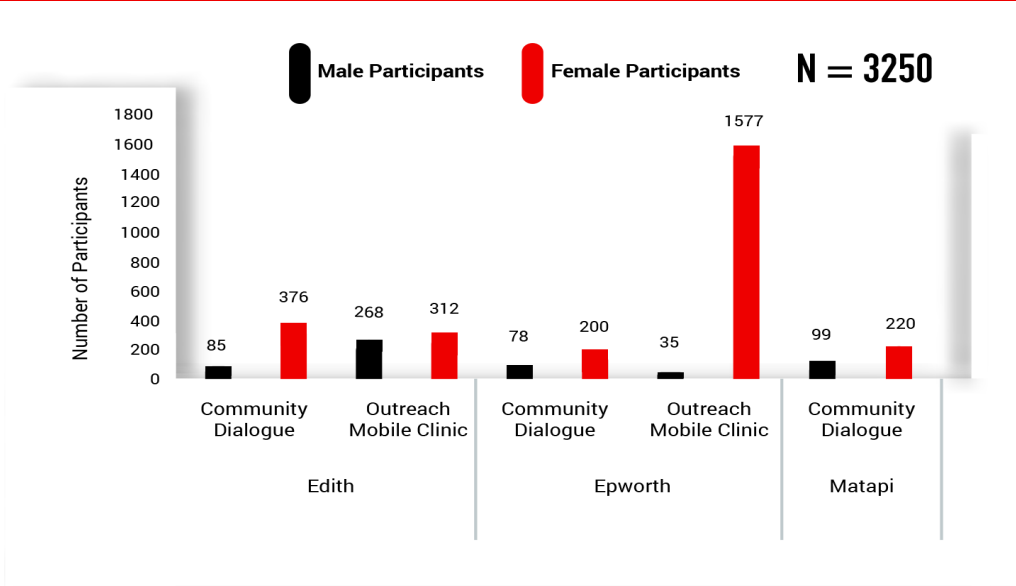
The graph shows 45 health education sessions, with the majority focused on “Group Health Sessions – Community Dialogue.” Matapi leads with 19 sessions (all community dialogue), followed by Epworth with 18 (16 community dialogue and 2 mobile outreach). Edith has a total of 8 sessions, which are more diverse: 2 community dialogues, 1 individual session, 3 mobile outreach group sessions, and 2 individual mobile sessions. In practice, the activity is very community-oriented (dialogues) rather than mobile outreach-oriented (5 in total: 3 in Edith, 2 in Epworth, 0 in Matapi).

HP Activities – Topics discussed in 2025

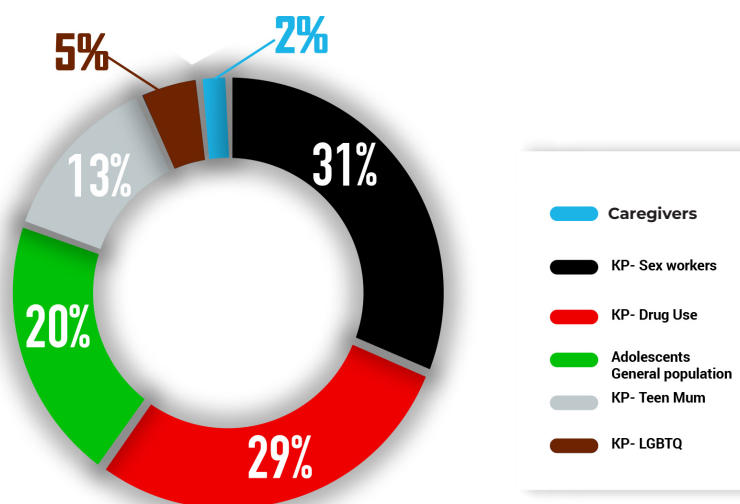


The data (n=45) shows that in community dialogues, HIV & AIDS and mental health were the most discussed topics, followed by STIs and MSF services. Outreach/mobile clinics focused mainly on HIV & AIDS and service-related information. Overall, dialogues covered a wider range of issues, while outreaches were more service-focused.

Activities HP — Participation by gender in 2025 Mbare Project



Activities HP — Participation per type and per district in Q3 2025, Mbare Project



Graph 15 highlights strong female participation across all health education activities, particularly in outreach mobile clinics, where women make up most participants. In Epworth, this trend is particularly marked: 1,577 women compared to only 35 men. In community dialogues, participation is also dominated by women, but the differences are less extreme, as in Edith (376 women compared to 85 men) or Matapi (220 women compared to 99 men).

Key populations (KP) represent most participants: sex workers (14.31%), drug users (13.29%), teen mothers (6.13%), and LGBTIQ (2.5%), accounting for approximately 78% of the total. There are 9 adolescents (20%) from the general population and 1 caregiver (2%). (Graph 16)

CBO Support Summary

CBO	Trainings received	Collaborative activities
Epworth Teen Mom Association (ETMA)	PFA	Day and moonlight outreach, Community mobilization
Dunhu Foundation Trust Zim (DFTZ)	PFA-ToT	Community dialogues, Health Talks, Visibility
Mufaro Community Trust (MA)	ICMF Leadership Training	Commemorations
(MACO) Madanha Asche Community Initiative	Grants proposal writing	Exhibitions
Shanduko Yeupenyu Child Care (SYCC)	HR Policies and manual training	Stakeholder meetings
Youth Advocates Against Drug Substance Abuse (YAADS)	PSEAH Training	ASRH Commodities distribution, MSF Services

A structured CBO needs assessment was conducted to identify priority capacity gaps, followed by joint outreaches and exhibitions to strengthen their operational, mobilisation, and service delivery competencies, and to embed skills transfer within real implementation platforms. Further support to CBOs was provided through the Operational Support Unit (OSU), which engaged a consultant to train the six CBOs on grant applications, HR policies, and safeguarding, including PSEAH.

The **Adolescent Advisory Board (AAB)** strengthened meaningful adolescent participation in Mbare and Epworth, in line with its Terms of Reference. Through quarterly meetings, the AAB formalised its governance structure, conducted leadership elections, and enhanced feedback mechanisms between adolescents and MSF. Members also underwent a “Welcome to MSF” orientation covering MSF principles, safeguarding, and advisory responsibilities to ensure informed engagement. Throughout the year, the AAB contributed to microplanning, reflections on PrEP uptake, outreach improvements (including moonlight and confidential services), and the School Health Programme, with attention to both formal and informal schools. Youth-led activities, including in-school drug and substance abuse awareness in collaboration with Zimbabwe Republic Police-Victim Friendly Unit (ZRP-VFU), Childline, and MSF, and participation in key commemorations, further reinforced the AAB’s role as a structured, youth-driven accountability platform.



Building on this structured and youth-centred approach, interventions in 2025 were further refined using evidence from the HPCE Rapid Assessments, including the Patient Satisfaction Survey and the PrEP Uptake Rapid Quality Assessment (RQA). These assessments identified persistent stigma, misconceptions, and service delivery gaps, informing strengthened peer-led demand creation and youth-friendly service improvements. **Volunteer Peer Educators** remained central as cues to action across the prevention cascade. Facility engagement efforts translated into an overall patient satisfaction index of 84.1%, while the institutionalisation of the AAB and strengthened collaboration with Community Health Workers reinforced accountability, trust, and continuity of care. Together, these efforts reflect a strategic shift from mobilisation toward sustainable capacity building and co-governance.

Operational Research



The MSF Mbare Project aims to implement operations research that promotes evidence-based practice in ASRH. In 2025, multiple studies/research projects of interest were pursued as follows: 1. STI Study (dissemination of study findings), 2. Contraceptive Acceptability & Reproductive Experience (CARE) Annovera Study and 3. PrEP Study.

STI Study

The study assessed the feasibility and added value of incorporating laboratory testing for Chlamydia, Gonorrhoea, and Trichomonas vaginalis into adolescent treatment algorithms.

Major findings are that syndromic management of STIs, compared with test-based diagnosis for chlamydia (CT), gonorrhea (NG), and trichomonas (TV), has important limitations. It results in significant overtreatment (around 70% in females and 55% in males) and missed treatment (about 35% in females and 16% in males), highlighting the need to expand access to test-based diagnosis.

Comparing with other STI studies our study showed higher prevalences compared to other studies in Zimbabwe: CT (20%), NG (18%), and TV (9%) among adolescents. However, the resistance patterns were comparable with previous studies in Zimbabwe. Study dissemination activities went well, with dissemination presentations being done at multiple platforms and still on going.

CARE (Annovera Study)

This is a multisite collaborative study being conducted in Harare, Zimbabwe, and Nairobi, Kenya, among Population Council Inc., USA, Kenya Medical Research Institute (KEMRI), Harare Health Research Consortium (HHRC), and MSF. The study is titled “Assessing acceptability of Annovera contraceptive vaginal ring use (compared to other contraceptive method use) among women seeking family planning services”. In 2025, Ethical approvals were obtained from the Medical Research Council of Zimbabwe (MRCZ) on 12/02/2025, Medicines Control Authority of Zimbabwe (MCAZ) on 25/04/25, and Research Council of Zimbabwe (RCZ) on 25/07/2025. Approval from the Postal and Telecommunications Regulatory Authority of Zimbabwe (POTRAZ) was obtained in November 2025. Enrolment started in December 2025.

PrEP Choice Study

The study is to be conducted by Médecins Sans Frontières. This follows a request to proceed in collaboration with the Zimbabwe Ministry of Health and Childcare and the City of Harare Health Services. This is implementation research being conducted within a model offering a choice of HIV prevention methods, including oral ARVs, vaginal ring, and injectable ARVs [Cabotegravir (CAB-LA) & Lenacapavir (LEN) (once available)] offered in a clinic with a peer-driven PrEP service delivery model amongst adolescents and young people at risk of HIV in Mbare, Harare, Zimbabwe.

In 2025, approvals were obtained from the MSF Operations Research Committee (ORC) (06/2025), the MSF Ethical Review Board, a support letter from the site authorities, the City of Harare, and secured Dapivirine Ring donations from International Partnership for Microbicides (IPM) South Africa (07/2025). Follow-up on support letters from MOHCC Zimbabwe and translations of protocol support documents was still being pursued as of the end of 2025.

Ambulance Donation



On 1st October 2025, MSF donated an ambulance to Epworth Local Board to strengthen emergency referral and patient transport capacity within the district. This support aims to ensure continuity of essential health services, improve timely access to care, and contribute to the sustainability of operations.

Gwanda Artisanal SmallScale Gold Mining (ASGM) basic Healthcare Project



In Gwanda district, MSF is implementing the Artisanal Small-Scale Gold Mining Basic Healthcare project (ASGM-BHC), aimed at providing Artisanal Miners (ASM) and Host Communities (HC) with quality, accessible curative and preventive services. Key health challenges in the area include TB, HIV, STIs, injuries, and poor sanitation at mining sites. Associated risk behaviors include substance use, unprotected sex, and insufficient medical care access for the ASM population and the host community in hard-to-reach areas.

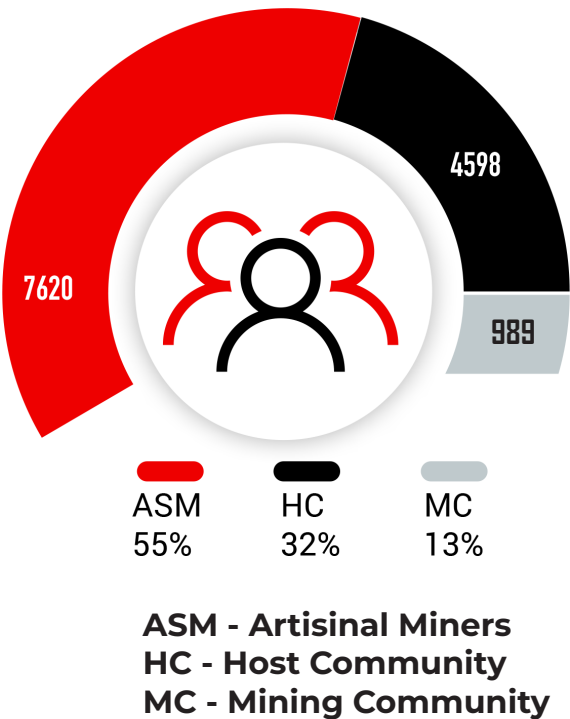
Many miners live and work in remote areas with poor water and sanitation options and limited access to health care due to long distances to health facilities and cost. Artisanal miners are exposed to dangerous working conditions on a regular basis, and as a vulnerable group, can be subjected to violence and extortion. There is well-documented evidence of high rates of HIV, TB, silicosis, and STIs, with risk behaviours largely driven by economic hardship, poor working conditions, stress, social isolation, and mental health challenges.

Additionally, assessments by MSF indicate that artisanal miners are associated with non-health seeking behaviour or incomplete treatments that risk drug resistance, especially regarding TB and HIV. There is a compounded health burden resulting from

occupational exposure to silica dust, especially when miners work without personal protective equipment, which significantly increases the risk of developing silicosis. This, in turn, weakens the lungs and the immune system, compounding vulnerability to TB and accelerating the progression of HIV. The result is a triple burden of silicosis, TB, and HIV, which severely undermines health outcomes and quality of life for affected workers.

In addition, most common current methods of artisanal miners pose environmental risks such as mercury and cyanide contamination of water sources and environmental land degradation which can lead to potential risks to livestock and the local population. In response to the situation, the project’s medical team is providing a range of basic healthcare services, including Out Patient Department (OPD) care, STIs and HIV services, SRH, mental health, Expanded Programme for Immunisation, and Non-Communicable Diseases. Through Health Promotion (HP) teams, the project is conducting health education, service promotion, hotspot mapping, and community engagement activities. Specifically, onsite health education sessions were conducted using Information Education and Communication (IEC) materials such as posters and fliers. Topics included HIV prevention, family planning, and safe mining practices. In addition to medical and health promotion, environmental health (EH) team is supporting mobile clinics by ensuring proper waste management, water quality monitoring, and WASH assessments at mining sites.

Key Outcomes



The introduction of portable X-ray in June 2025 significantly increased TB/Silicosis detection, demonstrating the importance of diagnostic decentralisation.

Differentiated Service Delivery Models

The implementation of differentiated service delivery (DSD) models provides an integrated package of basic health services to the target population. This package includes key components such as HIV, tuberculosis, STIs, mental health, sexual and reproductive health, EPI, and IMCI.

Integrated Service Provision 2025

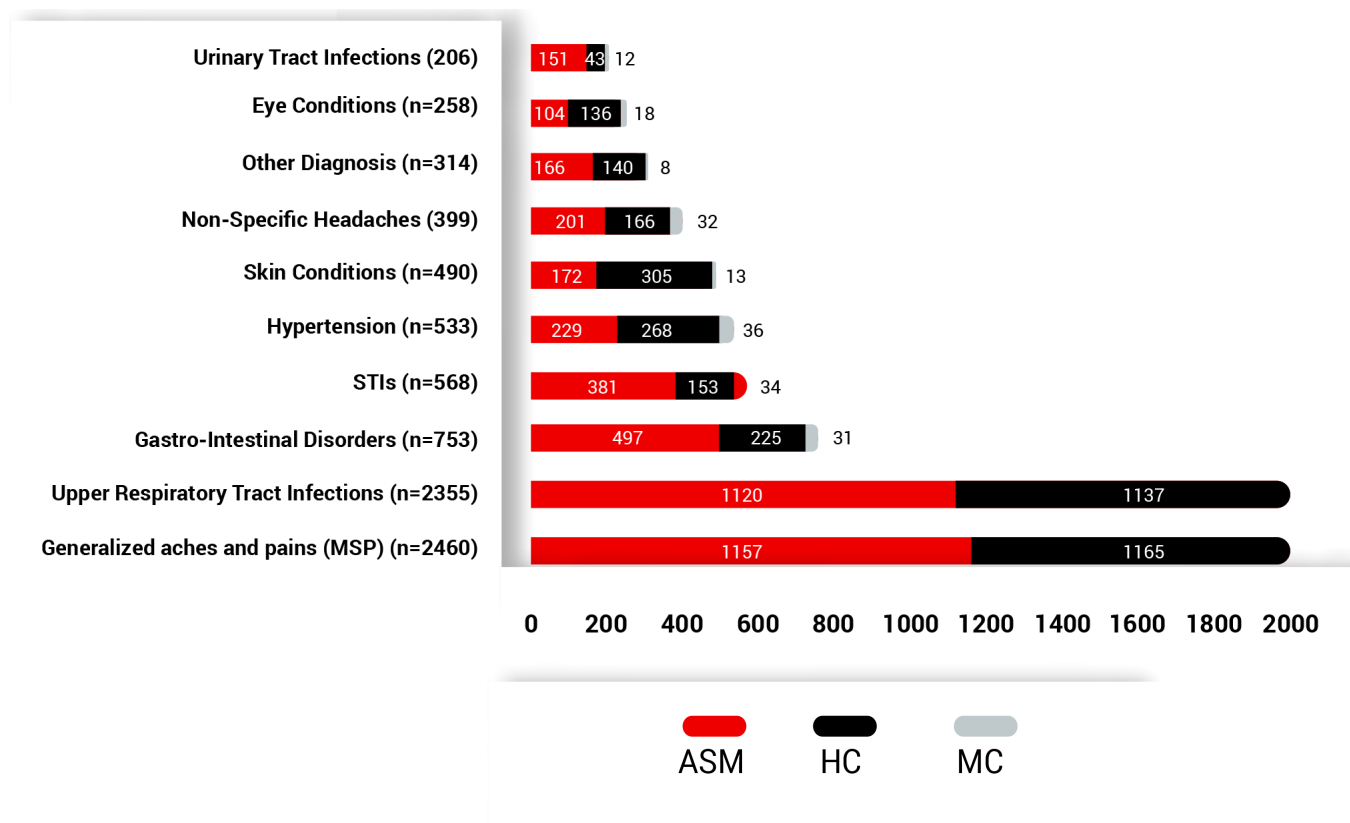
Integrated Service Provision – 2025 Performance Indicators.

Activities	Indicators	Total
Overall Reach	Number of people registered at the outreach	13207
ASM Reach	Percentage of ASM reached at outreach	58.0%
General OPD	Total OPD consultations	10169
	Number of screened for malnutrition (% SAM)	1144 (0.1%)
	Number of screened for malnutrition (% MAM)	1144 (0.3%)
SRH Services	Total FP Consultations (% long acting)	1229 (10.0%)
	Total ANC consultations	34
	Number of VIAC Screened (% positive)	118 (6.8%)
	Number Referred for LEEP / thermal ablation (% of VIAC positives)	8 (100%)
HIV	Number of HIV counselling and testing conducted (% positive)	4468 (2.3%)
	Number of clients starting ART (% of all positive) on site	94 (91.2%)
STI	Number of STI diagnoses (% of total)	568 (5.6%)
	Number of Partners treated	14
Mental Health	Number of Mental Health consultations	136

General OPD Services

ASM accounts for 53% of the disease burden, followed by the Host community (HC), which contributed 39.6%. The last Mining Community (MC) account at 7.1% began being collected in July 2025; thus, the number reflects only Q3-Q4. This distribution indicates that disease burden was higher in ASMs than in other population groups. Musculo-skeletal Pains (MSP) and Upper respiratory tract infections (URTI) remain high-burden conditions, accounting for 4,815 cases each. This suggests that miners, due to the nature of their work, are prone to injuries and other general body aches. Similarly, occupational exposure to dust is likely leading to high rates of Upper Respiratory Tract Infection (URTI). Gastrointestinal disorders and Hypertension (HPT) together represent a significant burden, with 753 and 533 recorded cases, respectively. The wide range of disease burden highlights the importance of continuing to offer integrated services. STIs represent a significant case load, with ASMs (52%) contributing most cases, followed by Host Community (HC) accounting for 40% and Mining Community (MC) 8%. STIs are communicable infections that can spread easily, hence there is a need to improve SRH interventions, particularly preventative interventions.

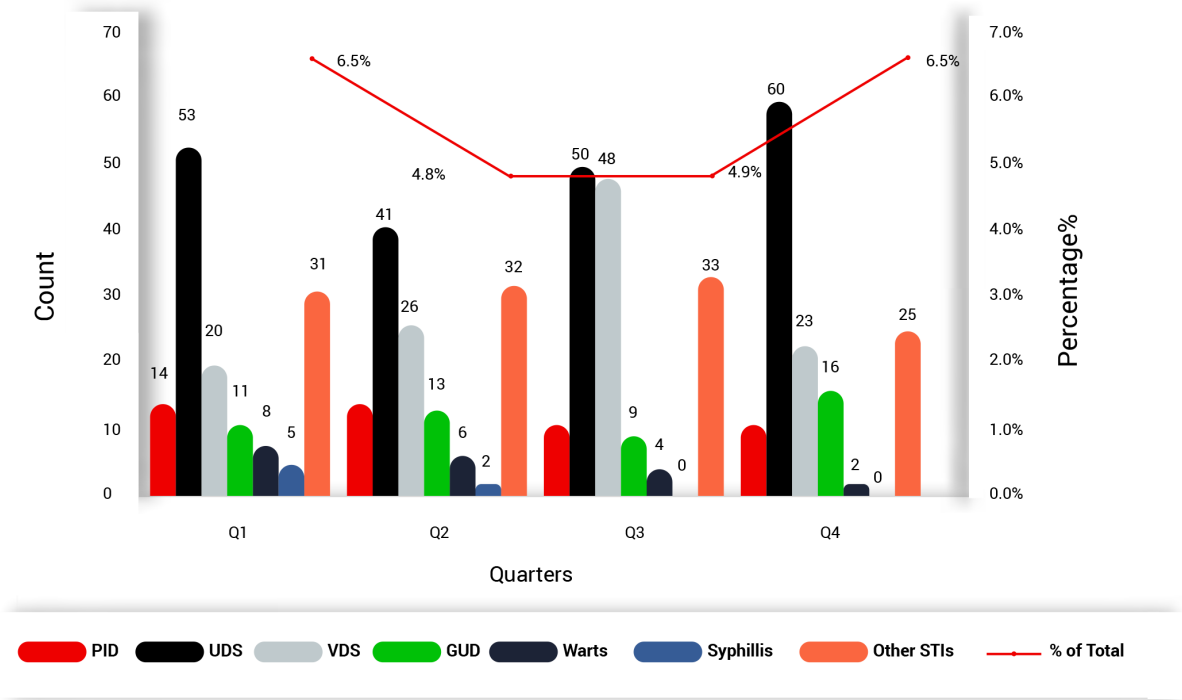
General OPD Services – Top 10 Conditions by Client Profile, Gwanda Project, 2025



Sexual Reproductive Health

STI Diagnosis

Number of STI Diagnoses by Type, per Quarter, Gwanda Project, 2025.

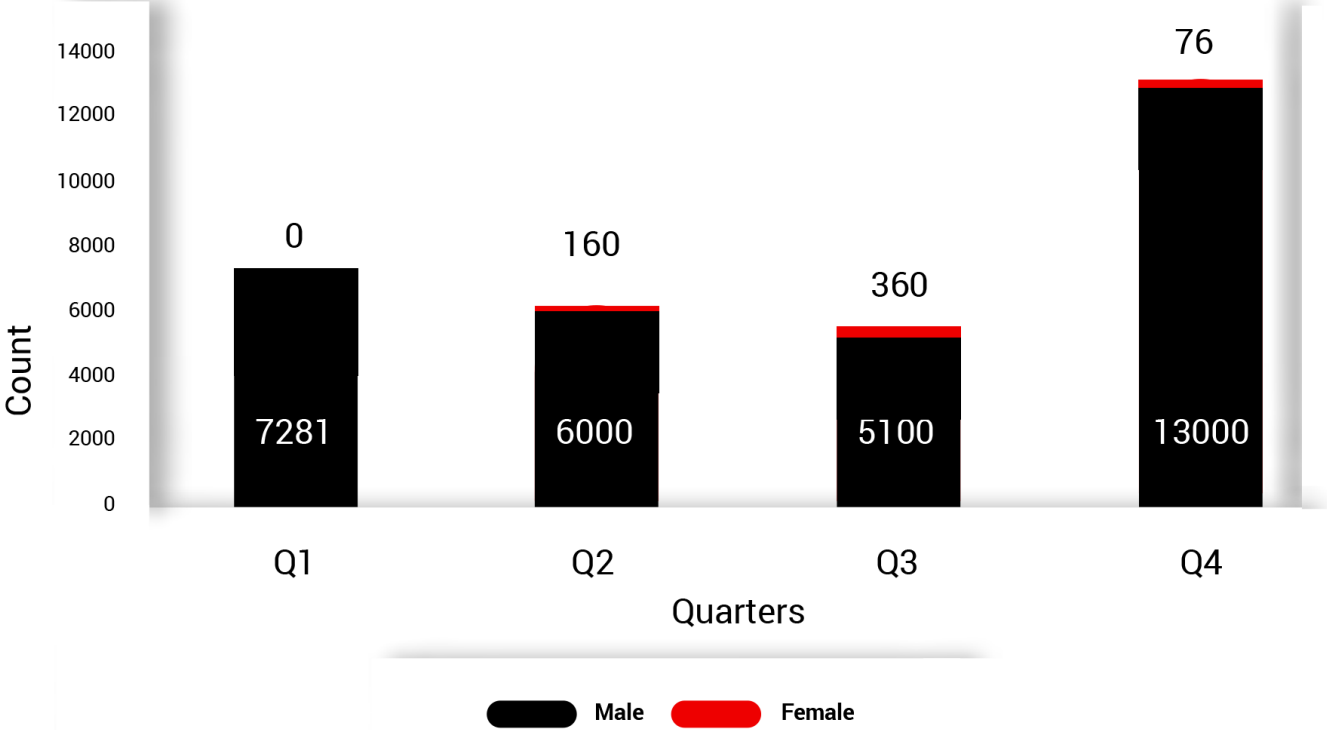


MSF offered Sexual and reproductive health (SRH) services to ASMs and host communities in Gwanda. These services were offered as a package including STI testing and treatment, HIV testing, condom distribution, and family planning services. SRH challenges, such as STI prevalence, remain in the top 5 conditions. In 2024 and 2025, the number of STI diagnoses was 811 and 533, respectively, representing a 34.3% decline in 2025. This can be attributed to the improvement in health promotion efforts through peers.



Condom Distribution

Number of STI Diagnoses by Type, per Quarter, Gwanda Project, 2025.

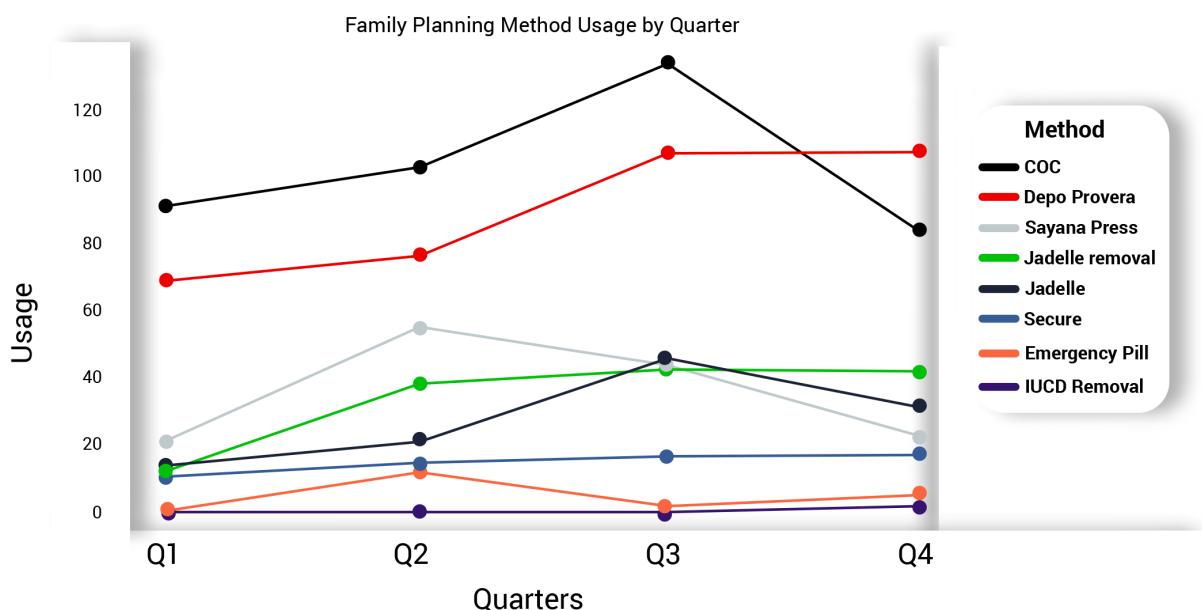


Male condom distribution dominates across all quarters, accounting for: Q1: 7,281, Q2: 6,000, Q3: 5,100, Q4: 13,000. Female condom numbers are much smaller, with a modest rise in Q3:360 and a drop to Q4: 76. The sharp Q4 increase in distribution of male condoms aligns with intensified efforts by peer educators distributing condoms in the mining communities, which likely boosted access and uptake.

HIV Testing and Counselling

The number of people screened for HIV in 2025 was 4,468. The highest screening volume occurred in Q2 (1,227) while the lowest occurred in Q4 (1,013). HIV positivity showed a declining trend from Q1 (3.1%) to Q3 (1.2%), before slightly increasing again in Q4 (2.4%). ART initiation improved significantly from 2024 to 2025, rising from 69–89% to 86–100% per quarter, respectively. This could potentially indicate strengthened HIV care linkage systems and improved onsite testing and initiation. Although there is an increase in challenges with ART initiation, clients who are already on ART and present for testing continue. Out of 102 positive cases, 8 were not initiated on ART (4 were lost to follow-up (LTFU) and 4 declined initiations citing not being psychologically ready). Efforts to continuously improve ART initiation rates are continuing through peer educators.

Family Planning Methods



The family planning graph illustrates the uptake of family planning methods offered by MSF in 2025 by quarter. Combined Oral Contraceptive (COC) use peaks in Q3 before declining in Q4, which can be attributed to the overall reach in Q3: 3995, and in Q4: 2880. Depo Provera indicates a steady rise and then a sharp peak in Q3, which can hint at the growing acceptance of the contraception method. However, Sayana Press and Jadelle removal show a rise-and-fall pattern. In Q2, health education by clinicians undergoing Family planning training may have contributed to the peak in Q2. Promoting self-care among these hard-to-reach people is crucial to continuing and improving Sayana Press health education. Emergency pill usage remains low; however, this can be attributed to its role as a reactive method rather than all the others, which are proactive.

Integrated Management of Newborn and Childhood Illnesses (IMNCI)

Number of cases by Integrated Management of Newborn and Childhood Illnesses (IMNCI) Gwanda Project, 2025

IMNCI Condition	Q1	Q2	Q3	Q4
Upper RTI	79	158	202	97
Lower RTI	3	7	1	3
Diarrhoea	7	9	9	7
Skin conditions	18	33	44	31
Total	107	207	256	138

The table above shows services offered to the under-5 age group, which accounted for 8% of total OPD consultations in the year. Upper Respiratory Tract Infection (536) is the most common condition in this age group, consistent with what we see in adults.

Mental Health

The integration of mental health into the project scaled up screening and case management during outreach services. A total of 144 clients with mental health, neurological, and substance use disorders were screened and managed during the integrated outreach services. There was a significant increase in the number of cases seen towards the end of the year, which can be attributed to the scale-up of mental health awareness sessions during the outreaches, as well as to mass awareness campaigns such as World Mental Health Day conducted by the project. In a quest to improve counselling at the community level, the project also adopted a peer-led model, recruiting 16 peer educators and training them in counselling. So far, they have conducted 102 counselling sessions with clients facing mental health, neurological, and substance use challenges.

Occupational health services

This component aims to strengthen prevention, early detection, and management of major occupational diseases. Emphasis was placed on systematic screening, appropriate treatment, and structured referral to specialists for priority conditions such as tuberculosis (TB), silicosis, and diseases associated with exposure to heavy metals and chemicals. Clear care and referral pathways have been established to ensure continuity of care tailored to identified needs.

TB-Silicosis Screening Performance Indicators, Gwanda Project, 2025

TB/silicosis indicators	Q1	Q2	Q3	Q4	Total
Number of Screened for TB (% presumptive)	2682	3650	3995	2880	13207
Number of TB Diagnoses (% started on treatment)	2 (100%)	3 (100%)	5(100%)	6 (100%)	16 (100%)
Number of Screened for Silicosis	1660	2117	2143	1700	7620
Number of Silicosis Diagnoses	1	0	12	2	15
Number of people living with HIV (PLHIV) / Silicosis started on TPT in the reporting period.	1	0	6	0	7

TB/Silicosis is one of the major indicators the project was tracking due to the occupational exposure of artisanal miners. At the beginning of 2025 (Q1 and Q2), the project was screening for TB/Silicosis symptomatically. The screening numbers by quarter were as follows: Q1 (n=2172), Q2 (n=2756), Q3 (n=3995), Q4 (n=2880). In Q3, the project introduced a portable X-ray, which was used alongside the STAMP strategy. This might be why there was a sharp rise (over 100%) in the number of screened clients in Q3. Throughout the year, 16 cases of active TB were detected through GeneXpert and X-ray diagnosis. At least 12 clients were commenced on Anti-TB, and all are on continuation phase treatment; outcomes to be reviewed after the completion of the continuation phase. The other 4 were already on treatment. A total of 125 abnormal X-rays were recorded. Of this total, the most prevalent radiologic finding was consistent with Healed TB, constituting 28,8% (n=36), followed by Active TB in 15 clients (12%) and Silicosis with 12 clients (9,60%). Seven clients were initiated on TPT, and 4 were LTFU. This can be attributed to the high mobility of this target population. Cardiomegaly was another finding, which was most prevalent in clients being followed up for hypertension. COPD and Emphysema (n=9; 7,2%) were also pathologies of note, as these were seen in clients who are ex or current long-term cigarette smokers and miners. Due to the season when the X-ray was introduced, we also picked up 10 Pneumonia cases (8%).

Health promotion and community engagement

Health Education Sessions



Health education was provided to miners through one-on-one and group sessions during the mobile clinic. At least 19 589 participants were reached through 2 467 sessions, and a total of 1 734 and 733 group sessions were conducted by peer educators and MSF HPOs, respectively. Of the total participants reached, 929 were from peer educator individual (one-on-one) health education sessions in the community, 10 297 from peer group sessions, and 8 363 from MSF HPs. Topics covered were as follows: HIV, STIs, SGBV, TB, Silicosis, VIAC, WASH, NCDs, Mental Health, Erectile Dysfunction, and Malnutrition.

Commemorations

During the year, the project, in collaboration with the Ministry of Health and Childcare, conducted two awareness campaigns: World Mental Health Day and Breast Cancer Day. The project also supported the National World Aids Day, which was commemorated in the Umzingwane district.

Mental Health Day commemoration was conducted to promote mental health awareness through edutainment and quizzes with IEC material prizes, reaching about 2 250 people across urban, rural, and mining areas over two days. The World Mental Health Day was commemorated under the theme “Mental Health in Humanitarian Settings”. Under the slogan. “Do not suffer in silence, Talk –share–heal” encouraging communities to talk and seek help. The project stood in solidarity with Gwanda Provincial Hospital and the global community to raise awareness about breast cancer under the theme “Early detection saves lives”. The campaign included a walkathon, edutainment, and on-site screenings at two MSF outreach sites to encourage women to seek early treatment for improved health outcomes. The event drew an impressive turnout of around 250 attendees.

EH Operational Research

A research proposal titled “The impact of artisanal gold mining activities on water quality in Gwanda, Zimbabwe” was submitted to MSFERB and approved. The process of acquiring authority to carry out the study continues with submissions having been made to the Local ERB. The proposed study aims to assess the dynamics of chemical, heavy metal, and bacteriological hazards affecting water sources through an integrated risk analysis.

Emergency Response

In April 2025, a cholera outbreak occurred in Manama; MSF, together with MOHCC, responded. Seven wells were the main water sources of Oliphant and Sincebo Villages in Manama. Water quality analysis was conducted for 7 wells and several other water sources, including boreholes, wells, shafts, and dams. One well had a positive cholera result; the remaining wells had total coliform counts above 50 per 100ml; therefore, all required decontamination. Debris and sludge were removed from these wells; decontamination was performed using a 1% chlorine mother solution. In heavy chemical tests, 3 water sources tested positive for mercury and nitrates. Water point users were advised to seek alternative water sources and to stop using contaminated sources.

Water, Sanitation, Hygiene, and Environmental Health

Under water, sanitation and environmental health, activities were directed toward the beneficiary population to strengthen WASH security and prevent harmful exposures, particularly those linked to heavy metal contamination. Interventions focused on improving essential water, hygiene, and sanitation facilities, promoting good hygiene practices, and implementing corrective measures to reduce the environmental risks identified across the intervention areas.

Other WATSAN Activities

WATSAN activities 2025

Institution (Clinics)	Activities	Achievements
PHAKAMA	Incinerator	Rehabilitated
	Waste zone	Ash pit, organic pit, and sharps pit constructed, including installation of the bottle crusher
	Water Supply	Borehole repair and pump replacement, solar-powered water system
NTALALE	Water supply	Fixed solar-powered water supply system
	Waste Zone	Prefabricated incinerator and bottle crusher provision & fitting
STANMORE	Water Supply and Sanitation Mothers Shelter	Septic tank, soakaway construction, including water and toilet fittings
SIMBUMBUMBU	Water Supply	Provided a new 10,000L water tank, including fitting
WEST NICHOLSON	Water Supply	Provision of 10 000L water tank and fitting
GUNGWE	Water Supply	Rehabilitation of solar-powered water system, provision of solar panels, and pump
MAKWE	Sanitation	Waste Zone construction ash pit and sharp pit construction, including Incinerator and bottle crusher provision and fitting
MANDIHONGOLA	Sanitation	Ash pit and sharps pit construction, including bottle crusher provision and prefab-incinerator
LUSHONGWE	Water and Sanitation	Water tank provision and fitting, toilet Flush system repairs, bottle crusher provision and fitting, Solar powered water system repairs, Unblocking sewer system

MSF Association, Zimbabwe Chapter



The Médecins Sans Frontières (MSF) Association represents the collective membership of MSF staff and former staff who actively participate in the governance, identity, and humanitarian values of the organisation. Beyond operational programming, the Association fosters solidarity, civic engagement, and community outreach aligned with MSF's principles of medical ethics, social responsibility, and humanitarian action.

In 2025, the MSF Southern Africa (SnA) Zimbabwe Chapter demonstrated strong associative engagement through three major volunteer-led initiatives in Harare and Bulawayo, focusing on child welfare, adolescent health promotion, and non-communicable disease (NCD) screening. These activities complemented MSF's operational presence in Zimbabwe by extending humanitarian engagement into communities through volunteer mobilisation and partnership with public institutions.

Adolescent Drug and Substance Use Campaign – Bulawayo

Responding to the growing concerns around adolescent substance use, the Zimbabwe Chapter implemented a two-phase peer-led intervention model in Bulawayo on the 19th of February 2025.

The first phase involved training 12 peer educators in drug and substance use prevention, harm reduction principles, referral pathways, and peer engagement strategies. A structured

training package was developed and made available for continued use in collaboration with Childline Zimbabwe. The second phase was a large-scale awareness campaign conducted at Pumula High School, reaching 959 adolescents from two schools. The campaign was led by trained peer facilitators, supported by 10 MSF Association members, 5 Childline Zimbabwe representatives, and multiple stakeholders including the Zimbabwe Republic Police (Victim Friendly Unit), National AIDS Council Zimbabwe, education authorities, and social development representatives. Despite weather disruptions and budget constraints, the campaign achieved significant reach and strengthened cross-sector collaboration. Peer-to-peer engagement proved particularly effective in creating open dialogue and reinforcing referral systems. The initiative aligned with national adolescent health priorities and demonstrated the value of community-based harm reduction approaches.

Community Solidarity-Harare

The Zimbabwe Chapter mobilised 10 Association members to support Jabangwe Children's Home in Waterfalls, Harare on the 23rd of November 2025. Jabangwe Children's home is a registered charity currently housing 20 children aged 2 to 18 years. Through internal fundraising and logistical support from MSF Coordination team, volunteers donated non-perishable food items and sanitary supplies, conducted laundry and household cleaning, and delivered an age-appropriate drug and substance use awareness session. Thirty adolescents were directly engaged in preventive health discussions. Despite limited turnout and modest resources, the initiative strengthened associative cohesion while providing tangible support to vulnerable children.

NCD Screening Campaign – Epworth, Harare

On 13 December 2025, the MSF Association Harare Chapter partnered with the Ministry of Health and Childcare (MoHCC) to conduct a community-based NCD screening campaign in Epworth. A total of 25 MSF Association volunteers participated, including medical, nursing, social work, data, and support personnel. The initiative screened 110 adults (mean age 43.7 years) for hypertension and abnormal blood glucose levels. Overall hypertension prevalence was identified at 30%, with higher proportions among individuals aged 40 years and above. The findings highlight the growing burden of NCDs in Zimbabwe and underscores the importance of strengthening routine screening and referral mechanisms at primary healthcare level. The campaign reinforced collaboration with MoHCC and demonstrated the effectiveness of volunteer-driven, community-based early detection efforts.

These initiatives not only reflect the vibrancy of association life in Zimbabwe but contributes meaningfully to community wellbeing while reinforcing MSF's humanitarian identity.



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