



ACTION PLANNING FRAMEWORK FOR ASRHR SERVICES FOR LOCAL GOVERNMENT:

Zimbabwe/ Bindura Rural District Council

| BASELINE | NORMATIVE FRAMEWORKS/SADC STRATEGY 2019-2030 TARGETS/ ASRHR CHECKLIST | INDICATORS | ACTION | OUTPUT | OUTCOME | WHO | BUDGET | TIME FRAME |
|--|---|--|-------------------------|---------------------|---|---|--------|---------------|
| ACCESSING HEALTH FACILITIES | | | | | | | | |
| Strategic Objective: To ensure that ASRHR facilities are accessible | | | | | | | | |
| Is the Health facility within 10km from your home? YES-57% | Health facilities are within 10km of adolescent homes. | Increase in Proportion of Health facilities (rural/urban) within 10km from young people's homes. | -To construct 5 clinics | -Functional clinics | -Increased access to ASRHS -Reduced walking distance | -Technical department -MOHCC -DPP | | December 2022 |

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| <p>What proportion of young people say health facilities open after school?</p> <p>54%</p> | <p>SRHR services are responsive to the needs of adolescents and young people especially during and are provided in a non-judgmental, confidential and private environment, in times and locations that are convenient for adolescents and young people including providing disability and respectful care to persons with disabilities.</p> | <p>Increase in Proportion of health facilities (rural/urban) that are open for ASRHR services after school hours.</p> | <p>-To Avail ASRH Focal Person at each clinic</p> <p>-To Sensitise Adolescents on available ASRH Services</p> <p>-Clinics to offer ASRH services 24/7</p> | <p>-Active Focal persons</p> <p>-Knowledgeable Adolescents</p> <p>Accessible service 24/7</p> | <p>Increased access to ASRHS</p> <p>Reduced knowledge gaps</p> | <p>-Community Services Officer</p> <p>-MOHCC</p> | | December 2022 |
| <p>What proportion of young people say health facilities open on weekends?</p> <p>76%</p> | <p>SRHR services are responsive to the needs of adolescents and young people especially during and are provided in a non-judgmental, confidential and private environment, in times and locations that are convenient for adolescents and young people including providing disability and respectful care to persons with disabilities.</p> | <p>Increase in Proportion of health facilities (rural/urban) that are open for ASRHR services during weekends.</p> | <p>-To Avail ASRH Focal Person at each clinic</p> <p>-To Sensitise Adolescents on available ASRH Services</p> <p>-Clinics to offer ASRH services 24/7</p> | <p>-Active Focal persons</p> <p>-Knowledgeable Adolescents</p> <p>Accessible service 24/7</p> | <p>Increased access to ASRHS</p> <p>Reduced knowledge gaps</p> | <p>-Community Services Officer</p> <p>-MOHCC</p> | | December 2022 |

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| What proportion of young people say there is a comfortable waiting area at the facility? 80% | SRHR services are responsive to the needs of adolescents and young people especially during and are provided in a non-judgmental, confidential and private environment, in times and locations that are convenient for adolescents and young people including providing disability and respectful care to persons with disabilities. | Increase in Proportion of health facilities (rural/urban) with comfortable waiting areas for young people that meet the minimum health care standards for young people. | -To provide benches at waiting area | -comfortable waiting area | -Increased visits by adolescent youths | -Community Services Dept -MOHCC - | | December 2022 |
| What Proportion of respondents paid a fee for ASRHR services? 38% | All health facilities offer free services and there are no other barriers to ensure equitable access to health-care services, including the full package of SRHR interventions as defined by the International Conference on Population and Development (ICPD). | Decrease in the proportion of young people paying a fee for ASRHR services. | -to consider those without money to access ASRHR services | Accessible ASRHR Services | Increased visits by Adolescent youths | -HCC | | December 2022 |
| How much money do young | All health facilities offer free services and there are no other barriers to | Strategies in place to remove any fees that may deter | -To maintain low card fees | Accessible ASRHR Services | Increased patronage at clinics | -HCC | | December 2022 |

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| people say they pay as USD fees? \$2 | ensure equitable access to health-care services, including the full package of SRHR interventions as defined by the International Conference on Population and Development (ICPD). | young people from accessing ASRHR fees. | | | | | | |
| QUALITY OF CARE | | | | | | | | |
| What proportion of young people say peer counsellors available? 54% | Health system ensures the presence of peer counsellors in all health facilities as a component of youth friendly services. | Number of peer counsellors per health setting disaggregated by sex. | -To train peer counsellors | -Trained peer counsellors | Improved counselling services | MOHCC -Community services dept | | December 2022 |
| What proportion of young people say they treated with respect? 92% | Health service delivery ensures that the adolescent's confidentiality is respected and facilitates their access to and use of contraceptive information and services. | Proportion of strategies in place to ensure to safeguard adolescent's confidentiality is respected in health care settings | -To orient staff on Patients Charter | -oriented staff | Improved confidentiality | MOHCC | | December 2022 |

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| <p>What proportion of young people say they were given privacy and confidentiality?</p> <p>Privacy 74%</p> <p>Confidentiality 84%</p> | <p>Health service delivery ensures that the adolescent's confidentiality is respected and facilitates their access to and use of contraceptive information and services.</p> | <p>Proportion of young people accessing ASRHR services within a private and confidential health care setting per day/week/month/quarter disaggregated by sex</p> | <p>-To sensitise guardians/parents on ASRHR services</p> | <p>- parents/guardians aware of ASRHR services</p> | <p>-Improved ASRHR services</p> | <p>MOHCC</p> | | <p>December 2022</p> |
| <p>What proportion of young people say they were treated without parental consent?</p> <p>47%</p> | <p>ASRHR laws and policies allow adolescents and young people to access SRH services without third party authorisation.</p> | <p>Proportion of young people treated without parental consent per day/week/month/quarter disaggregated by sex</p> | <p>-Advocate for ASRHR policies</p> | <p>-Formulate and approve ASRHR policies</p> | <p>Increased number of Adolescent youths accessing ASRHR services</p> | <p>Policy makers</p> | | <p>Dec 2022</p> |
| <p>What proportion of young people say health workers spend sufficient time with young people?</p> <p>76%</p> | <p>Health facilities address the range of social, economic, cultural and systemic challenges so that all adolescents and young people have universal access to quality health-care services across their life cycle.</p> | <p>Proportion of health workers meeting minimum standards of care for young people per day/week/month/quarter</p> | <p>-To orient staff on ASRHR services</p> | <p>-Staff oriented</p> | <p>Improved ASRHR services</p> | <p>MOHCC</p> | | <p>December 2022</p> |

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| What proportion of young people receive appropriate information? 77% | Health facilities address the range of social, economic, cultural and systemic challenges so that all adolescents and young people have universal access to quality health-care services across their life cycle. | Increase in Proportion of young people receiving appropriate information in health care settings. | -To orient staff on ASRHR services -To avail IEC material | -Staff oriented -Knowledgeable staff | Improved ASRHR services | MOHCC | | December 2022 |
| SEXUAL AND REPRODUCTIVE HEALTH SERVICES | | | | | | | | |
| Contraceptives | | | | | | | | |
| What proportion of young people requested contraceptives? 23% | There are interventions for both in and out of school adolescents to provide access to good quality, comprehensive, age-appropriate, scientifically accurate life skills-based comprehensive sexuality education (CSE), to increase contraceptive use among adolescents; There are interventions to reduce the financial cost of contraceptives to adolescents. | Proportion of young people requesting contraceptives per day/week/month/quarter disaggregated by sex | -To conduct at least 10 awareness campaigns on ASRHR | 10 Awareness campaigns conducted | -Improved uptake of contraceptive | -Community Services Dept -MOHCC -Dvpm partners | | Dec 2022 |

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| What proportion of young people received contraceptives? 76% | There are strategies that are aimed at decreasing the unmet need for contraception among adolescents including formulating laws and policies to increase adolescent access to contraceptive information and services, including emergency contraceptives; There is access to a mix of contraceptive methods for and adolescents with special provisions in place for increased access during Covid-19 pandemic period. | Increase in proportion of young people receiving contraceptives per day/week/month/quarter disaggregated by sex | -Advocate for ASRHR policies -To educate parents on ASRHR services | -Formulate and approve ASRHR policies -Knowledgeable parents | Increased number of Adolescent youths accessing ASRHR services | Policy makers MOHCC | | Dec 2022 |
| Pregnancy tests | | | | | | | | |
| What proportion of young women requested for a pregnancy test? | There are efforts to ensure the availability of and access to adolescent friendly antenatal, intrapartum and postnatal care, including basic emergency | Proportion of young women requesting a pregnancy test per day/week/month/quarter | -To sensitise adolescent youths on availability of pregnancy test | Knowledgeable youths | Increased requests for pregnancy test | MOHCC | | Dec 2022 |

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| 25% | obstetric care and comprehensive emergency obstetric care. | | | | | | | |
| What proportion of young women received a pregnancy test? 64% | There are efforts to ensure the availability of and access to adolescent friendly antenatal, intrapartum and postnatal care, including basic emergency obstetric care and comprehensive emergency obstetric care. | Proportion of young women receiving a pregnancy test per day/week/month/quarter | -To avail pregnancy test to adolescent youths -To sensitise youths on availability of pregnancy test | Knowledgeable youths | Increased access to pregnancy test | MOHCC | | Dec 2022 |
| What proportion of young women are pregnant? 2% | To reduce the high levels of maternal mortality amongst young mothers, there are strategies including promoting birth and emergency preparedness in antenatal care strategies | Proportion of young women confirmed pregnant after a test; | -To conduct awareness campaigns on maternal mortality | -21 awareness campaigns conducted (ward) | Reduced maternal mortality | -MOHCC | | Dec 2022 |

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| | for pregnant adolescents in household, community and health facility settings. | Strategies in place to reduce teenage pregnancies | | | SADC Strategy 2019-2030: <i>Rates of teenage pregnancies reduced;</i> | | | |
| What proportion of young women have requested prevention of mother-to-child transmission (PMTCT)? 0% | Health system does not compromise quality of antenatal care to young mothers compared to older mothers. | Increase in proportion of young women requesting prevention of mother-to-child transmission (PMTCT) per day/week/month/quarter | -To sensitize young women on prevention of mother to child transmission | Informed young mothers | Increased uptake of PMTCT services | MOHCC | | Dec 2022 |
| What proportion of young women have received prevention of mother-to-child transmission (PMTCT)? TBA | Health system does not compromise quality of antenatal care to young mothers compared to older mothers. | Increase in proportion of young women receiving prevention of mother-to-child transmission (PMTCT) per day/week/month/quarter | N/A | N/A | N/A | N/A | | N/A |

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| Menstrual Health | | | | | | | | |
| What proportion of young women have requested pads? 38% | Menstrual hygiene management is an integral component in the country's WASH programming to ensure access to basic sanitation. | Increase in proportion of young women requesting pads per day/week/month/quarter | -To introduce reusable pads | Reusable pads produced | Increased hygiene | -Community services dept -Dvpmt partners | | Dec 2022 |
| What proportion of young women have received pads? 76% | There is provision of free menstrual ware to both in and out of school girls including those in hard to reach areas, the disabled and vulnerable to Covid-19 pandemic. | Increase in proportion of young women receiving pads per day/week/month/quarter | -To introduce reusable pads | Reusable pads produced | Increase proportion of young women receiving pads | -Community services dept -Dvpmt partners | | Dec 2022 |
| HIV and AIDS and STI | | | | | | | | |
| What proportion of young men requested male circumcision? 61% | There is provision of CSE, promotion and distribution of condoms, HIV testing and counselling services, pre-exposure prophylaxis (PreP), voluntary medical male circumcision for risk reduction, harm reduction for people who inject drugs, and | Increase in proportion of young men requesting male circumcision per day/week/month/quarter | -Avail voluntary medical female/male circumcisors | Circumcised youths | Increased proportion of young male circumcised | MOHCC | | Dec 2022 |

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| | targeted prevention programmes for young sex workers and other key populations at high risk of HIV acquisition. | | | | | | | |
| What proportion of young men received an appointment for male circumcision? 93% | There is provision of CSE, promotion and distribution of condoms, HIV testing and counselling services, pre-exposure prophylaxis (PreP), voluntary medical male circumcision for risk reduction, harm reduction for people who inject drugs, and targeted prevention programmes for young sex workers and other key populations at high risk of HIV acquisition. | Number of strategies in place to encourage voluntary medical male circumcision for young people | -To conduct awareness campaigns on male circumcision | 21 awareness campaigns conducted | Increased uptake of male circumcision services | MOHCC | | Dec 2022 |
| | | Increase in proportion of young men receiving an appointment for male circumcision per day/week/month/quarter | -To conduct awareness campaigns on male circumcision | 21 awareness campaigns conducted | Increased uptake of male circumcision services | MOHCC | | Dec 2022 |
| What proportion of young people | There is provision of CSE, promotion and distribution of condoms, | Increase in proportion of young people aged 10- | To sensitise young people on ASRHR services | Knowledgeable youths | Improved access to | MOHCC | | Dec 2022 |

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| <p>have requested PREP?</p> <p>6%</p> | <p>HIV testing and counselling services, pre-exposure prophylaxis (PreP), voluntary medical male circumcision for risk reduction, harm reduction for people who inject drugs, and targeted prevention programmes for young sex workers and other key populations at high risk of HIV acquisition.</p> | <p>19years requesting PREP per day/week/month/quarter disaggregated by sex</p> | | | <p>ASRHR services</p> | | | |
| <p>What proportion of young people received PREP?</p> <p>55%</p> | <p>There is provision of CSE, promotion and distribution of condoms, HIV testing and counselling services, pre-exposure prophylaxis (PreP), voluntary medical male circumcision for risk reduction, harm reduction for people who inject drugs, and targeted prevention programmes for young sex workers and other</p> | <p>Increase in proportion of young people aged 10-19years receiving PREP per day/week/month/quarter disaggregated by sex</p> | <p>To sensitise young people on ASRHR services</p> | <p>Knowledgeable youths</p> | <p>Improved access to ASRHR services</p> | <p>MOHCC</p> | | <p>Dec 2022</p> |

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| | key populations at high risk of HIV acquisition. | | | | | | | |
| What proportion of young people have requested post-exposure prophylaxis (PEP)? 4% | Ensure that care and treatment of STIs is part of sexual and reproductive health services, and is accessible to adolescents, regardless of marital status. | Increase in proportion of young people aged 10-19years requesting post-exposure prophylaxis (PEP) per day/week/month/quarter disaggregated by sex | -To sensitise young people on PEP services | -well informed youths | Increased access to PEP services | MOHCC | | Dec 2022 |
| What proportion of young people received (PEP)? 100% | Ensure that care and treatment of STIs is part of sexual and reproductive health services, and is accessible to adolescents, regardless of marital status. | Increase in proportion of young people aged 10-19years receiving post-exposure prophylaxis (PEP) per day/week/month/quarter disaggregated by sex | -To sensitise young people on PEP services | -well informed youths | Increased access to PEP services | MOHCC | | Dec 2022 |

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| What proportion of young people requested for an HIV test? 39% | Ensure that care and treatment of STIs is part of sexual and reproductive health services, and is accessible to adolescents, regardless of marital status. | Increase in proportion of young people aged 10-19years requesting an HIV test per day/week/month/quarter disaggregated by sex | -To sensitise young people on HIV | - Well informed youths | Increased access to HIV test | MOHCC NAC | | Dec 2022 |
| What proportion of young people received an HIV test? 90% | Ensure that care and treatment of STIs is part of sexual and reproductive health services, and is accessible to adolescents, regardless of marital status. | Increase in proportion of young people aged 10-19years receiving an HIV test per day/week/month/quarter disaggregated by sex | -To avail HIV test kits at all clinics 24/7 | -Youths tested for HIV | Increased access to HIV test | MOHCC NAC | | Dec 2022 |
| What proportion of young people have requested for a sexually transmitted infection (STI) test? 14% | Ensure that care and treatment of STIs is part of sexual and reproductive health services, and is accessible to adolescents, regardless of marital status. | Proportion of young people aged 10-19years requesting sexually transmitted infection (STI) test per day/week/month/quarter | Sensitize youths on STIs | -Youths educated | Increased number of youths requesting STI test | MOHCC NAC | | Dec 2022 |

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| | | disaggregated by sex | | | | | | |
| | | Interventions employed to encourage young people to request for sexually transmitted infection (STI) tests | To distribute IEC material on STI | Knowledgeable youth | Increased uptake of STI test | MOHCC | | Dec 2022 |
| What proportion of young people have received a STI test? 72% | Ensure that care and treatment of STIs is part of sexual and reproductive health services, and is accessible to adolescents, regardless of marital status. | Increase in proportion of young people aged 10-19years receiving a STI test per day/week/month/quarter disaggregated by sex; | Sensitize youths on STIs | -Youths educated | Increased number of youths requesting STI test | MOHCC NAC | | Dec 2022 |
| What proportion of young people have requested for anti-retrovirals (ARVs)? 5% | Cervical cancer screening, STI treatments and HIV and AIDS services are available especially during Covid-19 pandemic lockdowns. | Proportion of young people aged 10-19years requesting anti-retrovirals (ARVs) per day/week/month/quarter disaggregated by sex | -Sensitize youths on ARV importance | -well informed youths | Increased access to ARVs | MOHCC | | Dec 2022 |

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| What proportion of young people have received ARVs? 92% | Ensure that care and treatment of STIs is part of sexual and reproductive health services, and is accessible to adolescents, regardless of marital status. | Proportion of young people aged 10-19years requesting ARVs per day/week/month/quarter disaggregated by sex | Sensitize youths on ASRHR services | Educated youths | Increased access to ASRHR services | MOHCC | | Dec 2022 |
| Did a Health worker ask about mental health? 42% | Health facilities address the range of social, economic, cultural and systemic challenges so that all adolescents and young people have universal access to quality health-care services across their life cycle. | Increase in number of Health workers administering appropriate mental health assessments to young people during ASRHR visits | | | | | | |
| | | Number of trainings to health workers on Mental health assessments for ASRHR | -Conduct trainings on Mental Health assessments for ASRHR | Health workers trained | Quality health care provision | MOHCC | | Dec 2022 |
| FOLLOW UP AND REFERRAL | | | | | | | | |
| Proportion of young people confirming a Health worker set up a follow up appointment? | Health facilities address the range of social, economic, cultural and systemic challenges so that all adolescents and young people have | Increase in number of follow up appointments made with young people per day/week/month/q | -Sensitise Health workers on follow up appointments | Follow up appointments conducted | Increased follow up appointments made with young people | MOHCC | | Dec 2022 |

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| 38% | universal access to quality health-care services across their life cycle. | quarter disaggregated by sex | | | | | | |
| Proportion of young people confirming a Health worker refer them to a relevant facility? 74% | Health facilities address the range of social, economic, cultural and systemic challenges so that all adolescents and young people have universal access to quality health-care services across their life cycle. | Increase in number referrals to relevant facilities necessary made per day/week/month/quarter | Sensitise Health workers on ASRHR services | Well informed health workers | Increased access to relevant facilities | MOHCC | | Dec 2022 |