Zimbabwe Case Study

Prescribing Chaos in Global Health
The Global Gag Rule from 1984-2018

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A. EXECUTIVE SUMMARY

As a U.S.-based women's rights organization that advocates for sexual and reproductive health and rights (SRHR) globally, the Center for Health and Gender Equity (CHANGE) has assessed and documented the harmful effects of the global gag rule (GGR) on the health of women, girls, and communities across U.S. administrations. The current policy under President Trump has broader, more dangerous implications than any previous iteration.

To analyze the impact of the Trump GGR in Zimbabwe, CHANGE conducted an independent eight-day fact-finding mission in January and February 2018. CHANGE learned how the GGR causes grave harm by not taking into consideration language translation, blocking access to contraceptive implant removal, and putting girls at increased risk of sexual violence and exploitation. The policy will have far-reaching consequences on not only reproductive health systems, but also on aspects of health ranging from maternal, newborn and child health (MNCH), to nutrition, to HIV prevention, to health service provision for vulnerable and marginalized populations.

The Trump GGR is a U.S. foreign policy that, when enacted, prohibits foreign non-governmental organizations (NGOs) that receive U.S. global health assistance funds from advocating for abortion, or providing, counseling, or referring for abortion services as a method of family planning.1

The expanded reach of the GGR has the potential to increase the rates of illness and even death.

This case study outlines the immediate impact of the Trump GGR on individuals, programs, organizations, and coalitions in Zimbabwe. It shows how life-changing programs that have been supported by U.S. global health assistance in Zimbabwe are quickly unraveling under the Trump GGR, and that beneficiaries are the hardest hit. The policy is forcing organizations to take giant steps backward in their efforts to protect community health and to empower adolescent girls and young women (AGYW) who seek opportunities to make decisions about their own lives.
B. IMPACTS

1. IMPACT ON COMMUNICATION WITH U.S. GOVERNMENT AND PRIME PARTNERS

Miscommunication by the U.S. government and prime partners has led to confusion about the policy among organizations. If an NGO receives funding from a prime partner, it is the prime's responsibility to pass down the GGR and make sure the sub-grantee understands the policy. CHANGE found that organizations are unclear about the conditions of the policy and the implications of complying with or violating the policy.

Many organizations CHANGE met with noted that they have received no communication from the U.S. government or their prime partners. When they did receive communication, it was not specific, incomplete, and left little opening for further communication. Pangaea Zimbabwe AIDS Trust (PZAT), a sub-prime partner, told CHANGE that they have not received any direct memo or communication about the Trump GGR from their prime partners. PZAT has three U.S.-funded projects that make up over 80 percent of the organization’s overall budget.

One organization received a detailed questionnaire on the policy from their prime partner that they had

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About Zimbabwe and U.S. funding

Zimbabwe has an estimated population of 16.1 million, approximately 68 percent of which live in rural areas. The country once had a robust health system that has suffered nearly two decades’ worth of economic shocks and downturns. The now-corroded health delivery system is reflected in high mortality and morbidity rates, and is made more vulnerable by high burdens of maternal and child-related illnesses, HIV, and tuberculosis (TB), among other issues. The functions of the health delivery system have become largely dependent on donor assistance.

Zimbabwe is currently the 16th largest recipient of U.S. foreign assistance in sub-Saharan Africa. U.S. foreign assistance to Zimbabwe was $187,246,019 in FY2017; over $186 million of which came through the United States Agency for International Development (USAID) for services including HIV and AIDS, primary health, maternal and child health, family planning, water supply and sanitation, orphans and vulnerable children (OVCs), TB, and malaria. U.S. global health assistance comes into the country through the Ministry of Health and Child Care (MoHCC) as well as through partner organizations. The latter funding dynamic makes the country’s health system particularly sensitive to the impacts of the Trump GGR.

Currently, 86 percent of HIV funding in Zimbabwe comes from donor assistance. In FY2017, the President’s Emergency Plan for AIDS Relief (PEPFAR) budget for Zimbabwe was nearly $127 million. As of September 2017, PEPFAR Zimbabwe has provided almost 2.5 million people with HIV testing services, 848,120 people with antiretroviral therapy (ART), and care and support for 470,705 OVCs as well as their caregivers.
to complete in order to determine whether or not they would comply. They simply checked boxes on the questionnaire and their responses were taken to reflect compliance. It was not until meeting with CHANGE that they understood that some of their work might be in conflict with the policy. “So I do not think that the conversation has actually gotten to a level where people then get to understand the policy and its implications,” representatives from the organization concluded. “The policy is confusing.”

CHANGE found the best communication to be issued by organizations that cannot comply. Marie Stopes International (MSI), one of the largest international family planning organizations, directly communicated with their partner organization, Population Services Zimbabwe (PSZ), on January 23, 2017, the same day that the Trump GGR was enacted. MSI employs a team that is specifically responsible for digesting and communicating the implications of policies like the Trump GGR. Beneficiaries of PSZ services were told that services would be scaled down because of funding cuts.

2. IMPACT ON ABILITY OR WILLINGNESS TO PARTNER

Organizations in Zimbabwe rely on coalitions and partnerships to maximize their resources and to deliver a broad range of services to communities. In almost every interview, CHANGE heard concerns about how the Trump GGR could damage or even dismantle coalitions and referral networks.

One respondent now mistrusts referral networks they once participated in, as some of those organizations are complying with the policy. Additionally, some organizations that cannot comply are experiencing stigmatization from other partners within coalitions; some are labeled, “ndimi munosvotora,” a discriminatory insult that loosely translates from Shona to “you are the organization that aborts.”

The fact that coalition spaces are occupied by both complying and non-complying organizations is itself generating confusion. The Trump GGR is “creating a space of conflict within the coalition itself.” Some U.S.-based organizations have become “silent” on certain issues they should be speaking on in order to protect their funding. On the other hand, other organizations are faced with potentially renegotiating their place in a coalition that is ultimately beneficial to their mission and goals. “It has taken us a long time. …We’ve been building strong networks and this policy would affect that. Because civil society also has its own politics…we do not want to be that organization that considers itself a human rights organization and then takes [U.S.] money,” one interviewee said.

At the country level, the partnerships between the U.S. government and organizations have been fruitful and productive. These partnerships and

A “prime partner” is an organization that receives U.S. funding directly from the U.S. government. Both U.S. NGOs and foreign NGOs can be prime partners. A “sub-grantee” or “sub-recipient” is an organization that receives U.S. funding from a prime partner, rather than directly from the U.S. government. Sub-grantees are one step removed from a direct relationship with the U.S. government, and communications around their funding go through the prime partner. All U.S. funding requirements are passed down through prime partners to their sub-grantees.
collaborations may become “anti-USA instead of anti-global gag rule. …So it is never about the institution we worked with. We completely enjoyed working with USAID and FHI. It was great learning for us. It was a good opportunity to add value in a complementary fashion. We liked their systems,” a concerned representative from Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) stated. Organizations have had to adjust and adapt accordingly.

**DREAMS: Zimbabwe**

Zimbabwe has an HIV prevalence of 13.8 percent, with 40,000 new HIV infections reported in 2016. Of the 1.3 million people living with HIV, 75 percent are on ART. Among young people aged 15–24, young women have a 5.7 percent HIV prevalence compared to 2.8 percent in young men.

The PEPFAR DREAMS Partnership, which stands for Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe, aims to dramatically reduce new HIV infections among AGYW in 10 sub-Saharan African countries, including Zimbabwe. Since its inception in 2015, DREAMS has reduced new HIV infections in young women by 25–40 percent in 41 of the 63 districts across all DREAMS countries.

In FY2016, $20,621,571 in U.S. funding was allocated for DREAMS interventions in six districts in Zimbabwe (Bulawayo, Chipinge, Gweru, Makoni, Mazowe, and Mutare). Until mid-2017, about 110,000 AGYW, aged 10–24 years, had received DREAMS services. Additionally, in 2017, provision of pre-exposure prophylaxis (PrEP), a medication to reduce the risk of HIV infection, was extended from four to all six DREAMS districts in the country.

**3. IMPACT ON HIV AND AIDS**

The DREAMS Partnership, which provides essential services to AGYW, is losing prime partners and their sub-grantees due to the Trump GGR. Organizations had been providing interventions that addressed a range of issues, including education, community mobilization, girls’ empowerment, and family planning. Under the GGR, PSZ is no longer able to take part in these activities, a PSZ representative told CHANGE.

This funding was transferred to Population
“The story is that, the work that was being done by Roots was helping a lot of people. ...The people in the urban area, they have access to information, where we stay—we do not have access to such information. But what Roots used to do, is that they used to come to our rural communities. They would use their funds to come to see us. They would employ facilitators who would come give us information. ...The issue of sex work, some of us were sex workers only because we come from poverty—we had no money. ...When DREAMS came, it [helped] us do projects so that we could become empowered. Now all of that has stopped. Girls were benefitting from the savings club, but now that has stopped—they don't have money anymore. We were anticipating starting agricultural projects—but DREAMS stopped, so that isn't going to happen anymore. We no longer have that support.”
—DREAMS beneficiary supported by Roots

Roots was informed that another organization would be taking over the implementation of DREAMS, but representatives of Roots and the participants in Roots’ DREAMS programming told CHANGE that nobody has stepped in to fill the gap and DREAMS activities had stopped as of September 2017.37

Services International (PSI), an organization that is complying with the GGR. However, PSZ pointed out that PSI does not offer the same full range of comprehensive family planning and sexual and reproductive health services that PSZ does.

CHANGE met with a prime partner that is a foreign NGO and their sub-grantee, both of which cannot comply with the Trump GGR. SAfAIDS is a regional NGO that promotes effective and ethical development responses to SRHR, TB, and HIV (including prevention of mother-to-child transmission) through advocacy, communication, and social mobilization. Until the Trump GGR went into effect, nearly half of SAfAIDS’ budget was from USAID, and the bulk of that went to support DREAMS programming. Of its inability to comply with the GGR, SAfAIDS explained, “If we speak SRHR for all, it has to be inclusive, and there is no exception.”

One of SAfAIDS’ sub-grantees—Roots—had a five-year agreement with SAfAIDS that made up 60 percent of their budget. Roots, a pro-choice NGO, will not comply with the Trump GGR. Roots’ funding was being used for DREAMS interventions that were focused on keeping girls in school or getting them back in school, targeting 5,000 young women aged 20–24 and 2,500 girls and young women aged 15–19. The initiative included providing education, safe spaces, and training in income-generating activities—all designed to foster economic and SRHR empowerment. At the time of CHANGE’s interview with Roots, this initiative had come to an abrupt stop due to loss of funding.
“I am a young mother,” one DREAMS beneficiary told CHANGE. “[DREAMS] had these groups and clubs, and we would come together for some form of economic empowerment so we could support our children. Even that stopped.”

4. IMPACT ON KEY POPULATIONS
Key populations,39 vulnerable populations, and populations of specific concern40 are disproportionately affected by HIV.41 In Zimbabwe, substantial efforts have included collaboration among national government and community-level service providers to increase funds in country operational plans (COPs) for key populations’ access to health services.42

Key and vulnerable populations already face barriers within the health system, including social

Staff from CHANGE, Real Open Opportunities for Transformation Support (Roots), and adolescent girls and young women from DREAMS programs in Mazowe, Zimbabwe.
exclusion, discrimination, stigma, barriers with health service providers, and criminalization. These challenges impact their ability to access relevant, needed, and appropriate health services, and the Trump GGR is only going to make these issues more acute. Under the policy, key populations are disproportionately vulnerable, and the services they have struggled to access will be further diminished, SAfAIDS said.

Organizations anticipate a stark impact on HIV prevention, including the ability to provide PrEP, a daily HIV preventative medication that can significantly reduce HIV incidence in at-risk populations. In Zimbabwe, PrEP is rolled out as part of an integrated service at facilities, some of which are U.S.-funded. The Trump GGR threatens this funding, which may directly impact PrEP provision for HIV high-risk groups.

5. IMPACT ON LGBT POPULATIONS

There were fears that the Trump GGR will result in further discrimination and stigmatization of lesbian, gay, bisexual, transgender (LGBT) communities. “When you’re looking at the kind of work that we’re doing—removal of barriers of access to services and abortion as a service—we cannot then say to our community, ‘No we cannot provide this particular service.’ It will then mean that probably we are also then marginalizing the lesbian community so to speak, or the [female sex worker] community,” one organization said.

6. IMPACT ON PEOPLE LIVING WITH DISABILITIES

PSZ’s Improving Family Planning Services (IFPS) activity grant improved access to family planning and sexual and reproductive health educational materials for people living with disabilities, especially for those with physical, auditory, speech, and visual impairments. These programs require substantial funding. Without U.S. funding, PSZ cannot continue to support access to family planning services for people with disabilities. “We used to have a disability project that USAID funded. …[It] requires a lot of resources. And without adequate funding, we have sort of scaled down. …So I think the disability sector suffered the most broadly. It was an abrupt termination of the relationship. We had initiated some activities with people with disabilities, and all of the sudden we couldn’t continue,” PSZ told CHANGE.

7. IMPACT ON INTEGRATED SERVICES

Zimbabwe started providing integrated services as a health system strategy in 2016. The Trump GGR is “creating divisions that are not necessary right now. Instead of having an integrated system, which benefits people in a more comprehensive manner, [we] are now having small pockets, and it’s bringing up stigma, hate, some attitude,” according to a Roots representative. “In a country where 70 percent of maternal deaths are related to HIV issues, there are serious fears about the policy’s impact on integrated services,” a representative of the Women’s Action Group (WAG) told CHANGE. One organization has a gender-based violence (GBV) project whose success is dependent on integrated services via referral networks to organizations that are complying with the GGR; this makes referrals difficult because the organization cannot comply.

8. IMPACT ON CONTRACEPTION AND MATERNAL HEALTH

Access to contraceptives is vital to protecting the health of women and children by ensuring that pregnancies occur safely and are wanted.
Among married women, Zimbabwe has the lowest unmet need for family planning in sub-Saharan Africa at 13 percent, and the contraceptive prevalence rate is 67 percent. Among women aged 15–49, about one in four has experienced sexual violence after the age of 15, and one in three has experienced physical violence. Child mortality rates are high, with one in 15 children not surviving beyond their fifth birthday. The maternal mortality rate is staggering—at 651 deaths per 100,000 live births—and unsafe abortions account for roughly 10 percent of maternal deaths.

Organizations in Zimbabwe face unique challenges under the Trump GGR, but PSZ serves as an example of the shared impacts of the policy across health sectors and communities. PSZ specializes in providing sexual and reproductive health services. Over USAID’s five-year IFPS activity, PSZ was able to provide family planning services to 650,000 Zimbabweans, preventing 814 maternal and 3,100 child deaths in total. The grant supported nine outreach teams in all 10 provinces at 1,200 service points, accessing marginalized, hard-to-reach populations in mostly rural locations. The grant also supported 50 social franchise clinics under the Blue Star Healthcare Network, a public-private partnership that delivers family planning services at the provincial level. The grant ended in September 2017. Although PSZ anticipated a renewal, because the GGR was reinstated and MSI cannot comply, PSZ did not reapply for this grant.

For PSZ, the loss of U.S. foreign assistance, which accounted for 56 percent of its overall budget, has resulted in a 50 percent scale-back of the outreach programs and a stark decline in the number of partners it can work with. “In Zimbabwe, outreach is covering 1,200 sites. That’s the local health facilities that we are covering and outreach. And we had to cut it by 50 percent to 600. …We had 50 partners in the southern region, but currently, we’re left with 20.” The reduction in facilities and social franchise partnerships has gutted the provision of comprehensive family planning and sexual and reproductive health services across the board.

“Using the USAID fund[s], we reached about 150,000 women with services,” a PSZ representative told CHANGE. “So if you are to work with that 50 percent scale-down, we might be able to reach about half of that, and that will be due to the budget deficit.”

For improved family planning and maternal health, the U.S. government funded the provision of mixed-method family planning in Zimbabwe and “was really strong on promoting the LAPM—the long acting and the permanent methods,” PSZ said. LAPM are the most effective types of contraceptives. Long-acting methods are reversible and include intra-uterine devices (IUDs) and the progesterone implant. PSZ’s outreach teams halted their provision of LAPM to hard-to-reach communities. With these communities, particularly within rural areas, now having diminished access to the highly effective family planning services they need and want, PSZ is fielding questions from people in the communities they used to serve. “You know we are receiving those calls, especially from the rural areas. They may be calling and saying you are no longer coming to the site and so forth. And I think that’s an indication to show that there’s already an impact,” PSZ told CHANGE.
9. IMPACT ON ABORTION

Modern contraceptive use as a method of family planning is fairly high in Zimbabwe. However, abortion as a method of family planning is restricted by Zimbabwe’s Termination of Pregnancy Act. Under this 1977 law, pregnancies can be terminated under three circumstances: (1) where there is a reasonable possibility that the fetus was conceived as a result of rape and incest, described in the law as “unlawful intercourse;” (2) where there is a serious risk that the child to be born will suffer physical or mental defects such that they’d be permanently handicapped; and (3) endangerment of the life or physical health of the woman. Legal and, in some cases, medical documentation is required for the pregnancy to be terminated.

Technically, the Termination of Pregnancy Act is less restrictive than the Trump GGR because it permits abortion in cases of fetal anomaly and risk to the health of the woman—two reasons beyond the rape, life, and incest exceptions in the policy.

Organizations CHANGE spoke with conveyed that stigma around abortion—and barriers to providing adequate education about it—will only get worse under the Trump GGR. “I think that there’s going to be deprivation of information to the most vulnerable groups,” the programs officer at Roots said,

Impact on removal of contraceptive implants

Implants are a long-acting method of family planning that can last up to three years without a clinic visit. For rural or hard-to-reach communities that do not have ready access to health facilities, it can be an ideal contraceptive choice. In Zimbabwe, PSZ is specialized in implant insertion and removal, and prior to the Trump GGR, used outreach programs to provide this service. Due to the loss of funds, PSZ has been unable to reach women who may be due for implant removal. As a result, women with expired implants have no access to trained professionals to remove them. While some of these hard-to-reach areas do have access to government facilities, government health workers are not specialized in long-acting and permanent methods (LAPM), and lack the proper surgical tools. Women have to buy their own razor blades and bring them to government facilities. “So it’s actually a pity when someone has to buy their own razor blade for implant removal,” PSZ noted, adding that it is often not even the correct surgical blade needed for the procedure. The inability for women to have their implants removed properly is just one example of many of how the Trump GGR is negatively impacting health.

PSZ also explained that contraceptive research—and therefore the body of evidence around best practices—is expected to be hindered because of the Trump GGR. They previously conducted research as they rolled out services, such as implantation of long-acting birth control, with USAID funding. “When we had USAID funding, we had the resources to conduct research. …When we provide family planning, there are papers that you are doing the implant removal with our studies,” they told us. “But you find going forward, we might be forced to scale down some of these issues due to resource constraints.”
Lost in translation

Cultural and language barriers complicate communication around and implementation of the Trump GGR, especially at the provider–client level.

For example, in the Shona language, which is an official language of Zimbabwe, there is no direct translation for the “passive referral” exception to the GGR, which allows a provider to refer a patient for an abortion under certain circumstances. It requires a pregnant woman to verbally demonstrate to a health provider that she has already decided to have an abortion and would like a referral, in cases where it is legally permissible to have one and the provider believes the medical ethics of the country require that a referral be provided. A health provider cannot prompt a woman to ask for an abortion.

How a woman says, “I am pregnant, I want to get an abortion, and I am going to have an abortion” to her provider will be culturally and linguistically influenced. The language to say “I am pregnant” in Shona is typically shaped by the circumstances of the pregnancy, such as if the pregnancy was unplanned or unwanted. One of the phrases loosely translates to “I am carrying myself.” There is no direct word in Shona for “abortion.” As a result, “I am pregnant and I want an abortion” is not a direct translation. This means there may be situations when the woman is saying that she wants to have an abortion without using those exact words, and the provider’s interpretation is vitally important because it will determine if this constitutes a “passive referral” and is therefore in compliance with the GGR.

A representative from Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Zimbabwe told CHANGE, “It gets lost in translation because a lot of our women [are] not going to go to their local health care worker and speak in English, and say, ‘I want an abortion. I am going to get an abortion.’ They will say it in Shona, for example, which then gets translated, which means what the patient says depends on who is translating what they said. It can then mean exactly what the policy permits or, if it’s not translated properly, it now sounds like a violation. I’m already thinking of many words in Shona that can, in fact, be used for both sides.”

adding that young women will be disproportionately impacted. “There is going to be stigma related to people who speak about it, but also the girls who choose to have an abortion.” The stigma and silence associated with abortion will only push the practice further underground, where evidence shows it will become less safe.
C. CONCLUSION: EXPANSIVE HARMs OF THE TRUMP GGR IN ZIMBABWE

Nearly every organization CHANGE spoke with shared grave concerns about the impact the Trump GGR will have on their ability to execute their work, extending far beyond abortion care to include family planning, HIV, MNCH, GBV prevention, and much more. The policy is causing a ripple effect among coalitions, where some organizations are accepting U.S. funding and others are not. Conflict and distrust within coalitions break down the ability to collaborate for the good of communities. There is also a great deal of confusion, which poses its own set of challenges in terms of which collaborative or integrated services can be provided under the GGR, and which are forbidden.

In countries like Zimbabwe, where resources are already spread thin, losing U.S. funding could prove devastating to programs that are showing positive results in improving the health of people across all demographics, in both urban and rural communities, and to young women in particular. Without funding, these programs will be scaled back or eliminated altogether, which will escalate rates of HIV, unintended pregnancy, and unsafe abortion.

When CHANGE asked DREAMS beneficiaries what message they wanted to send to the U.S. government, they responded: “We are DREAMS, and we are trying to reduce HIV infections. But now you will have a girl who will get pregnant. Some men are so violent and will say ‘I didn’t say you could get pregnant,’ and will divorce this girl. Now you have a girl who is left alone with children to take care of. …There used to be Roots. Roots would help her become financially self-sufficient—now she doesn’t have Roots. This girl will be forced to go do sex work. But we are DREAMS, and we are trying to reduce HIV infections—now these are just going to increase.”

“This is going to affect a lot of girls. Because right now I am thinking, I am a girl and if I need airtime or to buy sanitary pads, I am going to go to a boy. But this boy will tell me nothing is for free [and] I have to sleep with him. So I will sleep with him and maybe he is HIV positive. Now I will become a burden to my parents or I will get HIV infected myself.”

Life-changing programs that U.S. funding has supported in Zimbabwe—like DREAMS—are quickly unraveling under the Trump GGR, and beneficiaries are the hardest hit. The policy is forcing organizations to take giant steps backward in their efforts to protect community health and to empower young women seeking opportunities to make decisions about their own lives.
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### E. ACRONYMS

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<td>AGYW</td>
<td>Adolescent girls and young women</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ART</td>
<td>Antiretroviral therapy</td>
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<tr>
<td>DREAMS</td>
<td>Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe</td>
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<td>COP</td>
<td>Country Operational Plan</td>
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<td>EGPAF</td>
<td>Elizabeth Glaser Pediatric AIDS Foundation</td>
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<td>Fiscal year</td>
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<td>Long-acting and permanent methods</td>
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<td>Roots</td>
<td>Real Open Opportunities for Transformation Support</td>
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<td>SAIAIDS</td>
<td>Southern Africa HIV and AIDS Information Dissemination Service</td>
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<td>Sexual and reproductive health and rights</td>
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<td>United States Agency for International Development</td>
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<td>WAG</td>
<td>Women’s Action Group</td>
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F. ENDNOTES


6 Id.


11 Interview with anonymous (Jan. 2018).

12 Id.


15 Id.


17 Interview with Roots, supra note 14.

18 Interview with GALZ, supra note 16.


28 PEPFAR, ZIMBABWE: DREAMS OVERVIEW, supra note 20, at 1.

29 PEPFAR, COP2017 APPROVAL MEETING OUT-BRIEF: ZIMBABWE, supra note 8, at 49.

30 Id. at 38.

31 Interview with PSZ, supra note 13.

32 Population Services International (PSI) is a nonprofit global health organization with major presence in Zimbabwe. PSI-Zimbabwe is one of USAID’s top partners in implementing HIV services (contraception, testing, VMMC, key populations), STIs, TB, family planning, cervical cancer screening, sexual violence services, and malaria programs in the country.


34 Interview with SAFAIDS, supra note 19.
36 Interview with Roots, supra note 14.
37 Id.
38 Id.
39 Key populations are people who inject drugs, gay men and other men who have sex with men, people in prisons and other closed settings, sex workers, and transgender people. See WHO, CONSOLIDATED GUIDELINES ON HIV PREVENTION, DIAGNOSIS, TREATMENT AND CARE FOR KEY POPULATIONS xii (2014), available at http://apps.who.int/iris/bitstream/handle/10665/128048/9789241507431_eng.pdf?sequence=1.
40 Populations of specific concern include adolescent girls and young women, female sex workers (FSWs), those who exchange sex for money, and those who identify as lesbian, bisexual, transgender, queer and/or intersex (LBTQI), those living with disability, those incarcerated or just released from incarceration, and those who are living with HIV. See CHANGE, The U.S. DREAMS PARTNERSHIP: BREAKING BARRIERS TO HIV PREVENTION FOR ADOLESCENT GIRLS AND YOUNG WOMEN 25 (2016), available at http://www.genderhealth.org/files/uploads/change/publications/CHANGE_Dreams_Report_Updated.pdf.
43 DIFFERENTIATED SERVICE DELIVERY FOR KEY POPULATIONS: A BACKGROUND REVIEW, supra note 42, at 1.
44 Interview with SADAIDS, supra note 19.
47 Interview with GALZ, supra note 16.
49 Interview with PSZ, supra note 13.
50 Interview with PZAT, supra note 10.
51 Interview with Roots, supra note 14.
53 Interview with Roots, supra note 14.
57 ZIMBABWE 2015 DHS: KEY FINDINGS, supra note 24, at 16.
58 Id. at 8.
61 U.S. Embassy in Zimbabwe, United States and Population Services Zimbabwe advance health for mothers and babies, supra note 49.
62 Id.; Interview with PSZ, supra note 13.
64 Interview with PSZ, supra note 13.
65 Id.
66 USAID, LONG-ACTING AND PERMANENT METHODS OF

68 Interview with PSZ, supra note 13.


70 Interview with PSZ, supra note 13.

71 Id.

72 ZIMBABWE 2015 DHS: KEY FINDINGS, supra note 24, at 5.


74 Id., sec. 4.

75 Id., sec. 5.

76 Interview with Roots, supra note 14.

77 Id.


79 Interview with Roots, supra note 14.
About CHANGE

The Center for Health and Gender Equity (CHANGE) is a U.S.-based nongovernmental organization that promotes sexual and reproductive health and rights as a means to achieve gender equality and empowerment of all women and girls, by shaping public discourse, elevating women’s voices, and influencing U.S. and global policies. We are guided by our vision of a world that respects, protects, and honors sexual and reproductive rights for all. Our four-pronged impact model—advocacy, research, partnerships, and communications—is grounded in and driven by a human rights framework at the intersection of multiple sectors including women’s rights, human rights, family planning, maternal health, HIV/AIDS, and gender-based violence.