

ANNEX B

TERMS OF REFERENCE (TORs)

Title: NATIONAL ASSESSMENT ON ADOLESCENT PREGNANCIES IN ZIMBABWE

Summary

Title	NATIONAL ASSESSMENT ON ADOLESCENT PREGNANCIES IN ZIMBABWE
Purpose	To lead an assessment to determine the character and scale of the problem of adolescent pregnancies in Zimbabwe. The assessment will examine the causal factors contributing to the problem as well as identifying existing or alternative programmes being offered and the groups of adolescents benefiting from them.
Type of Contract	Institutional
Location	Zimbabwe
Duration	3 months
Reporting to	Study Steering Committee Chair (UNICEF Chief of HIV/AIDS)

BACKGROUND

Adolescent pregnancy refers to pregnancies occurring among girls below the age of 20 years at the time the pregnancy ends. The rate of teenage pregnancy is generally measured by adolescent fertility rate. Globally, adolescent pregnancy remains a major challenge and is a major contributor to maternal and child mortality and to the vicious cycle of ill-health and poverty. This pregnancy takes an enormous toll on a girl's education, income-earning potential, health, and well-being of her child. The girl is also at risk of contracting sexually transmitted infections including the Human Immunodeficiency Virus and transmits the infection to her unborn baby.

Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth. Majority of the pregnancies are unintended and may sometimes be the result of sexual violence. Approximately 83% of teenage pregnancies occur in low- and middle-income countries such as Zimbabwe¹. The global average adolescent fertility rate was estimated at 44 births per 1,000 women aged 15–19 years in 2018². Zimbabwe with an adolescent fertility rate for women aged 15-19 years of 108 per 1,000, is among the countries in sub-Saharan Africa with a huge problem of

¹ <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

² UN Population Fund, UN Department of Economic and Social Affairs, Population Division 2018

adolescent pregnancy. In Zimbabwe, adolescents contribute an estimated 25-30% of maternal deaths.

There is wide recognition that the factors associated with teenage pregnancies are complex and multifaceted and are a result of the interplay among individual, family, school/peer, community, policy, and national level factors. The multifaceted nature of this challenge, requiring policy and programmatic interventions as well as innovation in areas such as economic empowerment, education, health, protection, inclusion, gender equality and culture, also underscores the importance of collaboration.

Addressing adolescent pregnancies will require strong partnerships between adolescents, parents, educators, governments, development partners, religious and traditional leaders, local and international organisations, civil society, private sector, and other stakeholders. In a context of social norms and religious beliefs, priorities as well as limited resources, addressing this intractable challenge calls for a better understanding of how many these adolescents are, who they are, why and how they fall pregnant, where they are, and what pathway they follow after falling pregnant. It is also important to understand what support and opportunities are currently being offered to such adolescents, with the possibility of expanding and or improving on such opportunities as well as promote pregnancy prevention interventions that empower the vulnerable adolescents. It is within this context that the national taskforce on reducing adolescent pregnancies is proposing a study that seeks to profile the adolescents who fall pregnant.

The study will gather adequate qualitative and quantitative information on the nature and extent of the problem of adolescent pregnancies in Zimbabwe. This information is critical for developing effective policies, programmes, and interventions that will better target these adolescents and expand opportunities for affected adolescents in Zimbabwe. The study will also help to improve coordination from national to local level towards the realization of the increased efficiency in the delivery of services to respond to the needs of these adolescents. Ultimately it will provide the evidence base for the possible redesign of both at policy and structural level of pregnancy reduction programmes towards better outcomes for adolescents

OBJECTIVES, PURPOSE & EXPECTED RESULTS

I. GOAL

The overall objective of this assessment is to determine the character and scale of the problem of adolescent pregnancies in Zimbabwe. The assessment will examine the causal factors contributing to the problem as well as identifying existing or alternative programmes being offered and the groups of adolescents benefiting from them.

II. SPECIFIC OBJECTIVES

The study aims to identify root causes leading to adolescent pregnancy. It also aims to understand the pathways and experiences of a cohort of adolescents who have fallen pregnant

before the age of 20, to gain a deeper understanding of their experiences, needs and map the much-needed support to tackle adolescent pregnancy. The study will:

- a) Examine literature to establish data and trends of adolescent pregnancy in the last five years.
- b) Identify and examine factors leading to adolescent pregnancies by sub-groups, location and source perspectives from boys, parents and community leaders and others.
- c) Examine how the COVID-19 pandemic has influenced adolescent pregnancies.
- d) Develop comprehensive and detailed profiles of a sub-set study participants who experienced adolescent pregnancy, expounding on who are they, where are they and analyse what effect, if any, the individual, community, school and contextual factors have on adolescent pregnancies, did they know their HIV status before pregnancy, were they tested during pregnancy and/or after and the current status (considering confidentiality-can check child health card).
- e) Identify differences, if any, in trends and factors affecting pregnancies, including by age, geography, socio-economic status and disability status if feasible.
- f) Examine what opportunities are available to adolescents to prevent pregnancies.
- g) Examine the post-pregnancy experiences of adolescents who fall pregnant, and their children including growth monitoring, Infant and Young Child Feeding practices and Early infant Diagnosis for those HIV exposed. Source perspectives of boys, parents and community leaders and others.
- h) Identify and profile government, civic society and commercial organisations and individuals offering preventive and mitigation programmes and interventions.
- i) Identify and examine Laws and Policies that address issues of Child Sexual Abuse, and
- j) Make strategic recommendations that more adequately respond to the diverse needs of adolescents and will guide the design of programmes to reduce adolescent pregnancies in Zimbabwe.

DESCRIPTION OF THE ASSIGNMENT

The selected partner/firm will be responsible for the design and implementation of the study over a period of 6 months. The major tasks involved are the following:

1. **Literature Review:** Undertake an extensive review of national, regional, and international literature on adolescent pregnancies, to identify key factors affecting adolescent pregnancies.
2. **Research Design:** Develop an appropriate methodology to collect qualitative and quantitative data to effectively achieve the stated objectives. As part of this component, the consulting firm or consultants will design and validate data collection instruments as well as cross-sectional database with demographic and other information on the individual respondents as well as their contexts. The consulting firm or consultants should reference the United Nations Evaluation Group (UNEG) *Norms and Standards for Evaluation in developing the research*.

3. **Sample (cohort) selection:** Propose a sampling method that will result in a sample that reflects the diversity of the Zimbabwean adolescent population. This method should conform to the Gender and Human Rights based research methods and take cognizance of factors that affect drop out including wealth, gender (boys and girls), disability status, geographic location, and contextual factors. To that end, the proposed approach should be stratified to ensure various categories of adolescents are included in the study, including those with disabilities.
4. **Data Collection and Analysis:** The partner's methodology will include a strategy and plan for collection of data to address the study objectives. The data collection plan should provide details including the types of data, sources, frequency of data collection, models, and methods to be used. In addition, a strategy setting out the approach to and types of analysis that will be done to achieve the objectives. The analytic strategy should also include analysis of secondary data.
5. **Initiation of the participants:** Participants should be informed of their participation and the duration, type of information that will be collected.
6. **Engaging with Government:** Since data will be held by various Government departments, it is desirable that the researchers establish a strong relationship with the focal persons in those Ministries to get the data.
7. **Final Report:** The consulting firm or team of consultants is expected to develop a final analytic report with policy options based on the results of the study; and Final database and debriefing of participants.

METHODOLOGY

The study methodology shall follow a qualitative mixed-methods approach combining secondary quantitative data review and qualitative methods of data collection to obtain rich insights, address all the objectives of the assignment and to assure triangulation of data sources and data collection methods. Bidding partners are expected to propose an appropriate methodology allowing for collection of all required information with detailed sampling strategy, study instruments and analytical approach that will effectively achieve the stated objectives and in so doing answer guiding questions. The assessment approach and data collection and analysis methods should focus on gender and human rights aspects, be responsive and appropriate for analyzing gender, equity, and human rights issues, including child rights and Sexual Reproductive Health issues. While the Taskforce recommends that bidders propose new questions where possible. The study should answer the following questions:

- a. *What has been the adolescent pregnancy trend in the last 5 years? Has there been an increase or decrease in the number and proportion of adolescents that fall pregnant?*
- b. *What is the profile of a sub-set study participants who have experienced adolescent pregnancy: who are they, where are they? Are there differences in trends across income levels, geographical locations (rural vs urban etc), educational status (more categories to be defined at desk review stage)?*

- c. *What are the drivers of adolescent pregnancy? What categories can these drivers be put in? Are there voluntary or involuntary factors that lead to the pregnancy? (categorise the factors by voluntary and involuntary)?*
- d. *Does falling pregnant involve an active process of making decisions on the part of adolescents, and if so, what are the critical decision points and the factors contributing to these decisions? If not, how many adolescent girls fall pregnant without taking an active decision, for instance because of gender-based violence, lack of knowledge, and disability?*
- e. *What factors pre-dispose the adolescents to the pregnancies? How do these factors predispose the adolescents?*
- f. *What are the perspectives of boys, parents and community leaders and others on adolescent pregnancies?*
- g. *Are there girls aware of HIV and syphilis, testing and care and treatment and their perceived risk to HIV, syphilis and transmission to their babies.*
- h. *What are the post-pregnancy experiences of pregnant adolescents?*
- i. *What are the effects of adolescent pregnancies?*
- j. *What are the pathways pursued by adolescents who fall pregnant?*
- k. *What opportunities are available to adolescents to prevent pregnancies, and what is their capacity?*
- l. *What proportion of pregnant adolescents benefit from these opportunities?*
- m. *What is the profile of government, civic society and commercial organisations and individuals offering programmes and interventions to prevent and or respond to the challenge and effects of adolescent pregnancies?*
- n. *What is the combination of economic and social programmes and policies should be considered to reduce the number of adolescents who experience pregnancies before the age of 20?*

To achieve the objectives of study, and address the specific issues of the assessment, the information and other data will be collected both from secondary sources and primary sources. The following methods provide guidelines to support prospective bidders in designing their methodology:

- **Literature Review:** The consulting firm or team is expected to conduct an extensive review of national and international literature on adolescent pregnancies, to identify key factors that contribute to this challenge. A list of documents to be considered is provided in the appendix. The literature review is expected to inform the design of the study, types of data to collect and the analytic approaches to be used in conducting the study.
- **Secondary data analysis:** Existing data bases from the Ministries of Health and Child Care; Primary and Secondary Education and Public Service, Labour & Social Welfare provide rich information on system wide indicators. This is a potential source of data to identify numbers and understand the broader context. Reports of previous studies conducted by from government ministries, co-partners, and other development agencies as well the secondary sources may be used to extract information. A list of documents to be considered is provided in the appendix.
- **Interviews:** The researchers should consider using structured and semi-structured interviews to get detailed inputs and perspectives from participants and other stakeholders. These will help to answer qualitative questions regarding process and deepen understanding of how and why adolescents experience pregnancies.

- **Survey:** A survey of sample is required to get quantitative data that help understanding of generalizable phenomena among the sample. This will help to provide data for statistical analysis that help to establish relationships among variables.
- **Focus Group Discussions:** These should be used to in a manner as to gain the experiences and opinions of stakeholders. They can also help to deepen understanding and help with triangulation of other findings.
- **Observations:** These should be considered to ensure the consulting firm or consultants understand the issues they are studying, confirm or challenge other data and interpretation of data as well as to provide data. The consulting firm or consultants will design observation schedules and apply approaches that minimise disruption.
- **Case Studies:** Consideration should be given to developing robust case studies of some respondents, whose stories will be highlighted to give the data a human face. It is critical to conduct an in-depth study of a few selected respondents. This allows for deeper and closer assessment of the issues surrounding school survival.

Analysis and Report Writing: The consulting firm or consultants should propose a clear strategy for analysing both the qualitative and quantitative data using techniques suitable for each of the data types. It is expected that the analyses take advantage of the most current approaches to quantitative and qualitative data analysis. Techniques should ensure sufficient attention to issues of human rights and equity including dimensions related to gender, disability status, social and economic status, and geography. The analysis should clearly answer the questions outlined in the objectives and provide insights on transition, school survival, retention and dropping out, using data collected during the study. The data analysis should culminate in a final report on the study.

KEY DELIVERABLES:

The consulting firm or consultants is expected to conduct the following tasks and satisfactorily complete the following deliverables according to the timeframe outlined below.

Deliverables	Tasks	Timeframe
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1. Inception Report and Desk Review.	<p>The consulting firm or consultants will prepare an inception report which will outline how the study will be carried out, bringing refinements and specificity to the terms of reference, and preparing a work plan and budget to conduct the study. This report should be informed by a review of literature and other key documents that will provide focus to the study. At a minimum the inception report should also include the following:</p> <ul style="list-style-type: none"> a) Interpretation of the study objectives. b) A literature review consisting of an overview, a summary, and a discussion of methodological issues. c) Methodology of the assessment. d) Bibliography of documents to be reviewed. 	<p>Within 30 days after signing the contract.</p>
	<ul style="list-style-type: none"> e) Detailed list of questions to be addressed. f) Draft tools for Data Collection and Analysis; and g) Implementation plan with travel plan, work schedule and timelines. 	

2. Comprehensive Initial Draft Report.	<p>The consulting firm or consultants will develop a draft analytic report summarizing findings, results and providing recommendations. The report will cover priority areas such as:</p> <ul style="list-style-type: none"> - Data on the prevalence of the adolescent pregnancies, - A complete record of all the pregnancy reduction programmes. - Profiles of a sub-set study participants who have experienced adolescent pregnancy. <p>The Report will capture a broad range of information including, but not limited to: demographics; social and economic profile of the study participants, experiences and aspirations; beliefs/attitudes, social support/social integration and community involvement; factors that most significantly affect or contribute to or cause pregnancies among adolescent girls; processes of falling pregnant, including critical decision points and the factors contributing to these decisions and inability to make own decisions; an analysis of individual characteristics, households, communities, schools and other social institutions and experiences that contribute to adolescent pregnancies; the perspectives of boys, parents and community leaders and others on adolescent pregnancies; an analysis of the post-pregnancy experiences of pregnant adolescents and the pathways they pursue; an analysis of the opportunities available to adolescents to prevent pregnancies, and the capacities of such opportunities; the proportion of pregnant adolescents who benefit from these opportunities; and profiles of government, civic society and commercial organisations and individuals offering programmes and interventions to prevent and or respond to the challenge and effects of adolescent pregnancies. The DRAFT report will recommend a combination of economic and social programmes and policies required to reduce the number of adolescents who experience pregnancies before the age of 20. The DRAFT report will be revised based on feedback from stakeholders to form the final report. This draft</p>	<p>Within 60 days after signing the contract</p>
	<p>report should conform to the UNICEF best practices on research standards.</p>	

3. Final Report.	The consulting firm or consultants will prepare a <i>final comprehensive report, which reflects feedback from stakeholders to the draft and summary report and meets the standards of quality. The comprehensive final report should include findings, documentation of good practices and lessons learned, and policy recommendations. All final data collection tools and datasets used and/or developed the process should be submitted together with the final report for future analysis, should the need arise. In addition to the final report, the consulting firm or consultants will prepare a PPT presentation on key findings and recommendations which will be presented to the Taskforce to spur discussions and inputs on both the process and outputs.</i>	Within 90 days after signing the contract
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PAYMENT SCHEDULE

Payments will be made according to the following schedule for satisfactorily completed deliverables.

Payment	Deliverable	Timeline	Payment Date	Amount
1 st	An inception Report (inclusive of the Literature Review, detailed methodology, work plan and draft data collection tools.)	Within 30 days after signing the contract.	Upon submission of approved Inception Report.	20% of total amount.
2 nd	Comprehensive Initial Draft Report. (inclusive of data collection tools)	Within 60 days after signing the contract	Upon submission of approved Baseline Report.	30% of total amount.
3 rd	Final Report (based on comments on the draft report, together with final dataset, tools, Presentation of the Findings at a meeting facilitated by the Taskforce and Powerpoint Presentation, Summary Report no more than 3 pages)	Within 30 days after receiving the approved final report and relevant attachments.	Upon submission of approved Final Report.	50% of total amount.

III. ETHICAL CONSIDERATIONS

The consulting institution shall abide by and be governed by **UNICEF Procedures on Ethical Standards in Research, Evaluation and Data Collection and Analysis, as well as relevant national regulations on ethical research, in designing and implementing the study.** To ensure that the key ethical principles for the conduct of studies involving human subjects are followed, the selected evaluators will be required to get clearance to conduct the research from a national ethical review board. The work plan should reflect this aspect of the process. Consideration should also be given to basic ethics in researching human subjects such as consent to participation, confidentiality, the purpose of the research and potential advantages / disadvantages participation, their rights, and how the information collected will be used.

Ethical dimensions should be taken into consideration by the consulting firm or consultants, discussed and technical and operational measures taken to ensure highest standards of data protection at each stage of the assessment, from the design, collection, analysis, and dissemination of data are observed. More specifically, prior to conducting interviews the respondents' informed consent should be ensured, age-appropriate language and approaches to data collection involving children should be used. The anonymity and confidentiality of individual data shall be protected. Consideration should be given to all the risks associated with the processing of personal data and appropriate security safeguards to prevent any unauthorised access, use and dissemination of personal data should be instituted. The consulting firm or consultants shall not make use of any unpublished or confidential information, made available while executing this consultancy, without written authorization. The products of this consultancy are not the property of the consulting firm and cannot be shared without the permission of the Taskforce on adolescent pregnancy through the Ministry of Public Service, Labour and Social Welfare (MoLSW) and UNICEF.

Considering the sensitivity of the topic, it is important to consider that participants might disclose events of violence and abuse during the interviews. In order to ensure the principle of 'do no harm' is upheld, the consulting firm or consultants needs to put in place measures to refer participants to relevant service providers in their respective location, and to train enumerators in interviewing vulnerable participants. The referral pathway proposed by the consulting firm forms part of the documentation submitted for ethical clearance.

IV. REPORTING, MANAGEMENT AND SUPERVISION

The study is expected to cover a period of no more than six months from the date of recruitment of the consulting firm or consultants. The consulting firm will be directly supervised by the Co-Chairs of the Taskforce. A study review team consisting of officials from the Taskforce on the Reduction of Adolescent Pregnancies established under the Child Protection Thematic Working Group for this purpose will provide oversight to the process and be responsible for providing feedback on and approving all submissions by the consulting firm or consultants. In reviewing submissions, the working group will reference the *standards* outlined in UNICEF's Global Evaluation Reports Oversight System

(GEROS) to assure the quality of reports. The approval of all reports, the basis of payment, lies with UNICEF and MoLSW.

LOCATION AND DURATION

Zimbabwe (Harare) and selected districts for field research. The duration of the contract is 3 Months.

QUALIFICATION REQUIREMENTS

The consulting firm or consultants must provide details of qualification, samples of reports on similar evaluations, and a work profile. The lead consultant should meet the following minimum criteria:

- Minimum Master's Degree, in disciplines including (i) Public Health, (ii) Social Science or other relevant fields; a PHD is an added advantage.
- Evidence of strong analytical and writing skills with the ability to document and report in a clear and practical manner in English.
- At least 8 years' experience in the field of research on adolescent health with strong expertise using qualitative research methods.
- Evidence of in-depth knowledge of adolescent health issues.
- Expertise and proven technical competence in quantitative and qualitative data analysis.
- Knowledge of statistical packages and experience with field work and data collection.
- Current knowledge of key issues related to multidimensional child poverty and on measurement of child deprivation and poverty, and determinants of child well-being social policies; and
- Fluency in English and any of the Zimbabwean languages.

PROCESS AND CRITERIA

Once the deadline for presentation for proposals has arrived, the technical proposals will be opened by the Taskforce's Secretariat to determine if institutions meet the basic requirements (Qualification, background, and experience in Section 10). All consulting firms or consultants meeting the basic requirement will be shortlisted and their technical proposals reviewed by a technical team using the criteria below. The financial proposals for those institutions whose technical proposals score above 70 points on the technical assessment will be evaluated. Technical and financial evaluation will contribute a maximum of 80 points and 20 points respectively for total possible score of 100 points. Scores will be determined using the following formula:

Overall score= average technical score by panel + financial score.

Specific Proposal Evaluation Criteria

Technical Proposal		Points
1. OVERALL RESPONSE		10
<ul style="list-style-type: none">- Understanding of and responsiveness to the requirements of the TOR.- Understanding of scope, objectives, and completeness of response.		
<ul style="list-style-type: none">- Overall concord between RFP requirements and proposal.		
2. STRATEGY, METHODOLOGY AND APPROACH		40
<ul style="list-style-type: none">- Quality of proposed approach / methodology which, among other things, defines parameters of evaluation, proposes methods that can effectively measure programme effects and makes clear links to achieving the objectives of the TOR.- Clear and detailed approach to analysis- Clarity, feasibility, and consistency with effective practices (of strategies and methods).- Quality of proposed implementation plan i.e. detailed proposed plan for accomplishing task within proposed timeframe.- Recognition of direct risks and strategies to manage risks.		
3. Evidence-supported TECHNICAL CAPACITY and EXPERIENCE (20)		10
<ul style="list-style-type: none">- Relevant professional experience and qualifications of the consulting firm or consultants.- Professional expertise and knowledge.- Range and depth of experience with similar projects, contracts, and clients.- Evidence of similar assignments undertaken in the country, region, continent and elsewhere.- Writing sample.		
4. Structure of Management Team and Professional Orientation		
<ul style="list-style-type: none">- Team leader: relevant experience, qualifications, and position with bidding firm.- Team members: experience and qualifications relevant to proposed roles.- Professional expertise and knowledge.- Quality of partner(s) or other source of local expertise, if applicable.		
NOTE: The assessment of the consulting firm or consultants will be made based on documents submitted for review in the Proposal. Institutions that fail to submit relevant documentation that will enable a thorough review of the Institution in all relevant areas, do so at their own risk and will be subject to disqualification or penalty of reduced points.		
TOTAL		80

5. FINANCIAL Assessment/review will include: <ul style="list-style-type: none"> - Overall Price - Cost benefit comparison related to number and quality of personnel - Completeness of the Financial Proposal (ensure that all costs, including professional fees, costs of travel, salaries, insurance, etc. are included in the price offered). - Payment terms/schedule of payment proposed. - Timeline proposed. - Period of validity of Proposal. 	20
NOTE: As the most financially attractive offers will be at an advantage, if the bidder can offer any discounts or cheaper options, it should be clearly set out in the financial proposal for consideration during the review.	
TOTAL MARKS	100

GENERAL CONDITIONS: PROCEDURES AND LOGISTICS

Policies both parties should be aware of:

- i. The consulting firm or consultants will be responsible for all supports required to complete the assignment including accommodation, meals, transportation, and tools of trade (including computers).
- ii. The institution will not be entitled to the use of Taskforce's transportation.
- iii. No contract related activities may commence unless the contract is signed and received by both parties. For institutions outside the duty station, signed contracts must be sent by email; and,
- iv. The consulting firm or consultants will be required to sign the Health statement prior to taking up the assignment, and to document that they have appropriate health insurance.

V. APPENDICES

A: List of Documents to be considered for the Desk Review

1. Demographic and Health studies.
2. Education Management Information System by Ministry of Primary and Secondary Education (MoPSE) to understand the numbers of adolescents who dropped out of school due pregnancies.
3. Multiple Indicator Cluster Survey (MICS
4. National Assessment on Out of School Children (2015)
5. National Adolescent Fertility Study of 2016, which can be accessed by [clicking here](#).
6. Poverty, Income, Consumption and Expenditure Survey (*PICES*).
7. UNICEF Situation Analysis of Women and Children
8. Health Management Information System from Ministry of Health and Child Care (MoHCC), to understand the numbers of adolescents who became pregnant.

9. Retention of Pregnant Girls and other reports by the likes of Zimbabwe National Family Planning Council (ZNFPC), Ministry of Women affairs, Community, Small and Medium enterprises Development, Human Rights Commissions and development partners and civic society organizations.
10. Ending Violence against Children.
11. Zimbabwe Vulnerability Assessment Committee (ZimVAC) Report
12. Relevant Laws, including, but not limited to The Constitution of Zimbabwe Amendment (No. 20) Act, the Termination of Pregnancy Act [Chapter 15:10]; Domestic Violence Act [Chapter 5:16], and the Marriages Bill.

B: List of potential informants to be considered for the Desk Review

1. Members of the National Reduction of Pregnancies Taskforce.
2. Ministry of Primary and Secondary Education
3. Ministry of Higher & Tertiary Education, Innovation, Science and Technology Development
4. Ministry of Health and Child Care
5. Ministry of Public Service, Labour and Social Welfare
6. Ministry of Women Affairs, Community, Small and Medium Enterprises Development
7. Ministry of Youth, Sport, Arts and Recreation
8. Ministry of Finance
9. Ministry of Justice, Legal and Parliamentary Affairs (Victim Friendly System)
10. Ministry of Home Affairs and Cultural Heritage (Victim Friendly Unit)
11. Ministry of Information, Publicity and Broadcasting Services
12. National Aids Council (NAC)
13. United Nations Agencies: UNESCO, UNFPA, UNICEF,
14. Union for the Development of Apostolic Churches and Zionists in Africa (UDACIZA)
15. Zimbabwe National Family Planning Council
16. Zimbabwe Youth Council
17. Zimbabwe Association of Church-Related Hospitals (ZACH).