



***Sexual and Reproductive
health needs assessment of
Mobile and vulnerable
communities in Zimbabwe***

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Background

- Zimbabwe- a complex emergency
- **Major waves of displacement**
 - a) Fast track land reform (2002)- 160,000
 - b) Operation *Murambatsvina* (2005)-700,000
- IOM Zimbabwe responds to community health needs of MVPs (IDPs) and UNFPA provides support on SRH issues
- Few studies have established SRH needs of MVPs

Objectives

- To **assess** the sexual and reproductive health (SRH) **needs** of mobile and vulnerable populations (MVPs) in Zimbabwe
- To **assess knowledge, attitude and practices** among MVPs with regard to SRH and to assess the barriers to sexual and reproductive health services in the communities
- To **assess** the degree to which **current health services** meet SRH needs of MVPs (availability and accessibility of SRH services)

Findings-1

Thematic area	Key indicator/s	Proportion
Safe Motherhood	ANC	50%
	Home delivery	35%
	Still birth	10%
	Bleeding as a danger sign	11%
Family planning	Unwanted pregnancy	49%
	Attempted termination	46% of above
Sexual history, practices & STIs	Median age- sexual debut	17 (18.7-National)
	Condom use in last sex	21%
	Prevalence of genital ulcers/ discharge	20% (35% sought no treatment)
	Transaction sex ('widespread'- perception)	78%

Findings-2

Thematic area	Key indicator/s	Proportion
HIV	Using condoms as a method of HIV prevention-Knowledge	80.5% (75.7% National)
	Testing (ever)	38.7%(7% National)
SGBV	Prevalence of forced sex	25%
	Have not sought any service	45.7%
	Access to Hygiene supplies	40% had no access
Health facilities	Qualitative (observation)	60% >15 kms BEMONC services not uniformly available Serious shortage of staff, drugs and supplies

Challenges/ Limitations

- Access challenges: a) Politically sensitive population in a charged environment b) Difficult terrain and resource limitations- Not all communities studied
- Qualitative studies (Men and young people) could not be carried out
- Host populations not studied; relative vulnerability not known
- Health facilities- observation only and hence difficult to validate

Conclusion/ Recommendation

- Knowledge gaps of MVPs in SRH need to be addressed with a focused IEC/BCC campaign.
- Barriers to access: Safe motherhood, FP and GBV services of the MVP communities need to be urgently addressed by a joint SRH programme for MVPs.
- Health facilities in the areas surrounding MVP communities need immediate support (staffing and supplies)

Lessons learnt

- SRH needs assessment in populations of humanitarian concern helps identify key programmatic priorities
- Joint assessment provides a good opportunity for further strengthening partnership during planning, implementation, monitoring and evaluation of the programme
- A complex emergency imposed on a weakening health care system pose programmatic challenges to agencies

Thank You

