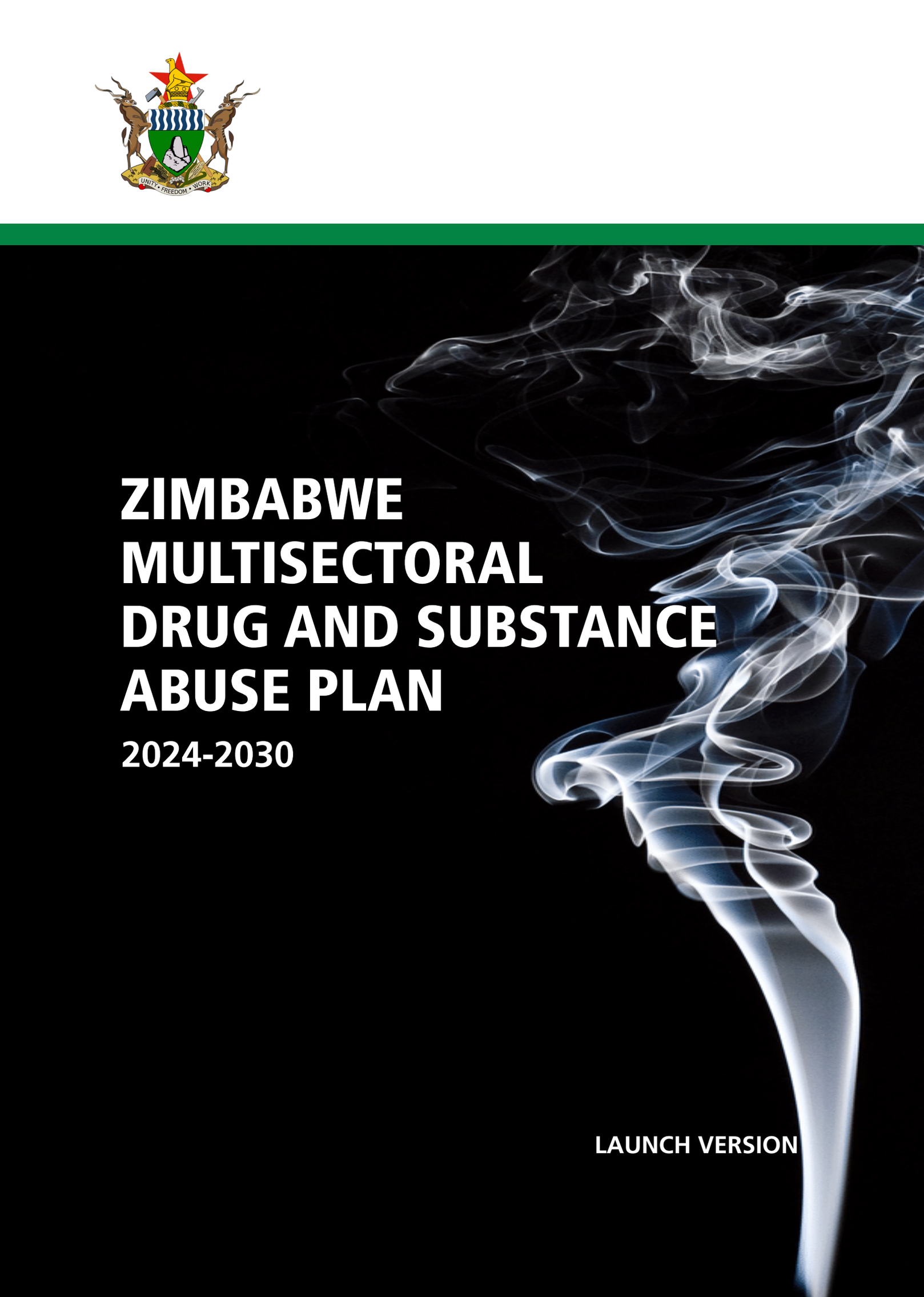


ZIMBABWE MULTISECTORAL DRUG AND SUBSTANCE ABUSE PLAN

2024-2030

LAUNCH VERSION

ZIMBABWE MULTISECTORAL DRUG AND SUBSTANCE ABUSE PLAN

2024-2030

CONTENTS

ACRONYMS & ABBREVIATIONS

AYP:	Adolescents and Young People
CBD:	Cannabidiol
CSO:	Civil Society Organizations
DDA	Dangerous Drugs Act
DHIS	District Health Information System
DHS:	Demographic and Health Survey
DSA:	Drug and Substance Abuse
DSU:	Drug and Substance Use
HIV:	Human Immunodeficiency Virus
HR:	Harm Reduction
MASCA:	Medicines and Allied Substance Control Act MDAs
MDAs:	Ministries, Departments and Agencies
M&E:	Monitoring and Evaluation
MEAL:	Monitoring, Evaluation and Learning
MICS:	Multiple Indicator Cluster Survey
MISA:	Media Institute of Southern Africa (Zimbabwe)
MoHCC:	Ministry of Health and Child Care
MOV:	Means of Verification
MSDSAP:	Multisectoral Drug and Substance Abuse Plan
NDA:	National Drug Agency
NDS 1:	National Development Strategy 1
NGO:	Non-Government Organizations
NSP:	Needle and Syringe Programme
OAT:	Opioid Agonist Therapy
PHC:	Primary Health Care
PSS:	Psychosocial Support
SDGs:	Sustainable Development Goals
SEM:	Socio-Ecological Model
STI:	Sexually Transmitted Infections
TB	Tuberculosis
TBA:	To be advised
ToC:	Theory of Change
TTHC:	Tetrahydrocannabinol
UN:	United Nations
UNICEF:	United Nations Children's Fund
UNODC:	United Nations Office of Drugs and Crime
WDR:	World Drug Report
WHO:	World Health Organization
YSZ:	Youth Service in Zimbabwe
ZACC:	Zimbabwe Anti-Corruption Commission
ZAMPS:	Zimbabwe All Media and Products Survey
ZNDMP:	Zimbabwe National Drug Master Plan

FOREWORD

Drug and substance abuse (DSA) is a growing threat to the nation's health, security, economy and social stability. In April 2024, Cabinet approved the Zimbabwe Multi-Sectoral Drug and Substance Abuse Plan 2024-2030. The plan provides strategic direction to the nation's response to the drug and substance abuse challenge and ensures that all communities, families and individuals are fully supported as the country moves towards Vision 2030 leaving no one and no place behind.

Best practices and lessons learnt from the strategic approaches used during the very successful whole of government and society national COVID-19 pandemic response that my office led and coordinated, informed the development of this plan. In addition, other evidence based local, regional and global strategies and approaches on responding to DSA also informed the development of this comprehensive national plan.

I therefore call upon all of us to redouble our efforts and continue working as a team in the fight against drug and substance abuse guided by this Multi-Sectoral response plan. This will ensure that we, as a nation can realise our aspirations of a Prosperous and Empowered Upper Middle-Income Society by 2030.

I thank you.

His Excellency Cde. Emmerson Dambudzo Mnangagwa.

President of the Republic of Zimbabwe

April 2024

PREFACE

The National Committee on Drug and Substance Abuse (DSA) undertook a whole of government and society approach in the development of this Multisectoral Drug and Substance Abuse Plan 2024-2030. The Committee considered input from all stakeholders consolidated by the committee's technical working teams and coordinated through the Office of the President and Cabinet. The plan was therefore developed using a collaborative approach under very clear direction from His Excellency President ED Mnangagwa.

The National DSA Committee would therefore like to express its profound gratitude to President Mnagangwa for his leadership. The committee would also like to thank all stakeholders including but not limited to communities, churches, the development partners for participating in the development of this Multisectoral DSA Plan.

Government recognizes that DSA is multi-faceted and requires multisectoral responses and system-wide action for a healthy and secure nation that is free of illicit drug and substance abuse. Implementation of this Multisectoral DSA Plan 2024-2030 therefore requires all stakeholders to have unity of purpose. I therefore call upon all stakeholders to continue working as a team in supporting the national response to DSA. guided by this plan.

I thank you.

Honourable O. C. Z. Muchinguri Kashiri.
National Drug and Substance Abuse Committee Chairman
Minister of Defence
April 2024

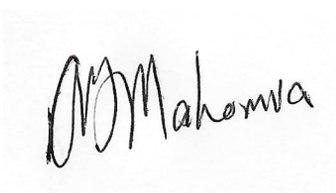
ACKNOWLEDGEMENTS

The Government of Zimbabwe recognizes the critical role that collaborative and evidence-based strategies and approaches play in the successful response to public health issues of concern such as drug and substance abuse. Silo response approaches to these issues can derail the nation's momentum towards vision 2030. Development of the Zimbabwe Multi-Sectoral Drug and Substance Abuse Plan 2024-2030 was therefore a collaborative effort involving all Government Ministries, Departments and Agencies (MDAs), all stakeholders, development partners, the United Nations (UN) family and communities as listed in Annex 3. The process was coordinated from the Public Health desk in the Office of the President and Cabinet.

I would like to express profound gratitude to all stakeholders that participated in the development of this plan including but not limited to members of the National DSA Committee, its Technical Committee of PermanentSecretariesandStakeholders, the Masvingo all stakeholder national consultative meeting participants and all other stakeholders who provided input during many other additional consultative committee meetings that might not be listed in Annex 3.

Last but not least, I would like to specifically thank the United Nations Children's Fund (UNICEF) for providing Dr Brian Maguranyanga the lead technical consultant on the development of this Multisectoral Drug and Substance Abuse plan 2024-2030.

Thank you all.



Dr Agnes I. Mahomva.

Public Health Advisor to the President and Cabinet

Office of the President and Cabinet

April 2024

EXECUTIVE SUMMARY

Drug and substance abuse (DSA) has become a significant public health, development and national security challenge in Zimbabwe, and a potential threat to the country's development trajectory. It is a multi-dimensional challenge driven by behavioural, social, economic, and institutional factors. Despite Zimbabwe's positive economic trajectory, the rising prevalence of DSA among the population presents an urgent need to address the problem since it threatens the country's social stability, economic development, security and demographic dividend associated with a youthful population. His Excellency, Dr. Emmerson D. Mnangagwa, the President of the Second Republic of Zimbabwe, has called on the whole-of-government and stakeholders to work collaboratively in tackling drug and substance abuse issues and safeguard the nation's future. The President of the Republic of Zimbabwe called for a comprehensive, coordinated, multisectoral approach to address DSA and align with international[1], regional [2], and national frameworks and strategies including the National Development Strategy 1 (NDS1) and the Zimbabwe National Drug Master Plan to mitigate the adverse effects of DSA and safeguard the nation's future.

This Multisectoral Drug and Substance Abuse Plan (2024-2030) is a comprehensive strategic plan that catalyses and supports a multisectoral approach and actions to address DSA affectively and mitigate its challenges to national security, public health, social stability, and development as well as impact on individuals, families, and communities in Zimbabwe. It advances public health, social, development, economic and security actions in addressing DSA to achieve positive impact in the country.

Vision and Mission

Therefore, this strategic Plan sets forth **a vision** for **a healthy and secure nation, free of illicit drug and substance abuse.**

Its **mission** is to support multi-stakeholder engagement and actions across the whole of government and different sectors through targeted, collaborative multisectoral DSA interventions.

Guiding Principles

The LEARN principles guiding the Multisectoral DSA Plan are: Leverage (L), Empowerment (E), Adaptiveness (A), Restoration (R), Non-stigmatization (N).

1 Sustainable Development Goal 3 (SDG 3) calls for countries to "ensure healthy lives and promote well-being for all at all ages", and Target 3.5 encourages action by countries to "strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol."
For detailed drug policy analysis and SDGs, refer to the link below:
https://www.unodc.org/documents/ungass2016/Contributions/Civil/Health_Poverty_Action/HPA_SDGs_drugs_policy_briefing_WEB.pdf

2 UNODC Strategic Vision for Africa: https://www.unodc.org/documents/Advocacy-Section/UNODC_Strategic_Vision_for_Africa_2030-web.pdf

Strategic Goals

In line with the Multisectoral DSA Plan's vision and mission, the following strategic goals have been identified:

- To promote a strategic multisectoral programme of interventions / initiatives to address DSA across sectors to achieve the desired vision, goals and targets.
- To engage various sectors across government and other stakeholders to address DSA dimensions of their activities.
- To promote leadership, coordination, collaborative / synergistic work, and sustainable mechanism that seek to address the multi-dimensional burden and challenges of DSA in Zimbabwe.

Strategic Pillars

Achieving the abovementioned overarching goals, this Multisectoral DSA Plan will focus on the following seven pillars constituting strategic responses to address DSA and foster collective actions:

- **Supply Reduction** aims to disrupt the production, distribution, trafficking, and supply of illicit drugs and substances, and curtail illicit financial flows and criminal activities related to drugs, through law enforcement.
- **Demand Reduction** focuses on preventing and delaying use of drugs / substance among children, adolescents and young people (the youth), women, vulnerable and at-risk groups, with strategies spanning education, awareness, and community-level interventions.
- **Harm Reduction, Treatment, and Rehabilitation** seeks to reduce the harmful effects of DSA through comprehensive harm reduction services, building healthcare capacity, and promoting evidence-based treatment and rehabilitation services.
- **Community Reintegration** supports recovery and reintegration into society for individuals recovering from DSA, and emphasizes community support and engagement.
- **Policy and Legal Enforcement** focusses on policy advocacy to harmonise legal and policy frameworks to address DSA comprehensively and facilitate law enforcement aligned with international standards.
- **Media and Communication** promotes public awareness, education, and behaviour change regarding DSA, aiming to reduce stigma and misinformation.
- **Resource Mobilisation & Economic Strengthening** focuses on securing sufficient resources for DSA interventions and supporting investments in economic strengthening opportunities for affected individuals and communities.

Strategic Considerations

The following key strategic considerations have implications for addressing drug and substance abuse in Zimbabwe:

■ National Security Considerations

The Plan recognizes **supply reduction** as crucial element in catalysing actions to curb the production, trafficking, and supply of illicit drugs and substances through enhanced law enforcement, border control measures, and collaborative regional and international drug control responses. DSA is a security threat, and hence requires effective law enforcement efforts in tackling drug trafficking, production, and drug-related economic crimes. It has economic security consequences including negative impact on workforce productivity, health of employees or those in the productive age. Furthermore, it also poses a strain on security, health and economic systems, and more broadly on society and social stability.

■ Public Health Considerations

DSA is a public health issue / threat that requires **comprehensive harm reduction, treatment, and rehabilitation services** to ensure people who use drugs have access to services, including those for **mental health and substance use disorders** in light of the intersection between mental health issues and substance abuse. Therefore, strengthening the capacity of healthcare and service providers to provide specialised care, and deliver evidence-based interventions for DSA is critical component of this Plan.

■ Social Considerations

DSA is a social crisis with sociological implications for social stability, health and well-being of the country's populations. Addressing DSA requires prioritising **prevention interventions** to protect the health and well-being of individuals, particularly vulnerable and at-risk populations. In addition, there has to be deliberate **community engagement and reintegration efforts** that foster community support for individuals affected by DSA to facilitate their recovery and reintegration into society. Sociologically, **stigma reduction** in communities allows support for people who use drugs, and promote a more inclusive and supportive environment for recovery.

■ Strategic Political Considerations

The Multisectoral DSA Plan makes a strategic plea for reviewing and updating the **policy and legal frameworks / instruments** in addressing the evolving nature of DSA and drug trafficking while emphasising national security, public health, social stability, and economic development. It highlights also the importance of concerted **regional and international collaboration** and responses / partnerships in light of the transnational dimensions of drug trafficking, criminal activities and illicit financial flows. To achieve effective implementation of multisectoral, concerted efforts addressing DSA, this Plan highlights the need for providing leadership mandate, budgetary commitments, and establishing an institutional mechanism that coordinates and supports DSA interventions.

In **operationalising the National Drug Agency (NDA) within the Office of the President and Cabinet**, the agency will provide strategic leadership, coordinate the implementation of the DSA strategies / policies, interventions and responses, and promote multisectoral actions aligned with national priorities, and regional and international frameworks in addressing DSA in Zimbabwe.

In essence, this Multisectoral DSA Plan provides a structured framework for action, focussing on critical areas for intervention while anchoring its successful implementation on political will, accelerated resource mobilisation (sufficient resourcing), and empowered stakeholders. It puts social and behaviour change, system strengthening, and effective data systems and strategic information as key change strategies supporting multisectoral actions in addressing DSA. This Multisectoral DSA Plan therefore offers strategic responses aligning with the nation's broader goals for health, development, and security by underscoring a comprehensive, multisectoral approach and decisive actions to address DSA and secure the nation's future and prosperity.

INTRODUCTION

Drug and substance abuse (DSA) is a growing threat to public health, security, economic growth, and social stability internationally and regionally including in Zimbabwe. The trafficking of almost all types of drugs and illicit substances has been strongly linked to crime, corruption, violence, unintentional injuries, road traffic accidents, multiple medical and health complications and mental health disorders. Alcohol and substance use has negatively impacted individuals, families, communities, and burdened health, social and security systems as well as the national economy. Given the multiple drivers of drug and substance use, the problem has to be addressed holistically applying a multisectoral approach, which requires us to consolidate approaches and integrate a range of perspectives and interventions on drug issues.

This Multisectoral Drug and Substance Abuse Plan (MDSAP), 2024-2030), alternatively the Plan, focusses on tackling DSA by engaging various sectors and promoting coordinated actions and responses across sectors and stakeholders. It aligns with the National Development Strategy 1 (2020-2025), the Zimbabwe National Drug Master Plan (ZNDMP), other relevant international and regional frameworks, and national policies and legislation that seek to address drivers and social determinants of DSA. The Zimbabwe National Drug Master Plan 2020-2025 provides a roadmap for addressing cross-cutting issues in DSA in Zimbabwe, and envisions a multipronged approach to dealing with DSA by focusing on supply, demand and harm reduction as well as control of illicit (lawful) substances based on International Drug Control Conventions and in accordance with the principles of balanced approach to drug control.

The commonly abused substances in Zimbabwe are licensed and unlicensed alcohol, tobacco, cannabis, and non-medicinal use of controlled medicines such as codeine containing cough medicines and benzodiazepines. Among the youth, alcohol, marijuana (cannabis), crystal meth (*mutoriro*) and *Broncleer* are among the used drugs / substances. Due to DSA, approximately 60% of the patients admitted in mental health institutions suffer from drug use disorders. In addition, the socio-economic circumstances are also social determinants of substance use, depression, stress, and contributing to hardship and increasing drug use. Drug and substance abuse has health, social, and economic consequences. It has been associated with public health issues such as HIV, mental health, sexual and gender-based violence, mental health / psychological disorders, and road traffic accidents / injuries, morbidities (heart and liver diseases, cancers) and mortality. Furthermore, the drug use burdens health and economic systems, and disrupts social systems such as families and marriages while undermining educational and socio-economic prospects for youths who abuse drugs and substances. DSA also affects individuals, families and communities socially and economically due to the limited functioning of drug users. The demands on the justice and security systems (courts, prisons, police, and the military) to deal with drug use issues places additional burdens on already overstretched resources.

In light of the above multi-faceted factors affecting DSA in Zimbabwe, a multisectoral approach is suited to tackle DSA and strengthen responses on drug-related issues in the country. Multi-sector partnership cooperation, and concerted efforts of all stakeholders are critical in dealing with DSA and achieving the strategic goal, objectives and results of this Multisectoral DSA Plan. It envisions close relationship between institutional entities of the drug control systems and communities, and promotes social, economic, educational and health interventions and strategies. This Multi-Sector DSA Plan is anchored on the following pillars: (1) Demand Reduction, (2) Supply Reduction, (3) Harm Reduction, Treatment and Rehabilitation, (4) Community Reintegration, (5) Media and Communication, (6) Legal and Policy Enforcement, and (7) Resource Mobilisation and Economic Strengthening

The cross-cutting issues include systems strengthening, capacity building, data systems and research, and social and behaviour change.

BACKGROUND

Drug and substance abuse remains high worldwide, and estimated rise from 240 million to 296 million in 2021 (5.8% of the global population aged 15-64 years)[3]. Cannabis is the most used drug worldwide in 2021, with an estimated 219 million users, 70% of the users globally are men. In 2021, an estimated 36 million people used amphetamines, 22 million used cocaine, and 20 million used "ecstasy"-type substances. The proportion of female users is higher in the case of amphetamine-type stimulants (45% of users are women) and non-medical use of pharmaceuticals (45-49% users are women) while highest share of men are users of opiates (75%) and cocaine (73%)[4]. Opioids remains the highest contributor to severe drug-related harm, including leading cause of deaths in fatal overdoses. Opioids accounted for approximately 70% of the 128,000 deaths attributed to drug use disorders in 2019. Most drug use disorders are related to cannabis and opioids[5], which are also the drugs that lead most people to seek drug treatment. Heroin, opioids, and prescription opiates use is on the rise in Africa. Non-medicinal use of prescription and non-prescription medications and over the counter drugs is increasingly becoming a problem worldwide.

There are also inequalities exacerbating health problems associated with drug use. DSA increases the risk of acquiring HIV; the risk of acquiring HIV is 35 times higher for those who inject drugs than those who do not inject drugs. Injecting drugs facilitates acquisition of Hepatitis C. In terms of drug use, more men than women inject drugs; men are 5 times more likely than women to inject drugs [6]. Women who use drugs tend to progress to drug use disorders faster than men but remain underrepresented in drug treatment, which is possibly influenced by barriers such as increased fear of legal sanctions, social stigma, fear of losing custody of children while in treatment, and lack of childcare support. Generally, women who use drugs face multiple and severe vulnerabilities including higher levels of stigma and discrimination depending on their social group (i.e., sex worker, SGBV survivor, ex-prisoner / convict, etc.).

Young people are more vulnerable to drug use than adults. In 2021, 13.5 million (5.3%) of 15–16-year-old adolescents worldwide had used cannabis in the past year. Adolescents are also the most vulnerable to the effects of drugs given that their brains are still developing, and hence early drug use[7] initiation can have long-term negative effects[8].

This has implications for Africa since it has a youthful population. Use of cannabis among the adolescent population (15–16-year-olds) is higher than that among the general population (15-64 years).

3 United Nations Office on Drugs and Crime [UNODC] (2023) World Drug Report 2023, Vienna: UNODC. Accessed 7 January 2024, https://www.unodc.org/res/WDR-2023/WDR23_Exsum_fin_DP.pdf

4 World Drug Report 2023 (WDR 2023)

5 World Drug Report 2023

6 WDR 2023

7 Salles TA, Chaves ECL, Moreira DS, Brito MVN, Mendonca HMCR, and Oliveira K (2016) "Strategies for Prevention or Reduction of Drug Use for Adolescents: Systematic Literature Review" *Rev. Eletr. Enf.* [Internet]. http://dx.doi.org/10.5216/ree.v18.36796
Das JK, Salam RA, Arshad A, Finkelstein Y and Bhutta ZA (2016) "Interventions for Adolescent Substance Abuse: An overview of Systematic Reviews", Journal of Adolescent Health 59: S61-S75

8 WDR 2023

There is also a growing trend in the use of new psychoactive substances among school students than among the general population. In Africa, 70% of those in drug treatment are under 35 years of age.

Since many intoxicating drugs are illegal in most parts of the world, drug and substance abuse is often linked to drug economies, crime and conflict. Therefore, drug production, trafficking, and drug abuse (use) have to be understood largely in the context of other criminal economies that have a negative impact on society in terms of organised criminal networks / groups, money-laundering, tax and financial crimes, corruption, violence, homicide, homelessness, and national security threats, etc. The illicit drug economies experience surges in both supply and demand of drugs, and their key criminal actors / players influence supply- and -demand-side factors by managing the supply chain, competition, and trafficking modalities allowing supply to readjust to demand[9].

Evidence also shows that illicit drug economies tend to flourish where there is instability, weak rule of law and conflict situations. The drug economy and instability are linked to weak rule of law, which in turn also the weak rule of law enables the expansion of the drug economy. The financial resources generated through the drug economy can work against rule of law, state security and formal economy. Drug trade and illicit drug economies pose threats to national, regional and international peace and security. At the national level, drug-related criminal networks that thrive on drug trade pose threats to societal stability and social functioning as they undermine democratic governance, institutions and incentivise corruption.

Furthermore, the emergence of illegal drug supply innovations and synthetic drugs has reshaped the illicit drug landscape. New cannabis-related substances or synthesis of cannabinoids mainly from a non-psychoactive substance (cannabidiol / CBD) are entering the drugs market as they easily evade drug laws and sold as edibles, vaping cartridges and sprayed on low-tetrahydrocannabinol (TTHC) cannabis for non-medical use. Given that cannabis is the most abused drug worldwide including in Africa, the new trend of synthetic cannabis / drugs is likely to compound the health challenges and harm posed by this type of cannabis product as well as shift the drug market and supply chains[10]. Synthetic drugs require cheap chemical inputs, "have lower operational costs, few production impediments, and reduced risk of detection, interdiction and prosecution because they can be produced closer to destination"[11]. This poses challenges to supply reduction efforts as drug manufacturers / criminals can effectively conceal their manufacturing and use chemicals that fall outside of controls or access inputs within growing chemical / pharmaceutical sectors where it might be easier to hide digression. Unfortunately, less is known about the pharmacology and harms of these synthetic drugs resulting in lack of pharmacological treatments and therapies.

9 WDR 2023
10 WDR 2023
11 WDR 2023, p42

The non-medical use of pain management drugs for moderate and severe pain is also a growing challenge, which has led to drug dependence or pain drug use disorders. The diversion of these drugs from the legal supply chain and non-medical use market poses serious risks to drug users as well as heightened demand for the drug and treatment for pain drug use disorders. The diversified drug market is expanding with "new drug combinations, mostly mixtures of controlled drugs, which can contain prescription medicines, veterinary medicines, alcohol, soft drinks, food colorants and aromas or even substances (such as volatiles, poisons or fuel) which are meant for industrial use."[12] For example, street cocktail drugs such as '*nyaope*' in South Africa is "a mixture of low grade heroin, cannabis, antiretroviral drugs and other materials added as cutting agents…[and] a highly physiologically addictive substance"[13] smoked by users. These emerging drug concoctions / mixtures make the illegal drug market more lethal to drug users given the risk of dangerous interactions of substances and higher risks of overdose. Drug trafficking and marketing are being facilitated by the internet and other digital communication platforms / channels, and therefore expanding the drug market / trade in new ways. Social media platforms tend to facilitate low-level drug transactions by linking sellers and buyers, and "cannabis and cocaine are more commonly bought and sold on social media platforms."[14] However, different online platforms are used to facilitate transactions for different drugs.

As economies struggle, unemployment rising, and socio-economic opportunities decline due to myriad of factors, the poor, women, youth and children as well as men falling through the cracks become more vulnerable to drug use and related risk factors. Unfortunately, those who use drugs face unique barriers, burdens and traumas including health issues, substance use disorders / psychological strains, stigmatisation, discrimination, incarceration for drug offenses, social exclusion and abandonment, and exploitation by traffickers and crime syndicates etc.[15]

12 WDR 2023, p54

13 Mthembi PM, Mwenesongole EM & Cole MD (2018) "Chemical Profiling of the Street Cocktail Drug 'Nyaope' in South Africa using GC-MS I: Stability Studies of Components of 'Nyaope' in Organic Solvents", *Forensic Science International*, 292: 115-124

14 WDR 2023, p56

15 United Nations (2015) "Multi-Sector Approach, Integrating Public Health into Substance Control Efforts Key to Winning 'War

BRIEF CONTEXT: DRUG AND SUBSTANCE ABUSE IN ZIMBABWE

Drug and substance abuse (DSA) in Africa is on a concerning upward trajectory, with a predicted 40% increase between 2018 and 2030[16], marking the highest rise worldwide. Africa's youthful population and expected demographic growth are significant contributors to this increase in DSA. Zimbabwe is also experiencing growing DSA, which has serious implications on public health, social and economic development, peace and security. Therefore, DSA in Zimbabwe reflects a complex and escalating problem, particularly among the youth[17], women, vulnerable children[18], informal sector / artisanal miners (*makorokoza*), male adults, and employees in various sectors as well as people across all socio-economic status.

Despite economic growth and a positive development trajectory under the Second Republic of Zimbabwe, DSA remains a growing concern given its impact on socio-economic factors development and public health. The COVID-19 pandemic also fuelled drug and substance abuse[19] as it reshaped economic, social and recreational activities. These factors had socio-economic and health implications, including poverty[20], which contribute to health issues (non-communicable diseases, HIV, mental health / substance use disorders), social crises, and economic / financial strain. These factors are also risk factors for DSA. The upward trend in DSA in Zimbabwe, including alcohol abuse, for instance, shows rising disability-adjusted life years (DALYs) rankings from 2009 to 2019[21]. With increasing DSA, drug economies, supply chains and markets of both licit and illicit substances flourish, and consequently reinforcing the multi-dimensional challenges of DSA.

Media reports have also highlighted the increasing problem of abuse of both legal and illicit substances among adolescents and the youth in Zimbabwe. While recognising adolescents' experimentation with drugs and substances, the DSA crisis in the country has been driven by complex socio-economic and institutional factors including illicit drug economies, organised crime networks, corruption, traffickers, and complicit criminal justice system.

16 Marandure BN, Mhizha S, Wilson A, Nhunzvi C (2023) "Understanding the Nature of Substance Use in Zimbabwe: State of the Art and Ways Forward: A Scoping Review Protocol", PLoS ONE 18(3): e0272240. https://doi.org/10.1371/journal.pone.0272240

17 Maraire T and Chethiyar SDM (2020) "Drug and Substance Abuse Problem by the Zimbabwean Youth: A Psychological Perspective", *Practitioner Research* 2: 41-59

18 Jakaza TN and Nyoni C (2018) "Emerging Dynamics of Substance Abuse among Street Children in Zimbabwe: A Case Study of Harare Central Business District", *African Journal of Social Work* 8(2): 63-70
UNICEF (2023) Understanding Drug use and Substance Abuse by Zimbabwean Adolescents and Young People, *Let the SPEAK Research Brief EVIDENCE* September 2023, Alcohol drugs and substance abuse Research Brief_UNICEF_Sept2023.pdf

19 Marandure BN, Mhizha S, Wilson A, Nhunzvi C (2023) "Understanding the Nature of Substance Use in Zimbabwe: State of the Art and Ways Forward: A Scoping Review Protocol", PLoS ONE 18(3): e0272240. https://doi.org/10.1371/journal.pone.0272240

20 According to the ZIMSTAT Poverty, Income, Consumption and Expenditure Survey 2017 Report, 70.5% of the population were poor whilst 29.3% were deemed extremely poor. Refer to: Zimbabwe Vulnerability Assessment Committee (ZimVAC) 2022 Rural Livelihoods Assessment Report. https://fscluster.org/sites/default/files/documents/zimvac_2022_rural_livelihoods_assessment_report.pdf

21 Marandure BN, Mhizha S, Wilson A, Nhunzvi C (2023) "Understanding the Nature of Substance Use in Zimbabwe: State of the Art and Ways Forward: A Scoping Review Protocol", *PLoS ONE* 18(3): e0272240. https://doi.org/10.1371/journal.pone.0272240

These conditions necessitate drug availability and trafficking, with Zimbabwe becoming a hub for drug trafficking and thus increasing the local availability of drugs[22]. Consequently, these complicate substance / drug control efforts and the management of substance use disorders. Therefore, the rise in DSA in Zimbabwe has to be understood in the context of growing regional and international drug use, and a broader trend in Sub-Saharan Africa region that is facing the highest projected increase in substance use globally. Placing Zimbabwe's situation within the broader context of Sub-Saharan Africa, where similar trends are observed, offers insights into regional dynamics, including drug trafficking routes and shared challenges in addressing substance use disorders. This highlights the importance of strengthening regional and international collaborations in addressing the drug problem.

Evidence shows a growing challenge of DSA in Zimbabwe, with approximately 60% of patients admitted to mental health facilities being affected by substance use disorders (SUDs). Therefore, this points to a strong intersection between DSA and mental health issues. Additionally, the media also reports on ever-increasing substance use in the country including excessive drinking of alcohol (including illicit 'moonshine' brews), use of methamphetamine (crystal meth (*mutoriro*), cough syrups containing codeine, and marijuana. Furthermore, "reports of local youths identified to be in a drunken like stupor are widespread in the media, and colloquially referred to as '*ku sticker*' (in reference to the paralytic like stupor youths high on substances are often found in)"[23]. While the narratives highlight the escalation in DSA and its contribution to mental health disorders, the lack of data limits the identification of the most prevalent substances, their patterns of use across different demographics, and regional variations within Zimbabwe. Understanding these patterns in drug use is crucial for designing targeted policy and institutional responses, and programming interventions. Furthermore, there is dearth of evidence and limited understanding of cultural and community perspectives / attitudes towards drug and substance use, views of people who use and inject drugs, and community-level responses. Community factors driving and facilitating responses to substance use require analysis.

Addressing DSA in Zimbabwe is hindered by a treatment gap for mental, neurological, and substance use disorders, and this is also reflective of Sub-Saharan Africa (SSA) with the largest global treatment gap due to lack of mental health professionals, underfunding of mental health services, and lack of harm reduction treatment services. In addition, Zimbabwe also faces a shortage of specialist drug and alcohol treatment facilities. The existing health infrastructure in Zimbabwe has limited capacity to address SUDs, and gaps exist in terms of workforce capabilities, availability of treatment facilities, and access to care, especially in rural areas and poor communities. However, despite limited resources, the Government of Zimbabwe demonstrated its commitment to addressing the complex drug problem in the country through a comprehensive and integrated strategy, the Zimbabwe National Drug Master Plan (2020–2025), that aligns with the Inter-Ministerial Committee efforts on policies, laws and strategies

23 Marandure BN, Mhizha S, Wilson A, Nhunzvi C (2023) "Understanding the Nature of Substance Use in Zimbabwe: State of the Art and Ways Forward: A Scoping Review Protocol", *PLoS ONE* 18(3): e0272240. https://doi.org/10.1371/journal.pone.0272240

seeking to reduce the demand for and supply of drugs and substances, and the harm associated with drug and substance use and abuse as well as guiding and monitoring the actions of various government ministries in these areas.

However, the evolving complexity of the drug problem and drug economies and lack of a monitoring system for substance use pose significant challenges in addressing DSA and implementing evidence-based interventions. There is an absence of a national system for monitoring DSA, resulting in reliance on anecdotal and secondary evidence, which limits the understanding of the full scope of the drug problem in the country. Therefore, data systems and research are critical in evidence-based decision-making, policy advocacy, and programming.
Overall, this enriched context analysis offers a more nuanced understanding of the multifaceted nature of DSA in Zimbabwe, emphasizing the need for comprehensive, evidence-based, and culturally informed strategies to effectively address this growing public health concern.

Policy and Legal Context Analysis

Policy and legal frameworks have implications on government's response to address the DSA crisis. The African Union Commission recommended that Member States set up national frameworks that address the drug use problem holistically. It encouraged balanced and integrated Drug Master Plans that involve various government departments and community stakeholders, and supporting multipronged approaches addressing drug use challenges in African countries. As a response to the AU Commission's call, the Government of Zimbabwe designed the Zimbabwe National Drug Master Plan 2020-2025, and tasked the Inter-Ministerial Committee on Drug Abuse to put in place measures to address the drug use in the country and improve anti-drug interventions and responses.

To achieve the objectives of the Zimbabwe National Drug Master Plan, existing legal and policy frameworks have to align with the shifting DSA trends and context, and provide an enabling environment for interventions and responses addressing DSA in the country. Law and policy can facilitate or hinder effective responses and interventions addressing DSA. The following policy and legal frameworks and instruments have a bearing on drug-related efforts:

United Nations' international conventions such as The Single Convention on Narcotic Drugs 1961, The Convention on Psychotropic Substances 1971, The Convention Against Illicit Trade in Narcotics and Psychotropic Substances of 1988 (Vienna Convention)

Zimbabwe's legislative instruments on drug control:

- Criminal Law (Codification and Reform) Act (Chapter 9:23 s157)
- Dangerous Drugs Act (Chapter 15:02)
- Dangerous Drugs Regulations RGN (Rhodesia Government Notice)1111 of 1975
- Dangerous Drugs (Production of Cannabis for Medicinal and Scientific Use) Regulations, Statutory Instrument 62 of 2018
- Dangerous Drugs (Production of Cannabis for Medicinal and Scientific Use) (Amendment) Regulations, Statutory Instrument 178 of 2018
- Medicines and Allied Substances Control Act (Chapter 15:03)
- Medicines and Allied Substances Control (General) Regulations, Statutory Instrument 150 of 1991
- Medicines and Allied Substances Control (Import and Export of Precursors and Certain Chemical Substances) Regulations, Statutory Instrument 56 of 2008

While these legal instruments exist, the shifting context including new drug manufacturing and supply chain, complex drug economies, innovative drugs and synthetics, and digital / online merchandising platforms intensify the drug problem and complicate enforcement of laws and policies that are antiquated for the new realities. In light of these changes, legal frameworks such as the Criminal Law (Codification & Reform) Act Chapter 9:23 (57) and the Dangerous Drugs Act Chapter 15:02 have to be adapted to deal sufficiently with the new trends in drug importation, exportation, production, sale, distribution, use, and trafficking.

On the issue of non-medicinal use of medicines, the Medicines and Allied Substances Control Act typically outlines provisions related to the licensing, manufacturing, distribution, and sale of medicines, as well as the control of substances that may have medicinal properties. The Act provides the regulation of the pharmaceutical sector and use of pharmaceutical medicines / drugs by monitoring and regulating medicines. However, the most abused medicines are often over-the-counter drugs without the need for a doctor's prescription, and this leads to easy access and dependence on them including cough mixtures and painkillers.

Illegal drug supply innovations and synthetic drugs entering the drugs market has largely evaded anti-drug laws, and therefore highlighting the importance of reviewing existing legal frameworks. New cannabis-related substances mainly from a non-psychoactive substance (cannabidiol/CBD) are being sold in non-traditional ways as edibles, vaping cartridges and also being sprayed on low tetrahydrocannabinol (TTHC) cannabis for medical use. Therefore, the Dangerous Drugs Act (Chapter 15:02) and the Criminal Law (Codification and Reform) Act (Chapter 9:23 s157) may not be up to date with the new drugs on the market resulting in challenges in successfully prosecuting drug traffickers due to technicalities.

Another challenge with the existing legislation and the justice system is criminalisation of drug use even for some drugs that should not have punitive sentencing / measures. There is growing evidence showing that criminalisation and punitive sentencing of minor drug offences does not necessarily reduce drug use[24] but may create additional challenges. This highlights the need to revisit the punitive criminal justice approach in addressing issues faced by people who use / inject drugs. This points to finding a delicate balance between criminalisation and rehabilitation of people who use drugs, and making sure that legal and policy instruments support a rehabilitative approach towards who use drugs and impose stiffer penalties / punitive measures for drug traffickers and dealers.

Addressing DSA issues in the country requires social inclusion approaches that ensure that no-one and no place is left behind, and gender issues are addressed while focussing on vulnerable or at-risk social groups. Relatedly, legal and policy frameworks and responses to drug use have to take into account social protection and address stigma and discrimination, which affect service delivery, support and treatment of protect people who use drugs. The social inclusion approach fits within United Nations' Universal Declaration of Human Rights, and therefore provides the foundation for advancing social inclusion and rights-based responses to addressing challenges facing people who use / inject drugs. Therefore, promoting social inclusion and a public health approach in drug use programming and interventions is a policy imperative.

As stated earlier, creating an enabling environment for tackling DSA in Zimbabwe requires revisiting existing laws and policies, and enacting new legal and policy frameworks to curb the growing threats of drug use, innovative synthetic drugs, and the complex drug economy in the country.

National Development Strategy 1 2021 – 2025 (NDS 1)

The National Development Strategy 1 (NDS 1) provides the development framework for Zimbabwe, and takes a multisectoral approach to development, including addressing health and cross-cutting issues. NDS1 provides opportunities for strengthening

24 Drug Policy Alliance (2015), Approaches to Decriminalizing Drug Use and Possession, NY: Drug Policy Alliance https://www.unodc.org/documents/ungass2016/Contributions/Civil/DrugPolicyAlliance/DPA_Fact_Sheet_Approaches_to_Decriminalization_Feb2015_1.pdf, Accessed 24 January 2024

Scher BD, Neufeld SD, Butler A, Bonn M, Zakimi N, Farrell J and Greer A (2023) "Criminalization Causes the Stigma": Perspectives From People Who Use Drug, *Contemporary Drug Problems* 50(3): 402-425 https://doi.org/10.1177/00914509231179226

multisectoral actions on DSA prevention. It acknowledges various socio-economic challenges that could be indirectly related to DSA. It emphasises the need to strengthen economic development and implementing protective and development that tackle economic issues, poverty, unemployment, and promote social and child protection at national, community, and household levels while empowering individuals. The NDS1 therefore outlines comprehensive plans focussing on economic growth, infrastructure development, health and well-being, and social protection, among others. These areas have implications for DSA prevention and responses.

Within the broader NDS 1, there is a focus on integrated public health approach that emphasizes health and well-being, and therefore opening opportunities for incorporating DSA prevention, treatment and care, and harm reduction into broader public health initiatives.

The economic empowerment focus on economic growth and stability provides the basis for addressing unemployment and poverty as contributing factors to DSA, and hence economic initiatives will assist in DSA prevention by reducing economic stressors that occasionally lead to substance use. Social protection measures in the strategy show the need for social safety nets / social protection that could support and protect individuals vulnerable to DSA, and may be leverage for youth, children and women as well as people living in poverty.

NDS 1 promotes multisectoral / cross-sector collaboration and action, and lays the platform for integrating efforts from health, education, social services, and security and law enforcement to effectively tackle DSA. Furthermore, NDS 1 emphasizes devolution and community-level initiatives, which point towards engaging local communities (community engagement) and people who use and inject drugs in DSA prevention efforts. In essence, the National Development Strategy 1 highlight the importance of a holistic, multisectoral approach that addresses the root socio-economic factors contributing to DSA. It covers a wide range of national development strategies, including macroeconomic frameworks, governance, and social sectors that have implications for DSA prevention in Zimbabwe. Despite DSA prevention being silent in NDS 1, its absence in direct reference should not be interpreted as a lack of relevance or importance of the issue within context of the country's national development. DSA remains a critical public health concern that can significantly impact various aspects of socio-economic development, health and societal well-being, and national security.

The emphasis on governance, law enforcement, and community engagement may provide a foundation for implementing targeted interventions to combat DSA as effective governance and law enforcement play a crucial role in regulating and controlling the availability of drugs, while community-based initiatives cover education, awareness, and rehabilitation. Therefore, DSA prevention and responses could be well integrated into broader NDS 1. In light of these observations, it is beneficial to integrate DSA prevention and harm reduction initiatives within the broader framework of NDS 1 to ensure a holistic and multisectoral approach

to national development and public health. The NDS 1 also covers "cross-cutting issues" such as youth participation, gender mainstreaming, social protection, poverty alleviation, and the care of vulnerable groups that have implication for DSA prevention and responses. Given the susceptibility of young people to DSA, engaging them in productive activities and decision-making processes can serve as a preventive measure, and hence the need to promote youth and women development and empowerment as well as healthy, recreational activities. The strategy's focus on mainstreaming gender in development processes provides a pathway for addressing DSA given the disproportionate, gendered burden of DSA and different barriers in accessing treatment, care, support and rehabilitation services. Therefore, gender-sensitive approaches to DSA prevention and treatment are necessary to effectively address these issues within different demographics. Implementing gender-sensitive and social protection strategies enables both NDS1 and the multi-sector DSA plan to address the risks and challenges of DSA and promote effective approaches to DSA prevention in Zimbabwe.

CONCEPTUAL FRAMEWORK

This Multisectoral DSA Plan employs a Socio-Ecological Model (SEM) to identify the determinants of DSA, and the multi-level influences on DSA. The SEM is a comprehensive framework that considers multiple levels of influence on individuals' behaviours and health outcomes. When applied to DSA programming, it facilitates addressing the issue from a holistic perspective, and identifies strategies across various levels of influence.

It recognizes that individual behaviour is nested within various socio-ecological contexts / levels: individual, interpersonal, community, organizational, and enabling environment policy / societal levels (see Figure 1). DSA risk factors at the individual level include knowledge, agency, and personal / demographic characteristics as well as psychological factors depressive moods, rebelliousness, delinquency, and experimentation. At the interpersonal level, the individual may be at increased risk of DSA given household / interpersonal dynamics such as parents / siblings or peers who use drugs and substances, or with DSA issues, social dysfunction and family conflict, and peer pressure.

At the community level, social and gender norms accepting DSA reinforce alcohol, drug and substance use. Community level factors that expose children, adolescents and young people (AYP) to drunkenness / excessive drinking, smoking, and consumption of drugs and substances tend to encourage and reinforce DSA. Furthermore, ease availability of DSA and non-compliance / enforcement of regulations and laws on controlled and illicit drugs / substances provide conditions for DSA. At the policy levels, poor policies, weak law and policy enforcement, and existence of antiquated legal / policy frameworks undermine efforts to control DSA in the country. Therefore, addressing DSA requires multi-level interventions and multisectoral responses including social and behaviour change (SBC) at multiple levels.

The application of the socioecological model is demonstrated below:

At the **individual level,** individual-focused interventions such as screenings, assessments, counselling, and prevention education are offered to raise awareness about the risks and consequences of drug abuse while tailored treatment plans addressing specific needs and motivations of individuals struggling with substance abuse are provided. At the **interpersonal level,** programmes that enhance interpersonal skills and promote healthy relationships among peers, family, and friends can be implemented as well as leveraging social support networks through support groups and therapy to facilitate recovery and prevent relapse. At the **community level,** collaboration with community leaders, local authorities, and grassroots / civil society organisations would enhance the development and implementation of prevention, community education, social and behaviour change, and outreach initiatives. At this level, the efforts focusing on community norms that discourage drug and substance abuse and encourage healthy behaviours are promoted. At the **organisational level**, engagement of community organizations, schools, and workplaces in implementing

DSA prevention programmes is promote while supporting them to create drug-free environments and provide resources for early intervention, treatment, and rehabilitation. At **societal level**, advocacy for policy changes, legislation, and regulations as well as investments that address the root causes of DSA, and tackle poverty, unemployment, social inequality, limited socio-economic and recreational opportunities are promoted. Furthermore, public awareness campaigns to reduce the stigma around DSA, enhance access to healthcare services, and support harm reduction strategies are implemented.

By considering these different levels of influence, DSA programming can address the issue comprehensively, engaging individuals, families, communities, and society as a whole in prevention, treatment, and recovery efforts.

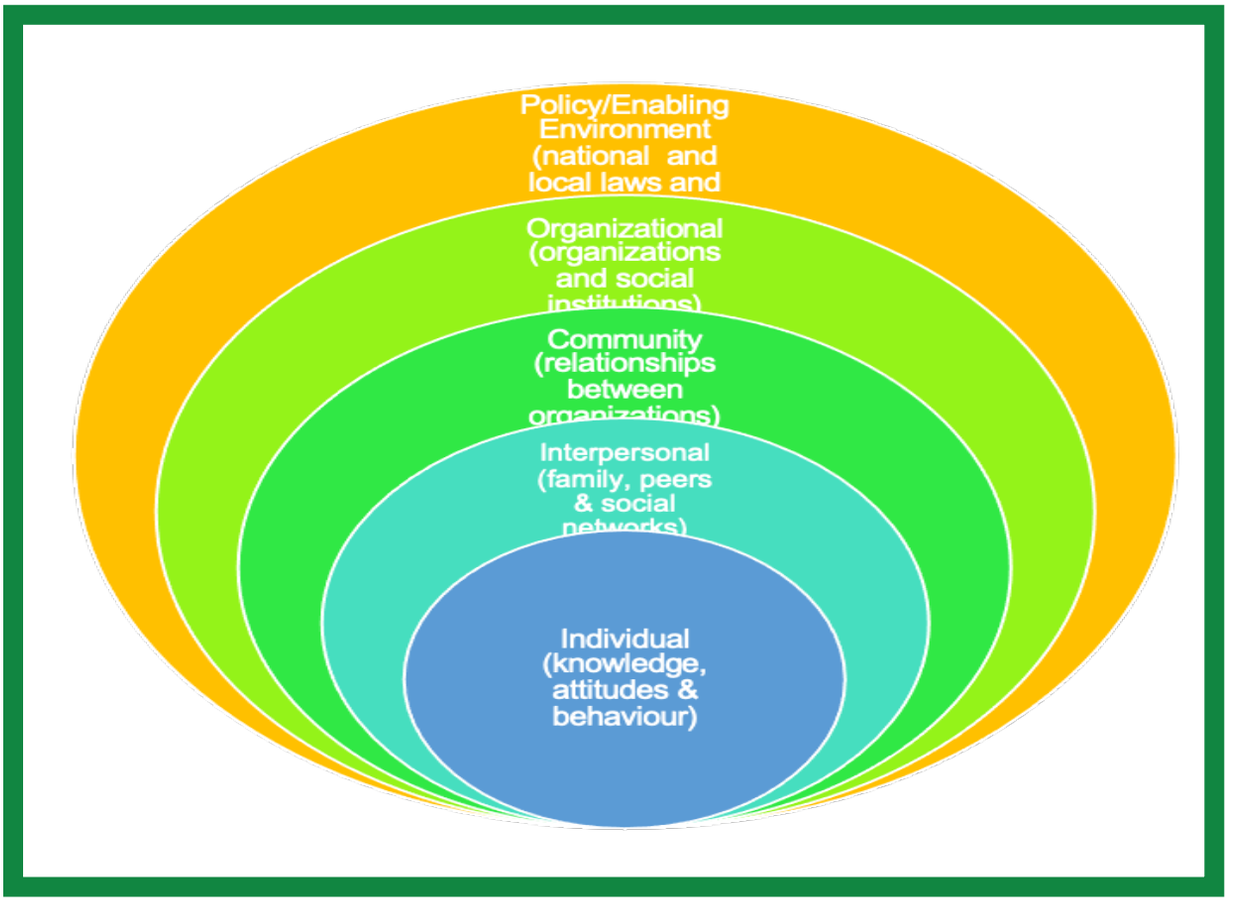


Figure 1: *Socio-Ecological Model (SEM)*

MULTISECTORAL DSA PLAN DEVELOPMENT

This Multisectoral DSA Plan was developed through multi-stakeholder consultative processes held in Masvingo and Harare in 2023 and 2024 respectively, and informed by the Zimbabwe National Drug Master Plan 2021-2025, and secondary sources (published and grey, research studies, policies / legislation, and media publications). The Inter-Ministerial National Committee on Drug and Substance Abuse provided strategic guidance and leadership. See Annex 1 for list of participants including the Masvingo Stakeholder Consultation Workshop participants.

MULTISECTORAL DRUG AND SUBSTANCE ABUSE PLAN, 2024-2030

This Multisectoral Drug and Substance Abuse Plan 2024-2030 focuses on improving the health and security of Zimbabweans by strengthening multisectoral and multi-layered responses to drug and substance abuse (DSA), and tackling DSA as a public health, social, economic, development, and national security issue in Zimbabwe. In light of the growing DSA crisis in the country, this Plan identifies the following priorities: (1) Demand Reduction, (2) Supply Reduction, (3) Harm Reduction, Treatment and Rehabilitation, (4) Community Reintegration, (5) Media and Communication, (6) Legal and Policy Enforcement, and (7) Resource Mobilisation and Economic Strengthening.

Vision

- A healthy and secure nation free of illicit drugs and substance abuse

Mission

- To prevent and mitigate social, health and security challenges related to DSA through bold, targeted multisectoral actions and responses that reduce demand, supply and harm of drugs and substances, and service delivery for treatment, care, rehabilitation, reintegration and recovery of people who abuse drugs in Zimbabwe

Principles (LEARN)

- *Leverage:* leveraging available resources and assets in DSA control and responses
- *Empowerment:* empowering all multisectoral stakeholders including people who use drugs, government agencies, communities, traditional and religious leaders, civil society and development partners in DSA responses
- *Adaptiveness:* adaptive learning and responsiveness to the shifting drug use landscape in the country and beyond
- *Restoration:* restoring life and hope through rehabilitation and reintegration
- *Non-stigmatization:* promoting non-stigmatizing DSA interventions and responses, and ensuring respect, dignity and rights of individuals / people regardless of gender, age, creed and religion

The LEARN principles provide the basis for promoting evidence-based DSA planning, programming, policy and actions while nurturing inclusion, dignity, and "leaving no-one or place behind" in drug control responses in Zimbabwe.

Overarching Strategic Goals

In line with the Multisectoral DSA Plan's vision and mission, the following strategic goals have been identified:

- To promote a strategic multisectoral programme of interventions / initiatives to address DSA across sectors to achieve the desired vision, goals and targets.
- To engage various sectors across government and other stakeholders to address DSA dimensions of their activities.
- To promote leadership, coordination, collaborative / synergistic work, and sustainable mechanism that seek to address the multi-dimensional burden and challenges of DSA in Zimbabwe.

Targets

In line with the Multi-Sectoral DSA Plan's strategies, the following targets[25] are set, alongside the overarching vision and desired main outcomes, for the impact on DSA by 2030:

- Reduction in supply of illicit drugs and substances by 85%
- Reduction in DSA prevalence by 85%

25 These overarching targets are aligned with the two desired main outcomes. The detailed Multisectoral DSA Plan M&E Framework recognizes the need for targets for all the outcomes and KPIs under each of the seven main strategies/pillars. The baseline data for some of these KPIs are an estimate based on incomplete programme data. They will therefore be reviewed and updated annually using complete programme data and surveys.

The Strategic Pillars, Objectives and Interventions

To inform the implementation of the Multi-Sectoral DSA Plan and attain achievements of the specified result areas (strategic pillars), specific objectives and strategic actions are identified below:

1. Supply Reduction

The supply of illicit drugs and substances remains a key driver of DSA, and linked to a complex drug economy – manufacturing / production, distribution, supply and criminal infrastructure that supports consumption of drugs and substances in the country.

Strategic Goal: Reduce the supply of illicit drugs and substances through proactive law enforcement and effective multi-sectoral cooperation and responses to drug-related criminal activities.

Main Objectives:

- To disrupt the manufacturing / production, distribution, trafficking, and supply chain of all illegal or illicit drugs through law enforcement
- To protect Zimbabweans from deadly / toxic drug supply through effective, innovative law enforcement interventions
- To strengthen law enforcement capacities and collaboration in DSA prevention and responses
- To improve awareness and understanding of drug-related crime and drug abuse
- To improve cooperation and information sharing across all government agencies to strengthen national response to DSA
- To allocate resources for supply reduction initiatives and counter-drug / law enforcement institutions

Strategies / Interventions:

- Early detection through surveillance and focused investigations / intelligence, and conduct raids and searches, surveillance and arrests to deny and disrupt domestic production, trafficking and distribution of illicit substances
- Mitigate drug supply through strengthening investigative and prosecution approaches
- Collaborate and work with transport and shipping industry, postal / courier services, and private sector to gather intelligence, and deny use of these services for illicit drug trafficking and distribution
- Improve information sharing, cooperation and forensic support for drug-related investigations and collective responses on drug trafficking and distribution, and control of new psychoactive substances
- Enforce relevant laws related to drug abuse, liquor consumptions and sales to children, and misuse of medicines
- Raise awareness through community education to prevent drug-related crime and reduce drug use in communities

- Invest in capacity strengthening of law enforcement and intelligence agencies in information gathering and analysis of drug supply chain and its criminal architecture, and implement effective, innovative supply reduction initiatives.
- Foster domestic, regional and international engagement and collaboration to reduce and disrupt supply of illicit drugs and substances (drug trade) and strengthen drug control
- Engage multilateral institutions (e.g., UNODC, Interpol) to tackle new / emerging challenges from global and regional drug trade
- Engage financial intelligence, banking, law enforcement and compliance institutions to disrupt financial structures and activities as well as illicit revenue / proceeds of drug-related criminal organisations and individuals.
- Design and implement public-private-community partnership frameworks to tackle the complex drug economy and market in the country

Priority Activities

- Strengthen / operationalize a coordinated intelligence and law enforcement on DSA including joint operations and related strategic planning and actions (inspections, joint operations, and investigations)
- Scale up arrests and prosecution of drug dealers and their network / criminal organizations, and strategically communicate the arrests and prosecution (arrests and prosecutions)
- Strengthen security mechanisms at border posts (border management) and supply routes to disrupt drug trafficking (surveillance and control of ports of entry and exits)
- Strengthen criminal investigations and criminal justice cooperation across borders / countries (source and destination)
- Integrate digital and drone technologies in stealth surveillance, inspection, and use digital tracking systems for controlled drugs and pharmaceutical substances
- Capacity building of law enforcement agencies and officials
- Engage the anti-corruption agencies including the Zimbabwe Anti-Corruption Commission (ZACC)
- Monitor, evaluate and document supply reduction interventions' results and impact, and adapt them based on lessons learned

Key Outcomes (Supply Reduction)

- Reduced availability of illicit drugs and substances
- Reduced drug-related illicit financial flows & criminal activities

2. Demand Reduction:

Strategic Goal: Reduce the demand and use of illicit drugs and substances, and abuse of medical drugs (non-medical use of medical drugs) through prevention and treatment of drug / substance use

Sub-Goals

- To reduce demand for drugs and substances in the community through primary and secondary prevention
- To prevent and/or delay first use / initiation of drugs / substances among children, adolescents and young people

Strategies / Interventions

- Promote school-based DSA prevention and school health interventions.
- Promote mental health and DSA screening for adolescents and young people (AYP) in educational and health settings
- Promote understanding of the risks of DSA among AYP, students, teachers, and parents / adults
- Engage employers, private and public sectors on DSA and wellness programmes.
- Implement youth-focused community level interventions (economic and livelihoods empowerment; vocational and skills development or vocational and technical education; outreach programmes, etc.) for DSA prevention among adolescents and young people (AYP)
- Strengthen multisectoral interventions to reduce demand for drugs and targeted interventions for children and AYP living on the streets.

Priority Activities

- Scale up DSA prevention programmes / initiatives focusing primarily on adolescents and young people / youth, and vulnerable social groups such as artisanal miners and informal sector traders
- Integrate substance use education into the school curriculum, focusing on life skills and decision-making
- Training educator and school staff on early identification and handling of substance / drug use cases
- Implement peer-led / peer education programmes where students educate and support each other
- Support parental involvement in prevention programmes targeting adolescents and young people
- Collaborate with health providers for expert support, treatment referrals, and joint awareness campaigns for demand reduction
- Establish student counselling and rehabilitation services
- Engage communities and stakeholders in prevention programmes (implement social / community mobilization initiatives for demand reduction)
- Strengthen engagement / participation of drug and substance users and networks in DSA responses and efforts against DSA
- Roll-out national and sub-national DSA sensitisation and campaigns, and social and behaviour change (SBC) initiatives
- Monitor, evaluate and document demand reduction interventions' results and impact, and adapt them based on lessons learned

Key Outcome (Demand Reduction)

- Reduced prevalence of drug and substance abuse

3. Harm Reduction, Treatment and Rehabilitation:

Strategic Goal: Reducing harms linked with drug / substance use and drug policies by preventing people who use or inject drugs from harmful effects of drug / substance use (over-dose related death, injury, and transmission of infectious diseases)

Main Objectives

- To promote evidence-based, effective harm reduction services and programmes
- To facilitate and support the empowerment of people who use drugs in harm reduction programming and drug policies
- To build health providers' capacity to deliver harm reduction services
- To strengthen national and sub-national (decentralised) institutional capacity on harm reduction service delivery and programming
- To facilitate an enabling environment for harm reduction services

Strategies / Interventions

- Implement and scale up integrated comprehensive harm reduction package (World Health Organisation recommended programmes), HIV and viral hepatitis testing and treatment, HIV/STI prevention and treatment, condom distribution programme for people who inject drugs and their partners, drug overdose management, including opioid agonist therapy (OAT), mobile harm reduction clinics, electronic cloud-controlled registers with methadone application, drug testing equipment, controlled registers, etc.)
- Empower organisations of people who use drugs
- Support harm reduction training and education (capacity strengthening) for community healthcare and service providers
- Support review policies and legislation to foster an enabling environment (non-criminalizing) for people who use drugs and for harm reduction services and programmes for treatment and care of people who use drugs including those with substance use disorders
- Engage people who use drugs, community organisations, and national, provincial, district and local institutions and partners in designing and implementing harm reduction programmes
- Supply and distribute cost-effective harm reduction-related supplies to organizations involved in harm reduction efforts
- Improve accessibility of harm reduction services and commodities / supplies and treatment services to people who use drugs
- Strengthen public health system (including infrastructure and workforce) to meet the DSA challenges at national and subnational levels
- Improve service delivery related to DSA
- Develop and implement DSA curriculum for health (medical, nursing, public health) and social work / social science schools
- Train pharmacists and nurses to care for people with SUDs and offer quality frontline treatment

Priority Activities

- Provide core / strategic funding, organizational development support and technical assistance to groups and networks of people who use drugs
- Improve the policy / legal framework for harm reduction services and interventions
- Implement and scale up integrated / comprehensive harm reduction package and differentiated treatment services at national and sub-national levels (provincial and district levels) – the services may include residential treatment (short-term or long-term) or in-patient treatment, outpatient treatment, community outreach, and other recovery management options)
- Train all public healthcare services staff on drug use, rights of people who use drugs, and non-stigmatizing language and behaviour
- Train police, prosecutors, prison staff, judges / magistrates, probation officers, and other law enforcement officials on drug use, rights of people who use drugs and non-stigmatizing language and behaviour
- Engage religious and community leaders in building supportive and caring communities for people who use drugs and reduce stigma and violence towards people who use drugs at household and community / society level
- Procure and supplies critical / essential commodities for harm reduction services
- Strengthen capacity of primary health care (PHC) workers and pharmacists to provide frontline harm reduction services within a governed framework
- Monitor, evaluate and document harm reduction, treatment and rehabilitation interventions' results and impact, and adapt them based on lessons learned

Key Outcomes (Harm Reduction)

- Reduced harm related to drug and substance abuse
- Improved recovery of people who abuse drugs and substances

4. Community Reintegration:

Strategic Goal: Expand access to community-based support and reintegration for drug and substance users, and advance socio-economic opportunities and mechanisms for recovery

Main Objectives:

- To improve the social environment for people who use drugs or recovering from DSA to thrive in communities and society
- To facilitate recovery from substance/ drug use and substance use disorder (SUD) or drug-related mental health issues among people who use drugs
- To promote the health and well-being of people who use drugs so that they reach their potential and improve social and emotional functioning, and psychosocial support
- To strengthen community systems and community-based, evidence-based rehabilitation and reintegration programmes for people who use drugs

Strategies / Interventions:

- Community engagement and mobilisation as well as community dialogue on DSA
- Build capacity of community leaders, parents and local structures / institutions to support recovery, rehabilitation and reintegration of people who use drugs
- Scale up the "Friendship Bench" model and the "Zvandiri" model on mental health (more broadly health) and support groups to address DSA by leveraging local trusted influencers / lay counsellors and peer-to-peer structures (peer educators / counsellors)
- Foster parent-child communication and youth engagement in communities
- Support youth employment, recreational and economic strengthening opportunities to divert adolescents and young people or the youth from DSA
- Implement social and behaviour change (SBC) interventions focused on DSA, and leverage community cadres / volunteers and local leaders to support community-level efforts
- Invest in evidence-based detoxification, rehabilitation, reintegration and community support programmes and services as well as social protection for adolescents and young people (AYP) at community level
- Implement community guidelines and outreach for treatment of local users of drugs and their families
- Support community interventions and services for re-entry / reintegration of drug users into society by removing barriers and expanding support opportunities

Priority Activities

- Strengthen positive parenting (parenting skills / parent-child communication)
- Strengthen community systems and structures for effective reintegration of people who use / inject drugs
- Strengthen linkages with social welfare / social protection and psychosocial support (PSS) services, and empowerment / livelihoods programmes for people who use drugs / substances and their families
- Support provision of alternative care for at-risk individuals including children and AYP living on the streets / or the homeless
- Promote sustainable and/or alternative livelihoods to drug related income / revenue
- Engage community cadres / volunteers in community DSA interventions
- Sensitise communities, local leaders and influencers on the importance of community support for recovery and reintegration of people who use drugs
- Implement anti-stigma (stigma reduction) interventions to remove barriers and improve support for people who use drugs / substances
- Monitor, evaluate and document community reintegration interventions' results and impact, and adapt them based on lessons learned

Key Outcome (Community Reintegration)

- Improved household and community social support systems for people who abuse drugs and substances

5. Policy and Legal Enforcement:

Strategic Goal: Promote enabling policy / legal and governance frameworks that address DSA and promote evidence-based DSA prevention and responses

Main Objectives:

- To harmonise legal and policy frameworks for supporting DSA interventions and people who use drugs
- To facilitate law enforcement mechanisms aligning international and regional frameworks on DSA and anti-drug production, trafficking and illicit drug supply, and anti-money laundering
- To improve criminal justice, law enforcement and public safety in line with regional and international frameworks

Strategies / Interventions

- Harmonise policies and legal frameworks by regularly reviewing policy and legislation bringing them in line with public health and rights principles
- Implement policies and legislation that deal with multi-dimensional DSA challenges and responses in the country
- Galvanise political support for enabling policy / legal environment and resources
- Advocate for contextually and age-appropriate DSA interventions and services
- Advocate for the decriminalization of drug use and drug possession for personal use
- Support evidence-based policy and legislation to tackle new and emerging DSA issues and challenges in line with international rights frameworks and best practices
- Strengthen and coordinate multisectoral and inter-institutional policy responses
- Engage policymakers, parliamentarians, decision-makers and politicians on DSA policy and legal review and compliance
- Build the capacity of policymakers and decision-makers on emerging DSA prevention and responses
- Strengthen institutional capacity of parliament and relevant parliamentary committees to draft legislative instruments and implement accountability mechanisms for DSA prevention and responses
- Strengthen regulations on substance production and use in line with new drug innovations
- Strengthen capacity of the criminal justice system (Police, Prosecuting Authority, The Courts, Ministry of Justice, Prisons, and Social Welfare – Probation Officers and Social Workers) to improve service delivery and exercise sound discretion and independence
- Expand funding for facility-based and community health systems, including HIV, viral hepatitis, tuberculosis (TB), sexual and reproductive health (SRH), harm reduction and general healthcare services
- Expand funding for social welfare services, vocational training, entrepreneurship, livelihoods and empowerment initiatives
- Expand funding for the criminal justice system, implementation of innovations, and investigations, arrest and sentencing of DSA related offences

- Expand funding for pro bono legal services and monitoring of rights protection for people who use drugs or recovering from drug use
- Engage the law enforcement and judiciary in promoting alternatives to imprisonment for non-violence DSA cases

Priority Activities

- Policy advocacy and engagement with policy / decision-makers, politicians, and parliamentarians to enact, review and strengthen enabling policies, laws / legislation, regulations and practices on DSA in line with regional and international rights and public health frameworks
- Strengthen capacity of judicial officers and officers of the court (prosecutors, lawyers, probation officers) on alternative sentencing (alternatives to incarceration / imprisonment) for people who use drugs
- Monitor, evaluate and document drug policy and legal interventions' results and impact, and adapt them based on lessons learned

Key Outcome (Policy and Legal Enforcement)

- Improved legal, policy and operational environment for people who abuse drugs, service providers and multisectoral drug and substance abuse interventions

6. Media and Communication:

Strategic Goal: Promote public understanding of drug use, risks and interventions, and social and behaviour change (SBC) to reduce social and behavioural problems and DSA-related stigma

Main Objectives:

- To promote coordinated communication and information-sharing on DSA to the general public
- To promote public understanding of drugs / drug use, risks / harms, and effective interventions
- To promote social and behaviour change related to DSA

Strategies / Interventions

- Establish coordinated communication mechanisms on drugs and drug use
- Conduct multi-faceted / multi-media campaigns to prevent drug use, related risks / harms, sexual and gender-based violence, HIV/STIs, crime or drug-related criminal activities, etc.
- Develop and implement evidence-based SBC interventions and information on issues related to drugs, drug use, health and rights
- Implement anti-stigma (stigma reduction) campaigns related to DSA and substance use disorders (SUDs) in schools, households, workplaces and society
- Capacity building of media and SBC providers on drugs and drug use
- Scale up digital technology and communication tools for communication around drugs

Priority Activities

- Develop a DSA Social and Behaviour Change (SBC) and Communication Strategy to support communication and advocacy
- Coordinate DSA communication and messaging
- Monitor, evaluate and document SBC and communication interventions' results and impact, and adapt them based on lessons learned

Key Outcome (Media and Communication)

- Improved communication on drug and substance abuse

7. Resource Mobilisation & Economic Strengthening:

Strategic Goal: Mobilize and allocate sufficient resources for DSA interventions and responses

Main Objectives:

- To promote resource mobilisation and funding allocation for all sectors addressing drug use
- To expand economic strengthening, empowerment and employment opportunities for the youth and at-risk populations

Strategies / Interventions:

- Strengthen funding mechanisms / financing of DSA efforts
- Engage the private sector and development partners / donors in supporting evidence-based interventions for addressing drug use
- Implement public-private-community partnerships as well as multi-agency partnerships for evidence-based prevention, treatment and education interventions addressing drug use
- Design and implement public works programmes, local economic development and employment initiatives for the youth, women and unemployed adults, and people in recovery or with substance use disorder (SUD) at national and sub-national levels

Priority Activities

- Funding mechanisms including resource mobilisation plan
- Strengthen public-private-community partnerships
- Monitor funding and performance of DSA interventions for results and impact, and reallocate resources based on evidence

Key Outcome (Resource Mobilisation & Economic Strengthening)

- Improved resourcing for multisectoral drug and substance abuse interventions

THEORY OF CHANGE

The Theory of Change (ToC) for this Multisectoral Drug and Substance Abuse (DSA) Plan outlines a comprehensive pathway aimed at combating drug and substance use (abuse / misuse) in Zimbabwe through a series of coordinated interventions and strategies. It focuses on achieving a healthy and secure nation free of illicit drugs and substance use (abuse / misuse) as well as its adverse impacts.
The Plan requires a broad range of inputs and resources, including human resources (trained, qualified, and well-remunerated personnel), financial resources, technological resources and equipment, infrastructure, medical supplies and equipment, and transportation.

The Theory of Change is structured around a multifaceted approach that encompass supply reduction, demand reduction (prevention), harm reduction, treatment, rehabilitation, and community reintegration interventions, supported by effective media and communication and robust legal and policy frameworks as well as sufficient resourcing / funding. Key interventions include:

- Law enforcement, early detection, surveillance, intelligence gathering, and collaboration of law enforcement agencies as well as coordinated operations, arrests, convictions, and prosecutions
- DSA prevention interventions in schools and communities, and anti-DSA awareness campaigns as well as empowerment programmes targeting adolescents and young people, and vulnerable populations to reduce drug and substance use prevalence.
- Comprehensive harm reduction programmes / packages, capacity building of service providers, and creating functional facilities.
- Establishment and operationalization of rehabilitation institutions and community care centres.
- Vocational training and community-based support groups.
- Community engagement, youth empowerment, recreational opportunities, and anti-stigma interventions.
- Policy reviews and harmonization, policy and political advocacy, and capacity building of policy-makers, decision-makers, and leaders.
- Coordinated communication, public awareness and campaigns on anti-DSA, capacity building of media.
- Funding mechanisms and engagement with private sector, non-government organizations and development partners, and public-private-community partnerships
- Empowerment initiatives (public works, entrepreneurship, skills development, learnership / apprenticeship)

The ToC emphasizes the following strategic key result areas:

- Supply Reduction
- Demand Reduction
- Harm Reduction, Treatment and Rehabilitation
- Community Reintegration
- Policy and Legal Enforcement
- Media and Communication
- Resource Mobilisation and Economic Strengthening.

The changes are anticipated through creating an enabling environment for drug users, families and communities, service providers, and enhancing legal, policy, and operational frameworks, and ensuring continuous assessment and monitoring of the Plan's effectiveness. The execution of identified interventions and strategies is expected to lead to:

- A significant reduction in the prevalence of drug and substance use.
- Reduced supply of illicit drugs and substances.
- Rehabilitation of drug users and their successful reintegration into the community.
- An improved family and social support system for individuals affected by drug and substance use and abuse.

Ultimately, this Multisectoral DSA Plan is envisioned to contribute to a healthier, more secure nation, characterized by lower rates of drug and substance abuse / misuse, reduced harm associated with drugs and substances, and a strong, supportive legal and policy environment conducive to the prevention and treatment of drug and substance use / abuse in Zimbabwe.

The ToC assumes sufficient funding of DSA interventions, political will, and comprehensive monitoring and evaluation of this Plan to ensure its implementation, continuous assessment of the Plan's operations and strategies against set targets, and surveys and assessments undertaken to gauge the Plan's impact, and generation of evidence and reports to inform decision-making, programming and policy. The proposed Theory of Change for Zimbabwe's Multisectoral DSA Plan represents a strategic and evidence-based approach to addressing the complex challenges of drug and substance use / abuse in the country.

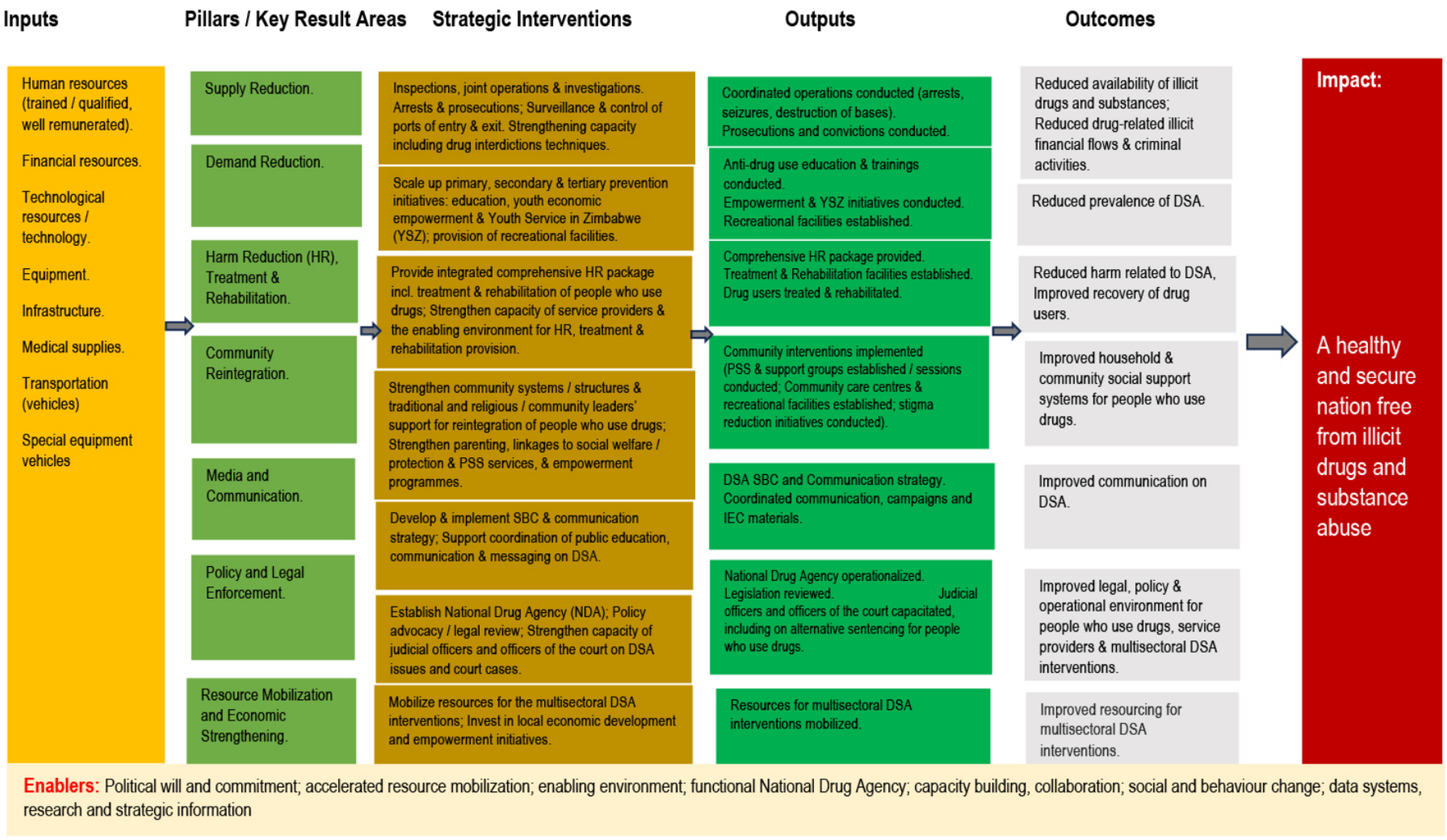


Figure 2: Multisectoral DSA Plan's Theory of Change

MONITORING, EVALUATION AND LEARNING

Monitoring, evaluation and learning (MEAL) is one of the critical enablers of this Multisectoral DSA Plan 2024-2030, which recognizes the importance of a robust and dynamic approach to data collection, monitoring, evaluation, learning, and research. This Plan offers a comprehensive MEAL strategy that encompasses three pivotal tiers of strategic information management: monitoring and evaluation, national database management, and focused learning and research initiatives.

Monitoring and Evaluation

This MEAL framework is designed to systematically assess the progress, effectiveness, and impact of the Multisectoral Drug and Substance Abuse Plan implementation. The framework outlines the methodologies, indicators, and timelines for evaluating the Plan, ensuring that it meets its objectives in combating drug and substance abuse through coordinated national, multisectoral efforts.

The key objectives of the MEAL framework are:

- To assess progress by monitoring the implementation activities against the planned milestones and activities.
- To evaluate effectiveness by measuring the outcomes and impact of the Multisectoral DSA Plan against its objectives.
- To identify trends and emerging issues in DSA by analysing data and responding / attending to emerging issues.
- To inform decision-making, resource allocation, strategic direction, and programming and policy adjustments through provision of evidence-based insights.
- To facilitate effective coordination among stakeholders involved in implementing this Multisectoral DSA Plan.

The MEAL activities, aligned with the above objectives, will include the following:

- Conduct weekly and monthly monitoring as part of regular monitoring of activities and progress at the implementing organizational level.
- Conduct quarterly reviews as part of evaluating / assessing the progress towards short-term objectives and identify any implementation issues.
- Quarterly and annual reporting to the Cabinet through provision of compiled data and comprehensive reports detailing progress, challenges, and preliminary outcomes of the Multisectoral DSA Plan.
- Annual progress reporting reflecting jurisdictional and national activities, trends, and emerging issues.
- Conduct biennial review or comprehensive evaluation of the Multisectoral DSA Plan after two years of its implementation to assess effectiveness

The DSA Plan provides key indicators for monitoring and evaluation (M&E) and these include:

- Process indicators measuring the extent of implementation activities, such as number of programs initiated, stakeholder engagements conducted, and resources deployed.
- Outcome indicators evaluating the immediate effects of this Multisectoral DSA Plan, including changes in awareness, attitudes, and behaviours related to drug and substance use and abuse.
- Impact indicators to assess long-term effects, such as reductions in DSA prevalence, improved health and social outcomes, and decreased social and economic consequences of DSA.

The M&E data collection and analysis will employ **qualitative methods** (interviews, focus groups, and case studies to understand the contextual factors influencing outcomes and impacts) and **quantitative methods** (surveys, quantitative programme, administrative and organizational data, and statistical analysis to quantify progress, outcomes, and impacts) as well as **trend analysis** utilizing data over time to identify trends in DSA and the effectiveness of interventions. Reviewing this Multisectoral DSA Plan annually will ensure the Plan's relevance and effectiveness, and leveraging the findings from M&E activities to make necessary adjustments based on emerging trends and evolving needs. However, clear reporting and feedback mechanisms will be established to ensure that M&E and research findings are communicated effectively among stakeholders and inform continuous improvement of the DSA Plan. Furthermore, this M&E framework seeks to guide the systematic evaluation of the Multisectoral DSA Plan, and therefore adherence to it will support its implementation, effective achievement of intended outcomes, and contribute to the national effort to address DSA in Zimbabwe. Therefore, at the core of the Plan's approach is the continuous M&E of the Multisectoral DSA Plan activities across all levels. The MEAL system is designed to promptly identify any deviations from planned objectives.

The National Drug Agency will have overall coordination responsibility for the Plan's implementation, monitoring and evaluation, and will work collaboratively with the DSA pillar M&E representing key multisectoral stakeholders at national and sub-national levels. The National Drug Agency (NDA) will receive quarterly progress reports from government MDAs and their key stakeholders through relevant channels, and ensure a transparent and accountable process while allowing for the adjustment of strategies as needed or based on emerging / available evidence. This enables NDA and all multisectoral stakeholders to respond to emerging trends.

Research and Evidence-Based Policy and Programming

To guide the implementation and adjustments of DSA programming and policy as well as gauge the impact of this Multisectoral DSA Plan, research and evidence generation should ensure the integration of specific indicators into national surveys, alongside conducting biological / health, behavioural surveys, and population size estimations. The evidence base will enable effective measurement of programming / initiatives' success or impact.

It is imperative that a National DSA Clearinghouse be established within the National Drug Agency, to serve as a dynamic resource for accessing best practice evidence and the latest scientific, behavioural and social research and data that inform and shape DSA programming, policy and decision-making. Working with research / academic institutions and scholars as well as government and non-government organizations, a national drug research agenda should be crafted, and identify emerging drugs and trends, and therefore highlight strategic research priorities on drug / substance abuse. Furthermore, the NDA will promote relevant research, evidence-based information exchange, and sharing of promising (best) practices and lessons learned as well as resource mobilization for the National DSA Research Agenda.

Therefore, the focus will be on strategic knowledge management and information systems that nurture diligent data collection, analysis, and research in order to strengthen the mission to achieve a Zimbabwe free of illicit drugs and substance abuse. This approach not only strengthens operational, programming and policy efforts but also lays the groundwork for sustained victory in the fight against drug use / abuse and its consequences. In essence, research objectives focus on ensuring availability of valid and timely data on drug / substance use / abuse / misuse among the populations in Zimbabwe, and generating deeper understanding of factors contributing to DSA among people, particularly children, adolescents and young people as well as other vulnerable groups. Addressing research gaps in DSA research including public health, social and behaviour change, programme and implementation will enable Zimbabwe to achieve its strategic Plan objectives. NDA will coordinate the overall M&E efforts, including annual progress reporting, data collection, and research activities, and also institutionalise the research committee to coordinate the data acquisition (collation) and research activities among relevant stakeholders and agencies. The implementing organisations will provide data and information on implementation activities, outcomes, and challenges.

National Multisectoral DSA Database and Knowledge Management

The national database is required to ensure centralized DSA data. It plays a critical role in capturing and managing data from various reports on DSA and interventions. This centralized database and knowledge management system allows the NDA to evaluate the information, consolidate findings, and communicate national progress and challenges directly to the National Drug Agency in the Office of the President and Cabinet. It is imperative that the data management process aligns with legislative / policy requirements, and quarterly and annual reports compiled and submitted to the Cabinet for approval.

ORGANISATIONAL LEADERSHIP, GOVERNANCE AND COORDINATION

This section outlines the critical role of governance, leadership, coordination and accountability in implementing the Zimbabwe's National Multisectoral Drug Abuse Plan 2024-2030. The Plan recognises that success across the seven DSA pillars hinges on a coordinated, multisectoral response driven by strong leadership, organisational capabilities, and evidence-based strategies. The collection and analysis of strategic information should be prioritized to inform an evidence-based approach to DSA responses, policies, decision-making, and programming.

The operationalisation of the National Drug Agency (NDA) is pivotal for achieving strategic objectives of this Plan. The NDA will steer, oversee, and coordinate the implementation of the NMDP, and ensure the Plan's effectiveness through coordinating multisectoral efforts, and monitoring, evaluation, learning research, and reporting. Therefore, clear roles and responsibilities of all key stakeholders Government Ministries, Departments and Agencies (MDAs), communities, non-government organisations (NGOs), civil society organisations (CSOs), development partners and donors) in addressing drug use in the country should be guided by the NDA, which is instrumental in ensuring that this Multisectoral DSA Plan is operationalised and stakeholders' plans and activities support it.

The National Drug Agency (NDA)

The NDA shall be operationalised within the Office of the President and Cabinet, operating under a clearly defined legislative framework (an Act of Parliament) to enable it to be the cornerstone for the Plan's execution. This Multisectoral Drug Abuse Plan's governance, leadership, coordination and accountability mechanisms shall be effectively enhanced under the NDA. As a statutory body, the NDA's main functions will include advisory role to government Ministries Departments and Agencies (MDAs) on drug policy, programming and issues while providing strategic direction on multi-sectoral National Drug Abuse responses. In addition, the NDA shall have the overall coordination of stakeholders' efforts across national and sub-national levels to ensure a unified approach to address drug / substance abuse in Zimbabwe with a focus on preserving national security, the health of the nation and its socioeconomic stability.

Some of the NDA key functions and responsibilities, summarised from the 23 April 2024 Cabinet approved principles for the NDA legislative framework, are:

- **Guidance and Oversight:** The NDA will direct the implementation of the Plan and ensure aligned, cohesive efforts with the Plan's objectives.
- **Coordination:** The NDA will facilitate collaboration among various stakeholders and ensure synergistic, coordinated efforts.
- **Reporting:** The NDA will report on the Plan's outcomes and the achievements of its support framework.
- **Monitoring and Evaluation:** The NDA will monitor and evaluate the Plan's success at national and sub-national levels for evidence generation, collation and reporting as well as informing programming, policy and decision-making necessary for adjustments / improvements.

Support Framework

The implementation of this Plan requires working at multiple levels – national, provincial, district and local / ward levels – through various government Ministries, Departments and Agencies (MDAs), Committees and stakeholders for the seven DSA Pillars (see Pillar MDAs in Annex 2). These structures have a vital role to play in developing, operationalizing and implementing contextualized, local anti-DSA strategies / action plans, which are tailored to community-specific needs. It is therefore imperative that various government MDAs assume collective responsibility to capacitate local structures and nurture inter-sectoral / cross-sectoral / multisectoral collaboration.

This Plan recognises that government MDAs have different mandates, and therefore calls for all government MDAs to engender a shared vision integral to the implementation of the Plan as well as align their specific DSA actions with the Plan. This enables seamless work and embedding the Plan's objectives in the broader governance framework and core functions of the MDAs. Furthermore, this facilitates coordinated action and approach to unified and effective response to drug / substance use across different sectors and in the country. The NDA is envisioned to increase investment support for enhancing the capabilities of stakeholders, coordinating roles and responsibilities of all stakeholders, and implementation of the Plan's strategies and responses tailored for relevance, efficiency, effectiveness, sustainability and impact.

In essence, the implementation of this Plan pivots on operationalisation of the NDA, robust governance, leadership, coordination and accountability mechanisms. The NDA will play a vital role in strategic direction, implementation, and evaluation of multisectoral responses on DSA in Zimbabwe.

STRATEGIC PILLARS / KEY RESULT AREAS, OUTCOMES AND KEY INDICATORS

Multisectoral DSA Plan Monitoring and Evaluation Framework

Pillar 1: Supply Reduction

Outcome 1.1	Reduced availability of illicit drugs										
	Key Performance Indicator	Indicato Definition	MOV	Frequency	Baseline		Planning Target				
					Value	Year	Year 2024	Year 2025	Year 2026	Year 2027	Year 2028
	% DSA related crimes	Numerator: Number of Drug-related crime suspects prosecuted Denominator: Number of drug related crime suspects arrested	Police Reports Court Reports Surveys	Quarterly	15%	2023	13%	11%	09%	07%	02%
	% DSA-related financial crimes	Numerator: Number of Drug-related financial crime suspects prosecuted Denominator: Number of Drug-related financial crime suspects investigated	Police Reports Court Reports Asset Forfeiture Register	Quarterly	*TBD	2023	11%	09%	07%	05%	03%

**TBD – No figures available for 2023*

Pillar 2: Demand Reduction

Outcome 2.1.	Reduced prevalence of DSA										
	Key Performance Indicator	Indicator Definition	MOV	Frequency	Baseline		Planning Target				
					Value	Year					
								Year 2024	Year 2025	Year 2026	Year 2027	Year 2028
	Proportion of people abusing drugs and substances	Numerator: Number of people abusing drugs and substances disaggregated by socio-demographic variables (e.g gender, age, and disability) Denominator: Total population	DSA Estimation survey Programme/ projects/ reports Surveys (DHS, MICS and other studies)	Quarterly	37%	2023		30%	20%	15%	10%	05%

Pillar 3: Harm Reduction, Treatment and Rehabilitation

Outcome 3.1.	Reduced harm and improved treatment of Drug and Substance Abuse (DSA).										
	Key Performance Indicator	Indicator definition	MOV	Frequency	Baseline value	Baseline Year (Historic data)	Planning target				
							Year 2024	Year 2025	Year 2026	Year 2027	Year 2028
	DSU/A disorders treatment rate	Numerator: Number of people treated for DSU disorders Denominator : Number of people diagnosed with DSU disorders	DHIS2	Quarterly	5%	2023	10%	20%	40%	60%	80%
	DSA mortality rate	Numerator: Number of people who died of DSU disorders Denominator : Number of people diagnosed with DSU disorders	Facility records Police reports	Quarterly	5%	2023	4.5%	4%	3.5%	3%	2.5%
Outcome 3.2	**Improved Recovery of People who abuse drugs**										
	Proportion of health facilities offering DSA services	Numerator: Number of health facilities offering comprehensive DSA services Denominator : total number of Health facilities	DHIS2	Quarterly	4%	2023	5%	10%	15%	20%	25%
	Proportion of nurses trained in comprehensive DSA services	Numerator: Number of nurses trained in comprehensive DSA services Denominator: Total number of health workers in service	Mental health reports	Quarterly	1%	2023	3%	6%	10%	15%	20%

Pillar 4: Community Reintegration

Outcome 4.1	Key Performance Indicator	Indicator Definition	Means of Verification	Frequency	Baseline		Planning target				
					Value	Year	Year 1 2024	Year 2025	Year 2026	Year 2027	Year 5 2028
	Proportion of households participating in community reintegration interventions (e.g. parenting groups, psychosocial support services, livelihoods)	Numerator: Households participating in community reintegration interventions Denominator: # of targeted households with DSA challenges	Program/project Reports Registers	Quarterly	20%	2023	40%	60%	70%	80%	90%
	Proportion of survivors of drug abuse participating in community interventions (e.g parenting groups, psychosocial services, livelihoods)	Numerator: Survivors of DSA participating in community reintegration interventions Denominator: Survivors of DSA	Program/project Reports Registers	Quarterly	20%	2023	40%	60%	70%	80%	90%

Pillar 5: Media and Communication

Outcome 5.1		Improved communication on DSA											
	Key performance indicator	Indicator Definition	MOV	Frequency Value	Baseline		Planning Target						
					Year		Year 2024	Year 2025	Year 2026	Year 2027	Year 2028		
	Percentage coverage on DSA communication	Numerator: Number of people reached with media communication Denominator: Total population	ZAMPS Reports Media Reports MISA Reports	Quarterly	*-	2022		60%	65%	70%	85%	100%	

**Data not available*

Pillar 6: Policy and Legal Enforcement

Outcome	Improved legal, policy & operational environment for people who use drugs, service delivery & multi-sectorial interventions											
	Key Performance Indicator	Indicator Definition	MOV	Frequency	Baseline		Planning Target					
					Value	Year		Year 2024	Year 2025	Year 2026	Year 2027	Year 2028
	New DSA Legislation formulated	Number of DSA Legislation frameworks	Acts of Parliament Statutory Instrument Reports	Annually	0	2023	1 Drug Agency Act 1 SI on procedures for voluntary DSA testing and Other SI	2	1	1	1	1
	Existing Legislation reviewed	Number of DSA legislative frameworks reviewed	Acts of Parliament Statutory Instrument Reports	Annually	2	2023	1 DDA 1 MASC and Other SI	2	1	1	1	1

Pillar 7: Resource Mobilization and Economics Strengthening

Out-come 7.1	Improved resourcing for multi-Sectoral DSA interventions											
	Key performance indicator	Indicator Definition	MOV	Frequency	Baseline			Planning Target				
					Value	Year		Year 2024	Year 2025	Year 2026	Year 2027	Year 2028
	% domestic (Treasury) funds mobilized for DSA	Numerator: Domestic funds allocated for DSA Denominator: Total National DSA plan budget	National Budget GoZ/MoHCC Resource Mapping Reports	Annually	**	2023		30%	40%	50%	60%	60%
	% local partner funds mobilized for DSA	Numerator: Total Partner DSA funds. Denominator: Total National DSA Budget	GoZ/MoHCC Resource Mapping Reports	Annually	TBD	2023		25%	30%	25%	20%	25%
	% funds mobilized from development partners/ donors for DSA	Numerator: Total funds availed for DSA Denominator: Total National DSA budget	GoZ/MoHCC Resource Mapping Reports	Annually	TBD	2023		45%	30%	25%	20%	15%

***$500 Million ZWL was allocated*

ANNEX 1: BUDGET SUMMARY

PILLAR	BUDGET YEAR1	BUDGET YEAR2	BUDGET YEAR3	BUDGET YEAR4	BUDGET YEAR5	BUDGET YEAR6	TOTAL
Supply Reduction	5,354,555.00	2,843,120.00	2,841,620.00	2,841,620.00	2,841,620.00	2,771,620.00	**19,494,155.00**
Demand Reduction	6,070,900.00	4,454,500.00	4,550,500.00	3,754,500.00	3,300,500.00	3,154,500.00	**25,285,400.00**
Harm Reduction Treatment and Rehabilitation	9,506,258.00	2,343,680.00	2,093,680.00	1,993,680.00	1,993,680.00	1,993,680.00	**19,924,658.00**
Commnuity Re-intergration	4,031,830.00	481,810.00	481,810.00	481,810.00	481,810.00	481,810.00	**6,440,880.00**
Media and Communication Information	274,978.00	192,028.00	192,028.00	192,028.00	192,028.00	192,028.00	**1,235,118.00**
Legal and Policy	710,541.00	414,341.00	416,691.00	416,691.00	416,691.00	416,691.00	**2,791,646.00**
Resource Mobilisation and Economic Strenthening	585,600.00	160,000.00	160,000.00	160,000.00	160,000.00	160,000.00	**1,385,600.00**
Cross Cutting-Drug and Substance Abuse Survey	559,156.65	-	-	-	-	-	**559,156.65**
GRAND TOTAL	**26,534,662.00**	**10,889,479.00**	**10,736,329.00**	**9,840,329.00**	**9,386,329.00**	**9,170,329.00**	**76,557,457.00**

ANNEX 2: NATIONAL MULTISECTORAL DSA PILLAR MEMBER MDAs/STAKEHOLDERS

Supply Reduction

- President's Department (Chairman)
- Office of the President and Cabinet
- Ministry of Home Affairs and Cultural Heritage- Zimbabwe Republic Police (CID Drugs and Narcotics);
- Immigration Department
- Office of the President and Cabinet
- Medicines Control Authority of Zimbabwe
- Ministry of Local Government and Public Works-Liquor Licensing Board
- Ministry of Defence
- Ministry of Health and Child Care- Government Analyst
- Zimbabwe Revenue Authority
- Ministry of Justice, Legal and Parliamentary Affairs
- National Prosecuting Authority
- Attorney General's Office
- Public Service Commission
- Development Partners

Demand Reduction

- Ministry of Youth, Empowerment, Development and Vocational Training (Chairman)
- Ministries of Sport Recreation, Arts and Culture
- Ministry of Primary and Secondary Education
- Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development
- Ministry of Home Affairs and Cultural Heritage
- Ministry of Women Affairs, Community, Small and Medium Enterprises Development
- Ministry of Public Service, Labour and Social Welfare
- Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development.
- Ministry of Information Technology, Postal and Courier Services.
- Ministry of Finance, Economic Development and Investment Promotion

- Ministry of Industry and Commerce
- Ministry of Information, Publicity and Broadcasting Services
- Ministry of Local Government and Public Works
- Public Service Commission
- Office of the President and Cabinet
- Development Partners
- Traditional and Community Leaders
- Churches/Religious leaders
- Zimbabwe National Traditional Healers Association
- Development Partners

Harm Reduction, Treatment and Rehabilitation

- Ministry of Health and Child Care (Chairman)
- Ministry of Justice, Legal and Parliamentary Affairs- Zimbabwe Prisons and Correctional Service
- Ministry of Sport Recreation, Arts and Culture
- Ministry of Primary and Secondary Education
- Ministry of Home Affairs and Cultural Heritage
- Ministry of Women Affairs, Community, Small and Medium Enterprises Development
- Ministry of Public Service, Labour and Social Welfare
- Public Service Commission
- Office of the President and Cabinet
- Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development.
- Ministry of Information Technology, Postal and Courier Services.
- Ministry of Finance, Economic Development and Investment Promotion
- Ministry of Information, Publicity and Broadcasting Services
- Ministry of Local Government and Public Works
- Development Partners
- Traditional and Community Leaders
- Churches/Religious leaders
- Zimbabwe National Traditional Healers Association
- Development Partners

Community Reintegration

- Ministry of Public Service, Labour and Social Welfare (Chairman)
- Ministry of Youth, Empowerment, Development and Vocational Training

- Ministries of Sport Recreation, Arts and Culture
- Ministry of Primary and Secondary Education
- Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development
- Ministry of Home Affairs and Cultural Heritage
- Ministry of Women Affairs, Community, Small and Medium Enterprise Development
- Ministry of Public Service, Labour and Social Welfare
- Public Service Commission
- Office of the President and Cabinet
- Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development.
- Ministry of Information Technology, Postal and Courier Services.
- Ministry of Finance, Economic Development and Investment Promotion
- Ministry of Industry and Commerce
- Ministry of Information, Publicity and Broadcasting Services
- Ministry of Local Government and Public Works
- Development Partners
- Traditional and Community Leaders
- Churches/Religious leaders
- Zimbabwe National Traditional Healers Association
- Development Partners

Policy and Legal Enforcement

- Ministry of Justice, Legal and Parliamentary Affairs (Chairman)
- Ministry of Skills Audit and Development
- Ministry of Information, Publicity and Broadcasting Services
- Ministry of Public Service, Labour and Social Welfare
- Ministry of Youth, Empowerment, Development and Vocational Training
- Ministry of Finance, Economic Development and Investment Promotion
- Ministry of Health and Child Care
- President's Department
- Attorney General (Legal drafting)
- Development Partners

Media and Communication

- Ministry of Information, Publicity and Broadcasting Services (Chairman)
- Ministry of Public Service, Labour and Social Welfare

- Ministry of Youth, Empowerment, Development and Vocational Training
- Ministries of Sport Recreation, Arts and Culture
- Ministry of Primary and Secondary Education
- Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development
- Ministry of Home Affairs and Cultural Heritage
- Ministry of Women Affairs, Community, Small and Medium Enterprises Development
- Ministry of Public Service, Labour and Social Welfare
- Public Service Commission
- Office of the President and Cabinet
- Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development
- Ministry of Information Technology, Postal and Courier Services
- Ministry of Finance, Economic Development and Investment Promotion
- Ministry of Industry and Commerce
- Ministry of Information, Publicity and Broadcasting Services
- Ministry of Local Government and Public Works
- Development Partners
- Traditional leaders and Community Leaders
- Church/Religious Leaders
- Zimbabwe National Traditional Healers Association
- Development Partners

Resource Mobilization and Economic Strengthening

- Ministry of Finance, Economic Development and Investment Promotion (Chairman)
- Ministry of Local Government and Public Works
- Ministry of Tourism and Hospitality Industry
- Ministry of Public Service Labor and Social Welfare
- Ministry of Skills Audit and Development
- Employers Confederation of Zimbabwe
- Mobile Money Operators
- Retailers Association of Zimbabwe
- Bankers Association of Zimbabwe
- Chamber of Mines
- Zimbabwe National Chamber of Commerce
- Development Partners

ANNEX 3: LIST OF PARTICIPANTS

National DSA Committee and the National DSA Technical and Working Party meetings

Name	DESIGNATION & ORGANIZATION
Hon. O.C.Z Muchinguri- Kashiri	Minister of Defence
Hon. Ziyambi Ziyambi	Minister of Justice, Legal and Parliamentary Affairs
Hon. Kazembe Kazembe	Minister of Home Affairs and Cultural Heritage
Hon. P. Mavima	Minister of Skill Audit and Development
Ziyambi Ziyambi	Minister of Justice, Legal and Parliamentary Affairs
Hon T Moyo	Minister of Primary and Secondary Education
Hon Prof Murwira	Minister of Higher and Tertiary Education, Innovation, Science and Technology Development
Hon T Machakaire	Minister of Youth Empowerment, Development and Vocational Training
Hon. V.P Haritatos	Deputy Minister, Ministry of Lands Agriculture Fisheries, Water and Rural Development
Hon. M. Dinha	Deputy Minister, Public Service, Labour and Social Welfare
Hon. O. Nyarupi	Deputy Minister, Ministry of Information, Publicity and Broadcasting Services
Hon. S. Sibanda	Deputy Minister, Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development
Hon. E. Jesaya	Deputy Minister, Ministry of Sport, Arts and Recreation
G. Mazithulela	Deputy Director General, President's Department
Dr.A.Mahomva	Public Health Advisor to the President and Cabinet, Office of the President and Cabinet
Amb. R.T.Faranisi	Secretary for Home Affairs and Cultural Heritage
Dr. E.Gaka	Zimbabwe Prisons and Correctional Service
T. Zimhunga	Director, Social Development
R. Karadzandima	Deputy Director, Office of the President and Cabinet
S.I.A Duwa	President for the Supreme Council of Islamic Affairs
U. Lali	Sheikh Supreme Council of Islamic Affairs
B. Shaibu	Supreme Council of Islamic Affairs in Zimbabwe
M. Idi	Supreme Council of Islamic Affairs in Zimbabwe
P. Shiridzinodya	ZRP CID Drugs
K. Moyo	Local Government and Public Works
D.T Kanotangudza	Ministry of Public Service, Labour and Social Welfare
F. Dzoma	Deputy Director, Ministry of Public Service, Labour and Social Welfare
L. Chimboho	Administrative Officer, Ministry of Youth Empowerment, Development and Vocational Training
S. Muchena	Ministry of Defence
Dr. P. Mawunganidze	Ministry of Health and Child Care
O. Mutasa	ZRP. CID Drugs and Narcotics
T. G. O .Kutiwa	ZRP. CID Drugs and Narcotics
M.Samwanda	Ministry of Sport, Arts and Recreation Arts
Dr. B. Maguranyanga	Multisectoral DSA Plan / Strategy Consultant
E. Vhiriri	Assistant to the Consultant
H. Maisiri	Director-Ministry of Primary and Secondary Education
P. Takavarasha	Chief Director -Ministry of Finance, Economic Development and Investment Promotion

Dr L. Chikumbirike	Staff Counsel- Attorney General's Office
T. Mugara	Ministry of Justice, Legal and Parliamentary Affairs
L. Mandipaza	Ministry of Information, Publicity and Broadcasting Services
P. J. Tachiona	Ministry of Home Affairs and Cultural Heritage
M. C. Majata	Ministry of Home Affairs and Cultural Heritage
S. Kagura	Ministry of Public Service, Labour and Social Welfare
J. Uladi	Supreme Council of Islamic Affairs
A.Maporisa	Ministry of Information, Publicity and Broadcasting Services
V.G. Ruocha	Ministry of Public Service, Labour and Social Welfare.
R. Peresu	President's Department
S. Marimbire	Zimbabwe Defence Forces

National DAS Committee Meeting (February 2024)

Name	Designation and Organization
Hon. O.C.Z Muchinguri	Minister of Defence
Dr.A.Mahomva	Public Health Advisor to the President and Cabinet
Hon.N.T. Mazungunye	Deputy Minister of Justice, Legal and Parliamentary Affairs
Hon. C. Sanyatwe	Deputy Minister of Home Affairs and Cultural Heritage
L. Matanda-Moyo	Prosecutor General
Dr. Hungwe	Chairperson, Public Service Commission
B. Chingono	Chief of Operations
E. Matatu	Chief of Staff for Administration Staff
S. Masanga	Secretary for Public Service, Labour and Social Welfare.
N. Moyo	Secretary for Sport, Recreation, Arts and Culture.
S. Mhlanga	Secretary for Youth, Empowerment and Vocational Training.
Ambassador Faranisi	Secretary for Home Affairs and Cultural Heritage
N. Nkomo	Chief Director, Local Government and Public Works
E. Murinda	Acting Chief Director, Youth Empowerment, Development and Vocational Training
Dr. E.Gaka	Zimbabwe Prisons and Correctional Service
R. Karadzandima	Deputy Director, Office of the President and Cabinet
E.T Philip	Director Crime, INTERPOL
S.I.A Duwa	President for the Supreme Council of Islamic Affairs
U. Lali	Sheikh Supreme Council of Islamic Affairs
D. T. Hove	Ministry of Public Service, Labour and Social Welfare
T. P Mandizvidza	Zimbabwe Prisons and Correctional Service
P. Shiridzinodya	ZRP CID Drugs
K. Moyo	Local Government and Public Works
D.T Kanotangudza	Ministry of Public Service, Labour and Social Welfare
F. Dzoma	Deputy Director, Ministry of Public Service, Labour and Social Welfare
L. Chimboho	Administrative Officer, Ministry of Youth Empowerment, Development and Vocational Training
S. Muchena	Ministry of Defence
S. Chikati	Ministry of Health and Child Care
B. Mufakwadziya	Ministry of Health and Child Care
C. Mhlanga	Ministry of Youth Empowerment, Development and Vocational Training.
T. Marira	Ministry of Justice, Legal and Parliamentary Affairs
T. Mugara	Ministry of Justice, Legal and Parliamentary Affairs

G. Chiwuyu	Public Service Commission
L. Mandipaza	Ministry of Information, Publicity and Broadcasting Services
W. Dhliwayo	Ministry of Public Service, Labour and Social Welfare
N. Muparadzi	Ministry of Health and Child Care
R. Nyaruwe	Ministry of Finance, Economic Development and Investment Promotion
Dr Chikumbirike	Attorney General, State Counsel
J. Mandizadza	Ministry of Lands, Agriculture, Fisheries, Water and Rural Development
R. Katandira	Ministry of Lands, Agriculture, Fisheries, Water and Rural Development
V.L. Zirenga	Ministry of Lands, Agriculture, Fisheries, Water and Rural Development
P. J. Tachiona	Ministry of Home Affairs and Cultural Heritage
P. Madziviridze	Ministry of Home Affairs and Cultural Heritage
S. Kagura	Ministry of Public Service, Labour and Social Welfare
B. Shaibu	Supreme Council of Islamic Affairs
P. Kusotera	Liquor Licensing Board Secretary
A Dube	Liquor Licensing Board
A Maporisa	Ministry of Information, Publicity and Broadcasting Services
V.G. Ruocha	Ministry of Public Service, Labour and Social Welfare.
J. Mhene	Ministry of Local Government and Public Works
L. Nzungu	Ministry of Justice, Legal and Parliamentary Affairs
F. Gondo	Ministry of Women Affair's, Community Small to Medium Enterprises
E. Goronga	Ministry of Public Service, Labour and Social Welfare.
Rev. L.L.T.Chigwanda	General Secretary, Anglican Church
M. Chibaya	CID Drugs and Narcotics
E. Mutandwa	Ministry of Primary and Secondary Education
R. Peresu	President's Department
L. Mutandwa	President's Department

OPC Meeting - April 2024

NAME	DESIGNATION & ORGANIZATION
Dr Agnes Mahomva	Public Health Advisor to the President and Cabinet, Office of the President and Cabinet
Asst Commissioner P. Nyathi	Spokesperson, Zimbabwe Republic Police
Dr B. Samwanda	Director, Ministry of Sports, Recreation, Arts and Culture
Nkomo N.	Chief Director, Ministry of Local Government and Public Works
Dr Gaka E.	Chief Director Health, Zimbabwe Prisons and Correctional Services
Dr Machando	Mental Health Officer, WHO
Dzoma Fanwell	Deputy Director, Ministry of Public Service, Labour and Social Welfare
Asst Commissioner J Nyabasa	Chief Director, Zimbabwe Republic Police, CID Drugs and Narcotics
Superintended M. Chibaya	Officer in Charge, Zimbabwe Republic Police, CID Drugs and Narcotics
Moyo Kwanele	Command Centre Team Leader Ministry of Local Government and Public Works
Ruocha Grace V.	Social Development Officer, Ministry of Public Service, Labour and Social Welfare
Katete P.	Health Nutrition Officer, UNICEF
Mhene Jotina	Administrative Officer, Civil Protection

Nyamucheta Masimba	Adolescence and Youth Officer, UNICEF
Mharakuwa Misheck	Gender Officer, Ministry of Women Affairs, Small to Medium Enterprise Development
Mhundira Viola	Communication and Partnerships, UN
Shamhuyarira Jacob	Strategy and Innovation Coordinator, Pamumvuri
Nyamundanda I	Principal Officer, Ministry of Sports Recreation, Arts and Culture
Muzadzi T	Research Officer, Ministry of Defence
Shonhai Precious	Sports and Recreation Officer, Ministry of Sports Recreation, Arts and Culture
Mutandwa E.	Psychologist, Ministry of Primary and Secondary Education
Adams B.	Technical Advisor, WHO
Peresu Rangarirai	Officer, President's Department
Nyaruve R.	Economist, Ministry of Finance and Economic Development
Mutandwa M.	International Labour Organisation
Chinomwe A.	International Labour Organisation
Manga R.	Programme Specialist, UN Women
Chuma D.	Social and Behaviour Change, UNICEF
Gundumura J	Legal Officer, Ministry of Public Service, Labour and Social Welfare
Chokumanyara K.	Project Assistant, UNESCO
Chilowa T.	Acting Director Policy, Ministry of Defence
Mtisi T.	Legal Officer, Ministry of Youth Economic Development and Vocational Training
Maida E.	Nurse in Charge, Ministry of Health and Child Care
Muparadzi N.	Pharmacist, Ministry of Health and Child Care
Matarise F	Principal Immigration Officer, Department of Immigration
Charamba G.	Director, Department of Immigration
Mugara Tatenda	Law Officer, Ministry of Justice Legal and Parliamentary Affairs
Mutevera L.F	SRO, Medicines Control Authority of Zimbabwe (MCAZ)
Mharire P.	Principal Legal Officer, Ministry of Health and Child Care
Karadzandima Rudo	Deputy Director, Office of the President and Cabinet
Mushukuto M.	Director, Office of the President and Cabinet
Kusotera P.	Secretary, Liquor Licencing Board
Dube A.	Regional Inspector, Liquor Licencing Board
Majata M.	Director Legal Advisor, Ministry of Home Affairs and Cultural Heritage
Marunga G.K.	Legal Officer, Ministry of Home Affairs and Cultural Heritage
Chiuyu G.	Human Resource Officer, Public Service Commission
Muzembe F.	Officer, President's Department
Manyika J.	Advisor, UNAIDS
Matyora K.	Head of Development, TEACH for Zimbabwe
Jengwa R.	Finance and Administration, TEACH for Zimbabwe
Mharakurwa M.	Officer, Ministry of Women Affairs Community, Small to Medium Enterprise Development
Kasere P.	Program Analyst Adolescence and Youth, UNFPA
Shiridzinodya Progress	Assistant District Criminal Liaison Officer, Ministry of Home Affairs -Zimbabwe Republic Police
Chimboho Laiza	Administration Officer, Ministry of Youth Empowerment, Development and Vocational Training
Zwangobani Lungani	Programmes Manager, Zimbabwe Youth Council
Sheikh Ishmail. A. Duwa	President, Supreme Council of Islamic Affairs
Sheikh Usimali	Acting Publicity Officer, Supreme Council of Islamic Affairs
Sheikh S. Dalabani	Chairman, Supreme Council of Islamic Affairs
Kanotangudza Daphine T.	Drug and Substance Abuse Graduate Intern, Ministry of Public Service, Labour and Social Welfare
Hove Dorcas T.	Drug and Substance Abuse Graduate Intern, Ministry of Public Service, Labour and Social Welfare

Stakeholder DSA Plan Development - OPC Consultation Meeting - April 2024

NAME	DESIGNATION & ORGANIZATION
Dr Agnes Mahomva	Public Health Advisor to the President and Cabinet, Office of the President and Cabinet
Dr Brian Maguranyanga	UNICEF Strategy Consultant (Multisectoral DSA Plan)
Dzoma Fanwell	Deputy Director, Ministry of Public Service, Labour and Social Welfare
Moyo Kwanele	Command Centre Team Leader, Ministry of Local Government and Public Works
Dzomara Tafadzwa	Monitoring and Evaluation Manager, Ministry of Health and Child Care
Peresu Rangarirai	Officer, President's Department
Ruocha Grace V.	Social Development Officer, Ministry of Public Service, Labour and Social Welfare
Maporisa Angela	Information Officer, Ministry of Information, Publicity &Broadcasting Services
Mutasa Owen P.	Assistant Superintendent, Ministry of Home Affairs- Zimbabwe Republic Police
Rocha Plaxedes	Monitoring and Evaluation Officer, Ministry of Public Service, Labour and Social Welfare
Magurira M.	Monitoring and Evaluation Officer, Ministry of Public Service, Labour and Social Welfare
Chimboho Laiza	Administration Officer, Ministry of Youth Empowerment, Development and Vocational Training
Chafumbwa T.	Monitoring and Evaluation Officer, Ministry of Youth Empowerment, Development and Vocational Training
Magara Tatenda	Law Officer, Ministry of Justice, Legal and Parliamentary Affairs
Kuzanga Charity	Monitoring and Evaluation Officer, Ministry of Justice, Legal and Parliamentary Affairs
Bheka Belinda	Monitoring and Evaluation Officer, Ministry of Information, Publicity &Broadcasting Services
Vhiriri Emelda	Assistant to the Consultant

Masvingo DSA All Stakeholder Consultation Meeting - October 2023

NAME	DESIGNATION & ORGANIZATION
Zimhunga Tawanda	Director, Ministry of Public Service, Labour and Social Welfare
Mdlongwa Simelinkosi	Director, Office of the President and Cabinet
Maisiri Hannah	Director, Ministry of Primary and Secondary Education
Dzoma Fanwell	Deputy Director, Ministry of Public Service, Labour and Social Welfare
Kanyayi Grace	Deputy Director, Ministry of Public Service, Labour and Social Welfare
Moyo Kwanele	Command Centre Team Leader, Ministry of Local Government and Public Works
Ruocha Grace V.	Social Development Officer, Ministry of Public Service, Labour and Social Welfare
Chisvipa Rennie	Social Development Officer, Ministry of Public Service, Labour and Social Welfare
Saweto Noel. R.	Social Development Officer, Ministry of Public Service, Labour and Social Welfare
Mandipaza Lenex	Provincial Information Officer, Ministry of Information, Publicity & Broadcasting Services
Maporisa Angela	Information Officer, Ministry of Information, Publicity & Broadcasting Services
Mutasa Owen	Assistant Superintendent, Ministry of Home Affairs- Zimbabwe Republic Police

Shiridzinodya Progress	Assistant District Criminal Liaison Officer, Ministry of Home Affairs -Zimbabwe Republic Police
Marere Angela	Officer, President's Department
Shava Comfort	Psychologist, REPSSI
Tichagwa Munyaradzi	Officer, President's Department
Mufakwadziya Brighton	Officer, Ministry of Health and Child Care
Musoro Fabian	National Manager, Ministry of Health and Child Care
Rocha Plaxedes	Monitoring and Evaluation Officer, Ministry of Public Service, Labour and Social Welfare
Kausiyo Chiedza	Human Capital Planning Officer, Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development
Chimboho Laiza	Administration Officer, Ministry of Youth Empowerment, Development and Vocational Training
Zwangobani L.	Programmes Manager, Zimbabwe Youth Council
Sheikh Ishmail. A. Duwa	President, Supreme Council of Islamic Affairs
Sheikh Friday Mwanache	Vice President, Supreme Council of Islamic Affairs
Marira Terrence	Law Officer, Ministry of Justice, Legal and Parliamentary Affairs
Macheka Patience	Legal Officer, Ministry of Public Service, Labour and Social Welfare
Mushonga Emanuel	Administration Officer, Ministry of Public Service, Labour and Social Welfare
Chiwuye Grace	Human Resource Officer, Public Service Commission
Mapungwana Chido. T	Archbishop, United Churches Council of Zimbabwe
Moetsabi Titus	Behaviour Change Manager, UNICEF
Chinodya Jeremiah	Behaviour Change Officer, UNICEF
Kanotangudza Daphine T.	Drug and Substance Abuse Intern, Ministry of Public Service, Labour and Social Welfare
Hove Dorcas T.	Drug and Substance Abuse Intern, Ministry of Public Service, Labour and Social Welfare
Makaza Felisters	Accounts Intern, Ministry of Public Service, Labour and Social Welfare
Mambo Nancy S.	Procurement Intern, Ministry of Public Service, Labour and Social Welfare

DSA Plan Costing Meeting – April 2024

NAME	DESIGNATION & ORGANIZATION
Chaita Mhlanga	Youth Empowerment Development and Vocational Training
Lameck Jackson	Youth Empowerment Development and Vocational Training
Emilda Vhiriri	Assistant Consultant
Superintendent Chibaya	Home Affairs and Cultural Heritage-ZRP
Assistant Inspector Sengu	Home Affairs and Cultural Heritage-ZRP
Kwanele Moyo	Local Government and Public Works
Fanwell Dzoma	Public Service, Labour and Social Welfare
Tatenda Mugara	Justice, Legal and Parliamentary Affairs
Brighton Mufakwadziya	Health and Child Care
Johnson Hakata	Defence
Forget Matsungo	Public Service Commission
Tapiwa Zimbveka	ZIMSTAT
T.K Mudzimbasekwa	Home Affairs and Cultural Heritage
Dr.Brian Maguranyanga	DSA Plan Development Consultant
Theresa Bvunzawabaya	Public Service, Labour and Social Welfare
F.Makaza	Public Service, Labour and Social Welfare
Tendai Gwewo	Zimbabwe Civil Liberties and Drug Network
A.Kudakwashe	Zimbabwe Civil Liberties and Drug Network

Tapiwa Nyamuda	Immigration
G.S Rondozai	Women Affairs, Community Small to Medium Enterprises Development
B.Makoni	Women Affairs, Small to Medium Enterprises Development
S.Madende	Health and Child Care-National Pharmacy
R.Mahachi	Defence
T.Mwadiwa	ZIMSTAT
F. Phiri	Home Affairs and Cultural Heritage
Bishop D. Chakwenya	ACCZ
Rev. C. Chakwenya	ACCZ
A.Marere	President's Department
R. Peresu	President's Department

Photo credits:
pg 11 Spencer Platt / Getty Images
pg 13 Lloyd Degrane
pg 16 Southern Eye Zimbabwe
pg 19 NewsDay Zimbabwe
pg 23 ZimEye Zimbabwe
pg 39 Africanews

ZIMBABWE MULTISECTORAL DRUG AND SUBSTANCE ABUSE PLAN

2024-2030


UNITY • FREEDOM • WORK