



Zanzibar Civil Society Priorities Charter

An Advocacy Roadmap for the Global Fund to fight AIDS, Tuberculosis and Malaria
New Funding Model

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#1 Priority – Behaviour Change

Top Priority – Awareness of Prevention Services

Civil society in Zanzibar have set behaviour change as their top priority for the Global Fund's New Funding Model, particularly emphasizing the need to scale up key interventions around HIV/TB prevention awareness as well as awareness of available services. This is their number one priority because Zanzibar is faced with a unique set of circumstances related to population increases and immigration, and HIV/TB prevention services lack context specificity. Civil society proposes scaling up effective media engagement, enhancing the quality of available information for the public in HIV/TB awareness, especially around preventative services. Due to the nature of the epidemic in Zanzibar, civil society will specifically target marginalized groups with this messaging, focusing on key populations (especially men who have sex with men [MSM] and injecting drug users [IDUs]), people living with HIV/TB and service providers for people living with HIV/TB, scaling up to reach the general public. Areas where tourism is high should be particularly prioritized for this intervention, followed by schools and madrasa (educational institutions), social houses and mosques. The timeline for this activity should be 2015-2017. Organizations who have comparative strengths in this area include ZAPHA+, KOFDO, MYDO, JUWAUZA, SAOA, PNYD, PPC, ZACDID, ZAIDA, JUWAZA, UWC, ZYF and ZHOA. The successful impact of this activity will be measured through a reduction of infections, particularly by measuring a reduction in HIV prevalence among TB patients which civil society notes is currently high at 16% (Zanzibar AIDS Commission [2014] Report of the Mid-Term Review of the Zanzibar National HIV and AIDS Strategic Plan II, 2011-2016 [hereafter referred to as ZNSP II MTR, 2014]). The involvement of key populations will be another key indicator of success, as well as the number of workplace programmes.

Secondary Priority – Promotion of Positive Culture

Civil society has identified cultural challenges within Zanzibar as a key area that they plan to strategically target during the rollout of the Global Fund's New Funding Model. Highlighting the fact that more men (8.5%) report HIV risk behaviour than women (2.3%) there is a clear need to prioritize gender-targeted messages within the promotion of positive culture (ZNSP II MTR, 2014, p. 15). Further, promotion of positive culture is a high priority due to the influences of immigration/tourism in Zanzibar. Promoting positive health culture in Zanzibar is best done through the creation of information, education and communication (IEC) materials and through peer educators. These interventions should especially target the tourism areas, and the people who live nearby, as this is where the impact will be greatest. In particular, this activity should be implemented in coastal areas, especially in schools, madrasa, mosques and churches. The timeline for this activity should be 2015-2017. Organizations that are well suited to implement this activity include KOFDO, ZAPHA+, MYDO, JUWAZA, JUWAUZA, PNYD, ZAIDA, PPC, ZANA and UWZ. HIV prevalence among TB patients and involvement of key populations will be key indicators, along with the number of work place settings that have an HIV policy in place (baseline of 29%) (ZNSP II MTR, 2014, p. 8).

#2 Priority – Key Populations

Top Priority – Access to Friendly Health Services

Barriers to HIV prevention seem to be concentrated at clinic level, since civil society notes that condom use among some key populations is high, at 78.9% among female sex workers (ZNSP II MTR, 2014, p. 8). By contrast, HIV testing and counselling is comparatively much lower, at 19.9% for sex workers, 18.4% for MSM and 12.5% for IDUs (ZNSP II MTR, 2014, p. 9). Proposed activities include training of peer educators to build the capacity of professional counsellors. Further, activities should be rolled out around the implementation of the key populations guidelines such that service providers can integrate friendly services for key populations. These activities should all prioritize the involvement of key populations themselves, to lead the way towards quality service provision to other key populations. Building the capacity of key populations through outreach in order to strengthen advocacy, networking and information sharing will also be a priority activity. The target groups for capacity building of peer educators should prioritize youth, MSM, sex workers, prisoners and people who inject drugs. To maximize the impact of this investment, areas to be targeted should prioritize the urban West Coast, North Coast, Wilaya ya Kati, Chake-Chake, Wete, and South District. Citing the fact that 15-20% of the support from the Global Fund's envelope for Zanzibar (US \$5.2 million for HIV and US \$5.2 million for TB) could be allocated towards key populations (ZNSP II MTR, 2014, p. 16), the timeline for these activities can begin immediately and continue until 2016, in line with the New Funding Model. Those well placed to implement should be civil society organizations that work directly with key populations. The target of this activity is to increase health services access for key populations by 70% by 2016.

Secondary Priority – Stigma and Discrimination

Civil society emphasizes that stigma and discrimination against key populations needs to be prioritized, noting that both self-stigma and external stigma need to be considered as priority issues. Contributing factors include lack of human rights awareness, education, religion, culture misconceptions and legislation. Data to demonstrate stigma and discrimination is not readily available, but key populations themselves share anecdotal evidence through stories and experiences which showcase stigma issues in Zanzibar. Civil society notes that there is a need to collect this anecdotal evidence in a more systematic way to strengthen advocacy. Civil society proposes leading a workshop on HIV, TB and human rights, targeting religious leaders, representative members, police and media. The workshop will create awareness about stigma and discrimination by using IEC materials. Along with these workshops, civil society also indicates the need for a school prevention programme for youth around stigma issues. These workshops and programmes should target health care workers and service providers, law enforcement individuals including police and magistrates, transitional and religious leaders, schools, madrasa and families. Areas targeted will prioritize Unguja and then Pemba Island, starting now and going until 2015 to line with the New Funding Model. Civil society organizations that are well placed to implement include KP Network, along with other MSM, IDU and sex worker networks, in partnership with ZAC, the media and traditional and religious leaders. Impact can be measured through increased uptake of services and disclosure and openness among key populations.

#3 Priority – Treatment Care and Support

Top Priority – Availability of ARVs and Treatment for Opportunistic Infections and STIs

Life-saving drugs are not regularly available at either public or private pharmacies in Zanzibar, which is made worse by the low purchasing power of the people who live here. Procurement of drugs to treat opportunistic infections, including TB and STIs, appears to be a low priority for the government budget. Zanzibar adopted Option B+ in December 2012, yet only 68% of pregnant women are initiated on treatment as of 2013. This may be related to low ARV access (ZNSP II MTR, 2014, p. 29). Civil society has comparative advantage to lead activities around home-based care, particularly around strengthening the quality of home-based care services. In addition, civil society can do activities around improving referrals on STI and reproductive health, as the ZNSP II notes that 70% of health facilities in Zanzibar need training on STI diagnosis and treatment (ZNSP II MTR, 2014, p. 9). This should be a nation-wide intervention, from 2014-2016 to line up with the Global Fund New Funding Model and with the end of ZNSP II, though continuing beyond 2017 with government funding for sustainability. Organizations that are best placed to implement include PEHECO, JUWAMA, ZAPHA+, ZIFFYA, PIRO, TUSIPE, KLUPE, TUKIKIZA, ZANA and Jukuvoat. Outcomes of this activity will be measured in the reduction of AIDS-related mortalities.

Secondary Priority – Nutritional Programme for People on HIV and TB Treatment

Inadequate access to food plays a significant role in drop-out from HIV and TB treatment programmes. For instance, the ART retention rate after 12 months is 78.7% in Zanzibar (ZNSP II MTR, 2014, p. 30). To combat this problem, civil society proposes leading a feeding programme which will target people taking both HIV and TB medications. This should be a nation-wide intervention, from 2014-2016 to line up with the Global Fund New Funding Model and with the end of ZNSP II. Organizations with expertise in this area include PEHECO, JUWAMA, ZAPHA+, ZIFFYA, PIRO, TUSIPE, TUKIKIZA, ZANA and JUKUVUM. Civil society's target is to improve the ART retention rate after 12 months from 78.7% to 98% during the proposed intervention.

#4 Priority – HIV/TB Testing and Counselling

Top Priority – Awareness Creation

Chief among the rationale for increasing awareness around HIV/TB testing and counselling (HTC) are the barriers presented by inadequate education and cultural norms in Zanzibar. Civil society recognizes that while testing among pregnant women in Zanzibar is relatively high (85%), it is comparatively much lower among key populations: Coverage for HIV counselling and testing is at 19.9% for sex workers, 18.4% for MSM and 12.5% for people who inject drugs (ZNSP II MTR, 2014, p. 9). Further, the coverage of partner HIV testing is extremely low, at only 3.3% (ZNSP II MTR, 2014, p. 28). In order to improve this, civil society prioritizes activities which create IEC materials, distributing messaging about HTC through the media, drama, outreach and community sensitization. To invest for impact, this programme should target vulnerable groups, particularly youth who are in and out of school. Urban areas should be targeted first, followed by scale up in rural areas. This should be a three year project, from 2014-2016, lining up with the Global Fund New Funding Model and aligning with the end of ZNASP 11 (2011-2016). Civil society organizations that are well placed to implement include ZANGOC, ZAPHA+, ZAYEDESA and ZYF. Outcomes for this activity will be measured in the short term through increased HIV/TB testing coverage and in the long term through a reduction in HIV prevalence.

Secondary Priority – Stigma and Discrimination

Misleading assumptions about HIV and TB are the main reason why people who present for testing and counselling face such high levels of stigma and discrimination in Zanzibar. Civil society proposes activities around media awareness, posters, outreach and IEC materials to share targeted messaging, especially to vulnerable in and out of school youth in both urban and rural areas. Targeting youth is strategic towards achieving the objective in the ZNSP II that “80% of young people aged 10-24yrs in-school & out of school [...] are provided with knowledge and skills to make informed decisions and choices about their sexual behaviours” (ZNSP II MTR, 2014, p.26). With the correct information, young people will be able to combat the stigma of testing and screening for HIV and TB. This activity should prioritize Unguja, since HIV infection has been found to be ten times higher in Unguja than in Pemba (United Republic of Tanzania UNGASS Country Progress Reporting, 2012). This should be a three year project, from 2014-2016, lining up with the Global Fund New Funding Model and aligning with the end of ZNASP 11 (2011-2016). Civil society organizations that are well placed to implement include ZANGOC, ZAPHA+, ZAYEDESA and ZYF. Outcomes for this activity will be measured in the short term through increased HIV/TB testing coverage and in the long term through a reduction in HIV prevalence.

#5 Priority – PMTCT

Top Priority – Demand Creation Including Male Involvement

Civil society note that the willingness of men to participate in PMTCT services is increasing and that this needs to be encouraged. This is in line with the target in ZNSP II which aims to see 80% percent of pregnant women accessing quality hospital based PMTCT services by 2016. Strategy 1 under this objective in ZNSP II is to “promote greater male involvement in PMTCT services.” Civil Society also cites data which potentially highlights the importance of male involvement, since the prevalence of HIV among single women and widows is 3-10 times higher than among the general population (ZNSP II MTR, 2014, p. 16). The need for increased uptake of PMTCT services is also evident by Zanzibar’s lower than optimal coverage of Option B+. Zanzibar adopted Option B+ in December 2012, but only 68% of pregnant women living with HIV were initiated on treatment as of 2013 (ZNSP II MTR, 2014, p. 29). Civil society proposes that the best way to increase demand creation for PMTCT is to use creative social media campaigns, including TV and magazines which target men and pregnant women as their audiences. This activity should begin to be rolled out in January 2015 and run as a two year programme until December 2016, in order to line up with the likely beginning of funding from the Global Fund for the New Funding Model, as well as align with the end of the ZNSP II (2011-2016). Organizations which have both competitive and comparative advantage to implement this activity include ZANA, as well as certain faith-based organizations (FBOs), though ZANGOC as the coordinating body is best placed to designate implementing partners. The impact from this intervention will be measured through the increased number of pregnant women who test positive for HIV initiating treatment under Option B+ and accessing other PMTCT services.

Secondary Priority – Adherence to PMTCT Services

Civil society’s secondary priority for PMTCT is also in line with ZNSP II, which states that Strategy 2 under the PMTCT target in ZNSP II is to “Strengthen follow-up of HIV positive mothers and exposed infants to ensure treatment compliance (ZNSP II MTR, 2014, p. 29). Data shows that HIV testing for pregnant women in Zanzibar has increased tremendously over the past few years: “The proportion of pregnant women who received an HIV test and know their results has increased significantly from 5% in 2005 to 85% in 2012” (ZNSP II MTR, 2014, p. 8). As such, civil society has identified that HIV testing is not the barrier, but rather, retention within PMTCT programme. To maximize efficiency and effectiveness of this intervention, target areas should include hot spots such as Micheweni and North ‘B’ Districts, and should be rolled out from January 2015 to December 2016 to align with ZNSP II and the Global Fund New Funding Model. Organizations who have strengths in this area and who are well placed to implement include ZAPHA+, who should work in close partnership with ZAC and ZACP. The expected outcome of this activity is to increase the retention of number of pregnant women who are tested for HIV within the PMTCT programme.

#6 Priority – Condom Promotion

Top Priority – Accessibility

Low condom use among key populations is a significant priority for civil society in Zanzibar. While condom use among sex workers is relatively high, at 78.9%, civil society emphasizes that accessibility to condoms is a primary reason why other key populations have very low condom use. This is a particularly urgent priority among injecting drug users in Zanzibar, among whom only 10.5% report using a condom at last sex (ZNSP II MTR, 2014, p. 9). MSM also report relatively low condom use, at 39.7% (ZNSP II MTR, 2014, p. 9). In order to improve this, civil society proposes scaling up involvement in condom distribution, coupled with sensitization meetings, peer education and sex education. The targeted groups for this intervention should specifically focus on key populations, especially MSM, sex workers, people who inject drugs and inmates. This activity should prioritize urban areas for roll out, in Pemba and Unguja, from 2014-2017. Organizations who are well placed to lead this initiative are ZANGOC, ZAPHA+, ZAYEDESA and Sober House. The indicator of success for this activity will be measured by the increased number of condoms distributed.

Secondary Priority – Awareness

Awareness about condoms in Zanzibar is needed, particularly focusing on men since 8.5% of them report HIV risk behaviour, compared to only 2.3% of women (ZNSP II MTR, 2014, p. 15). Civil society can add value to national efforts through the creation and dissemination of information, education and communication materials. Messages should include gender targeted messages about HIV vulnerabilities, highlighting how the HIV prevalence among women (1.1%) is higher than it is among men (0.9%) (ZNSP II MTR, 2014, p. 15). Populations which should be especially targeted include young adults, drivers, hoteliers and others who work in the tourism industry, fishermen and students. These populations are strategic in terms of achieving the expected prevention outcomes in ZNSP II, particularly the objective to achieve the target of “50% of mobile and vulnerable populations embrace safe sex practices” (ZNSP II MTR, 2014, p. 20). This should be rolled out in rural areas, as a first priority, focusing on Pemba and then on Unguja. This activity should roll out in line with ZNASP II and the Global Fund New Funding Model, from 2014-2016. Organizations which have comparative advantage to implement this activity include ZAYADA as well as Care and Share, along with other national civil society organizations. The outcome for this activity should be linked with overall national targets to decrease HIV prevalence.

Partner Organizations



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS



Association of retired people in Zanzibar (JUWAZA)
AIDS Business Coalition in Zanzibar (ABCZ)
Association of Women with Disabilities
BIDECO
Care and Share (Pemba)
Drug Free Zone (DFZ)
Eastern Africa National Networks of AIDS Service Organizations (EANNASO)
GODA
International HIV/AIDS Alliance
JODA
JODESO
Joint United Nations Programme on HIV/AIDS (UNAIDS)
JUKUVUM
Jumuiya ya Kudhibiti Athari za Madawa ya Kulevya na Mimba katika Umri mdogo (JUKAMKUM)
Jumuiya ya Maendeleo ya wavuvi wa Kojali (KOFDO)
Jumuiya ya wanawake wenye ulemavu Zanzibar (JUWAUZA)
(Organization of disabled women of Zanzibar)
Jumuiya ya Wastaafu na Wazee Zanzibar (JUWAZA)
(Pensioners and Elderly Community Zanzibar)
JUWAHAMA
JUWAMA
Key Populations Network (KP Network)
Mikunguni Youth Development Organization (MYDO)
MKUPE (Pemba)
PEHECO (Pemba)

Pemba Island Relief Organization (PIRO)
Pemba Press Club (PPC)
PNYD
Recovery Community Group
Sober House
Social Awareness on AIDS in Zanzibar (SAOA)
Theatre for Social Development (THESODE)
Tumanini Jipya Pemba (TUJIPE)
UMUZA
United Nations Children's Fund (UNICEF)
Zanzibar AIDS Commission (ZAC)
Zanzibar Association for Disabilities (ZACDID)
Zanzibar Association for Farmer and Fisherman Development (ZAFFIDE)
Zanzibar Association of Information Against Drugs Abuse and Alcohol (ZAIADA)
Zanzibar Association of People Living with HIV/AIDS (ZAPHA+)
Zanzibar Centre of Development Disability (ZACDID)

Zanzibar Global Fund Country Coordinating Mechanism (ZGFCCM)
Zanzibar Health Officers Association (ZHOA)
Zanzibar Integrated HIV, TB and Leprosy Programme (ZIHTLP)
Zanzibar NGOs Cluster for HIV/AIDS (ZANGOC)
Zanzibar Nurses Association (ZANA)
Zanzibar Organisation of Disabled People (UWZ)
Zanzibar Youth Education Environment Development Support Association (ZAYEDES)
ZAYAG
Zanzibar Youth Empowerment Association (ZAYEA)
Zanzibar Youth Forum (ZYF)
Zanzibar Initiative for Youths (ZIFYA)
Zanzibar Psychosis Association (ZPA)

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