# Zimbabwe Civil Society Priorities Charter

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

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AIDS Accountability International

FORD FOUNDATION
*Working with Visionaries on the Frontlines of Social Change Worldwide*

# #1 Priority – HIV/TB Integration

### Top Priority – Coordination of Civil Society

Civil society in Zimbabwe has identified the need for a civil society coordinating mechanism for HIV and TB as their top priority. This is because HIV coordinating structures are disproportionately strong compared with TB civil society networks. Within the context of the Global Fund New Funding Model, and the country's new National Strategy Plan (NSP) civil society recognizes the need to integrate the two diseases at the level of national coordination. Civil society identified that they are not currently maximizing their efficiency for an integrated approach, although they have comparative advantage to implement activities through capacity building and community systems strengthening. National level bodies are a strategic entry point, but a top-down method should penetrate down to community level in the long run. While the main targets are civil society and community leadership, governments, donors and the private sector must also have buy-in for sustainability purposes. The suggested timeline is 2014-2018, aligning with the NSP review. Civil society emphasizes that there are existing national umbrella organizations and networks, such as NANGO and ZAN, which are best placed to identify implementing partners. Civil society intends to measure impact of this activity through improvements in civil society's coordination.

### Secondary Priority – Demand Creation for Services

Civil society prioritizes increasing the demand for HIV/TB services, particularly screening and treatment for TB, as this has been neglected. The investment case for this priority is based on data in the country which show that progress to curb TB infection has stagnated and that civil society has a key role to play in pushing past this progress plateau (WHO, 2014). For HIV, there has been great impact from the civil society movements for demand creation. Civil society has the ability to do the same for TB. Civil society intends to scale up activities of community health models that promote community volunteers and peer educators. The target group for this intervention includes people living with HIV (PLHIV) (particularly women), children, sex workers, prisoners, persons with disabilities, mine workers and migrant populations. Civil society also suggests a strong focus on young girls, since they were neglected in past Global Fund proposals, with only 11% of Round 8 and 9 proposals containing activities for young girls (Global Fund, 2011). Civil society has identified that this activity should be carried out in hard to reach communities, particularly in rural areas (but also in urban areas with access restrictions, i.e. prisons), since that is where impact will be greatest. The suggested timeline is 2014-2018 to line up with NSP review. Civil society emphasizes that there are existing national umbrella organizations and networks, such as NANGO and ZAN, which are best placed to identify implementing partners, but that SAT and TAAF may be particularly well suited, along with other civil society organizations. Outcomes and impact of this activity will be measured by reduced burden of TB and HIV.

# #2 Priority – Prevention

### Top Priority – Community Mobilization

Since TB is the leading cause of death among people with HIV and AIDS in Zimbabwe (NAC, 2011), civil society prioritizes community mobilization for TB prevention that is inclusive and non-discriminatory. Activities to address this should include disseminating information though TB Day, Child Immunization Day, and World AIDS Day, as well as road shows that make use of traditional and church leaders. Civil society has identified PLHIV, persons with disabilities (particularly for testing) women, and children living in crowded conditions and below the poverty datum line. The top priority location for this activity is in informal settlements, followed by illegal mining settlements and hostels (i.e. Matapi). Civil society identifies these areas as the best places to invest for impact. This should be a 3 year programme, from 2015-2017. Civil society emphasizes that there are existing national umbrella organizations and networks, such as NANGO and ZAN, which are best placed to identify implementing partners, but that TMPC and SAfAIDS may be particularly well suited, among others. Outcomes and impact of this activity will be measured by number of people who test for HIV and TB.

### Secondary Priority – Awareness Creation

Data shows that Zimbabwean's lack knowledge around TB; in fact, many people in Zimbabwe wrongly believe that the disease is incurable (Médecins Sans Frontières, 2012). Civil society can add complementary value to government efforts by conducting door to door campaigns, radio and IEC campaigns and peer education methods. Visiting people in their homes is the most effective manner. Not everyone feels comfortable in a clinic. If you visit people in their homes they are more receptive to receiving information. Traditional and church leaders should be targeted, because of their influence at the community level. This will maximize reach and impact. Other marginalized populations such as children are also left out in TB awareness and need to be targeted. Civil society also prioritizes mine workers, prisoners and refugees, since they are neglected and not reached out to. Crowded conditions in informal settlements or in relocation camps are being left out of the response. This should be a three year programme from 2015-2017. Organizations that are well placed to implement include SAfAIDS, LESO, DHAT and WAG although the national coordinating bodies, such as NANGO and ZAN, should guide the recommendation of implementing partners with comparative and competitive advantage in the programme area from their wider network of civil society organizations. Civil society will measure impact of this intervention through monitoring the effectiveness of patient tracking and follow up.

# #3 Priority – Treatment Advocacy

### Top Priority – Service Provision

Civil society prioritizes holding government accountable for the effective provision of HIV and TB treatment, in order to improve people's quality of life, treat and cure TB, stop the spread of TB and reduce TB-related mortality. Another critical rationale for this activity is for civil society to lobby government to increase its domestic resource allocation for TB in particular. Civil society especially prioritizes the treatment of MDR cases. Civil society has a key role to play in developing information and education communication (IEC) materials, especially in local vernacular languages. Civil society also has comparative advantage to conduct TB community capacity building, community trainings and integration of services. PLHIV, especially young girls and adolescents who are living with HIV, should be prioritized because they have low levels of health seeking behaviour. Women, people with disabilities and key populations, particularly men who have sex with men (MSM) and sex workers, internally displaced persons (IDPs) and truck drivers need to be targeted since they face human rights barriers to treatment access. This should be rolled out in rural or urban areas that are defined as hard to reach, such as schools, churches and places of social gatherings. The suggested timeline for this activity is 2014-2017, to align with NSPs for both TB and HIV. Guidance for implementing partners should come from coordinating bodies, such as NANGO and ZAN, who can identify well-placed organizations. The outcome will be measured through improved access to treatment, care and support as well as improved management of infection control and patient tracking.

### Secondary Priority – Community Mobilization

Civil society highlights that community mobilization for HIV/TB treatment is a high priority because data show that the World Health Organization's three "I"s for TB collaboration (Intensified case finding, Isoniazid preventive therapy and Infection control) provide strong rationale for the need for community mobilization programming to be scaled up by civil society. Civil society has comparative advantage to strengthen community cadres for DOTS, and using mobile and social media technology to access people for reminders and adherence. Civil society also prioritizes advocacy to reduce or remove user fees for x-rays and strengthening referral systems between health centers and communities. Civil society proposes targeting PLHIV, especially young girls and adolescents. Women, persons with disabilities and key populations (MSM, sex workers, IDPs, and truck drivers) need to be targeted as vulnerable populations. This should be rolled out in rural or urban areas that are defined as hard to reach, including schools, churches and places of social gatherings, such as sports clubs. The suggested timeline for this activity is 2014-2017, to align with NSPs for both TB and HIV – to synchronize efforts. National umbrella organizations and networks, such as NANGO and ZAN, should be the ultimate coordinating bodies to recommend strategic implementing partners from wider civil society, though ZOC, ICW Zimbabwe, WHHASA, TAAF and CUAHA are potentially strong leaders for this priority. The outcomes will be measured by reduced TB related mortality, which civil society would like to see reduced by 15% from the current baseline as a target.

# #4 Priority – Care and Support

### Top Priority – Capacity Build Community Health Workers

For a sustainable response, civil society prioritizes building the capacity of local level care and support service providers in the community, since this is still where most people are cared for when they are sick. Evidence suggests that training village health workers, home-based and community based care givers and peer educators can have a big impact on treatment success (Root & Whiteside, 2013). This is a gap in the government response since Zimbabwe relies on drug resistance data gathered from studies conducted in the late 1990s, needing repeat surveys ("Global Tuberculosis Report", WHO, 2013). Civil society has comparative advantage to building the capacity of PLHIV organizations, peer educators, care givers, community based organizations, disabled people's organizations and faith based organizations. Urban setting, particularly Harare and Chitungwiza are prioritized to maximize impact in high density areas. This should be carried out from 2014-2018, by well-placed organizations working with people at the grassroots, such as member of ZAN, and PLHIV networks, but umbrella bodies should be the appropriate authority to specify well-placed implementing partners from wider civil society. Outcomes will be measured through more comprehensive data collection and improved screening. Lastly, success of this activity will be measured through the increased number of people with HIV/TB co-infection accessing treatment, which civil society indicates should be higher than 23.5% (NAC, 2012).

### Secondary Priority – Community Mobilization for Awareness Raising and Demand Creation

There is a need to address the fact that Zimbabwe has an 80% co-infection rate of HIV and TB (National TB Control Programme Database, Ministry of Health and Child Welfare, 2009). Based on this statistic it is clear that awareness campaigns are needed. In addition, children with TB are under-recognized, since in 2012, 74000 children who were HIV negative died of TB (NEDICO, 2014) and Zimbabwe's progress towards fighting TB has stagnated (WHO, 2013). Community mobilization also needs to be evidence-based in order to hold governments accountable. Civil society is an important part of this response, with the ability to conduct quarterly open-air awareness campaigns, carry out home visits as follow-up care to make sure there is less loss to follow-up and improved treatment adherence. Civil society is also well-placed to build the capacity of community-based organizations, disabled people's organizations and caregivers through door-to-door campaigns and community empowerment of leaders, along with radio programming and IEC materials in all languages. This should be strategically implemented through pre-existing civil society support groups, clubs and churches, from 2014-2018. National networks and umbrella bodies, such as ZAN and NANGO, are the most appropriate organizations to prioritize who is best-placed to implement this activity from wider civil society, though DAPP, TAAF and Humana were noted as leaders in this area. Outcomes will be measured through patient tracking.

# #5 Priority – Mitigation

### Top Priority – Food Security & Livelihoods

Data shows that food insecurity is associated with higher morbidity and mortality of TB ("Increased Incidence of Tuberculosis in Zimbabwe, in Association with Food Insecurity", Burke et al., 2014), which affects people's livelihoods. There is a need for food security since this affects nutritional absorption for people on HIV and/or TB medications. Civil society prioritizes ensuring there are food supplements in healthcare centers, disseminating nutritional guides at community level, and scaling up the Household Economic Resilience Model, especially in places identified in the Zimbabwe Vulnerability Assessment Committee Rural Livelihoods Assessment Report (ZimVAC, 2013). People living with HIV and TB, prisoners and children under 5 should be targeted. Further, key populations such as sex workers and MSM need to be targeted with special attention given to the human rights barriers to access that they face. Civil society prioritizes rolling this out in Matabeleland North, Matabeleland South (Gwanda), Masvingo (Bikita, Chivi), Manicaland (Buhera, Chimanimani), Midlands (Gokwe North, Mberengwa, Zvishavane), Mashonaland West (Kariba), as well as Zambezi valley, Epworth and border areas because they experience drought. Prisons in all these regions should be especially prioritized. This should be rolled out in 2014-2016, in line with the timeline in the National TB Strategic Plan. Civil society proposes scaling up current work being done by SAT, ZHAAU Trust, ZNNP+, Jointed Hands, Christian Care, FACT, MASO, BHASO, DHAT, Tsungirirai, Pamuhacha HIV/AIDS Prevention Project and Patsaka Trust (for Kariba), but that umbrella bodies such as NANGO and ZAN are well-placed to identify local implementing partners. Outcomes include improved treatment success, reduced vulnerabilities, and decreased TB incidence and mortality.

### Secondary Priority – Human Rights Approach

With Zimbabwe's new constitution, there is still a need to ensure that people's rights are protected. Institutions need to understand the rights of patients and government needs to fulfill their obligation under the bill of rights to their citizens. 80% of TB cases are co-infected with HIV (National TB Control Programme Database, MoHCC, 2009) and there is also lack of access to information and treatment. People living with TB face isolation as individuals, affecting their dignity. Civil society proposes the development of a country charter on patients' rights, since PLHIV and TB communities often do not know their rights. Civil society can have a great impact conducting advocacy work to strengthen social enablers, especially to do with sanitation, shelter and water, shorter course TB treatment and more equitable treatment access for vulnerable groups. Comparative advantage also lies with civil society to translate materials into vernacular languages. Targeting traditional and religious objectors and service providers and policy makers is another area in which civil society has a track record of success. Target groups include PLHIV, persons with disabilities and key populations (MSM, sex workers) due to the human rights barriers to access that they face in Zimbabwe. This should be implemented in Mashonaland North, Mashonaland West, Mashonaland South (Gwanda, Beitbridge and Binga) and Manicaland. Prisons in these places should be particularly focused on. This should be carried out from 2014-2017. Organizations that are well placed to implement - subject to the oversight of NANGO and ZAN – include ZDHR, DHAT, ZLHR, Pangea, Jointed hands, GALZ, PSI, CESSHER, GWAPA, ZACRO, SAT and organizations that work with correctional services. Increased task notification will be one way to measure success of this activity.

# #6 Priority – Stigma

### Top Priority – Policy

Civil society has prioritized monitoring the implementation of government policy on stigma reduction because of the recognition that there are gaps in policy as well as policy practice. Civil society sees there is a need for efficiency improvements since policy implementation is lagging behind. Policy advocacy, as well as monitoring of policy implementation is needed, and civil society has a key role to play in this activity as government watchdogs. The target group should be health care professionals, assessing their interaction with patients. For maximum improvements in efficiency and effectiveness, this should be rolled out in health care centers in neglected areas. A strategic timeline for this priority is from September 2014, by well-placed organizations such as ZAN, since ZAN can best identify which local partners on the ground are well placed to assess stigma policy implementation. The outcome of this activity will be the reduction of stigma in all service provision, which civil society recognizes is a very difficult impact to measure, but is ultimately very important in terms of treatment success and in terms of reducing human rights barriers to access.

### Secondary Priority – Information and Literacy

This priority is important, particularly to check on the literacy levels on how much people know about the effects of stigma. This is a civil society identified need and can be addressed through lobbying government. Family settings are places for strategic entry to conduct this activity, as well as in churches. This should be carried out from August 2014, since it will be a baseline assessment informing the rest of the three-year Global Fund New Funding Model grant. While coordinating bodies such as NAGNO and ZAN should be the guiding institutions for selecting strategically well-placed implementing partners from broader civil society that is country wide, civil society has identified some organizations that have comparative advantage in the area, including TAAF, human rights originations and PLHIV and TB networks. Outcomes will be measured by the percentage of people that are well informed and empowered, which will reduce stigma towards people living with HIV and TB.

## Partner Organizations

ACT Forum

AVAC : Global Advocacy for HIV Prevention (Fellow)

Batanai HIV & AIDS Service Organization (BHASO)

Batsiranayi

Churches United Against HIV & AIDS (CUAHA)

Development Aid from People to People Zimbabwe (DAPP)

Development Aid from People to People Zimbabwe (DAPP) (Rushinga)

Diocese of Mutare Community Care Program (DOMCCP)

Disability, HIV and AIDS Trust (DHAT)

Investment Thinking for Health and HIV

Family Aids Caring Trust (FACT) (CZI)

Family Aids Caring Trust (FACT) (Rusape)

Gays and Lesbians of Zimbabwe (GALZ)

Hospice Association of Zimbabwe (HOSPAZ)

International HIV/AIDS Alliance Key Correspondents Team

International Community of Women Living with HIV & AIDS (ICW)

Jointed Hands Welfare Organization

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Life Empowerment Support Organization

Mashambanzou Care Trust

Maxwell and Friends Foundation (MFF)

Midlands AIDS Caring Organization (MACO)

Midlands Aids Service Organization (MASO)

New Dawn of Hope

New Dimension Consulting (NEDICO)

Pamuhacha

Pangaea Global AIDS Foundation

Patsaka

Rehabilitation and Prevention of Tuberculosis (RAPT)

Restoration of Hope

Rural Unity for Development (RUDO)

Sankofa Arts Trust

Southern African AIDS Trust

SayWhat

Souls Comfort

The Aids and Arts Foundation (TAAF*)*

Traditional Medical Practitioners Council (TMPC)

Women's Action Group (WAG)

Women and AIDS Support Network (WASN)

World Health Organization

Women's Health HIV and AIDS Southern Africa

Youth Engage

Zimbabwe CCM Secretariat

Zimbabwe HIV/AIDS Activists Union (ZHAAU)

Zimbabwe Lawyers for Human Rights (ZLHR)

Zimbabwe Olympic Committee (ZOC)

Zimbabwe National Association for Mental Health (ZIMNAMH*)*

Zimbabwe National Network of People Living with HIV and AIDS (ZNNP+)

Zimbabwe Network For Positive Women