Community Led Monitoring Newsletter

ISSUE NO. 3

Foreword

EMPOWERING COMMUNITIES THROUGH CLM!

Welcome to our latest Newsletter on Community Led Monitoring (CLM) of HIV and other health services. At the heart of our efforts lies a fundamental belief in the power of community engagement, leadership and grassroots initiatives.

This 3rd issue of our CLM Newsletter serves as a testament to the dedication and perseverance of communities affected by HIV and those actively involved in monitoring and improving health services.

Community-led monitoring not only enhances transparency and accountability but also fosters a sense of ownership among those directly impacted by HIV and related health challenges. By empowering communities to monitor services, we are fostering a culture of participation and advocacy, where every voice counts.

In this edition, you will find inspiring community stories, insightful information, and updates on our collective progress towards achieving better health outcomes for the country. Each story underscores the transformative impact of community involvement and leadership in shaping responsive and effective health systems.

I extend my heartfelt appreciation to the Ministry of Health and Child Care, National AIDS Council, PEPFAR, UNAIDS, The Global Fund, ZNNP+, HIV service providers, all community members and recipients of HIV services, our implementing partners (CBOs) spread across the country's 10 Provinces covering 31 districts, Community Health Advocates (CHAs), and other key partners and stakeholders who have contributed to this ongoing work. Together, we are making strides towards ensuring that health services are not only accessible but also responsive to the needs of all individuals affected by HIV.

Let us continue to work together, hand in hand, to build a future where everyone has access to quality healthcare and where communities are empowered to advocate for their health and wellbeing. Thank you for your unwavering commitment to this cause. Your continued support and dedication are invaluable as we work towards a healthier, more inclusive future.

Mojalifa Mokoele Ndlovu
CLM National Steering Committee (NSC) Chairperson

Besteranai Community Based Care Trust office in Mberengwa

Transforming community healthcare through active Health Centre Committees

In Mberengwa District, the healthcare landscape was facing significant challenges. Six facilities, namely Gwarava, Mataga, Jeka, Mposi, Chingezi, and Neta, were struggling due to the absence of active Health Centre Committees (HCCs).

The previous HCCs' one-year term had expired, and the community was responsible for establishing new committees. However, the community responded negatively to the call-ups by the facilities and ward councillors. They cited unfair treatment, lack of medicine, and political interference as the reasons for their disengagement.

Recognizing the dire situation, Betseranai Community Based Care Trust (BCBCT), a local Community Based Organization (CBO), stepped in to support these facilities through the Community-Led Monitoring (CLM) project. Initially, there were hurdles in forming new HCCs because of the community's skepticism and lack of trust. They had witnessed the previous HCCs' ineffectiveness and were discouraged from participating in clinic development activities.

Undeterred, BCBCT collaborated with ward councillors and the facility managers to encourage the establishment of new HCCs. It was a challenging process that required patience and persistence. Finally, in mid-February, all six facilities successfully formed new HCCs. BCBCT directly supported two HCC meetings at Mposi clinic and Neta clinic, marking the beginning of a transformative journey.

Since their inception, the newly formed HCCs have achieved remarkable progress. They actively involve Community Health Advocates (CHAs) in their meetings to obtain feedback during and after client surveys. The CHAs have become an integral part of the HCC team, ensuring that the barriers and challenges shared by clients are addressed. For instance, issues such as staff shortages have been resolved due to CLM intervention. The presence and role of clinic security guards have been revamped to ensure that services are available even during night time.

The communities are ecstatic about the active role they play in the HCCs. They were directly involved in selecting HCC members, fostering a sense of trust and confidence that their concerns will be addressed. The communities have witnessed a significant improvement in service provision compared to the past, which has brought them great satisfaction. The facilities, too, are delighted with the active HCCs as they now have a platform to share challenges faced by

Neta Clinic HCC conducing a meeting at the facility

Neta Clinic HCC conducing a meeting at the facility

the facility and its staff, leading to prompt resolutions.

"As facility managers, we are elated with the positive response. The HCCs have bridged the communication gap between the facility and the clients, allowing for better understanding and collaboration. We are relieved that some issues raised by clients can now be addressed at the facility level, without the need for escalating them to district authorities or the Ministry of Health and Child Care (MoHCC). This initiative has not only improved communication but has also set a sustainable feedback mechanism in place, requiring minimal additional funding," said one health facility manager.

"The success of the HCCs in Mberengwa District is already being witnessed at the six facilities as they have recognized the best practices in fostering CLM feedback mechanisms. This sustainable action has instilled confidence in achieving the 5As: Availability, Accessibility, Affordability, Acceptability, and Appropriateness of healthcare services in all facilities across the district.

"Looking forward, we hope to see the HCCs maintain checks and balances to monitor service delivery to clients. They will ensure that the focus remains on improving health outcomes and not solely on infrastructure development. The ultimate goal is for all facilities in Mberengwa District to achieve the 5As during provision of quality healthcare for the communities they serve," echoed the BCBCT CLM Project Coordinator, Mr. Mutemba.

Community-led action yields results for St. Mary's Clinic

In the face of a devastating cholera outbreak that gripped Zimbabwe's Chitungwiza District, St. Mary's Clinic found itself at the heart of the crisis without access to running water. However, through the power of community-led action and the support of the Community-Led Monitoring (CLM) project, St. Mary's Clinic was able to transform this challenge into a remarkable success story.

St. Mary's Clinic served as the central cholera treatment camp for the district, but the lack of running water posed a significant threat to hygiene, sanitation and ultimately, the lives of the patients. The Health Centre Committee (HCC) recognized the severity of the situation and the urgent need for a solution.

The HCC, empowered by the CLM project, refused to be paralyzed by the water crisis. They embraced the project's emphasis on community ownership and took action. Under the leadership of Mr. Fungisayi Sinaro, the committee chair, the HCC engaged the community and local leaders in finding a solution.

Community meetings became hubs of brainstorming and collaboration, driven by the urgency of the situation. Inspired by CLM, local leaders, including Apostle Murinye, offered their support. In December 2023, the borehole drilling commenced and clean, reliable water began flowing at St. Mary's Clinic.

The impact of the community's efforts was profound. With a reliable water source, St. Mary's Clinic could effectively manage the cholera outbreak. Hygiene standards improved, infection risks plummeted and countless lives were saved. The success of St. Mary's Clinic inspired neighbouring communities to embrace the CLM project and take ownership of their healthcare challenges.

St. Mary's Clinic's story goes beyond solving a water crisis. It serves as a reference, showcasing the transformative potential of community-led action. The success of the HCC and the entire community demonstrates that even in the face of adversity, empowered communities can find solutions, rewrite narratives, and emerge stronger, healthier, and more united.

The CLM project proved to be more than just a monitoring tool. By empowering the HCC with skills, confidence, and a sense of ownership, it acted as a catalyst for positive change. One success story at a time, the CLM project has ignited a spark of empowerment, enabling communities to take control of their healthcare realities.

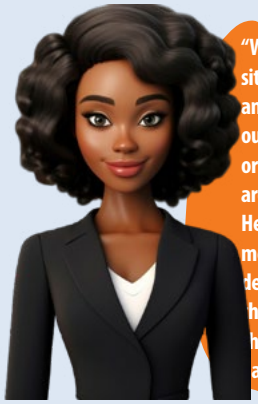
The St. Mary's Clinic borehole success story is a testament to the power of community-led action and the transformative impact of the CLM project. It highlights the resilience, resourcefulness, and determination of individuals working together to overcome challenges. By embracing community ownership and finding innovative solutions, St. Mary's Clinic not only resolved a water crisis but also inspired a movement of positive change throughout Chitungwiza District. It stands as a shining example of how empowered communities can create lasting and impactful change in their healthcare systems.

The silent barrier: OI clinics positioning, a hindrance for access to HIV Treatment

In a lively town of Murombedzi, there stands the Opportunistic Infection (OI) clinic, situated near the Trelawney clinic gate, its vulnerable state exposed without a durawall, only a simple fence for protection. Less than 500 meters away lies a vibrant shopping centre, where sex workers occasionally engage in their trade during the night. However, this proximity to the bustling hub poses a significant challenge for the marginalized group seeking treatment at the clinic.

Picture showing the OI Clinic position (first building on the left) at Trelawney clinic.

Fear grips the hearts of the sex workers as they worry about being recognized and victimized by clients and society. The consequence is that they fail to collect their essential medication from the OI clinic in a timely manner. To safeguard their identity and livelihood, they must conceal their status from their partners, risking stigma and loss of clients if discovered. This secrecy prevents them from openly visiting the clinic for their medication.



"We at times find ourselves in a desperate situation as our adherence to life-saving antiretroviral treatment is at risk. Without our medication, we can at times go for days or even weeks without proper treatment. We are fortunate to have a current Community Health Advocate (CHA) who collects our medication on our behalf, preventing us from defaulting. However, we cannot solely rely on he CHA. What if she becomes unavailable or hooses another job? Our future hangs in the alance," lamented one sex worker.

Other clients from other health facilities such as Mt. Hampden Clinic also shared the same sentiments stating that

"we as ART clients do not feel comfortable to come and collect our medication during normal day collection time. This is because the collection point is via a window which is facing the incoming gate where the public walks in to access other services at the facility. This means that anyone seen at the ART collection window is presumed to be collecting ART and being HIV positive, hence further involuntarily exposing clients' HIV statuses."

Most of the OI cabins are located in exposed spaces. This exposes Recipients Of Care to forced disclosure. At Glenview Poly Clinic, ROCs receive their services outside because the cabin is way too small to handle many people. There is no integration of services as the tent and shade are located far apart. Viral load testing at Glenview Poly Clinic is being done in an open shade, which is a breach of the patients' privacy and disclosure policies.

"As service users, we are not happy because it is a sign of discrimination. We are forced to disclose our status because of the lack of privacy at the facility. The cabins are small, and we request that they be extended to ensure that everyone accesses their services privately. Testing and initiation are done at different places that are far apart which can be easily revealed to the public," said one service user.

"The lack of privacy has caused an increase in the number of defaulters at the facilities. This has also caused some patients (ROCs) to stop accessing services at the facilities in question. As a result, this has had a detrimental effect on health-seeking behavior, particularly among key populations," observed Springs of Life Zimbabwe Programs Coordinator Precious, one of CLM's CBOs.

The ART clients' voices rise in unity, pleading for a change in the positioning of the OI clinic. They advocate for a solution that eliminates the barriers preventing them from accessing the treatment they desperately need. Adhering to their antiretroviral therapy is paramount for their survival. They share their stories, expressing gratitude for the CHA's support while emphasizing the need for a sustainable solution that ensures consistent access to treatment.

Open shade at GlenView Polyclinic where viral load testing is done

CLM helps overcome stigma and increase HIV services uptake

CLM CHA conducting HIV/ Stigma health education

The community of Trelawney, in Zvimba District is one of the areas where the Community Led Monitoring (CLM) programme is being implemented. However, many people misunderstood its purpose. "Upon hearing the name community led monitoring, many of our community stakeholders and participants think it means monitoring clinic staff, but that is not the case" explained the Community Health Advocate (CHA). "It means we are monitoring service delivery and accessibility by service users."

The concept of community led monitoring goes beyond just monitoring service delivery and accessibility. It involves amplifying community voices, identifying barriers to service accessibility and contributing to increased HIV-related service uptake. In the first quarter of the year, a community accountability meeting was held at Trelawney clinic, where the CHA had the opportunity to share some of their findings with the community.

During the meeting, one major issue came to light: clients were not meeting their appointment dates. The Village Health Workers (VHWs), Community Led Facilitators (CLF) and people living with HIV who were present explained that some clients were avoiding their appointments due to self and societal stigma. "For example," one participant said, "some clients choose to miss their appointment dates rather than missing work because a missed day at work means a loss of USD incentive."

Further investigation revealed that if someone missed work, they needed to provide evidence of where they were. In the case of ART (Antiretroviral Therapy) clients, this meant disclosing their HIV status by showing their ART refill cards. This involuntary disclosure was causing discomfort and further stigma for the clients.

> *Some clients choose to miss their appointment dates rather than missing work because a missed day at work means a loss of USD incentive.*

The CHA took action and engaged the nurse in charge of the clinic to address the issue. Together with a Community Led Facilitator assigned by the nurse, they conducted health education sessions for the farm managers and workers. The welcome and willingness of Gwangwadza farm manager and workers to learn was greatly appreciated. The farm manager understood the importance of confidentiality and agreed to find a solution.

The farm manager spoke to the farm owner about the issue, and it was decided that the farm owner would facilitate the ART process by providing a fuelled vehicle. This vehicle would come to Trelawney clinic and transport the farm employees to the clinic, eliminating their transport costs and minimizing the time they spent away from work. The CHA was informed of this development by the VHW, who had received feedback from the farm manager.

As a result of the outreach efforts, there was a significant increase in ART uptake at Trelawney clinic. The OI nurse reported that "thanks to the health education sessions and the outreach program, the number of defaulters has reduced at Gwangwadza farm. The impact was clear: 40 self-test kits were distributed, ART resupply was provided to 40 clients, and viral load testing was conducted for 40 clients."

The success of the program showcased the power of community-led initiatives and collaboration between healthcare providers, advocates and community members. Through their combined efforts, they were able to address barriers to care, reduce stigma and improve the overall health outcomes for individuals living with HIV in the community of Trelawney.

Successful campaign addresses condom shortages and improves sexual health in Chakari, Zimbabwe

In response to the critical issue of condom shortages and the resulting increase in sexually transmitted infections (STIs) in Chakari, Zimbabwe, a successful advocacy campaign was launched by the Young Men's Christian Association (YMCA).

The campaign, titled "#CondomsMatter," aimed to raise awareness about the importance of condom use in preventing STIs and unwanted pregnancies, reduce stigma surrounding condom use, and advocate for the availability of condoms in the community. By utilizing various communication channels, partnering with key organizations, and implementing targeted strategies, the campaign achieved significant success in addressing the identified gaps and improving sexual health outcomes in Chakari.

The campaign was initiated after the YMCA identified a barrier of male condom stock-outs at Chakari Clinic during the implementation of the Community-Led Monitoring (CLM) project. The stock-outs began in November 2023 and led to an upsurge in STIs between November 2023 and March 2024, with a total of 366 cumulative cases recorded during this period. The shortage significantly impacted the community, particularly sex workers who faced challenges in negotiating safer sex due to the preference of their clients for male condoms over female condoms.

YMCA CLM project manager Francis Lembani (right) and CHA for Rufaro Clinic in Chakari, Jannefiter Changadzo holding #CondomsMatter campaign placards

To amplify the campaign's message, the YMCA utilized various communication channels. Social media platforms, specifically Facebook, played a crucial role in raising awareness about the condom shortages through an online campaign with the hashtag #CondomsMatter. In-person meetings were also conducted with stakeholders, including representatives from the National AIDS Council (NAC), Kadoma City Council, and Ministry of Health and Child Care officials. These meetings facilitated discussions on finding solutions to the condom shortage issue.

The campaign targeted multiple audiences. Health sector stakeholders, local government officials, and NGOs were engaged due to their ability to provide alternative solutions, raise awareness, and secure support for addressing the condom shortage. Community members were also a key target audience, as raising awareness among them could lead to behavior change and improved sexual health outcomes.

The campaign message, "Condoms Matter," emphasized the importance of condoms in preventing STIs, including HIV, and unwanted pregnancies. The message sought

to reduce stigma by promoting a culture of openness and responsibility, normalize condom use as a socially accepted practice, and empower individuals to take control of their sexual health. The campaign message was designed based on quantitative data from the clinic regarding the increase in STIs and the objectives of the CLM project.

The YMCA collaborated with the NAC and the District Health Executive (DHE) to leverage their expertise, networks, and resources. The NAC, as the national body overseeing HIV and AIDS interventions, provided support and helped amplify the condom campaign through its partnerships. The DHE, consisting of duty bearers with direct interface with CLM data, played a crucial role in finding solutions to the advocacy issue and promoting HIV prevention and reproductive health within the district.

As a temporary measure, emergency redistribution of male condoms was facilitated by the District Medical Officer, ensuring the availability of condoms at Chakari Clinic. The success of the campaign was evident as the clinic received an estimated 50 boxes of condoms. Furthermore, the advocacy campaign gained visibility through the DAC for Sanyati District, reaching provincial levels and even securing coverage in print media through a published article.

Quantitative evidence demonstrated a positive impact of the campaign, with the availability of condoms being restored at Chakari Clinic. The success was also reflected in the increased awareness and engagement of community members and stakeholders. The campaign highlighted the importance of collaborative approaches, community involvement, and the availability of HIV prevention methods in health facilities to address identified barriers effectively. It emphasized the need for ongoing advocacy efforts to ensure access to condoms in high-risk areas.

Based on the campaign's success, several recommendations emerge. Frequent campaigns should be conducted to educate and raise awareness about condom use, especially in high-risk areas such as mining communities. Condoms should be easily accessible in various locations, including bars and lodges, to reduce STIs and unwanted pregnancies. Social media platforms can be utilized for educational purposes, and organizations should continue to advocate for increased condom distribution and access.

The successful #CondomsMatter campaign in Chakari, Zimbabwe, effectively addressed the issue of condom shortages, raised awareness about the importance of condom use, and improved sexual health outcomes in the community. Through collaboration, strategic communication, and engagement with stakeholders, the campaign achieved its objectives and serves as a valuable example of community-led advocacy in tackling critical public health challenges. Continued efforts and partnerships will be crucial in sustaining the positive impact and ensuring the availability of condoms as a vital component of comprehensive HIV prevention strategies.

YMCA staff member facilitating a community engagement session where community members were discussing the barrier during the advocacy campaign.

Impact of staff shortages, medicine shortages, and inadequate facilities on vulnerable populations

Evidence from the Community Led Monitoring (CLM) advocacy tracker tool paints a concerning picture of how critical gaps in healthcare resources disproportionately affect community members, particularly those living with HIV and key populations.

The tracker tool reveals a significant shortage of healthcare professionals, leading to longer waiting times, limited access to specialized care, and reduced availability of counselling and support services. This places an immense burden on existing staff, potentially compromising the quality of care provided and leading to burnout.

The data uncovers alarming shortages of HIV and TB medicines especially the 3HP, jeopardizing the health and well-being of individuals who rely on these life-saving medications. Disruptions in the supply chain and inadequate availability lead to treatment interruptions, compromised adherence, and the risk of developing drug resistance.

The tracker tool exposes a disturbing lack of water and ablution facilities within healthcare institutions. This absence hinders proper hygiene practices, including handwashing, which is critical for preventing the spread of infections. The impact is particularly severe for people living with HIV and key populations, who may have compromised immune systems and are more susceptible to infections. The lack of essential facilities also contributes to stigma and discrimination experienced by these individuals within healthcare settings.

This evidence from the CLM initiative highlights the urgent need to address these critical challenges. The combined effect of staff shortages, medicine shortages, and inadequate facilities creates a significant barrier to accessing quality healthcare for vulnerable populations, particularly those living with HIV and key populations. This not only compromises their health and well-being but also exacerbates existing inequalities and perpetuates social injustice.

The findings from the Community Led Monitoring advocacy tracker tool serve as a powerful tool for advocacy and change. By highlighting these challenges, we can demand action from policymakers, healthcare authorities, and international organizations. Addressing these issues requires a multi-pronged approach, including:

Call to Action:

1. **Implement policies that prioritize the recruitment and retention of healthcare professionals, strengthen supply chains for essential medicines, and invest in infrastructure development.**
2. **Allocate adequate resources to address staff shortages, medicine shortages, and infrastructure gaps.**
3. **Partner with communities to develop and implement solutions that address their specific needs and ensure their voices are heard in decision-making processes.**

By taking concrete steps informed by the evidence collected through the CLM initiative, we can work towards a future where everyone, regardless of their health status or social background, has access to quality healthcare services. This will not only improve the health and well-being of individuals but also contribute to a more equitable and just society.

Bridging the divide between adolescent girls and young women and healthcare workers

"Ngaphosa ngatshiya abantwabami, kodwa uNkulunkulu wangenela khathesi ngiyaphila". (I almost died and left my children, but through God's grace I am still alive).

Adolescent Girls and Young Women (AGYW) living with HIV and AIDS in Esibomvu, Umzingwane District used to find it difficult to access services at the local clinic. This was due to both existing and perceived negative attitudes of healthcare workers towards adolescent girls and young women living with HIV and AIDS seeking STIs and TB treatment or services such Pre-Exposure Prophylaxis (PrEP), Post-exposure Prophylaxis (PEP) and Family Planning methods.

Community Led Monitoring (CLM) surveys conducted by AGYWs with support from Family Aids Caring Trust (FACT) Zimbabwe and Jointed Hands Welfare Organisation (JHWO) have also highlighted gaps in knowledge amongst adolescent girls and young women on the types of services offered at the health care facility, including the types of contraception which could be administered and their availability and the right to access services. They also wished for possibilities of negotiating with the nurses on when to collect ARVs and multi-month dispensing of medications. Sometimes it was just a matter of the adolescent girls and young women lacking trust and an understanding that the health workers will hold their medical records in confidence.

A PrEP user takes his monthly HIV test at Battlefields Clinic, Mashonaland West. Small scale miners, (makorokoza) are highly mobile, with a high incidence rate.

Thandolwenkosi *(not her real name)*, a young woman aged 23 years who is living with HIV, is among those who previously found it difficult to access services at the nearby Esibomvu rural health centre. She narrates the difficulties she and her peers used to face when accessing health services at the local health care facility.

Thandolwenkosi was later identified by the local health facility staff who worked together with the local councillor to join the AGYW programme. Together with 19 others, she received training and mentoring before assuming the role of AGYW Champion. After joining the Community Led Monitoring (CLM) Programme, Thandolwenkosi realised that there were many other adolescent girls and young women sharing similar experiences to hers. Many were worried that if they seek treatment at the local facility, the health workers would go behind their backs telling people in the community about their private health details.

"…bebengasiphathi kahle (they used not to treat us with respect) …when I first presented at the facility I was coughing a lot and I thought I had TB, but the nurse at the health centre asked me to go back and bring ugogo (the guardian) before I could receive treatment …fortunately, I then came across one of the CBVs (Community Based Volunteer) who was conducting a survey in our village and she accompanied me to the health centre …the CBV also later informed me about the adolescent girls and young women programme."

"…ama adolescent girls amanengi ayengayi eklinika besesaba ukuthi imfihlo zabo azisoze zigcinakale … banengi bakhona ukuya eklinika abakufuni …ggokubuya kwe programme leyi sizamile ukukhuluma labo sibabonisa ukuthi baye eklinika bayethola ulwazi lokuthi bengazithwali". (Most adolescent girls like me would not access services at the clinic because they feared that their confidentiality would not be upheld. Most adolescent girls do not want to go to the clinic. Since the inception of this programme, we have tried to educate them to go to the clinic to access family planning services and other sexual reproductive health services).

Over the years, more AGYW have started accessing health services at the local clinic, though there is still a gap and some need further encouragement.

Thandolwenkosi and other AGYW champions are based on the training received and findings from their CLM surveys engaging their peers as well as the health workers at their local clinic to address identified challenges. She attends periodic and ad hoc meetings with the clinic staff as well as other AGYW champions where they discuss issues affecting service provision. For example, they have discussed about how the lack of infrastructure at the facility is affecting confidentiality as other clients can overhear what the nurse would be discussing with patients. They have since advocated for provision of more rooms so as to enable to maintain confidentiality.

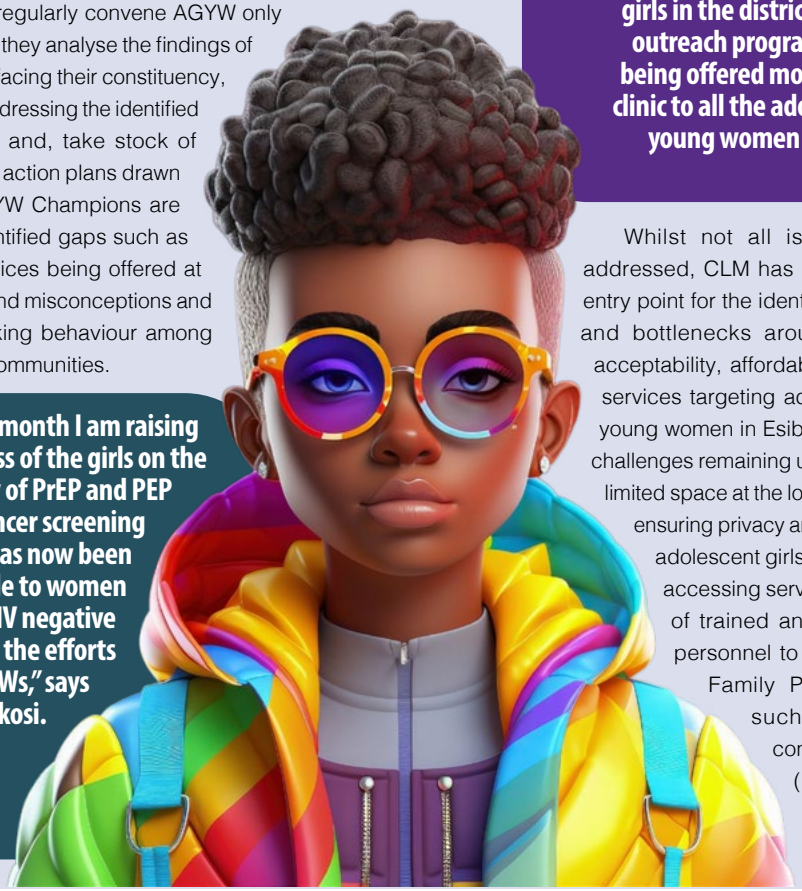
During one of their meetings with the AGYW champions, they also noted the low uptake in HIV testing and counselling services among adolescent girls and young women from their community. Follow up discussions with adolescent girls in the community revealed that they were not free to get tested as they feared that the nurses would not maintain confidentiality and everyone in the community would end up knowing their HIV status. Following feedback provided by the AGYW during their monthly meetings, the nurses are now taking more time to then explain to the adolescent girls and young women the importance of index testing and that even during that process they would still uphold patient confidentiality.

AGYW Champions also administers a Score Card that assess the availability, accessibility, acceptability, affordability, appropriateness and quality of services targeting adolescent girls and young women in their respective communities and local health facilities. The girls regularly convene AGYW only dialogue meetings during which they analyse the findings of the Score Cards, identify issues facing their constituency, draw up action plans aimed at addressing the identified challenges and opportunities and, take stock of progress made in implementing action plans drawn in previous meetings. The AGYW Champions are responsible for addressing identified gaps such as lack of awareness on new services being offered at the facilities, debunking myths and misconceptions and promoting positive health seeking behaviour among their peers in their respective communities.

"…this month I am raising awareness of the girls on the availability of PrEP and PEP and cervical cancer screening (VIAC) which has now been made accessible to women who are HIV negative … thanks to the efforts of the AGYWs," says Thandolwenkosi.

The Score Card is also used to engage with the nurses during quarterly 'Interface Meetings' attended by the AGYW Champions and five nurses' representatives. These meetings address issues and concerns of both the AGYW Champions and nurses (health facilities)that could not be addressed by the AGYW Champions on their own. Issues that cannot be resolved during the 'Interface Meetings' are escalated to the 'AGYW led meeting with stakeholders'. These meetings are attended by the AGYW Champions, District Nursing Officer (DNO), Women Affairs, Small and Medium Enterprise, Development Partners and other relevant stakeholders.

"… when we raised awareness on the importance of periodic cervical cancer screening (VIAC), the girls in our communities were very keen to get tested …but then we realised that the nurses at the local health facilities had not been trained and could not offer the service which was only being offered at the district hospital …we raised the issue during the 'AGYW led meeting with stakeholders' and with the assistance of the DNO and National AIDS Council we now have monthly screening outreach … however, another issue arose … the cervical cancer screening during the outreaches was for HIV positive women only …we engaged the stakeholders again and now the service is available to all women and girls in the district …through this outreach programme VIAC is now being offered monthly at the local clinic to all the adolescent girls and young women despite their HIV status."



Whilst not all issues have been addressed, CLM has provided a critical entry point for the identification of barriers and bottlenecks around accessibility, acceptability, affordability and quality of services targeting adolescent girls and young women in Esibomvu. Some of the challenges remaining unresolved includes limited space at the local health facility for ensuring privacy and confidentiality for adolescent girls and young women accessing services as well as lack of trained and health qualified personnel to provide long-term Family Planning methods such as intrauterine contraceptive devices (IUCD) and implants.

Inspiring positive change one young woman – one girl at a time

"My life has changed…" says Dilaila, a 24-year-old young woman and mother of two residing at the decommissioned Tiger Reef Mine in Kwekwe Rural District. The small town is now an active centre for makorokoza [illegal artisanal miners]. Dilaila is an Adolescent Girls and Young Women [AGYW] Champion in the mining town. Her story is inspiring other young women and girls – and sometimes her husband too.

"…my husband used to harass me, especially whenever he came back home drunk …he didn't beat me as such, but he would verbally insult me, throw me out of the house or demand unsafe sex. I felt violated but I didn't know what to do. It was after my friend introduced me to the AGYs programme that my life changed …I was helped with skills to better negotiate with my husband and received information on where and how to get help when it becomes necessary … during AGYs meetings, we learnt all about our rights, including our right to choose as well as how to say no respectfully."

"Munhu anofanira kunge ane muti (money)…" (You have to have a source of income and not solely depend on your husband). The AGWY has helped Dilaila shift her attitudes and empowered her with knowledge and life skills useful for personal growth and development. She confessed that before joining the programme she used to look lowly upon herself and to depend wholly on her husband for financial support. However, participation in AGYW trainings and activities has not only improved her self-confidence, financial literacy and related skills, it has also connected her with like-minded young women and girls. Dilaila has joined her discovered peers and they have established a *mukando* [a financial savings and lending club] to help themselves save money for kick starting small business projects.

"…when we started the mukando my husband was being scornful …he never thought of me being capable of doing much and I wouldn't blame him for thinking so …but meeting with other young women in the community who were succeeding gave me the exact dose of determination that I needed. Thanks to mukando I now run a small musika [market stall] outside our house. Dilaila keeps her husband informed on what they will be learning and doing as AGYWs without compromising on confidentiality. Sharing about the AGYW activities with her husband has helped him appreciate the programme and indirectly gain new knowledge and skills for life. They now live harmoniously and are working better together for the growth and development of their young family. "…I am happy that my husband has changed for the better and is now more supportive …when he makes good money, he sometimes lends me some to boost my small business …it's because he realised that the musika takes care of our financial needs during his lean seasons."

Delia Phiri, an AGYW Champion in rural KweKwe District

Participation in the Community Empowerment, Social Mobilisation and Advocacy Intervention Module has turbo charged Dilaila to take on the world and her vision of the future is vivid. *She says, "…the AGYs programme is inspiring me to reach other levels …my next step is to supplement my Ordinary Levels …I want to advance with my education and become a professional like sis Suko"* [Suko is the National Officer for the programme]. She also believes that if she had not come across this programme she would probably be depressed but would not be able to know it.

Dilaila was selected by the local councillor for her Ward, working together with the health workers at the Tiger Reef Health Centre, in 2022 to become an AGYW Champion. This has broadened her scope of influence as she has opportunities to engage and inspire more adolescent girls and young women in the mining town. Together with other AGYW Champions and AGYW representatives Dilaila moves around her community identifying other AGYW and raising awareness on sexual and reproductive health and rights [SRHR], including long and short-term Family Planning methods, Pre-Exposure Prophylaxis [PrEP], Post-exposure Prophylaxis [PEP], TB and HIV testing, prevention, care and treatment and the management of sexually transmitted infections [STIs], among other topics.

When they identify AGYWs in need they connect them with services. They also monitor service quality in the community and at the local health facility. Gaps, challenges and opportunities are discussed with health workers and other stakeholders to come up with common solutions.

The AGYWs are also responsible for facilitating actions to address community-oriented solutions. She thinks that through her efforts and the efforts of other AGYW Champions, their peers at Tiger Reef Mine are now more confident to seek treatment for STIs at the local clinic. This, she attributes to the role the AGYW programme is playing in bridging the gap between adolescents and young women and the health workers at the Tiger Reef Health Centre. Currently, Dilaila and the AGYW are ceased with improving parent-to-child communication especially on matters around sex and sexuality.

CLOSING THE GAP:
How Sex Worker Oversight Committees are Strengthening Linkages with critical Services in Marondera District

Over 100 Female Sex Workers in Marondera town, approximately 80KM east of Harare, were marginalised and vulnerable due to the stigma and discrimination associated with their work. Yet they are at an increased risk of sexual and gender-based violence [SGBV], whilst they and their clients are at an elevated risk of contracting HIV and sexually transmitted infections [STIs] such as chlamydia, gonorrhoea and syphilis.

These Female Sex Workers used to be afraid to seek treatment because they thought that the nurses at their local health facilities would share their confidential medical information, such as HIV status and STIs test results, with community members which would in turn affect their ability to attract clients. They also used to sometimes suffer sexual and gender-based violence at the hands of service providers including the police. They also worried that if they are to test HIV positive they would not be able to continue working as sex workers.

The consequences were dire as they would shun health facilities and continue hiding and, when infected, spreading STIs and HIV infections. They would end up presenting at health facilities with advanced conditions which are more difficult to treat and manage. As a result, the district experienced high HIV and STI incidence rates and treatment defaulter levels were equally high. Similarly, the sex workers found it difficult to access services from the police in case they had misunderstandings with their clients or suffered sexual and gender-based violence [SGBV] and related injuries. They were afraid of being arrested or victimised.

Eversmile [34] – a bar attendant at a local bar in the townships in Marondera and Sex Worker Oversight Committee Chairperson – and some of her work mates have joined their community to work together with local health workers, the police and other stakeholders in addressing the challenges they face at work. Eversmile was identified by staff members at Dombotombo Clinic and was seconded to join the FACT Zimbabwe funded Community Led Programme [CLM] two years ago. It was not long before she was elected the chairperson of the Sex Workers Oversight Committee. Her influence now goes beyond the Sex Workers Oversight Committee. She has been roped into the District AIDS Action Committee and the Dombotombo Health Centre Committee to represent key populations in the district.

"…my friend from Mozambique once came to trade here, she illegally crossed the border …when one of her clients refused to pay and she went to report the matter at the local police station the officers started interrogating her instead of helping her, simply because they picked her foreign accent …I could not help her in any way that time …but I am glad that because of CLM I now have better skills to handle similar matters in the future …I want to be better able to help myself and my friends" – Eversmile, Sex Worker Oversight Committee Chairperson.

The Sex Worker Oversight Committee is responsible for mobilising and engaging Female Sex Workers and other Key Populations in the catchment areas served by the respective health facilities that they cover. They aim to promote positive health seeking behaviours among Female Sex Workers and other key populations. Committee members are trained and mentored to provide health education and counselling to their peers, including on the importance of seeking treatment early, HIV and AIDS care and treatment, STIs management, Pre-Exposure Prophylaxis [PrEP], Post-exposure Prophylaxis [PEP], cervical cancer screening and management, available Family Planning methods, TB and Malaria prevention and control, personal hygiene, sexual and gender-based violence, rights and responsibilities and other related issues. They also work to dispel myths and misconceptions around sexual and reproductive health and rights [SRHR] in their communities.

"…you see those flats [the Rusike hostels], they are disused but there are many '*vasikana*' [Female Sex Workers] staying there …beyond these being a haven for most Female Sex Workers here, there is a lot that goes on in there including drug abuse and sexual abuse. As Sex Workers Oversight Committee members, we often go in there to educate our peers on safer sex and raise awareness on the availability of services

such as Pre-Exposure Prophylaxis [PrEP] and Post-exposure Prophylaxis [PEP] at the local clinic, as well as distribute condoms." – Eversmile, Sex Worker Oversight Committee Chairperson.

Sex Workers Oversight Committee members also recruit, train and mentor fellow female sex workers who in turn cascade health education and recruitment of peer-educators to raise awareness and improve service uptake. In addition to providing peer education, they are also responsible for distribution of condoms and promote their use to fellow Female Sex Workers in bars and night clubs. Oversight Committees also undertakes monitoring of the availability, accessibility, affordability and quality of services from the perspective of Female Sex Workers, using a Score Card. The Committee meets monthly and quarterly to review the ratings on service provision on the Score Card and to come up with action plans that addresses identified issues and gaps. In turn, issues that cannot be resolved by the Committee are escalated to quarterly meetings conducted together with nurses and other health workers at the respective health facility. Again, issues not resolved at this level are further escalated to the Stakeholders Interface Meetings. These meetings connect both the Sex Workers representatives and health workers representatives with other stakeholders such as the police. "…in our work there are two departments we deal with often and these are the police and health," emphasises Eversmile, who is a Sex Worker Oversight Committee Chairperson.

Female Sex Worker accessing female condoms at a bar in Dombotombo

The Oversight Committees, working together with health workers at local facilities, local leaders and other service providers also play an important role in identifying bottlenecks hindering service uptake by Sex Workers. To date the issues and bottlenecks identified includes perceived and real concerns on whether health workers are upholding confidentiality, sexual and gender-based violence perpetrated by members of the security forces, unfavourable working conditions.

"We don't only always present at health facilities with STIs… sometimes we are harassed by our clients and we present with injuries …if you get injured you need a police report for you to get medical assistance at the health facilities so we end up at the police station …in the past we were at times harassed and taken advantage of by the police offices when we report such cases …I am glad that the Sex Workers Oversight Committee has helped us to tackle this issues by giving us an opportunity to engage directly with the police and other stakeholders." – Eversmile, Sex Worker Oversight Committee Chairperson.

The situation at health facilities has also improved. Following engagements and advocacy by the Sex Worker Oversight Committee health workers at Dombotombo Clinic have made adjustments to better meet the needs of Female Sex Workers. "…before sex workers coming to our clinic used to complain that they were not being treated well and were being called all sorts of names …now everyone working here understands that these are special populations …they need to be treated well, quickly and with respect." Says, Sister Marange, PCN, Dombotombo

Clinic.

Eversmile, concurs with Sister Marange that the situation has improved, noting that there are now at least two nurses at the clinics at any given time who are dedicated to attending to her and her peers when they visit the facility. "...when we get to the clinic there is a language which once we communicate to the nurses they recognise us. They will treat us quickly and discretely so that we do not have to worry about other clients identifying us with our trade …they [the other clients] will always judge, yet our clients come from the same communities they come from."

Another barrier to accessing treatment, successfully resolved by Eversmile and the Sex Workers Oversight Committee she leads, was on concerns on privacy and confidentiality expressed by Female Sex Workers when accessing ART. The local clinic used to group ART patients and ask them to come for viral load testing and collection of medications at appointed dates and times. This arrangement made it look obvious who was taking ART. The Committee identified the issues and engaged with the nurse-in-charge at the clinic before it was resolved. Now ***vasikana*** are free to come to the facilities to receive services anytime during opening hours without the worry of being identified as ART patients.

The numbers of new HIV infections and new STIs in Marondera are going down following implementation of CLM interventions such as Sex Workers Oversight Committees. This is because key populations who used to shun seeking prevention and treatment services are becoming more comfortable to present at health facilities as both barriers and bottlenecks are wearing off. Condom uptake has also improved and so is knowledge on safer sex. According to the National AIDS Council [NAC] Marondera District Aids Coordinator, Mr. Sebastian Manjengwa,

"there has been a surge in the number of people, especially women and girls, coming for HIV testing and those accessing sexual and reproductive health services in the district."

He also noted that crime rates associated with sex work has declined as the relationship between the police and Female Sex Workers has improved. "…they now alert us when there are condom shortages in the bars and night clubs and this must be a sign that they (Female Sex Workers) are using them," says Mr. Sebastian Manjengwa

Eversmile is however worried that even younger and more vulnerable girls, as young as 11 – 12 years old, are becoming sex workers. She thinks that more efforts are required to reach this at-higher-risk group with health education and alert them to the dangers associated with sex work. Above all she noted the need to empower adolescent girls and young women to start and sustain income generating projects. "…even if one goes through university, as long as they do not have anything meaningful to do they end up on the streets like me," narrates Eversmile.

She also thinks that more still needs to be done to engage sex workers clients on issues such as rights of Female Sex Workers, safer sex, prevention and control of STIs, HIV and AIDS and sexual and gender-based violence.

RESEARCH AND DEVELOPMENTS/ ADVANCEMENTS IN HIV AND AIDS

Zimbabwe approves the use of the injectable PrEP

The Medicines Control Authority of Zimbabwe (MCAZ) has approved the use of long-acting injectable cabotegravir (CAB-LA) as pre-exposure prophylaxis (PrEP) for HIV prevention. This approval makes Zimbabwe the first country in Africa, and the first low- and middle-income country, to approve CAB-LA for HIV prevention. The World Health Organization (WHO) recommends CAB-LA as an effective option for individuals at substantial risk of HIV infection. The availability of CAB-LA, along with other PrEP products, provides increased choices for HIV prevention. WHO and partner organizations are working to ensure the safe and effective implementation of CAB-LA globally, including addressing challenges in affordability and access.

What does this entail for the CLM project?

The approval of long-acting injectable cabotegravir (CAB-LA) for HIV prevention in Zimbabwe has positive implications for the HIV and AIDS clientele in the country. It provides an additional and effective option for individuals at high risk of HIV infection, expanding the range of choices for HIV prevention. This can potentially contribute to reducing new infections and improving overall health outcomes for the HIV and AIDS clientele in Zimbabwe.

For the Community Led Monitoring project, the approval of CAB-LA adds a new intervention to monitor and assess. Community-led monitoring plays a crucial role in ensuring the effective implementation and impact of HIV programs. With the introduction of CAB-LA, the project can gather insights and feedback specifically related to the use and impact of the injectable PrEP. This information can guide program improvements, decision-making, and resource allocation to better address the needs of the community and maximize the effectiveness of HIV prevention efforts.

Spotlight on Bindura Urban Community Support Trust (BUCST) and Community-Led Monitoring in mining areas

In this spotlight, we shed light on the efforts of Bindura Urban Community Support Trust (BUCST) and their implementation of Community-Led Monitoring (CLM) in mining areas, specifically Rosa Mining Area and Mazowe (Jumbo) Mine.

Since June 2021, BUCST has been working in partnership with Friends for Child Development (FCD) to implement CLM in Mt Darwin and Mazowe districts. In Mt Darwin, CLM is being implemented in six facilities, including Matope, Tsakare, Mutungagore, Bveke, Kamutsenzere, and Mukumbura. In Mazowe, CLM is being implemented in Cranham, Von-Abbo, Tsungubvi, Nzvimbo, Makope, Dandamera, and Mazowe mine clinics.

Mazowe has had a high prevalence of HIV in the province, particularly among mobile vulnerable populations such as miners and sex workers. The fluctuating population in the mining area results in a small number of Jumbo residents on HIV therapy, with many people assuming that all HIV services are paid for. The rural community of Rosa, located on the highway, faces high poverty levels, and young girls are vulnerable to exploitation by artisanal miners who entice them with cars and material goods. Lack of knowledge among young people and delayed enrollment for antenatal care and prevention of mother-to-child transmission (PMTCT) increase the risk of infecting children.

Artisanal miners often have poor health-seeking behavior due to mismatched clinic working hours and their work schedules. BUCST advocates for a communication plan to raise awareness that HIV services are free, potentially using billboards. The unique challenges in mining areas necessitate the implementation of CLM, and moonlighting services could be considered to reach sex workers during active nighttime hours. Engaging with implementing partners like Zim-Tech is also recommended.

While BUCST acknowledges that they do not currently work directly at Rosa Clinic and Mazowe Mine due to budget limitations, they have presented the issues faced in these areas to relevant stakeholders, including the Department of Health and Provincial stakeholders, who recognize that these challenges extend beyond the six clinics covered by BUCST.

By spotlighting BUCST's efforts and the specific challenges faced in mining areas, we hope to raise awareness, foster collaboration among stakeholders, and encourage further support and resources to address HIV-related issues in these communities.

You can read more on the article on https://www.herald.co.zw/jumbo-rosa-mines-top-in-new-hiv-infections/

About BUCST (Bindura Urban Community Support Trust)

BUCST, a community-based organization operating in Mashonaland Central Province, was established in 2009 by individuals infected and affected by HIV. Their vision is to ensure that every child enjoys health and legal rights, while their mission involves educating and facilitating access to health and legal rights.

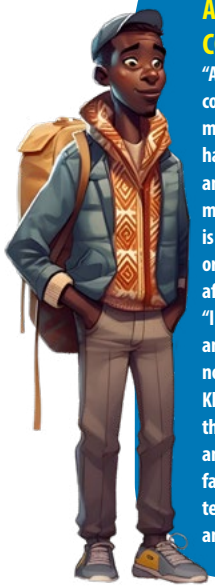
TESTIMONIALS

Community Voices: Testimonies from Zimbabwe's CLM Project

The Community Led Monitoring (CLM) project in Zimbabwe, operating under the UNAIDS umbrella, empowers local community-based organizations (CBOs) to gather data on HIV services at PEPFAR supported health facilities. The project aims to identify barriers to accessing high-quality HIV services, advocate for policy changes, and increase the provision of targeted HIV testing services. Through the CLM project, community members from diverse backgrounds share their testimonies, shedding light on their experiences and the impact of the project.

TESTIMONY 1: OVERCOMING IGNORANCE AND EMBRACING TREATMENT

"All along, I was ignorant about knowing my status. This January, during a feedback meeting held by the Community Health Advocates (CHA) at the baby clinic, I gained the courage to get tested. I tested positive and started medication. I informed my husband, and he is also on medication now."



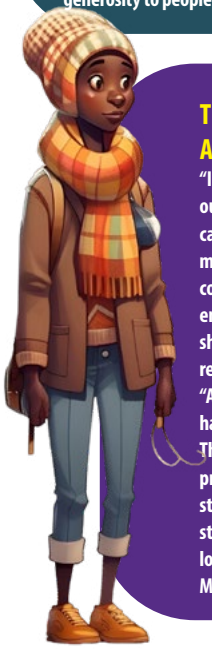
TESTIMONY 2: THE NEED FOR AFFORDABLE MEDICATION AND COMPREHENSIVE SERVICE

"As a poor person, it's difficult to pay for consultations and then be told to buy medication from a private pharmacy. We had a bad season with poor rains, no yield, and no means of income. Where can we get money? We visit the clinic, but the medication is unaffordable. We need a public pharmacy or a government pharmacy where drugs are affordable."

"I visited the facility to complain of chest pains and had to pay consultation fee of $10. I did not receive any medication but was referred to Khami clinic for x ray and I am not happy with the fact that I had to pay at the local facility and at Khami clinic as well. I want the local facility to have x-ray machinery and other testing machines as we cannot afford to go and pay for services outside the facility."

TESTIMONY 3: ACCESSIBLE SERVICES AND SUPPORTIVE HEALTHCARE WORKERS

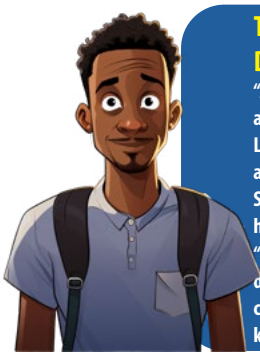
"At Mutasa DC clinic, lubricants and HIV prevention services are readily available, and there have been no reported shortages. The nurses there are very friendly. If you're on antiretroviral therapy (ART) and fail to collect your medication, the health workers remind you to come and collect your pills. I wish them to continue with that generosity to people living with HIV."



TESTIMONY 4: ENCOURAGEMENT AND SUPPORTIVE CARE

"I missed my ART review date because I went out of town. After three days, I received a call asking why I did not come. I explained my situation, and when I returned, I received counseling and my medication. They encouraged me not to miss my medication, showing understanding instead of reprimanding me."

"As a 32-year-old woman living with HIV, I have been taking medication since 2017. The nurses at Mucheke clinic are friendly and provide counseling. The professionalism of the staff is commendable. However, additional staff and waiting areas are needed to address long queues. I am happy with the services at Mucheke clinic and recommend it to others."



TESTIMONY 5: SEEKING SERVICES AMIDST DISCRIMINATION AND LGBTQ+ SUPPORT

"As a gay man seeking services at Chikanga clinic, I faced discrimination a year ago. The nurse aides made derogatory remarks about the LGBTIQ community, which made me feel less of a human being. To access services without discrimination, I had to identify as straight. Sensitization and acceptance are crucial for all individuals seeking healthcare."

"My partner and I had been fighting over getting tested for years. We decided to seek counseling at the local clinic, Mzilikazi. As a lesbian couple, we were pleasantly surprised by the sensitized staff. We now know our statuses, and I'm grateful for the support we received."

TESTIMONY 6: FINDING HOPE AND DETERMINATION

"For years, I lived without knowing my HIV status. Then, I got really sick and found out I was HIV positive. It was a shock, but acceptance was a gradual process. I started taking medication religiously, found a fantastic doctor, and reconnected with supportive friends and family. Today, HIV is a part of me, but it doesn't define me. There's hope, there's life, there's a future – and I'm determined to live it to the fullest."

The testimonies collected from the Community Led Monitoring project in Zimbabwe highlight the profound impact of community engagement in HIV services. They reveal the importance of accessible and affordable healthcare, supportive healthcare workers, and the need for sensitization to eliminate discrimination. These voices not only provide valuable insights into the challenges faced by individuals and communities but also contribute to shaping policies and improving the delivery of HIV services. The Community Led Monitoring project continues to empower communities and foster positive change in Zimbabwe.

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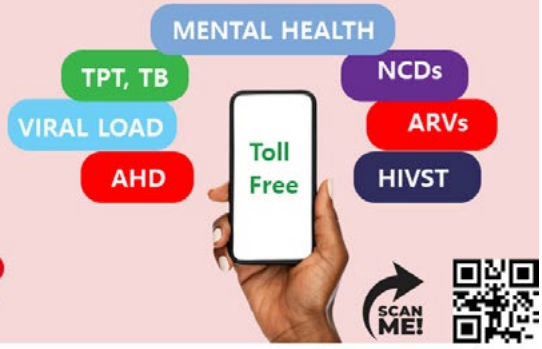

PEPFAR · USAID FROM THE AMERICAN PEOPLE · UNAIDS · NATIONAL AIDS COUNCIL · OPHID · ZimPAAC · Zim-TTECH · ViiV Healthcare · GNP+ · AHF · CLINTON HEALTH ACCESS INITIATIVE

PARTNER ACKNOWLEDGEMENT

COP 23 COMMUNITY BASED ORGANIZATIONS

All Women Advocacy (AWA),
Friends for Child Development (FCD),
Bindura Urban Community Support Trust (BUCST)
Rujeko Home Based Care,
My Age Zimbabwe,
Batanai HIV& AIDS Service Organisation (BHASO),
Tariro Youth Development Trust (TYDT),
FACT Chiredzi,
Springs of Life Zimbabwe (SLZ),
Southern Africa Crises Management Agency (SACMA),
Union for the Development of Apostolic Churches in Zimbabwe and Africa (UDACIZA),
Youth Gate Zimbabwe Trust,
Umzingwane AIDS Network (UAN),
Midlands AIDS Service Organisation (MASO),
Abundant Life for All (ALFA),
Betseranayi Community Based Care Trust,
Youth Advocates Zimbabwe (YAZ),
Zimbabwe Network of Disability and HIV and AIDS Organisations (ZIMNEDHAO),
Blooming Lovely Roses Centre,
Unemployed and Vulnerable Foundation Trust,
Zimbabwe Young Positive (ZY+),
Development Agenda for Adolescent Girls and Young Women (DAWA),
Sexual Rights Centre (SRC),
Hands of Hope Organisation,
Young Men Christian Association (YMCA),
Pamuhacha HIV/AIDS Prevention Project,
Child and Adolescent Resource Centre (CARC)

The world can end AIDS, with communities leading the way. Organisations of communities living with, at risk of, or affected by HIV are the frontline of progress in the HIV response. Communities connect people with person-centred public health services, build trust, innovate, monitor implementation of policies and services,and hold providers accountable. (UNAIDS)