National AIDS Council

The Story So Far . . .

2000 - 2004

Zimbabwe

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Contents

Glossary of Terms

PAYE	Pay As You Earn
PAACs	Provincial AIDS Action Committees
DAACs	District AIDS Action Committees
WAACs	Ward AIDS Action Committees
VAACs	Village AIDS Action Committees
FBOs	Faith Based Organizations
NGOs	Non-Governmental Organizations
GFATM	Global Fund AIDS TB and Malaria
ARVs	Anti-Retrovirals
IEC	Information, Education and Communication
VCT	Voluntary Counselling and Testing
PPTCT	Prevention, Parent to Child Transmission
PLWHA	People Living With HIV and AIDS
OI	Opportunistic Infections
STI	Sexually Transmitted Infections
SI2002	Statutory Instrument 2002
IGPs	Income Generation Projects
M & E	Monitoring and Evaluation
NAC	National AIDS Council
MoHCW	Ministry of Health and Child Welfare

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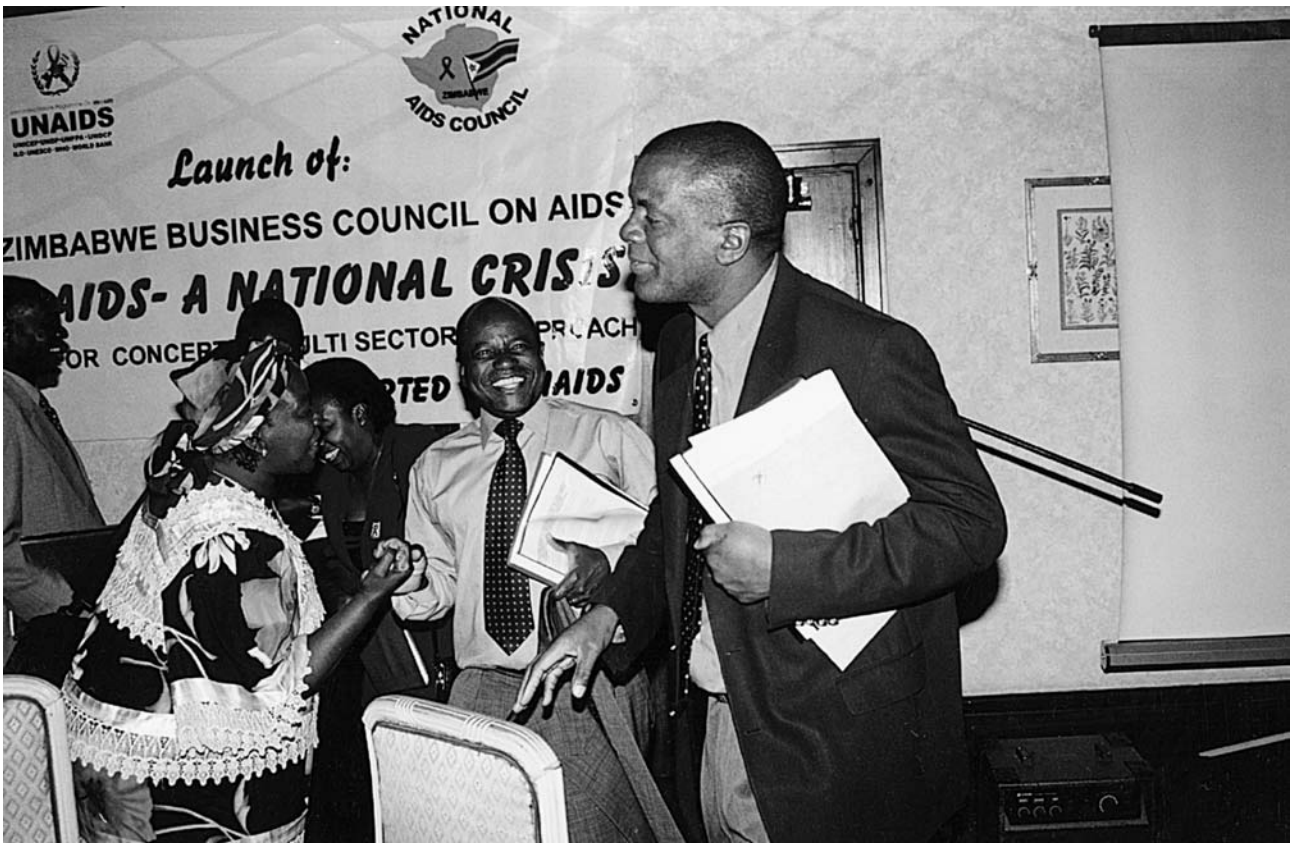
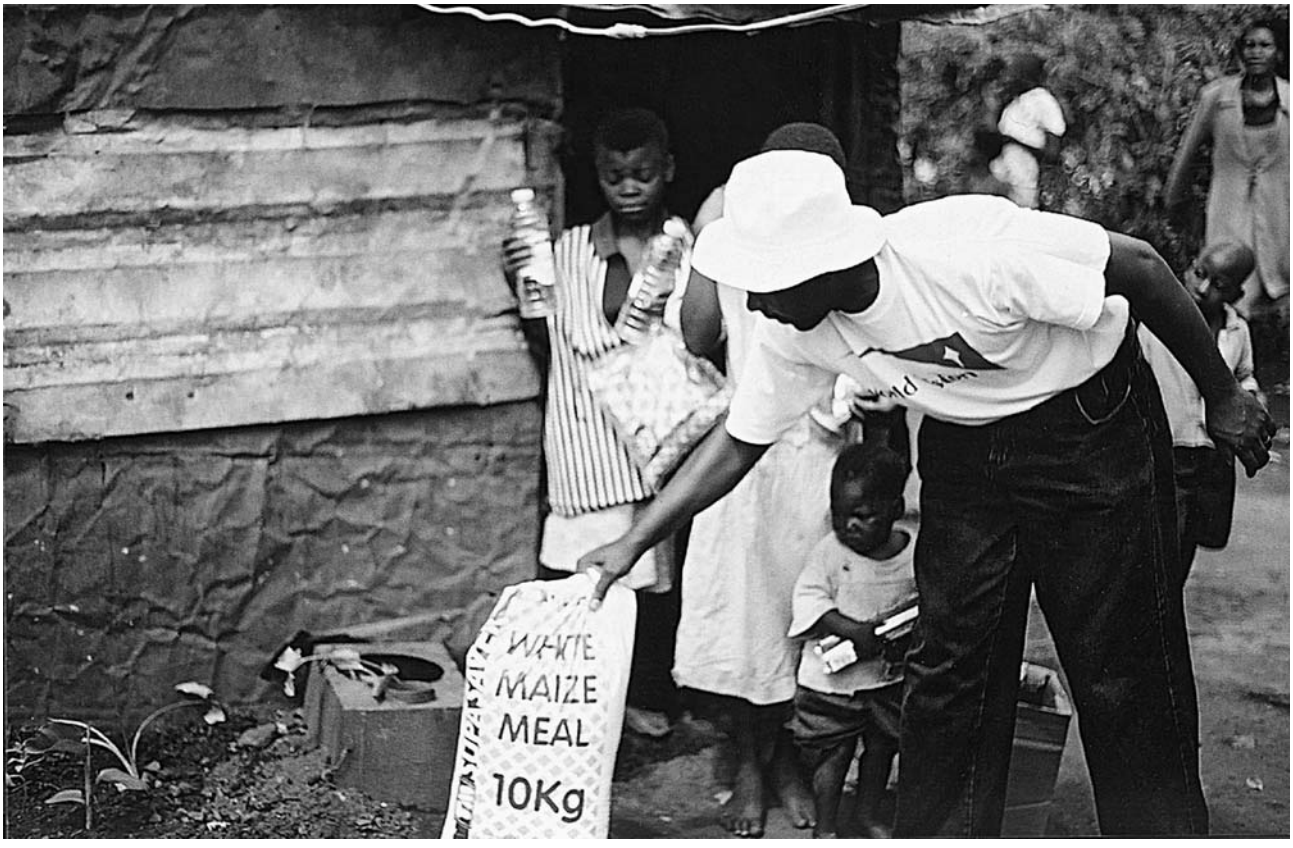


Launch of the Zimbabwe Business Council on AIDS, 2002



Provision of Nutritional Support to Children Orphaned by AIDS

The National Response to HIV and AIDS
The National AIDS Council "The Story So Far"

1 THE HIV AND AIDS PROBLEM

In presenting 'the story so far' in the fight against HIV and AIDS from the standpoint of the National AIDS Council (NAC), it is essential to outline first the key aspects of the national HIV and AIDS problem, milestones marking the development of the present multi-sectoral response practice, and the establishment of the NAC as agency for spearheading and coordination of the national response to the HIV and AIDS pandemic.

The first case of AIDS in Zimbabwe was identified in 1985 and the problem and impact of HIV and AIDS has continued to grow at an alarming.

Text Box 1

Situational Analysis of HIV and AIDS in Zimbabwe, 2004

- An estimated 1.8 million Zimbabweans out of 12 million are living with HIV.
- HIV prevalence is 24.6% in the 15-49 age groups.
- 90% of the infected are not aware of their status
- 600 000 of those carrying the HIV virus have the signs and symptoms of AIDS and require varying degrees of care and support.
- Girls in the 15-19 age group are most vulnerable to HIV infection.
- An average of 2,500 people per week are dying as a result of HIV/AIDS.
- 60% -70% of under five years old deaths are a result of HIV and AIDS.
- Because of AIDS, life expectancy has fallen from 62 years in 1990 to the current 43 years.
- Incubation period from acquiring of HIV to full-blown AIDS is 5-10 years.
- Mother to child transmission rate is 30% - 40%.

Source: MoHCW

2 WHERE WE HAVE COME FROM?

Realization and the first Step: In response to the HIV and AIDS pandemic the Government first introduced a measure of universal screening of blood for HIV before transfusion in 1985.

The first plans: This step was followed later in 1987 by a one-year Emergency Short Term Plan (STP) aimed at creating public awareness and training of health personnel in different aspects of prevention and control of HIV and AIDS.

Medium Term Plans: In 1993 the Medium Term Plan (MTPI) followed focusing on expanding interventions for promoting appropriate behaviour change among target population groups, counseling and caring for people with HIV and AIDS as well as monitoring the epidemic through epidemiological surveillance.

Send Medium Term Plan: The worsening HIV and AIDS situation and realization that it is more than a health problem made the Government realize and prioritize the need and importance of bringing in other sector players to participate as partners in the fight against the pandemic. In 1994 the second 5-year Medium Term Plan (MTP2) was formulated based on a multi-sector response and approach. The main focus of this plan was to reduce; transmission of HIV and other sexually transmitted infections (STI), the personal and social impact of HIV and AIDS/STI, and the socio-economic consequences of the epidemic.

Towards a comprehensive National Policy and Strategy and Implementation: Further, Government prioritized development of a comprehensive policy and strategy on HIV and AIDS including establishment of a National AIDS Coordination Programme (NACP) as key to the success of a multi-sector response. An National Inter-disciplinary and Inter-Sectoral Task Force (NITF) including seven expert groups on HIV and AIDS were formed to identify broad areas for policy development.

Shift towards Coordination of Multi-Sectoral Response: Government further realized that HIV and AIDS can be contained and eventually brought under control but through a coherent and sustained multisectoral approach supported by political and civil leadership at all levels of society. The establishment of an appropriate multi-sectoral HIV and AIDS coordination and advocacy framework in which all sectors recognize HIV and AIDS as a priority and integrate it into their planning and programming was prioritized.

Creation of the National AIDS Council (NAC): Subsequently, the National AIDS Council (NAC) was created in 1999. It became operational in 2000 to coordinate efforts of Government Ministries/ departments, the private sector, non-governmental organizations, the churches, communities, community based organizations including support groups for people living with HIV and AIDS, the media, and international collaborating partners.

3 WE HAVE PRINCIPLES AND STRATEGIES THAT GUIDE OUR RESPONSE TO HIV AND AIDS

The national response to HIV and AIDS is guided by the National HIV and AIDS policy of 1999 and the National Strategic Framework 2000-2004 which provide the national guidelines for HIV and AIDS practice outlined respectively in Boxes 2, 3 and 4.

Text Box 2

National HIV and AIDS Policy Guidelines

That:

- HIV and AIDS is a serious public health, social and economic problem affecting the whole country and requiring to be addressed as a major priority through appropriate individual and collective actions.
- Information change is cornerstone for the prevention and control of HIV and AIDS/STI.
- Human rights and dignity of all people irrespective of their HIV status should be respected and that avoidance of discrimination against People Living With HIV and AIDS (PLWHA) should be promoted.
- Providing care and counseling is essential in order to minimize the personal and social impact of HIV and AIDS.
- Sensitivity to gender and commitment to promoting gender equality should be integrated into the different policies.
- Research should be an integral part of the effort to combat HIV and AIDS.
- A supportive environment at every level of society will enhance the response to HIV and AIDS by individuals, families and communities.
- An appropriate National AIDS Coordination and advocacy framework is essential to oversee further policy development, implementation and coordination.

Source: National HIV/AIDS Policy, Zimbabwe 1999

Text Box 3

Strategies for Implementing the National HIV and AIDS Policy

1. Establishing of a multisectoral National AIDS Council (NAC) with a clear mandate to ensure overall management and coordination of the National response to HIV and AIDS.
2. Ensuring that HIV and AIDS is recognized and treated as major priority for political support and social and resource mobilization.
3. Ensuring that all sectors and organizations integrate HIV and AIDS into their planning and programming.
4. Mobilizing resources to support the national response to HIV, AIDS and STI.
5. Promoting effective monitoring and evaluation of all programmes/projects on HIV, AIDS and STI.

Source: National HIV/AIDS Policy, Zimbabwe 1999

The Key Strategies for implementing the National Response to HIV and AIDS

Text Box 4

The Key Strategies for a National Response

1. Promotion of Prevention
2. Promotion of Mitigation by Caring and Supporting the affected.
3. Reduction of negative economic impact in general
4. Improvement of the National Response.
5. Making the Strategic Framework operational and effective.
6. Monitoring and Evaluation.
7. The Framework for Partnership and Coordination

4 THE NATIONAL AIDS COUNCIL (NAC)

The National AIDS Council (NAC) was established through the National AIDS Council Act Chapter 15:14 of 2000 for the purpose of coordinating, facilitating, mobilizing, supporting and monitoring a decentralized national Multi-Sectoral response to HIV and AIDS in accordance with the Zimbabwe Strategic Framework for HIV and AIDS interventions (2000-2004). NAC is tasked with the statutory responsibility of administering the National AIDS Trust Funds (NATF) collected through the AIDS Levy, being 3 percent collected from every PAYE subscriber and corporate tax. The first Board of NAC was constituted in December 1999 while the Secretariat was established in 2000. The decentralized structures for the national response comprising Provincial AIDS Action Committees (PAACs), (District AIDS Action Committees (DAACs), Ward AIDS Action Committees (WAACs) and Village AIDS Action Committees (VAACs) were established in early 2001.

Our Mandate

NAC is mandated to mobilize, coordinate, facilitate and monitor an expanded national multisectoral response to HIV and AIDS, as well as ensure maximum transparency and accountability in the management and utilization of resources raised.

Our Vision

We are guided by a vision that HIV and AIDS is everyone's concern and that comprehensive effective and coordinated community and sector driven HIV and AIDS prevention, care, support and mitigation initiatives be implemented throughout the country..

Our Goal

Our goal is to empower communities to reduce HIV transmission and minimise the impact of the AIDS epidemic on individuals, families and society.

The Mission

At NAC we have made a commitment to provide quality and effective leadership for a comprehensive and coordinated multisectoral response to HIV and AIDS.

Our Strategic Objectives

- To oversee, facilitate, and coordinate strategic planning and implementation of a comprehensive response initiatives on HIV and AIDS.
- To spearhead advocacy and social and resources mobilization towards scaling up and an accelerated fight against HIV and AIDS.
- To monitor and evaluate the national multisectoral efforts on HIV and AIDS in order to enhance their impact.

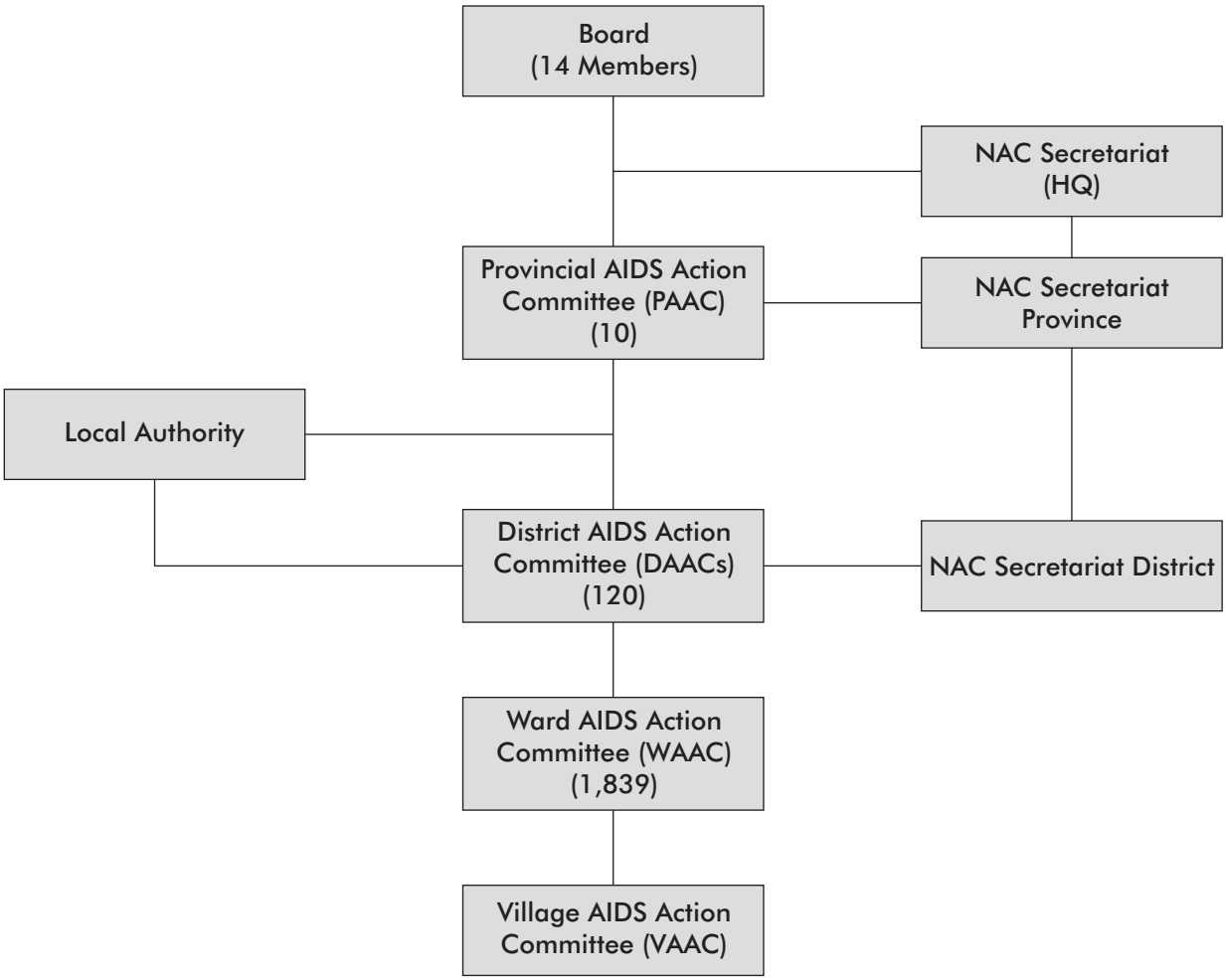
Outcomes Expected

- Significantly reduced incidence of HIV infection and minimized effects of the epidemic on individuals, families, communities and society at large.
- Comprehensive and effective community and sectoral response initiatives on HIV and AIDS being implemented throughout the country.
- Better-coordinated multisectoral and multilevel action against HIV and AIDS.
- Reduced resource gaps to fight AIDS.

- Increased and active participation by various stakeholders in response to HIV and AIDS.
- Improved management and utilization of resources to combat HIV and AIDS.
- Monitoring and evaluation of responses to HIV and AIDS realized and necessary measures for improvement undertaken.

5 OUR GOVERNANCE AND MANAGEMENT STRUCTURE

Diagram 1



The Board - Roles and Tasks;

- The Board provides operational policies to implement the National AIDS Policy and within the Strategic Framework.
- The composition of the 14 member Board reflects the multisectoral nature of the national response with sub-sector representatives from; Education, Public Sector (Civil Servants), MoHCW, Persons Living with HIV and AIDS (PLWHAs), Labour Movements, Local Authorities, Legal Society, Women, Traditional Healers and Faith Based Organizations (FBOs).

NAC Secretariat - Roles and Tasks;

- The secretariat is present at national, provincial and district levels.
- Its task is developing and realizing management and administrative systems to promote and support the expanded multisectoral response to HIV and AIDS.

- Facilitating and supporting the establishment and operations of HIV and AIDS. Coordination mechanism for sectoral and district/community action on HIV and AIDS.
- Providing guidance and technical support for sectoral and district/community strategic planning and priority setting for HIV and AIDS.
- Supporting implementation of sectoral and community/district response to HIV and AIDS.
- Mobilizing and managing resources and ensuring transparency and accountability in their utilization.
- Putting in place and realizing appropriate strategies for effective monitoring and evaluation of responses to HIV and AIDS.
- Reviewing and appraising proposals submitted for funding.
- Assisting to establish and maintain appropriate management and technical capacity necessary to support scaling up of response initiatives on HIV and AIDS throughout the country.
- Initiating and realizing strategic partnership against HIV and AIDS with key stakeholders (NGOs, private sector, public sector, local authorities, donor media, etc.)
- Developing and maintaining a database and website for the purpose of data capture, monitoring and evaluation and information sharing.
- Designing and implementing advocacy strategies in order to make HIV and AIDS everyone's concern and promote the necessary action to counter the epidemic.
- Documentation and sharing of best practices.
- Supporting prioritization of research on HIV and AIDS and promoting dissemination and utilization of research findings.

The Provincial AIDS Action Committee (PAAC) - Roles and Tasks;

- There are 10 PAAC's tasked with overseeing and providing policy direction to activities and interventions of DAACs.
- Approve lower community level resource requests, work plans and budgets.
- Mobilize multi-sectoral participation in the District fight against HIV and AIDS.
- Monitor and evaluate the District Response to HIV and AIDS.

The Local Authorities - Roles and Tasks;

- Custodian of AIDS levy allocated to the district.
- Facilitate the mainstreaming of HIV and AIDS in all community programmes.
- Monitor all community-based HIV and AIDS projects.
- Overall responsibility and accountability with respect to activities of DAAC and the District AIDS Coordinator.
- Enforce DAAC compliance with national programme policy standards, principles and values.

The District AIDS Action Committee (DAAC) - Roles and Tasks;

- Plan, evaluate, coordinate and supervise the District Response to HIV and AIDS.
- Oversee and provide policy direction to activities and interventions of WAACs.
- Evaluate impacts of the District responses to HIV and AIDS and partner projects.
- Compile/share District HIV and AIDS Information with local level stakeholders.
- Approve lower community level resource requests, work plans and budgets.
- Build capacity of lower level community programme structures for effectiveness.
- Mobilize multi-sectoral participation in the District fight against HIV and AIDS.

- Prepare financial and narrative program reports for submission to Local Authority and NAC.
- Liaises with the local Authority Treasurer to ensure that accounts are always up to date.

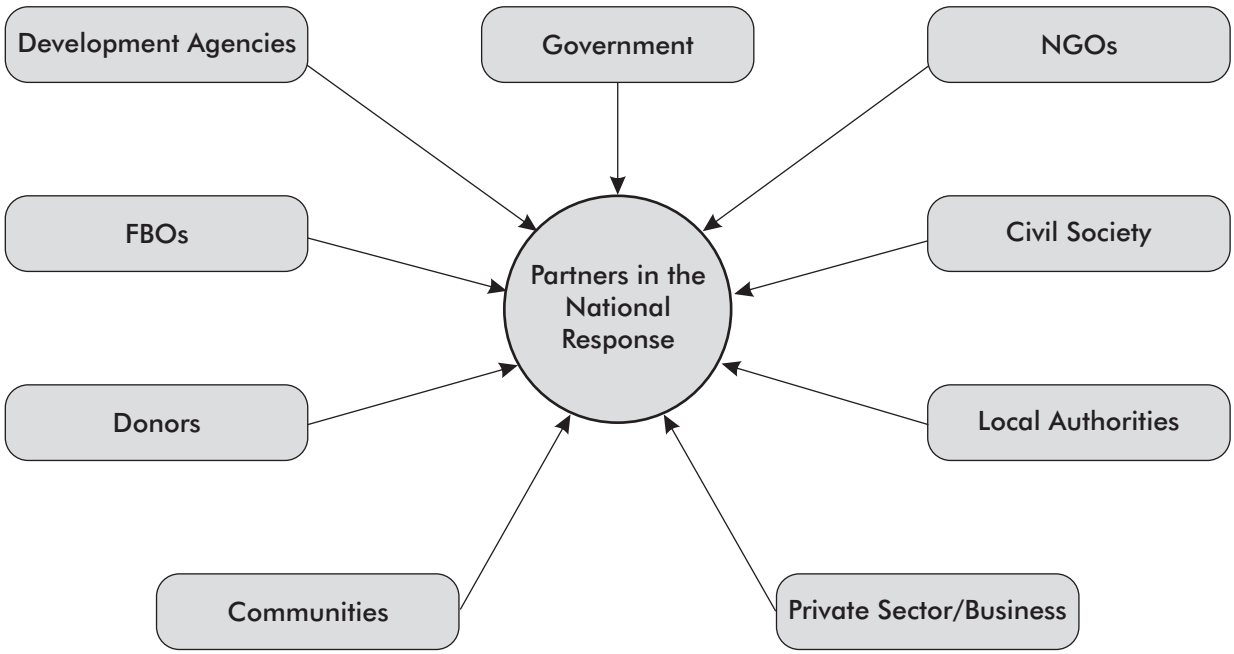
The Ward AIDS Action Committee (WAAC) - Roles and tasks;
- Receives project proposals and work plans from various villages.
- Evaluate VAAC project proposals for adherence to standards.
- Capacitate VAACs for effectiveness, efficiency and adequacy of reporting.
- Undertake community (social) mobilization and VAAC empowerment.
- Prepare consolidated budgets and reports for submission to DAAC.

The Village AIDS Action Committee (VAAC) - Roles and Tasks;
- Identify HIV and AIDS projects at village level.
- Identify beneficiaries and targets of the various HIV and AIDS interventions.
- Maintain register of beneficiaries.
- Supervise and report on the activities of HIV and AIDS implementing agencies.
- Prepare project budgets for community, family & individual level interventions
- Send projects and other information to Ward AIDS Action Committee

6 WHO ARE OUR PARTNERS IN THE NATIONAL RESPONSE INITIATIVE?

Our partners in the multisectoral response initiative for HIV and AIDS include:
Government, Development Agencies, Local Authorities, NGOs, Civil Society, Community Based Organisations, Communities, Faith Based Organisations (FBOs) and Donor Agencies

Diagram 2



7 HOW WE HAVE RESPONDED TO THE HIV AND AIDS CHALLENGE?

Where do the program activities come from and how are they selected?

Because our approach is community-driven and bottom-up process, activities come directly from the communities. VAACs identify household and community needs and define targeting, then they submit their resource plans to the WAACs, who assess and consolidate the submissions into WAAC plans and financial plans. These are then brought to DAACs and consolidated into DAAC plans and work plans which are subsequently consolidated into PAAC plans and eventually composite NAC work plan. On average, each WAAC is made up of seven villages while each DAAC has on average 28-35 WAACs. The DAAC has on average 8-10 DAACs and we have altogether 10 PAACs. The following table summarizes the programmes and activities including achievements as well as gaps encountered in the HIV and AIDS interventions.

Diagram 3 – Strategic Focus

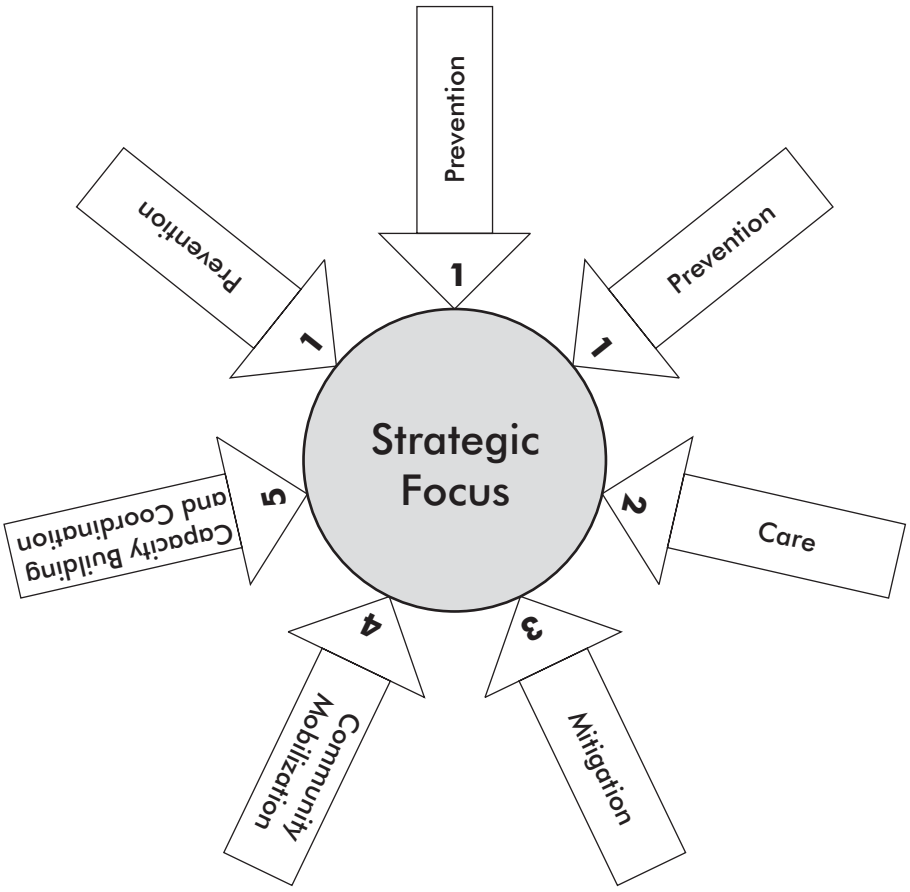


Table 1: Programs, Activities, Achievements and Gaps.

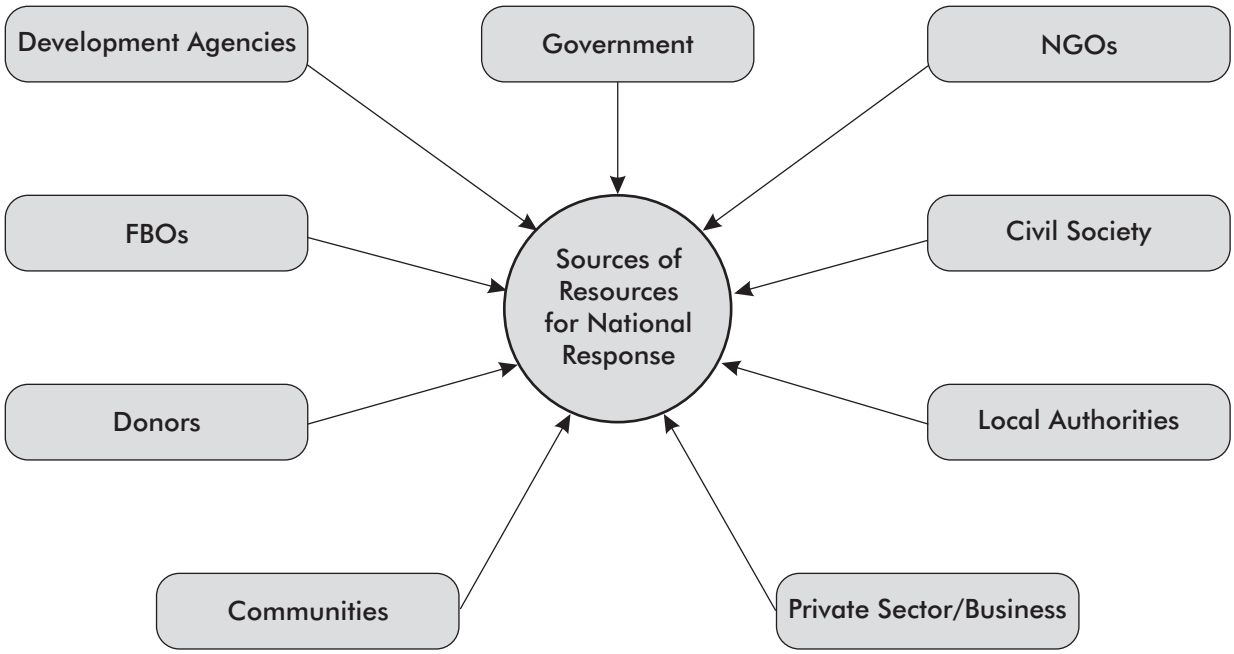
Programme	Partners	Activities	Main Achievements	Gaps
1. Prevention	• Government ministries • Private sector (workplace initiatives) • Labour associations • Civil society (NGOs) • D/W/VAACs • Community groups • Partnerships	• Peer education • Condom promotion • Safe blood transfusions • Awareness raising (IEC) • Youth focused interventions • VCT, PMTCT, Prophylaxis • Treat/manage OI and STIs • Occupational health (SI202) • Fighting stigma and discrimination • Advocating for and promoting a national culture of breaking the silence and status knowledge	• Establishment and Community based multi-sectoral structures. • Initiation of partnerships with Local Authorities/Communities. • Youth Behaviour change initiatives for in/out of school have been established. • Increased awareness and use of condoms. • Social mobilization has been achieved for VCT and PMTCT. • Increased awareness and knowledge about HIV and AIDS. • Production and distribution of IEC. • Materials for different population groups in a Province.	• Match awareness and behaviour change • Integrate Reproductive Health and Youth prevention • Increase youth leadership role in the fight against HIV • Regular and accurate surveillance monitoring • Addressing push/pull factors (poverty and cultural issues) • Redressing patent conflict between Public Health tenets and confidentiality • Documentation and sharing of partner experiences/lessons • Comprehensive standard (shared or common) indicators to measure behaviour change
2. Care	• Government • Business sector • Civil society • DAACs • Community groups • Pharmaceuticals • Researchers • Traditionalists • Volunteers	• Clinical and Home-based care models • Community counselling and care training • Nutritional, chemical, herbal, spiritual and rehabilitative therapies • Wellness and longevity promotional activities • Targeted supplementary and basket feeding • Enhanced individual and household coping capacities • Bereavement counselling and community support services	• Sense of ownership and home Based Care programmes has been built nationally. • Facilitated access to treatment to PLWHA. • Scale up nutritional support to PLWHA. • Facilitated formation and support for PLWHA. • Funded procurement and drugs for opportunistic infections procured kits for Home Based Care.	• Enhancing the quality of care given to patients • Increasing availability, affordability and accessibility of treatment (ARVs) • Strengthening coping strategies at individual, family and community levels • Promotion of wellness, longevity and positive living combination therapies (chemical, nutritional, psycho-socio, physical exercise, herbal, stress management, etc) • Strengthening family and community counselling and support services • Enhancement of male involvement in voluntary and household care activities to reduce gender role inequalities
3. Mitigation	• Government ministries • Public-Private partnerships • Business sector • Civil society • Partnerships and coalitions • D/W/VAACs	• Orphan care and support • Life and survival skills • Income generation activities • Community care & support • Micro-financing schemes • Vocational training • Occupational therapies • Household food security	• Contributed funding for education assistance to vulnerable children and orphans • Shelter implementers for child-headed homesteads. • Support to community Household security initiatives/each IGPs and household food security.	• Sustainability inbuilt in activities • Avoidance of dependency syndrome • Building on and activating dormant individual and group capabilities for self sustenance/reliance and meeting esteem needs • Coordination and integration of support schemes in order to avoid service delivery

Programme	Partners	Activities	Main Achievements	Gaps
	• Community groups	• Livelihood/recovery activities		duplication and creation of parallel programming structures/institutions • Tripartite collaborating and partnerships of government, civil society and local communities in undertaking regular vulnerability assessments for effective targeting
4. Coordination	All sector partners	• Creation of and support to coordination mechanisms • Development of technical working parties at each implementation level • Mainstreaming and integration of HIV and AIDS in national development activities • Provision of policy leadership and operational frameworks	• Succeeded in establishing functional multisectoral and multi-level structures and system coordination and delivery. • Provincial and district multisectoral HIV and AIDS coordination mechanisms (10x Provincial and 84 District AIDS Action Committees (PAACs and DAACs). • 84 AIDS Action Plans being implemented. • Funds from National AIDS Trust Fund being channelled through this mechanism. • Implementation at different stages with some districts in second phase. • Mix of interventions • Some districts have decentralised coordination and financial management to wards through Ward AIDS Action Committees.	• Lack of harmonised HIV and AIDS service delivery standards • Lack of harmonised funding and targeting practice.
5. M & E	Partnership	• Developing tools • Training to ensure data collection. • Timely reporting of implementation activities at every level.	• A National M & E Task Force is in place to guide the process. • M &E Department at NAC established. • M & E Implementation plan for the M & E developed. • Strategic framework is defined. • Core output indicators are defined • NAC Activity report form (Data collection tool) in place. • National M & E training curricula drafted	• Inadequate staff capacity • Inadequate hardware and software. • Lack of skills among partners for M & E.

8 THE RESOURCES MOBILISED AND UTILISED SO FAR

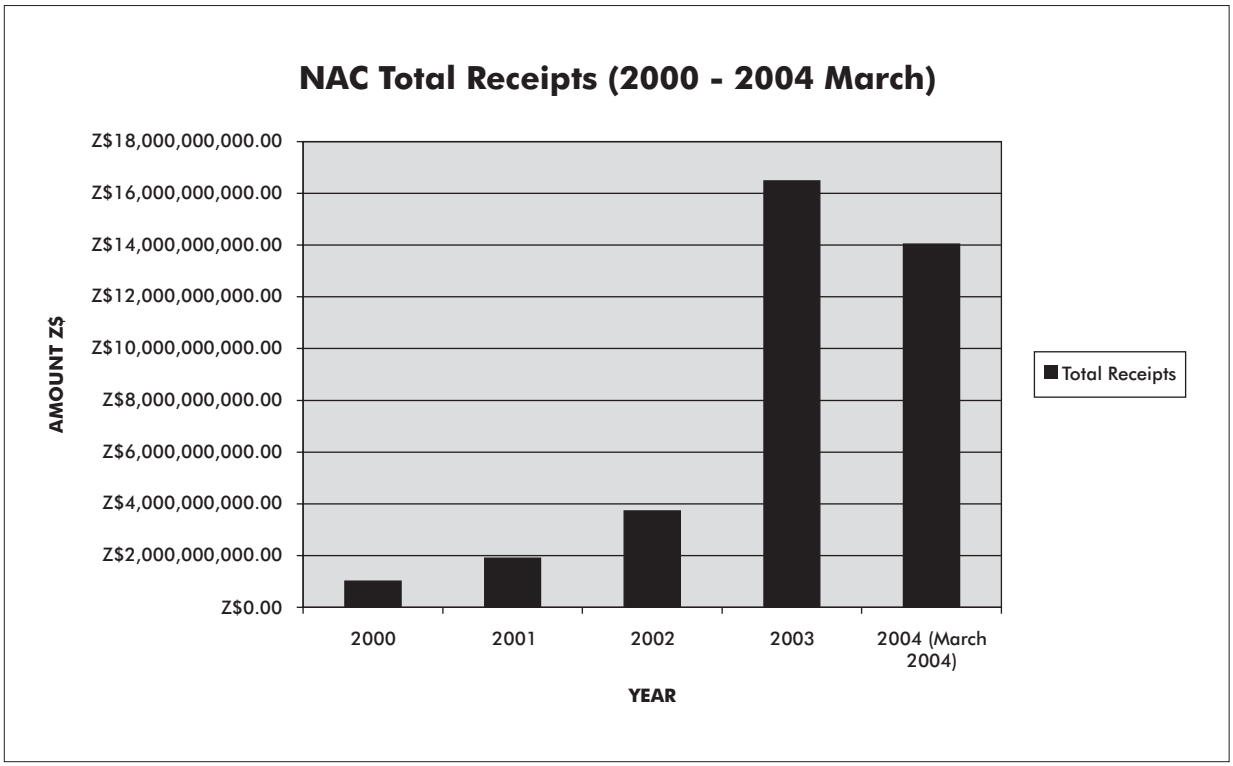
Source of Resources

Diagram 4

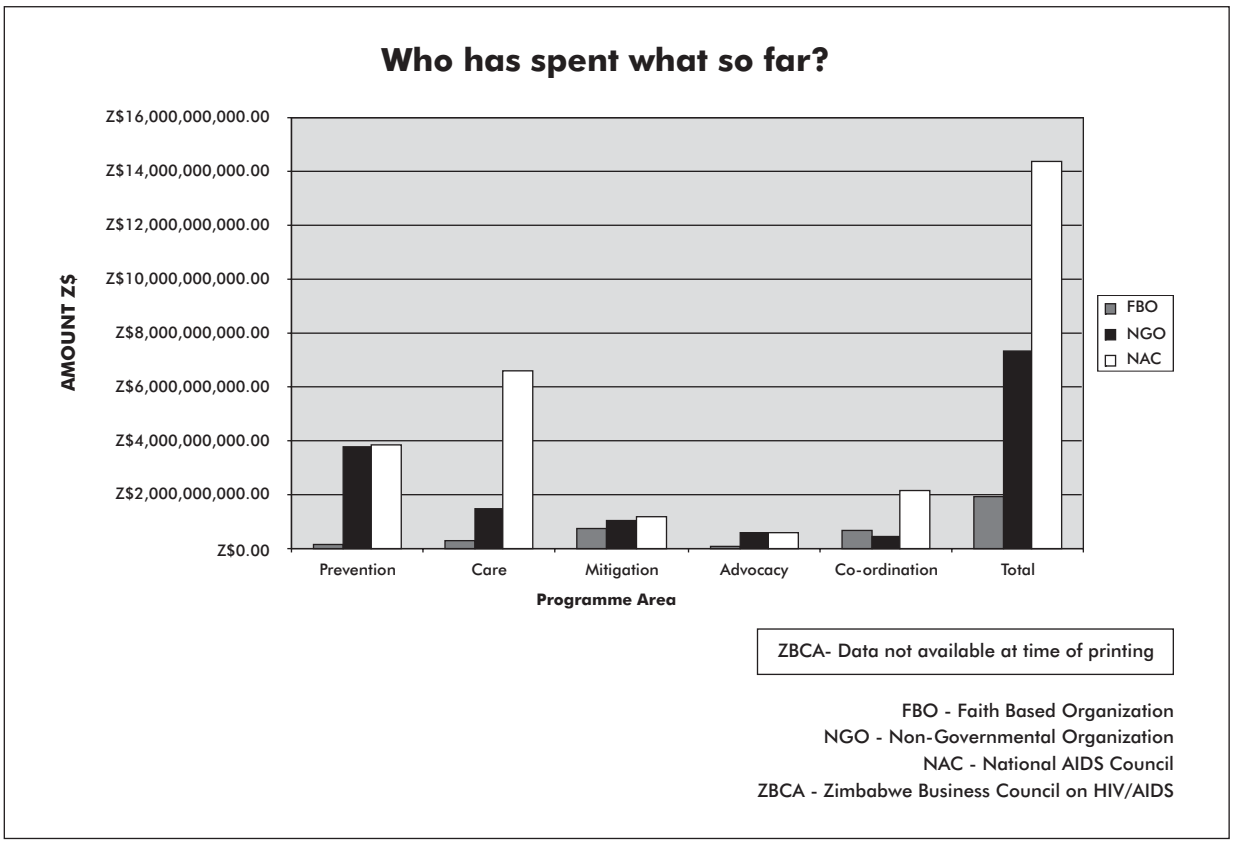


Who has Spent What and Where So Far in the National Response Initiative?

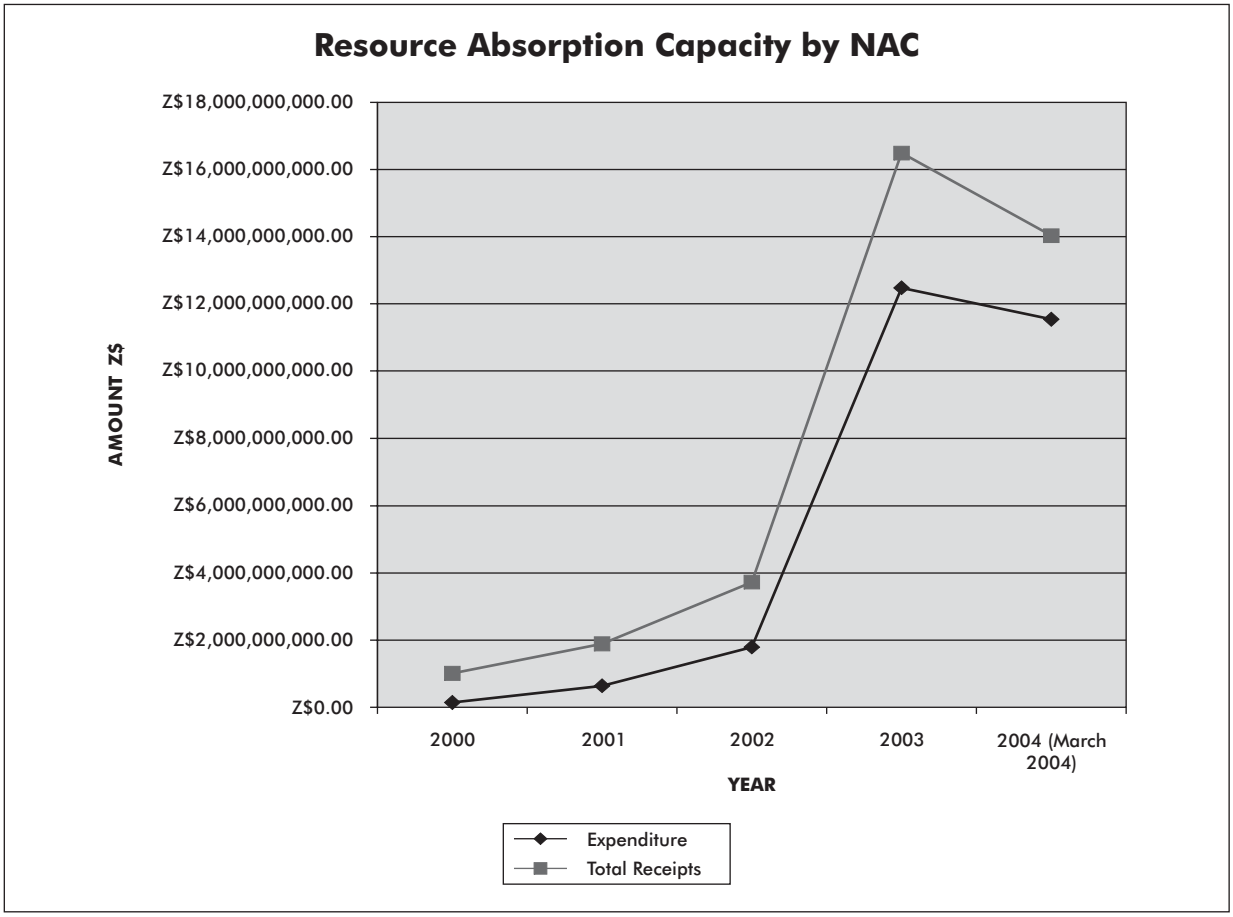
Graph 1



Graph 2



Graph 3



Government; Government has made immense financial, human and material resource contributions towards the fight against HIV and AIDS. Government has provided funds through the treasury for AIDS and TB Unit programs such as PPTCT, VCT, and ART.

Partners; Although there is a challenge of getting information and data, partners, bi-lateral agencies and NGOs have individually and collectively made immense contribution to the fight against HIV and AIDS though grants and expertise.

Communities; Communities across the country have played a very significant role and contribution by proving both material and voluntary human resources.

9 WHO ACCESSES AND BENEFITS FROM THE AIDS FUNDS?

Who Accesses, and Benefits from, the Funds?

The AIDS Levy funds are meant for every citizen of Zimbabwe. The funds are meant for programs that bring about national HIV and AIDS Awareness and Behavior Change and mitigating impact on people infected with and affected by the HIV and AIDS pandemic. The AIDS Levy funds are accessed as shown on Table 2.

Table 2 – How funds are accessed

There are seven steps on how to access NATF AIDS Levy Funds as follows

STEP 1	STEP 2	STEP 3	STEP 4
Use of the funds	**Who are targeted beneficiaries of the AIDS Levy**	**Get acquainted with members of your ward AIDS action committee**	**Submit your request for assistance to WAAC**
• NAC funds are to be used primarily towards preventing further spread of HIV and AIDS and also help alleviate suffering among those infected and affected by HIV and AIDS. • Poverty, hunger and HIV are a vicious circle but NAC resources are inadequate to break the cycle.	• Extremely desperate children orphaned by HIV and AIDS. • Patients on Home Based Care or terminally ill patients • Support groups for People Living with AIDS (PLWAs). • Child headed households. • Young People's task Force on adolescent reproductive health and HIV programmes	• Each WAAC is made up of 10 multisectoral disciplinary members. • Ward Councilors are ex-officio members of WAACs. • The committee chooses their own chairperson, secretary and treasurer. • Nurse in charge of Ward clinic serves as WAAC. • NGOs operating in Wards are members of WAAC.	• Home Based Care givers approach WAAC on behalf of patients. • Foster parents and other guardians approach WAAC with their case. • Support groups approach WAAC on behalf of beneficiaries. • School headmaster approach WAAC on behalf of orphans. • Ward Clinic approaches WAAC o behalf of patients. • Community Home Based Care givers approach WAAC on behalf of beneficiaries • Traditional leaders approach WAAC on behalf of the general community.
	STEP 7	**STEP 6**	**STEP 5**
	Demonstrate that you care	**Some of the activities funded by WAACs**	**Wait for WAAC to assess need and prioritize beneficiaries**
	• Visit your nearest New Start Centre for voluntary Counseling and testing for HIV and AIDS. • If you are infected join a support group or start one. • Assist some beneficiaries to approach WAAC for assistance. • Expose undeserving beneficiaries to WAAC, DAAC, Provincial Office or the media. • Attend WAAC stakeholder meetings and make contributions • Be generous and extend help towards the effected and infected. Involve young people's task forces on adolescent reproductive health at all sub level structures.	A. *Prevention focused activities (over 20 activities on the menu)* • Reproductive and sexual health promotion programs. • Workplace programs including sex worker programs. • Out of school youth programs including sports galas, dramas, teen HIV programs. • In school youth programs including quiz. • AIDS Awareness campaign at WAAC level. • Youth friendly corners establishment and support. B. *Mitigation Focused Activities* • Education assistance for children orphaned by HIV and AIDS. • Support for child headed households. • Nutritional assistance for orphans • Assistance and support for people living with AIDS C. *Care focused activities* • Support for the sick (basic supplies and kits). • Training and support for Home Based Care. • Supplementary feeding for the patients. D. *Research focused Activities* • Limited scope at Ward level.	• WAACs hold regular monthly meetings • WAAC investigates degree of need. • WAAC develops priority list to fit a limited budget. • WAAC operates on quarterly budget. • Each quarter WAAC implements a limited priority of activities approved by District AIDS Action Committee (DAAC)

How many have benefited from the AIDS Levy in 2003?

Strategic Area	Beneficiaries		
	Male	Female	Total
Prevention	2 178 848	2 136 047	4 314 895
Care	299 546	186 001	485 547
Mitigation	61 004	62 945	123 949
Advocacy	1 317 543	1 399 114	2 716 657
Monitoring & Evaluation	73 538	142 470	216 008
Institutional Capacity Strengthening	16 938	16 408	33 346
TOTAL	3 947 417	3 942 985	7 890 402

Note: The bulk of these funds are children assisted with educational support.

10 THE CHALLENGES AND OPPORTUNITIES

In the implementation coordination of the National Response Initiative we have so far faced the following challenges and opportunities;

The Challenges

- Difficulties in bringing different stakeholders to work together.
- Limited capacity in NAC and delivery structure both human, financial and technical.
- Limited acceptance of NAC's role by other partners.
- Limited multi-sector response framework experiences and lessons learnt due to lack of sharing information by players.
- Overwhelming demands and needs to be met with limited resources.
- Fighting stigma and discrimination.
- Absence of harmonized standards and practice.

The Opportunities

i. **National Multi-sector Response level**
- Strong political and partner commitment and all the multi-sectoral response initiative.
- The existence of other national Social Security programs to compliment resource and funding of partners at National and lower levels such as bi-lateral organizations.

ii. **NAC delivery level**
- Has structures that can be used by other community decentralized programs.
- NAC funds are easily accessible.
- NAC's programmes are community owned and driven.

iii. **Global**
- The Global Fund Against AIDS (GFATM) is expected to provide income for deepening and scaling up the National Response to HIV and AIDS.
- Expansion of donor assisted programmes.
- UN agencies have scaled up participation in HIV and AIDS.

11 WHAT GOOD PRACTICES HAVE EMERGED?

The National Response Initiative to the HIV and AIDS pandemic has so far has provided the following important good practice and lessons;

1: **Creation of functional National AIDS Council;** A functional National AIDS Council has been created and providing a mechanism to spearhead and coordinate the National Response to HIV and AIDS. The Board and Secretariat are functional and increasingly becoming effective at National, Provincial and District levels.

2: **Decentralized Framework;** A decentralized framework for multi-sectoral response and partnership has been created which is enabling participation, ownership and inclusion of all partners and stakeholders.

3: **Creation of Ownership for the National Response Initiative;** There has been creation of cross sector state of ownership of the intervention through decentralized structures, participatory implementation processes, and volunteerism.

4: **Creating a Sustainable Resource Base;** A dependable and sustainable resource mobilization has been achieved through the setting up of the National AIDS Trust Fund (NATF) through statute.

5: **Mainstreaming of HIV and AIDS;** HIV and AIDS has been mainstreamed in national development in all sectors through workplace best policies and review of policies, thus creating sustainability.

6: **Functioning through Tried and Tested Delivery Structures;** Delivery is being achieved through existing structures in Local Authorities making the processes effective and sustainable.

7: NAC and government work hand in hand and complement one another rather than competing.

8: Establishment of the NATIF as a major and dependable source of funds to fight against HIV and AIDS.

9: Mainstreaming and establishing focal persons on HIV and AIDS in every sector of the economy.

12 THE WAY AHEAD

The way ahead for the National HIV and AIDS Response is in the strategic shifts and developments reflected in the 2004 Budget. There is a shift in focus and emphasis from Prevention to Care in response to the increasing number of people needing Care and Treatment. Consequently, the 2004 budget shows programme and budget shifts in allocations as follows;

a) An increase of Care budget from Z$2 billion in 2003 to Z$14 billion in 2004 of which 50% (Z$7 billion) will be spent on ARVs, Z$5 billion on Home Based Care, and Z$1.5 billion on opportunistic infections.

b) Prevention remains the priority and has not been scaled down but the cost of delivery has been reduced from 40% in 2003 to 25% in 2004 in order to make Community Home Based Care a separate component from Care and Support.

c) The overall 2004 budget allocations of the $36 billion by Programme component is as follows:

Program	Component	Allocation as % of Proposal, 2004
1.	Prevention	10.7%
2.	Care for People Living with HIV and AIDS (Including HBC)	40.6%
3.	Mitigation and support for OVCs	5%
4.	Advocacy	3.3%
5.	Programme Planning and Coordination	12.9%
6.	Administration	15.3%
7.	Capital Expenditure	6.8%
8.	Endowment Investment Fund	4.1%
9.	Contingency	1.4%
	Total	100%

Good Practice 1

Nkayi District AIDS Action Committee - Matebeleland North

Good Practice 1: Nhlanganiso Ward HIV and AIDS Mobile Library

Author: Mrs Rosemary Kona - PAC Matebeleland North

Objectives

- To enable rural communities to access information on HIV and AIDS through a cheap reliable and community owned outreach programme.
- To increase coverage and intensify awareness on HIV and AIDS to the community.
- To influence attitudes and behaviour change in the community

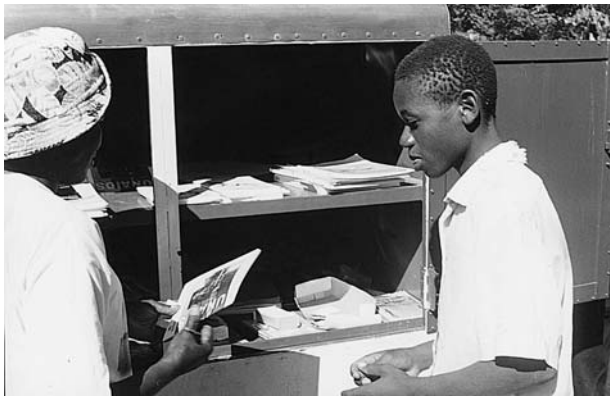
Activities; Community based and driven IEC and advocacy on HIV and AIDS involving use of locally available donkey and cart transport to provide library information services and dissemination to communities in Nkayi District. The activities include:

- Outreach programmes.
- Taking information to the communities through the mobile library.
- Influence behaviour change by providing relevant literature.
- Sharing experiences through open discussions.
- Condom promotion and distribution.

Lessons Learnt

- The willingness of the community to sell the donkeys to the program at much lower price is a clear manifestation of the support they are giving to the program.
- The increase in the demand for the service is a positive indicator and the points towards the success of the programme.
- The mobile library is more suitable for rural communities than static libraries where transport is a problem.
- Apart from the literature available in the cart, a lot on HIV and AIDS can be publicized on the cart e.g. posters.
- There is however need to use strong donkeys in this project especially on wet ground and because of lack of bridges.

Library on the Move



Library Accessible and in Use

Library at Schools and Communities

Good Practice 2

Zaka District AIDS Action Committee - Masvingo

Good Practice 2: Involvement of Political and Traditional Leadership in the fight

Author: Pascal Masocha - District AIDS Coordinator (Zaka)

Program Summary

For many people it is futile and helpless to try and fight this invisible enemy, but for the Jemias Bangamuseve, better known as Chief Nyakunhuwa, its time to battle. For the Chief "the greatest weakness of the HIV virus is that it depends on behaviour that can be changed"

The Chief sees behaviour change as the next best thing to do in the absence of a cure for AIDS. To that end therefore, the chief has taken it upon himself to educate his people on HIV and AIDS issues through sport and culture dance, and to take care of AIDS orphans the Zunde RaMambo programme.

Programme Description

On the 17th of October 2004 Chief Nyakunhuwa and some councilors as well as other leaders in his area launched the Zunda RaMambo programme to feed orphans and vulnerable people as well as anti-AIDS sports activities to keep the youths occupied and prevent them from indulging. The launching ceremony was attended by the Resident Minister of Masvingo, the MP for Zaka South, Provincial Coordinators of AIDS organizations. Several thousands of people from the surrounding communities. Speakers took turns to warn the communities on the dangers of casual sex and HIV and AIDS. The Local Manager of the Grain Marketing Board donated seed and fertilizer to Chief Nyakunhuwa for the Zunda RaMambo project.

Lessons learnt

The involvement of traditional and political leaders in the fight against HIV and AIDS is proving very effective as these leaders are respected by the people. As the AIDS scourge continues to ravage our communities it is becoming clear that certain negative cultural practices must be done away with. The Chiefs as the custodians of our culture are best placed to shoot down such negative practices while at the same time reviving and promoting the positive ones.

Chief Nyakunhuwa's anti-AIDS sports Gala was a good launching paid for the promotion of good cultural practices and the denigration of negative ones and the adaptation of exotic ones. It was also a traditional approach to the fight against HIV and AIDS, which has proved to be sustainable in the long term. To this day the sports activities that were launched on the 17th of October in Chief Nyakunhuwa's area are still going on every week. Before the games kick off anti-AIDS songs, poems and dramas mark the beginning of the games. The Chief has also put into place simple monitoring and evaluation tools to record all orphans and vulnerable children who must benefit from the Zunde RaMambo activities. The Chief has also engaged the services of extension workers like teachers, village Health Workers, Police Officers and Local Councilors to work together to ensure that the project succeeds. With this kind of approach one hopes that behaviour change will eventually be induced while orphans are taken care of. As they say, charity begins at home, and Chief Nyakunhuwa has just shown the way.

Good Practice 3

Binga District AIDS Action Committee - Matebeleland North

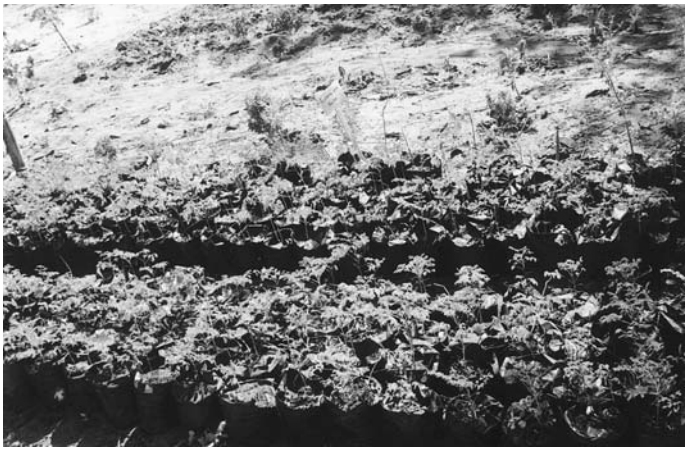
Good Practice 3: Responding to the nutritional needs of PLWHA

Author: Mrs Rosemary Kona - PAC Matabeleland North

The Community of Binga have developed innovative and sustainable means of responding to the nutritional needs of People Living With HIV and AIDS in the district through processing of the moringa tree. The moringa tree is an indigenous tree whose roots, pods, leaves and trunk have been used for generations as a herb and food supplement. The Community has established a project to propagate the tree through nurseries and plantations in order to provide for food and nutritional supplements to PLWHAs. The District Health officials are involved in supporting the initiatives, the benefits and dissemination of knowledge about the tree and its value.

Lessons learnt

Nutrition based on carefully selected traditional fruit and herbal supplements have better nutritional value at no cost than most processed and synthetic foodstuffs and are of great help to PLWHAs.



Moringa Tree Nursery

Processing Moringa into Food Supplement

The Moringa Tree

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"Ready to go" – bicycles for Community Home Based Care Givers