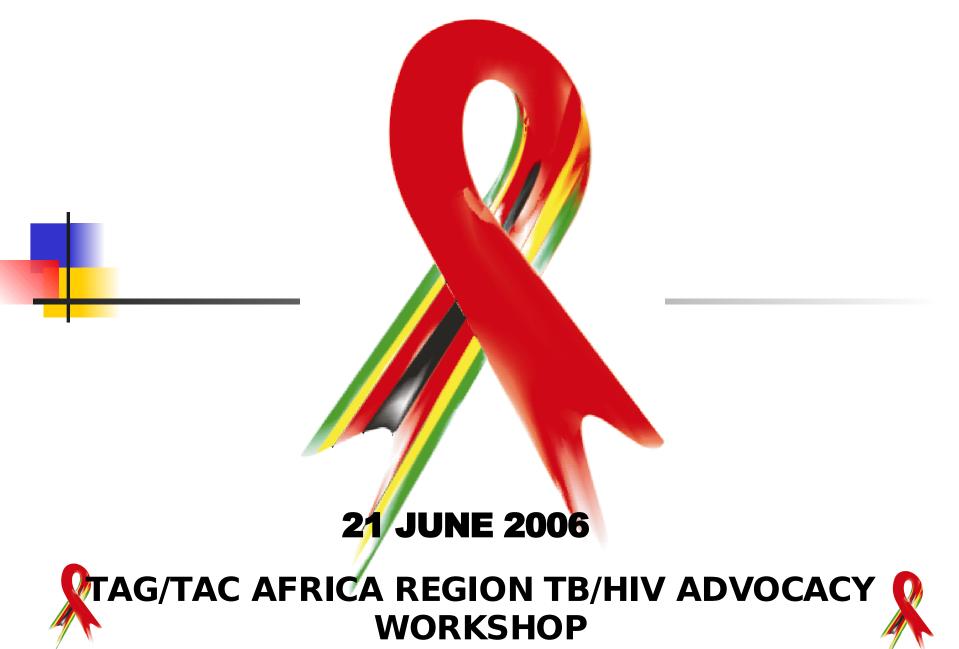
Zimbabwe AIDS Network Presentation



PRESENTATION BY DOMINICA MUDOTA



2. Who we are!

- ZAN is a leading, dynamic and reputable national network of HIV/AIDS service organisations, private sector, NGOs and faith based organisations.
- ♣ We offer efficient and responsive services to our members while contributing substantively to the national response to HIV & AIDS in Zimbabwe
- Our current membership exceeds 440





3. How our network assesses advocacy needs

- No formal assessment taken, it is difficult sometimes to consult and reach consensus with all network members
- Through a wide ranged stakeholder advocacy think tank needs/issues are discussed
- Information is key in guiding the needs identification process
- If people do not have correct information they will not demand certain services.
- Impact guides our selection of an issue.

NB Using this strategy we undertook a programme on "Community Mobilisation for Improved Access to Care, Support and Treatment"









Background

- In August 2004, JSI Europe and the Southern African AIDS Trust (SAT) co-hosted a regional lessons sharing workshop on "Community Preparedness for Improved Access to Treatment."
- The feedback from representatives of several Eastern and Southern African countries was unanimous: treatment will not succeed without a comprehensive care and support system at the community level.
- CMEIACST is a nationwide programme that aims to assist communities to provide a viable continuum of care, identify existing resources that can be put to better use and to make linkages and partnerships to expand the knowledge, skills and resources available to





5. Program Implementation

Training Manual

Some of the lessons shared at the workshop contributed to the development of a Training Manual on Community Mobilisation and Empowerment for Improved Access to Care, Support and Treatment (CMEIACST).







Program Implementation Cntd ...

The Training Manual covers a full range of complementary issues necessary for the delivery of treatment services, including:

- Undertaking community needs assessment and analysis
- Identifying barriers to comprehensive care, support and treatment
- Linking care and prevention
- Basic treatment literacy on opportunistic infections and antiretrovirals
- Strategies for expanded, accessible nutrition and food security
- Improving linkages and leadership
- Stigma reduction and meaningful involvement of people infected and affected



- Increasing the involvement of men and young people
- Providing psychosocial support
- Ethics and equity for care, support and treatment
- Resource mobilisation
- Community action planning





Program Implementation Cntd ...

Training Of Trainers

- Two TOTs were held for 50 participants drawn from ASO,NAC,Min. of Health, FBOs.
- The trainers later facilitated provincial-level workshops attended by civil society organisations and other service providers.





6. IMPACT OF INTERVENTION

- Through provision of new key information to both civil society and communities people have started to demand certain services from the authorities
- Civil society organisations have started to mobilise & organise communities they serve around treatment issues eg the Gwanda campaign
- The establishment of OI clinics by govt has been a response to people's demand after a campaign to raise awareness on the urgent need to treat OIs
- The provision of education on treatment has resulted in "focused advocacy "efforts eg response by PWAs after one of the workshops on criteria for ARVs







- This intervention has provided a platform for people to openly discuss critical issues around HIV and AIDS and this has helped to deal with stigma
- During a recent Candlelight Memorial there were open calls for people to take their ARV medication openly and not in cars and beer halls







7. Lessons Learned

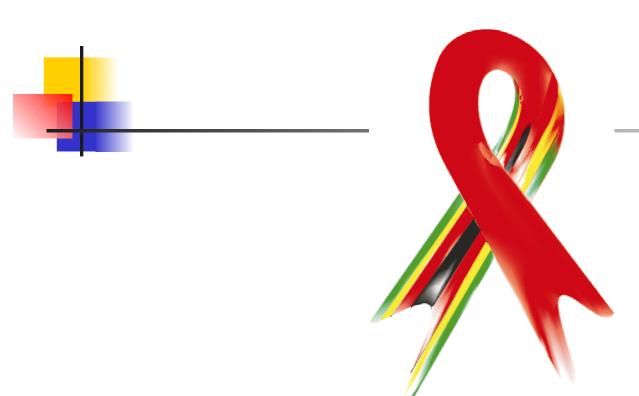
- Provision of correct information to advocacy constituencies is important for proper direction of advocacy efforts and creation of awareness /knowledge on certain issues.
- CMEIACST has proven to be a model of a multisectoral programme encompassing various government ministries, mission hospitals, municipal health departments, district authorities, the private sector, the uniformed forces, religious leaders, AIDS Service Organisations and others
- * Communities are well informed about the needs of people living with HIV and their carers. However, there has been limited systematic assessment of community needs and resources, resulting in fragmented prevention, care, support and treatment systems. Organisations and service providers indicated that the CMEIACST program has helped them forge



8. Recommendations

- → There is need to compliment the government ARV roll out programme by providing communities with information that allows them to fully benefit from the roll out programme and to seek ways to prolong health, in order to avoid going on ARVs..
- Providing correct information on care, support and treatment will assist in strengthening national monitoring and evaluation systems for the uptake of treatment in terms of adherence, resistance and side effects.
- ♣ Organizations providing treatment should focus on supporting civil society to mobilize and empower communities to address their own problems related to the accessibility and availability of comprehensive care, support and treatment.





Thank You



