

ANNUAL REPORT 2019



OPHID
Organization for Public Health
Interventions & Development

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Acknowledgements

The Organization for Public Health Interventions and Development (OPHID) wishes to acknowledge and express their gratitude to the President's Emergency Plan for AIDS Relief (PEPFAR through the United States Agency for International Development (USAID) for their support to the Families and Communities for the Elimination of HIV in Zimbabwe (FACE-HIV) program. This enabled OPHID to carry out the majority of their work in 2019.

OPHID also wishes to thank UNICEF and the Government of Australia Department of Foreign Affairs and Trade through the Burnet Institute for their additional support enabling us to implement our projects in the integration of Nutrition, HIV, Maternal, Neonatal and Child health services.



Acronyms

AIDS	Acquired Immune Deficiency Syndrome	PMTCT	Prevention of Mother to Child Transmission
ART	Antiretroviral Therapy	PNC	Post-natal Care
ANC	Antenatal Care	POC	Point of Care
CSO	Community Support Organizations	RGN	Registered General Nurse
CRF	Clinical Referral Facilitators	SIE	Strategic Information and Evaluation
DA	District Authority	SSC	Story of Significant Change
DBS	Dried Blood Spot	TLE	Tenolam E
DHE	District Health Executive	TOT	Training of Trainers
DHIOs	District Health Information Officers	TWG	Technical Working Group
DSD	Direct Service Delivery	VHW	Village Health Workers
DTG	Dolutegravir	VL	Viral Load
EID	Early Infant Diagnosis		
eMTCT	Elimination of Mother to Child Transmission of HIV		
EPI	Expanded Program for Immunization		
ePMS	Electronic Patient Monitoring System		
GBV	Gender Based Violence		
FP	Family Planning		
HCW	Health Care Worker		
HIV	Human Immunodeficiency Virus		
HIO	Health Information Officer		
HTS	HIV Testing Services		
IEC	Information, Education and Communication		
L&D	Labor and Delivery		
LTFU	Loss to Follow Up		
M&E	Monitoring and Evaluation		
NAC	National AIDS Council		
OPD	Outpatients Department		
PPF	PMTCT Partnership Forum		
PHE	Provincial Health Executive		
PLHIV	People living with HIV		

OUR VISION, MISSION AND VALUES

WHO WE ARE OPHID is a local Zimbabwean non-profit Non-Government Organization registered as a Private Voluntary Organization. We are a dynamic and enthusiastic team of clinicians, social scientists, public health practitioners and researchers. We develop and implement innovative approaches and evidence-based strategies to strengthen the provision of quality HIV prevention, care and treatment services. Our family centered approach to health care provides enhanced access for communities to comprehensive HIV, Maternal, Neonatal and Child Health, Nutrition and Sexual and Reproductive Health services.

OUR VISION All Zimbabweans will enjoy the highest quality of health and family life.

OUR MISSION We strive to strengthen health systems by working collaboratively with government, communities and other key partners to develop and support relevant, sound and sustainable public health policies and practices.

OUR VALUES

Responsiveness and Flexibility: We endeavour to be a collaborative and respectful partner so that the programmes we develop are locally appropriate and sustainable.

Accountability and Transparency: We seek to create an environment of trust.

Equity and Ethics: We make, medically, socially, environmentally and fiscally responsible decisions for sustainable change.

Knowledge Advancement: We continually learn from our experience, from our partners and from the community we work with, and we conduct and promote research and knowledge advancement in the best interests of the community.

Capacity Building: We work collaboratively with the government, healthcare workers and communities to improve leadership, work practices, competences and community engagement to advance provision and access to quality health services.



INNOVATE, IMPROVE, EXCEL

Since 2001, OPHID has been providing technical support to the Ministry of Health and Child Care (MOHCC) at national and decentralized levels, implementing comprehensive, quality and differentiated HIV and healthcare services for diverse population groups at facilities nationwide. OPHID has a successful track record of managing a program portfolio in HIV/TB prevention, maternal and child health, nutrition and SRHR (sexual and reproductive health rights) services.

Through our Families and Communities for the Elimination of HIV (FACE-HIV) Program, as a USAID prime, OPHID currently provides technical assistance to the national level and ensures comprehensive implementation of HIV and TB services at service delivery points across Zimbabwe.

In addition to PEPFAR/ USAID, our donor partners during 2019 were UNICEF and the Australian Department of Foreign Affairs through the Burnet Institute. We collaborate closely with the Ministry of Health and Child Care (MOHCC) and the National AIDS Council; and under PEPFAR we work with other USAID and CDC partners in Zimbabwe, including FHI 360, World Education Inc., Population Services International, Africaid, Family AIDS Caring Trust, ZACH and ITECH.

Cooperation with all these PEPFAR partners takes the form of information and data sharing and coordination and planning meetings at national, provincial and district levels. OPHID also collaborated with Zimbabwe National Network for People Living with HIV/AIDS (ZNNP+), Avert and the Clinton Health Access Initiative.

Through our operational research and implementation science approaches we liaise with the University of Zimbabwe, Harvard University, University of California San Francisco (USCF), Berkeley University, London School of Hygiene and Tropical Medicine and West Chester University.

Our Central Office is in Harare, we also have provincial offices in Bulawayo, Chitungwiza, Manicaland and Matabeleland South, together with district offices in Mutare, Makoni, Mutasa, Buhera, Chipinge, Gwanda, Bulilima, Matobo, Insiza, Mangwe, Umzingwane and Beitbridge. A decentralized approach allows us to reach and support 667 health care facilities.

OPHID has well established financial management structures with staff experienced in USAID compliance rules and regulations. We have demonstrated accountability and compliance through our clean audits. OPHID has received and successfully managed funding from EU, CIFF, Australian DFAT and UNICEF. Our Executive Committee continues to guide and supervise the growth of OPHID, providing a mixture of medical, legal, financial and banking expertise, which is beneficial to the direction and development of the organization.



Executive Director's Statement -

Dr Theonevus Tinashe Chinyanga

OPHID cemented its position in 2019 as the leading local NGO championing the fight against HIV and AIDS, and TB in Zimbabwe. The organization is a key supporting partner to the

MOHCC AIDS & TB program and continued to focus its energies on ensuring that Zimbabwe achieves the UNAIDS 95-95-95 targets for HIV care and treatment by 2020.

The PEPFAR/USAID FACE-HIV program maintained its presence in 24 districts distributed across six provinces {Bulawayo, Harare (Chitungwiza), Manicaland, Masvingo, Midlands, and Matabeleland South}. The program continued to provide a package of technical support services to 671 health facilities to improve and maintain quality HIV prevention, treatment, care, and support, while collaborating with community partners to ensure a seamless continuum of care from facility to community. The program continued to enrol and maintain PLHIV on treatment, surpassing 500,000 PLHIV on ART by December 2019 across the six provinces. UNICEF maintained its support to OPHID with funding in the

areas of HIV and nutrition integration within selected disaster-prone districts in Manicaland.

The program contracted towards the end of 2019, with decreased funding from USAID necessitating reductions in operational staff and HRH secondments within health facilities. KMIA and SIE departments were consolidated into one department to ensure a unified data unit that responds harmoniously to donor requests and requirements. However, the focus on implementation fidelity continued to be the core of the program, leveraging on enhanced data systems. Programs and SIE departments provided weekly dashboards to internal and external stakeholders, making implementation nimbler and more responsive than before. The consolidation of dashboards has made it possible to identify high performing health facilities where lessons for standardization have been drawn and packaged to support adoption in challenged facilities.

Notwithstanding the efforts made by the organization, the implementation landscape was characterized by changes in finance policy by the Government of Zimbabwe. The de-linking of the Zimbabwe Dollar from the US Dollar valuation in February 2019 exacerbated an exponential devaluation of the Zimbabwe Dollar, with concomitant erosion of health care worker remuneration within the public sector. This resulted in work interruption through strikes, negatively impacting the achievement of targets. By the end of 2019, the plight of health care workers had not been resolved and the work interruptions are anticipated to continue into the foreseeable future.

The transformation of the organization through adoption of electronic systems continued throughout 2019. The electronic systems have simplified internal control processes as all vital policy prescripts are coded within the workflows of the systems, thereby providing a readily available audit trail. More emphasis was also placed on work scheduling within finance and operations, to support program activities in a streamlined manner.

In 2020, OPHID anticipates to jointly plan with donors and MOHCC, and respond to the healthcare worker crisis within the country so that the impact of strikes on implementation is minimized. More focus will be placed on shifting services from the facility to the community, thereby providing convenient patient centred services.



Figures 2 and 3 launch of the C-CAST Project at Citimed, Chitungwiza



Figure 1 The Chitown Team



Chairperson's Statement – Mr Michael Frudd

OPHID is the largest local USAID implementing partner of its kind in Zimbabwe and continues to grow leveraging on the enduring relationships that have been created with donors over many years.

The Executive Committee continued to provide policy oversight to management in 2019, meeting quarterly as mandated by the constitution. The senior management make-up of the organization remained stable over the year, providing much needed guidance to the organization during a period of changing economic environment.

2019 saw OPHID draw its financial support from its established donors, USAID, UNICEF, and AUSAID. In addition, the organization managed to get small donations for multi-year research projects with world class universities that include Harvard University and the London School of Hygiene & Tropical Medicine (University of London). The relationships with universities have been forged over many years, but had not yet yielded any financial support to date. OPHID's



implementation approaches remain its main asset, gaining recognition from the Ministry of Health and Child Care AIDS & TB program and donors alike as the organization supports the country to achieve epidemic control sooner.

OPHID is positioned as an implementing partner of choice with its traditional donors, USAID and UNICEF, and continues to secure funding for continuing programs as well as new projects. In 2019, OPHID received a costed extension of the FACE-HIV program from USAID. Furthermore, towards the end of 2019, USAID conducted a pre-award assessment of OPHID, with a view to awarding the organization a follow-on multi-year grant at the end of FACE-HIV program in September 2020. UNICEF also renewed its funding to OPHID in 2019 for the HIV and nutrition project. Notwithstanding the successes to retain traditional donors above, establishing new sources of funding remains OPHID's long term goal. Although a collaboration with West Chester University funded by The Bill & Melinda Gates Foundation was not renewed or scaled up for much larger funding, new relationships with other universities were established as previously outlined.

OPHID continued to showcase its work at international conferences, presenting a record 21 abstracts at the Mexico City IAS Conference. Other communication and advocacy activities including media briefing sessions, television and radio broadcasts continued to keep OPHID programs and the organization as talking points within its sphere of operation.

The macroeconomic environment remained challenging in 2019, with various financial instruments having been

promulgated by the Ministry of Finance. Most notable is the delinking of the Zimbabwean currency and the US Dollar during the year, impacting on operations and financial management. However, OPHID management could not have been more prepared for such events, with a financial management system able to handle multi currencies having been commissioned at the tail end of 2018. I thank our Executive Director and his entire team for their passion for and dedication to the achievement of OPHID's goals over this difficult period. I also acknowledge with thanks the commitment of all the executive committee members to OPHID's vision and mission and for their contributions during the year.



**Treasurer's
Statement –
Ms Lillian
Makina**

I am pleased to present the following summary of OPHID's financial information, which is derived from the consolidated statements of income and expenditure for OPHID for the year ended 31 December 2019.

The organization received a clean audit opinion for the year under review.

INCOME

OPHID's consolidated income declined by 18% to USD11,758,323 compared to USD13,924,786 for the year ended 31 December 2018. USAID contributed 97% of the total income with UNICEF, AUSAID, West Chester University, AVERT, LSHTM, BRTI and OPHID private funds contributing 3%.

EXPENDITURE

OPHID's consolidated expenditure declined by 13% in 2019 when compared to 2018. Expenses were USD11,633,285 in 2019 compared to USD13,130,810 in 2018.

Despite the decline in expenditure OPHID remained well-positioned to advance its mission of strengthening health systems by working collaboratively with government, communities, and other key partners to develop and support relevant, sound, and sustainable public health policies and practices.

CURRENT YEAR ISSUES

The audit of the financial statements highlighted three issues; bank reconciliations not performed timely, reconciling items on bank reconciliation not cleared, and acquittals not adequately followed up and cleared timely. Senior management is currently attending to these issues in a holistic manner through reviewing the control environment, namely, job descriptions, policies, and SOPs to bring the said issues to an end and prevent further recurrence.

OPERATIONS

The in-house Information Communication and Technology unit spearheaded the process of automating key business processes such as the per-diem management systems and some aspects of the recruitment and selection processes and this enhanced efficiency and effectiveness of operations. The process of automating the procurement process is on-going and this should be concluded by the end of 2020.

OPHID's PROGRAMMES

Families and Communities for the Elimination of HIV

With funding from the Presidential Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID), OPHID leads the Families and Communities for the Elimination of HIV (FACE-HIV) Consortium. OPHID and its local partner, Kapnek Trust, continue to provide technical support and direct service delivery to the AIDS and TB Program within the Ministry of Health and Child Care (MOHCC) for HIV Care and Treatment service

The Goal of the FACE-HIV program is to contribute to the reduction of new HIV infections and HIV-related morbidity and mortality as well as to improve the quality of life for all People Living with HIV (PLHIV) in line with the National HIV Care and Treatment Strategic Plan (2015-2020), and the National Plan for the Elimination of Mother to Child Transmission of HIV and Syphilis in Zimbabwe (2018-2022).

The Specific Objectives of the program are to:

Objective 1: Strengthen provision of clinical services for comprehensive HIV Care and Treatment

Figure 3: Clinic Referral Facilitators celebrating World AIDS Day



Objective 2: Provide technical and other assistance to PMTCT, ART and TB programs. Including strengthening paediatric and adolescent HIV and sexual and reproductive health (SRH) services and the continuum of care for mother, infant and family.

Objective 3: Strengthen and improve generation, dissemination and use of strategic information.

The FACE-HIV program integrated direct service delivery and technical support for comprehensive HIV care and treatment services in 671 public health facilities in 24 priority districts of Zimbabwe. In this program year, the implementation approach and scope of work required a strong district level presence together with increasing focus on the facility-community interface.

Geographic Coverage of the FACE-HIV Program in Zimbabwe (24 Districts)

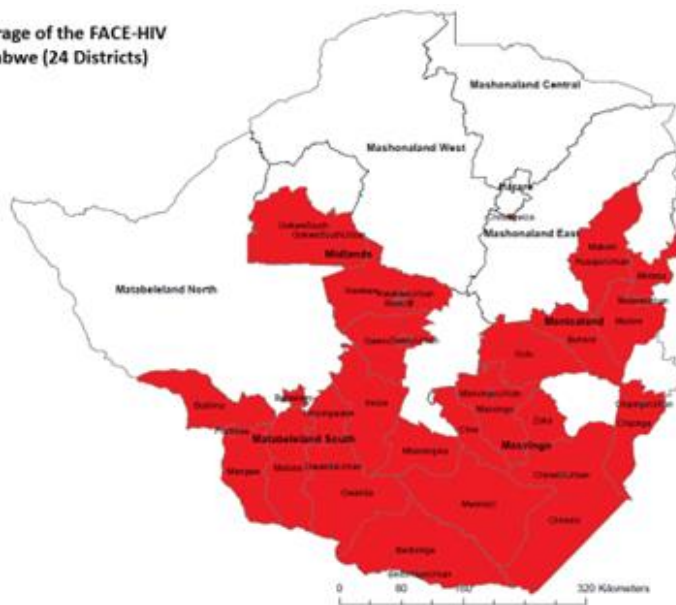


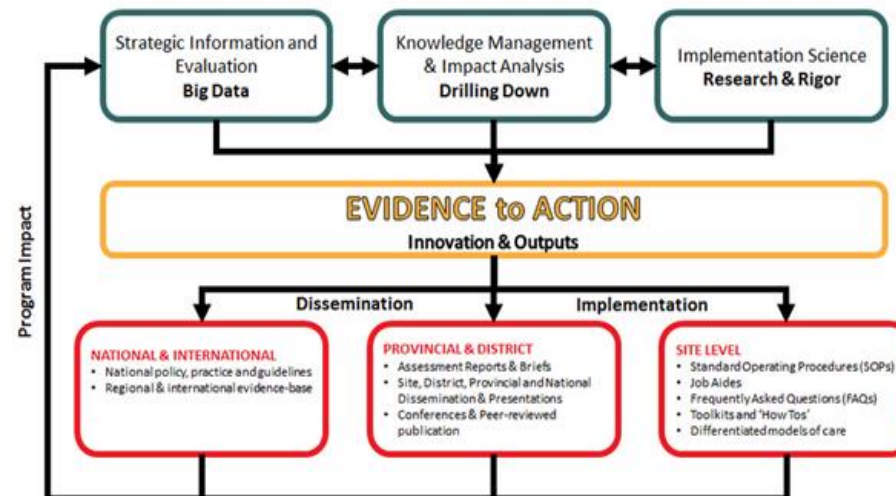
Figure 4: Map of FACE-HIV Program Area

Throughout the program year, FACE-HIV consortium partners also collaborated with several key USAID and non-USAID partners at district level to improve the scale up of index case testing in the facility and community, as well as strengthen linkage of clients through defaulter tracing. Partners held monthly program review meetings to share data and coordinate facility and community program actions.

To sharpen performance and identification of effective strategies, OPHID monitored its progress through routine (weekly, monthly and quarterly) data collection of the PEPFAR MER indicators, as well as conducted targeted assessments to systematically explore program trends and

gaining valuable knowledge for the continual improvement of comprehensive HIV Care and Treatment services.

OPHID uses a highly efficient and productive model for “EVIDENCE to ACTION”. During the year we expanded and refined our approach to evidence based programming through over 15 targeted programme assessments or ‘deep dives’. Driven by routine performance data, FACE-HIV deep dives sought to quantify and document processes for understanding ‘if not, why not’ for program remediation, identifying good practices and innovations, and providing technical assistance to inform MOHCC policy and programs. This has resulted in contribution to national-level HIV care and treatment program strategies.



OPHID is proud of the impact we achieved last year –



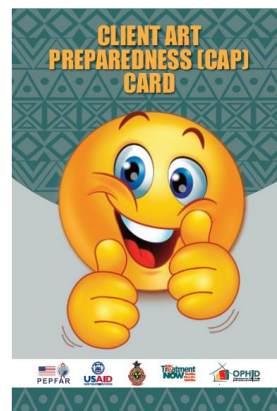
671 Health Facilities were supported



176,919 pregnant women were reached with PMTCT services



929 577 clients were tested for HIV, of which 43 512 were diagnosed HIV-positive, and 48 436 were initiated on life-saving ART.



Treatment Literacy: Get on, Stay on, Live on The introduction and scale-up of the 'Treat All' guidelines has meant that many more PLHIV have been initiated on ART than would have been with the CD4/WHO staging eligibility criteria. In

many facilities around the country, the monthly initiation rate increased initially with the introduction of Treat All. OPHID has developed a mobile application (CAP-APP) that provides treatment literacy information for new HIV positive individuals. Through this application, clients are given a take-away tool to help them digest their diagnosis and plan their journey on treatment. Available in English, with Shona and Ndebele audio summaries, the app takes users through a process of reflection, problem identification and solving, focusing on the 5 HIV care and treatment goals:

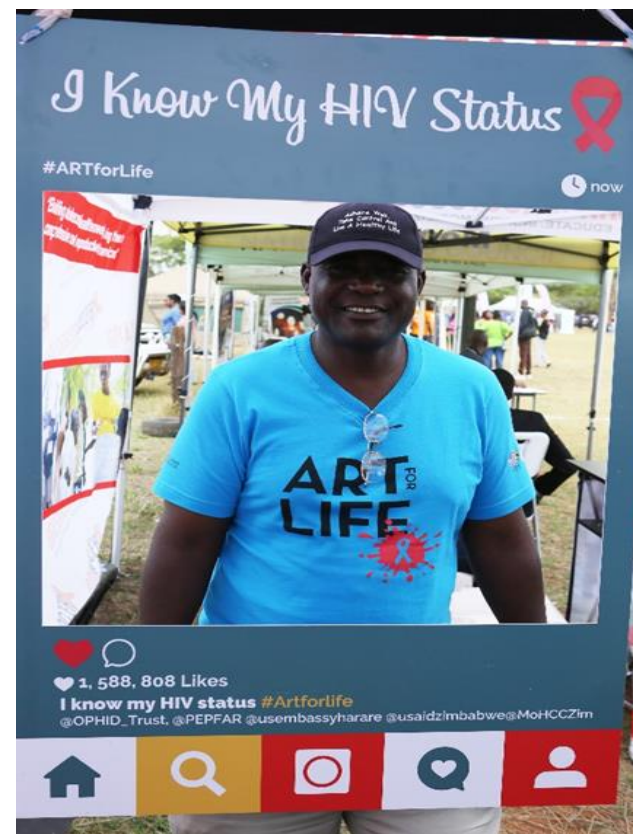


- 1) Start ART Early;
 - 2) Disclose to someone you trust;
 - 3) Adherence to ARV medicines;
 - 4) Keep track of your clinic appointments and pick-ups;
 - 5) Know your Viral Load – timely VL monitoring at 6 months.
- Information on the new HIV treatment drug Dolutegravir was also made available on the application.

In the last half of the year, the FACE-HIV program collaborated with Avert, a group of behaviour change communication and digital information experts, to refine and test a mobile community health worker HIV hub Boost! intended to provide accessible and engaging HIV and sexual health content for hundreds of thousands of community health workers and their clients across Southern Africa. OPHID, together with CSOs and FACE-HIV Program CRFs, is collaborating as Avert's case study partner for Boost! The partnership includes engagement of FACE-HIV supported CSOs and CRFs in co-design of content and user interface through user panels of a data-lite website (<https://boost.avert.org/>) and mobile App intended to build capacity and confidence of community-based partners and peer supporters to provide accurate information about HIV and its prevention care and treatment. The platform will be launched in Zimbabwe in January 2020, with case study activities implemented in each of the 5 Districts being supported by CSO partners and with over 100 CRFs. The Avert Boost! Case study partnership represents one of many ways OPHID seeks to leverage USAID-support to develop strategic partnerships to innovate and improve quality of HIV information, prevention, care and treatment services between community and facility.

Technical Assistance to National HIV Care and Treatment Programme

Throughout the year, the FACE-HIV program continued to provide financial and technical support to the AIDS and TB unit within the Ministry of Health and Child Care. FACE-HIV supported the secondment of 9 technical and administrative staff within the PMTCT and Pediatric HIV Care and Treatment program, and 3 technical staff within the OI/ART program. The seconded staff were instrumental in ensuring that the programmes are capacitated to provide the relevant technical guidance and leadership required to scale-up the national HIV Care and Treatment program. With the support of the FACE-HIV program, the MOHCC AIDS and TB Programme was able to further the quality of the National HIV Care and Treatment



Program through several key activities implemented during the reporting period, including:

- **Roll-out the addendum to the 2016 ARV guidelines**
- **Implementation of the national ART Census**
- **Initiation of case-based surveillance for positive infants**
- **Launch of the national eMTCT validation plan**
- **Completion of the Integrated HIV Communication Strategy**

Strengthening clinical services

Throughout the year, the FACE-HIV program increased our deployment of health care providers (primary counsellors, OI/ART nurses, clinic referral facilitators). These healthcare providers collaborated with community partners to support index case testing and community ART. We refined and re-prioritized our focus on achieving retention and adherence through the acceleration of differentiated models of care, viral load (VL) and enhanced adherence support, particularly for children, adolescents and pregnant women. Additionally, OPHID sensitized health care workers and provided intensified supportive supervision and/or mentorship.

OPHID's contribution to the TB Programme focussed on ensuring that: 1) all TB patients, including presumptive TB patients, are tested for HIV and immediately prepared for/initiated on ART if positive and 2) HIV positive patients were screened for TB at every contact with health staff and presumptive TB cases were offered diagnostic testing. During the program year, a total of 8,551 new or relapsed TB cases were identified.

The OPHID FACE-HIV program has supported public health facilities in its priority districts to move closer to achieving the national HIV Care and Treatment goals of 95-95-95.

- ***95% of PLHIV will know their HIV status;***
- ***95% of people diagnosed with HIV infection will receive sustained antiretroviral therapy***
- ***95% of people receiving antiretroviral therapy will have viral suppression***

The Civil Society Organisations Community Engagement project

As part of the FACE program this project began operations in 5 districts with a Pre-Award Assessment of 8 CSOs that had responded to the call for applications. Five CSOs were selected to implement the project in 5 districts: Community Working group on Health in Chitungwiza, Jointed Hands Welfare Organisation in Kwekwe, Umzingwane AIDS Network for Umzingwane, Pamuhacha HIV Prevention Project in Zvimba and Youth Advocates Zimbabwe in Masvingo. The 5 partners targeted communities within a radius of 20km of 4 to 5 high volume facilities.

OPHID provided technical support to the CSOs to develop data-driven strategies and documentation of input and outcome advocacy focusing on 1) HIV testing; 2) Viral load monitoring; 3) Drug availability & identifying and reporting adverse drug reactions. Using a Community Scoping tool,

CSOs identified geographic locations of interest, defined community needs and documented gaps in HIV service provision. The Community Scorecard documented baseline perceptions of key affected groups on HIV services. The 5 partners utilised this baseline information to develop individually tailored community engagement and mobilization plans. With technical support from OPHID, the CSOs rolled out community engagement and mobilization, focusing on facility level improvement around HIV testing services (HTS) uptake, including HIV Self Testing, viral load monitoring, reporting on ARV drug stock outs and adverse drug reactions.

Evidence shows that Civil Society Organizations can play a role in accelerating the quality of HIV prevention, care and treatment services through facility/community monitoring. The project supports UNAIDS and PEPFAR's shared vision to achieve the 95 95 95 HIV Treatment targets, through scale-up of HIV testing, care and treatment interventions in targeted populations and geographic locations focusing on:

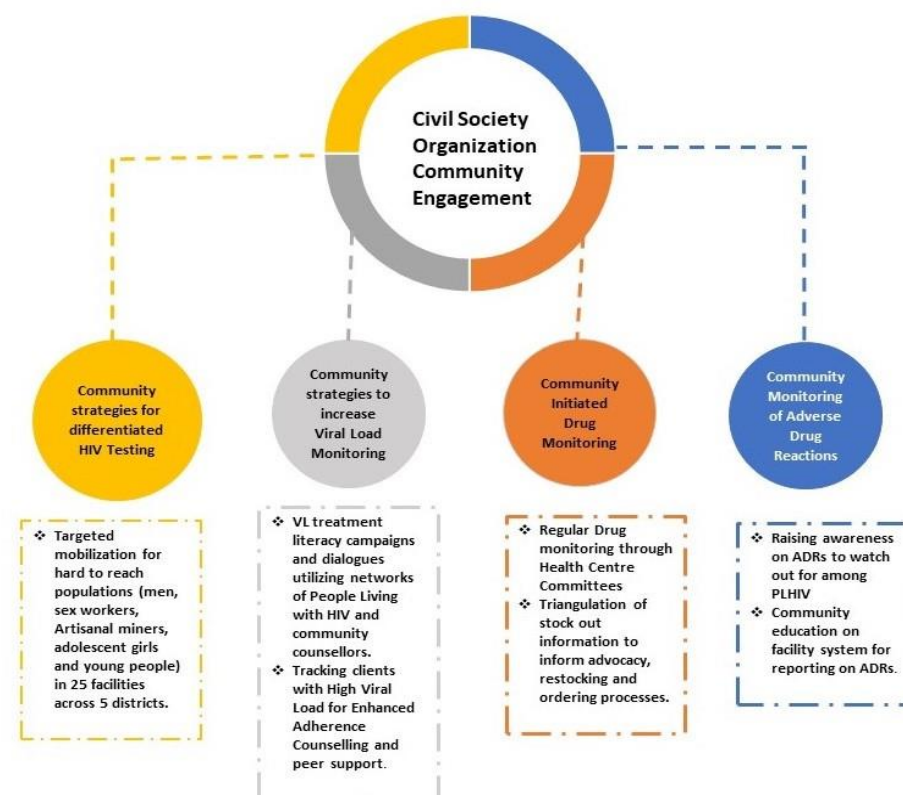
Specific Objectives

1. Increasing provision of differentiated HIV testing services in the 5 identified PEPFAR districts by end of 2019
2. Increasing proportion of eligible ART clients with documented viral load result in the 5 identified PEPFAR districts by end of 2019
3. Reducing occurrence of HIV related commodity stock-outs in the 5 identified districts.

To achieve the project objectives, each CSO identified and trained individuals within the community to serve as volunteer

mobilizers. Most were already affiliated to the community-based organizations or members of the Zimbabwe Network of People Living with HIV. The project also acknowledges the important role of Health Centre Committees in facilitating and strengthening community interactions with health services. The HCC committees in the targeted facilities thus played a key role in creating an effective collaborative community response to increase uptake of HIV testing, viral load monitoring and community reporting on adverse drug reactions.

Project Focus and Strategies





The Cervical Cancer Screening and Treatment (C-CAST)

In Zimbabwe, cervical cancer is the most common cancer accounting for 33.2% of cancers. With support from USAID and PEPFAR, OPHID is now collaborating with the Ministry of Health and Child Care in 24 districts to implement the Cervical Cancer Screening and Treatment (C-CAST) project.

Started towards the end of 2018, the C-CAST project aims to increase the availability and accessibility of high-quality cervical cancer 'screen and treatment' services for HIV-positive women (above 25 years). Women living with HIV are at greater risk (4-5 times more) of developing cervical cancer due to their reduced immunity. There are usually no signs or symptoms of early cervical cancer, however it can be prevented through routine screening for the presence of pre-cancerous cells. To facilitate early diagnosis and access to treatment for women living with HIV (WLHIV), Visual Inspection with Acetic Acid (VIAC) is an inexpensive and proven method to detect precancerous lesions on the cervix and is being scaled up in the country.

The program aims to increase the availability and accessibility of cervical cancer 'screen and treatment' services for HIV-positive women. The objectives of the C-CAST program are:

- To increase awareness of cervical cancer and preventive health-seeking behaviour among women on ART
- To screen using VIAC 56 480 women on ART above the age 25

- To treat at least 80% of women screened and found to have precancerous lesions using the 'see and treat' method
- To strengthen the collection, analysis, dissemination, and use of cervical cancer strategic information in decision making and programming
- To strengthen the policy framework for cervical cancer screening and improve integration with the AIDS and TB program

HIV care and treatment programs provide an ideal platform to integrate cervical cancer prevention activities in countries that face a dual burden of both HIV and cervical cancer this allows C-CAST to leverage on the use of available resources within the FACE HIV project. The total number of women screened slowly increased quarter on quarter. By the end of the year, a total of 41,440 women on ART aged 25-49 years had been screened.



Figure 5 Nurse examining results of a VIAC procedure

Zimbabwe Emergency Response – Integrating HIV services into Humanitarian preparedness and response plans

June 2019 to February 2020

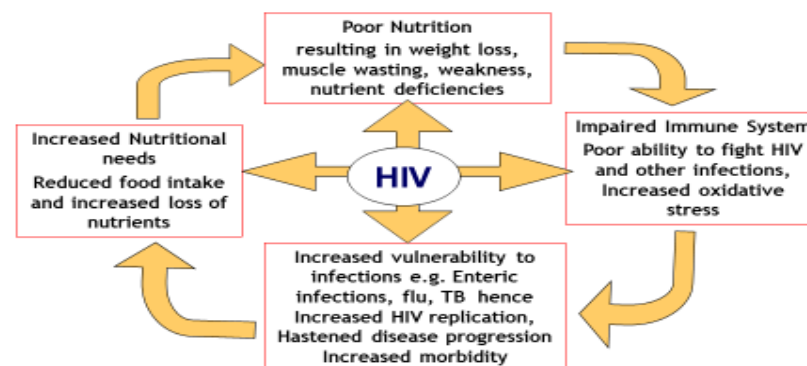
Cyclone Idai struck Zimbabwe in March 2019, affecting 270,000 people. The storm and subsequent flooding and landslides left 340 people dead and many others missing. Agriculture, schools and infrastructure all suffered heavy impacts and many people lost their homes and livelihoods. Chimanimani and Chipinge Districts of Manicaland Province were hardest hit. In response to this devastating event and the impending impact of the drought on food security (a situation in which half the country by August 2019 would be food insecure, with a Global Acute Malnutrition (GAM) prevalence of 3.6%), UNICEF supported OPHID to integrate HIV services into humanitarian preparedness. This included maintaining HIV testing and treatment services and intensifying community level screening for malnutrition. HCWs were also mentored on providing Gender Based Violence (GBV) and disability services.

With support from UNICEF in the designated priority districts of Buhera, Chimanimani, Chipinge, Makoni and Mutare in Manicaland Province and Masvingo and Gutu districts of Masvingo Province, OPHID in the 6 months from June to November, with an extension into the end of February 2020, supported the most vulnerable members of the population.

OPHID and its partner Kapnek worked to protect the nutritional status of 16,841 pregnant and breast-feeding women continuing to receive PMTCT and HIV services: and 12,915 children and adolescents being maintained on ART. Primary attention was given to children under 5 years at risk of dying due to acute malnutrition. 1931 Healthcare workers at 276 health facilities were capacity built and mentored to provide life-saving nutrition treatment to 2,442 children under the age of 5. The children were also screened, tested and treated for TB and tested and treated for HIV.

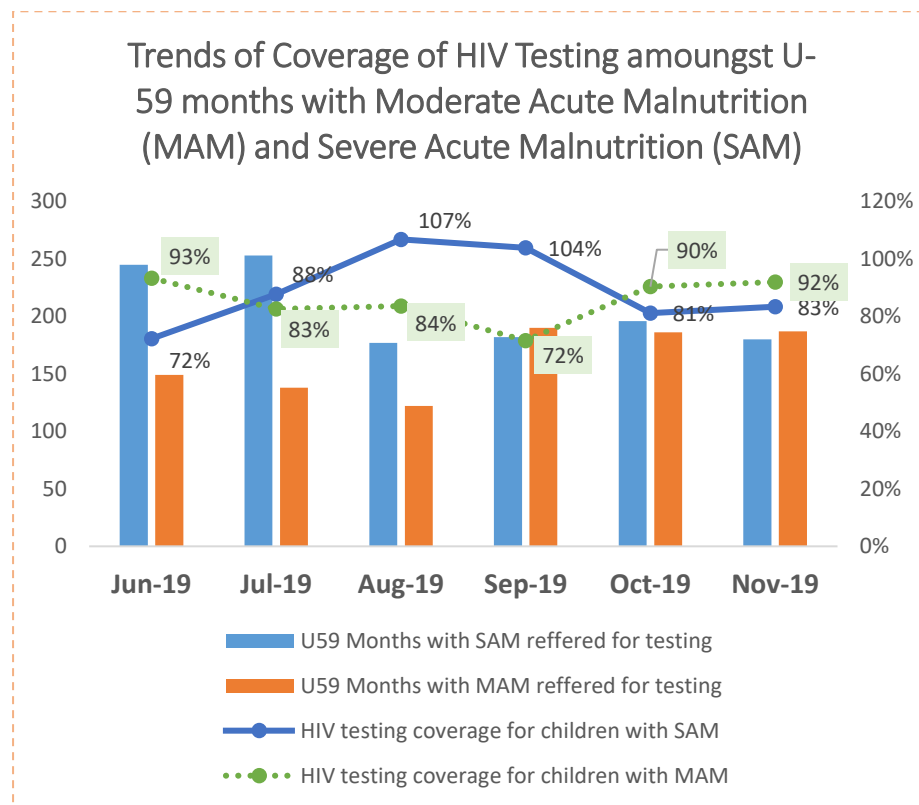
Vicious Cycle of Malnutrition and HIV

Source: Adapted from RCQHC and FANTA 2003



In these 7 priority districts, some 2391 (1032 males and 2360 females) community cadres (e.g. VHWs, WNC, HCC members) were mentored to serve approximately 729 children under the age of 5 who were on ART. The project is helping to alleviate the burden through strengthening referral of cases by

village health workers; increasing contact between the community and the health system; and reducing the chance of vulnerable children and women being missed with lifesaving nutrition services.



The availability of integrated health services is improving; with 276 health facilities in the seven cyclone affected districts now having at least one Health Care Worker trained/mentored to provide Integrated nutrition, HIV/TB/GBV and disabilities services.



Figure 6: Village Health Worker screening a child for malnutrition using MUAC tape

Mbereko+Men: Tackling barriers to Accessing Maternal, Neonatal and Child Health Services in Zimbabwe

July 2015 to October 2019

The OPHID Mbereko+Men project is funded by the Australian Department of Foreign Affairs and Trade Australian NGO Cooperation Program (ANCP) through the Burnet Institute in Melbourne, Australia. This project addresses poor maternal and infant outcomes in the first 1000 days, from conception to the child's second birthday, in Mutasa District in Manicaland Province, Zimbabwe.

The project aims to increase uptake of health services among 1600 mother-baby pairs along an integrated continuum of care at 8 selected rural health clinics (RHCs), through the formation of Mbereko Women's Empowerment Groups and increasing male engagement in Maternal, Neonatal and Child Health (MNCH).

The fieldwork in this project ended in March 2019, with the last three months of the project focusing on an implementation science research collaboration between OPHID and the Burnet Institute focused on the project outcomes. As of November 2018 OPHID was implementing its exit strategy to sustain the gains made by this project in the catchment areas of the eight rural health centres in Mutasa District of Manicaland.

In the second half of 2019, Burnet also requested OPHID to participate in a new process as part of the refresh of Australia's NGO Cooperation Program (ANCP) Monitoring, Evaluation and Learning Framework in which DFAT and participating Australian NGOs agreed to pilot the Story of Significant Change technique in 2019. OPHID and Burnet submitted a Story of Significant Change under the development outcome of Australian NGOs in partnership with in-country partners delivering an effective development programs with a focus on Gender Equality and Social Inclusion. The SSC was entitled 'Mbereko+Men: Transforming men's roles, care and support for family health in rural Zimbabwe' and focused on male engagement in the community.

Male engagement is known to improve access to Prevention of Parent to Child Transmission (PPTC) of HIV and Maternal Newborn and Child Health (MNCH) services, but little is known about the most effective approaches for engaging men in gender transformative programs to improve family health and wellbeing. The Mbereko + Men project included facilitated Men's Dialogues and development of Family Health Charters. The project actively challenged the prevailing patriarchal norms and substantially improved family health, well-being, and men's self-esteem. This not only resulted in both direct and measurable change in health service uptake over the project period, but also in more fundamental transformative change in communities and households. Improving relationships, reduction in violence and more open conversations between women and men regarding their needs and aspirations creating happier, healthier households and communities. The SSC was selected as one of four stories from over three hundred submissions to be presented at an ANCP DFAT learning event in Canberra and was later published by DFAT.

In addition to the successfully completing the Mbereko+Men project, Burnet Institute and the Drakensburg Trust also sponsored the building of a Maternity Waiting Home at the Border Church Clinic in Marondera District in Mashonaland East Province. The ten bed maternity waiting home was opened by H.E. Ambassador of Australia to Zimbabwe, Ms Bronte Moules, on Friday 27 September 2019.

Documenting Evidence and Learning

OPHID's work documenting evidence and lessons from its programs generated **international and regional scientific awards** and a **record-breaking number of abstracts** accepted at regional and international scientific conferences in 2019.

- 6 Abstracts at the INTEREST 2019 Conference in Accra, Ghana
- 16 abstracts at the 10th IAS Conference on HIV Science (IAS 2019) and the 11th International HIV Pediatrics Workshop in Mexico City
- 7 abstracts at the International Conference for AIDS and STIs in Africa (ICASA 2019) in Kigali, Rwanda

In recognition of its contribution to the field of HIV science under implementation and operational research, OPHID was awarded prizes at both IAS and ICASA 2019:

1. **IAS/MSD Prize for operational and implementation research in differentiated service delivery** was awarded to OPHID Knowledge Management and Impact Analysis (KMIA) Coordinator, Vivian Chitiyo, for her abstract "Differentiated Antiretroviral Therapy Delivery: A review of implementation progress and challenges in Zimbabwe".
2. **ICASA Best Abstract Award Track E: Health Systems, Economics and Implementation Science** was awarded to KMIA Director, Karen Webb,

for her oral abstract "Is it OK to not be OK in HIV Care? Mental Health Resources and Screening in HIV Care Environments in 24 Districts of Zimbabwe"



Figure 7: Vivian Chitiyo (centre) accepting her award at IAS 2019, Mexico City

OPHID ACCEPTED ABSTRACTS: IAS 2019: Mexico City Mexico, July 21-24 2019

	Title	First Author
	USAID Program	
1	Cervical Cancer Screening and Treatment Cascade for HIV Positive Women in Zimbabwe: Gaps and Opportunities	Mandara, M.

	Title	First Author
	USAID Program	
2	What IF? Implementation Fidelity (IF) for Improving HIV Program Performance in Zimbabwe	Chinyanga, T
3	Time to Switch to Second-line Antiretroviral Therapy among HIV Positive People with Unsuppressed Viral Load in Mutare District, Zimbabwe	Bepe, T
4	Differentiated Service Delivery (DSD) Implementation Fidelity: Improving Coverage and Quality of DSD ART Zimbabwe	Chitiyo, V
5	Differentiated Antiretroviral Therapy Delivery: A review of implementation progress and challenges in Zimbabwe	Chitiyo, V
6	Human resources for health increases linkage between HIV testing and treatment in Zimbabwe	Chitiyo, V
7	DTG or not to DTG? Health-system stakeholder perceptions on Dolutegravir to optimise guideline implementation in Zimbabwe	Webb, K
8	Are we covered? Family planning uptake and needs among women on ART in Zimbabwe	Webb, K
9	Routine evidence for informing eMTCT: Early lessons from case based investigation of newly diagnosed infants 0-24 months in Zimbabwe	Webb, K
10	Too little, too late: Early lessons on Maternal MTCT risk from HIV positive infant case investigation in Zimbabwe	Webb, K
11	Mobile Client Driven DSD: Strategies employed to support continuity of HIV treatment among mobile clients	Masiye, K

	Title	First Author
	USAID Program	
12	High-performing teams: Lessons from monthly data consolidation meetings that were introduced at health facilities	Nesara, P
12	Progress towards the UNAIDS 1st 90: A descriptive assessment of pregnant Adolescent Girls & Young Women attending Antenatal Care Clinics in 24 Districts in Zimbabwe (2017- 2018)	Deda, M
13	Determining the utilization of the Electronic Patient Management System (EPMS) for patient management and care - an implementation fidelity approach to strengthening health systems	Kamangira, B
14	Data Actualization: A methodology to periodically monitor and update the reported number of patients active on ART	Kamangira, B
	UNICEF Project	
15	Tracking Integrated Malnutrition and HIV Outcomes: Cohort Analysis of Integrated Service Provision, Gweru District, Zimbabwe	Manjengwa, T
16	Integrating Health Services Provision – Improving HIV testing and treatment for children under five years referred to rural health facilities with Severe Acute Malnutrition	Manjengwa, T

**OPHID ACCEPTED ABSTRACTS: INTEREST 2019, Accra, Ghana,
May 14-17 2019**

	Title	First Author
	USAID Program	
1	Human resources for health increases linkage between HIV testing and treatment in Zimbabwe	Chitiyo, C
2	Differentiated Antiretroviral Therapy Delivery: A review of implementation progress and challenges in Zimbabwe	Chitiyo, C
3	Are PLHIV achieving Viral Suppression after switching to Second - Line Antiretroviral Therapy in Mutare District, Zimbabwe?	Bepe, T
4	Might the prompt linkage to care have unintended consequences? A case study of a zero-gap district (Mangwe) vs a high gap district (Bulilima).	Choga, K
	UNICEF Project	
5	Tracking Integrated Malnutrition and HIV Outcomes: Cohort Analysis of Integrated Service Provision, Gweru District, Zimbabwe	Manjengwa, T
6	Integrating Health Services Provision – Improving HIV testing and treatment for children under five years referred to rural health facilities with Severe Acute Malnutrition	Manjengwa, T

OPHID ACCEPTED ABSTRACTS: ICASA Conference, Kigali, Rwanda, 7 Abstracts (all FACE HIV Program/USAID): 1 oral abstract, 6 posters

	Title	First Author
	USAID Program	
1	Oral Abstract: Is it OK to not be OK in HIV Care? Mental Health Resources and Screening in HIV Care Environments in 24 Districts of Zimbabwe	Webb, K
2	Public Private Potential? Scoping of Private Sector HIV Services and Needs in Zimbabwe	Webb, K
3	The Mobility Model: Dynamics of HIV care and treatment among mobile populations in Zimbabwe	Masiye, K
4	Partner Collaboration for Optimizing Outcomes Among Children and Adolescents Living with HIV: A Case of Muzokomba Clinic, Buhera District, Zimbabwe	Shava, A
5	Involvement of expert patients in HIV Self-testing: Models for optimizing targeted testing in Zimbabwe	Mugwagwa, R
6	Evidence to Action: Use of entry point yield analysis data in high volume health facilities in selected districts of Zimbabwe to improve provider initiated HIV testing practice	Tapera, T
7	“Scoping and Scoring”: Building evidence for community-led advocacy for HIV services in Zimbabwe	Mlambo-Chimombe, L

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