Newsletter

TASQC PROGRAM



INSIDE THIS ISSUE:



ACTIVITIES



ACHIEVEMENTS



STORIES



Executive Director's Statement

Dr Theonevus Tinashe Chinyanga

OPHID has been the leading local NGO championing the fight against HIV and AIDS, and TB in Zimbabwe, and the UNAIDS 95-95-95 targets HIV care and treatment by 2030. With funding from the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID), OPHID leads the Target, Accelerate and Sustain Quality Care In (TASQC) for HIV epidemic control Consortium. The PEPFAR/USAID TASQC program maintained its presence in 15 districts distributed across 4 provinces {Bulawayo, Chitungwiza, Masvingo, and Matabeleland South}. The program provides a package of technical support services to 317 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.

Results from FY22Q2 have shown that cumulatively, the program has attained 77.4% of the annual HIV Testing target with most of the testing outputs being reported in the 20–24-year age group due to testing volumes. There was a 3% increase in HIV Self-test kit distribution in FYQ2 when compared to the first quarter. Cumulatively the program has achieved 96% of the annual HIV Self Testing target with a reactivity of 8%. The proportion of self-test kits distributed in the community has increased in the second quarter.

In FY22Q2, 4 758 clients were newly initiated on ART. Cumulatively the TASQC program has achieved 71% of the annual target. Compared to Q1, the number of new ART initiations increased by 10% with a linkage rate of 94%. In the community, Community Outreach Agents followed up line-listed pre-ART, with referrals made to outreach Health Posts or the Health Facility when they were ready for ART initiation. A total of 356 clients (43% men), were initiated on ART in the community, by CHSNs. This translates to 6% of all clients initiated in the community by the TASQC program during the reporting period. 14 979 clients were followed up in the community after having missed appointments and received services before they became treatment interrupters. Further, to reduce HIV-associated mortality, on job trainings on the management of Advanced HIV disease were conducted in supported health facilities.

The TASQC program routinized pre-identification and line listing of recipients of care attending ART services at the facility, who were also due for viral load sample collection. The care recipients were identified from within the cohort system. In total, 10 050 viral load samples (15% of total) collected in the TASQC program during the quarter were collected at outreach health posts.

The goal of the TASQC program is to contribute, in partnership with MOHCC to the achievement and sustainability of HIV epidemic control in Zimbabwe through the provision of technical, financial, and material support for the management, coordination, and provision of comprehensive clinical care services within the national HIV program.

SUCCESS STORY: OUTREACH AGENTS FORMING LIFE-SUPPORT GROUPS

Community ART refill groups (CARGS) are a differentiated service delivery (DSD) model to bring treatment closer to the community. One member collects ART on behalf of the group, reducing the number of visits to the health facility to collect medicines. The model facilitates retention in care for people living with HIV (PLHIV). CARGS have become a platform for PLHIV to receive social support, obtain peer encouragement to adhere to treatment, and share ideas.

With support from PEPFAR through USAID Zimbabwe, OPHID implements the Target, Accelerate and Sustain Quality Care (TASQC) for HIV epidemic control program in 15 districts of Zimbabwe. The program is supporting the MOHCC to scale up the use of DSD models to provide quality client-centred antiretroviral therapy (ART) to PLHIV.

Mzimuni Rural Clinic in Gwanda District, Matabeleland South Province, is supported by the TASQC program, and serves more than 6000 people. Sindiso Ncube, a COA has supported the formation of 9 CARGS in Mhlangeni, which falls under Mzimuni Rural Clinic's catchment area. In October 2021, 7 of the CARGs formed a group called Sisonke Society. The name is derived from the Ndebele language and means togetherness. The group operates with the motto "Being HIV positive is not a hindrance to togetherness, empowerment, and future planning". It has 54 members and developed a constitution to define the operations of the group. The society has a committee whose members consist of one member from each CARG.

Sisonke holds monthly meetings with each member paying a monthly subscription of 10 Rands to the treasurer. By January 2022, they had raised 1200 Rands. The money is kept to cushion members against the uncertainties and misfortunes of life such as illness or death. If a member falls ill and requires money to pay for medical bills, they get R350 from Sisonke. In the event of bereavement of an immediate family member of a Sisonke member, each of the 7 CARGs gives 100 Rands to the family. The society provides pots, cooking services and attends the funeral to comfort their member. As a result, other members of the community have expressed interest in joining the society.

Through Sisonke, members receive supportive peer counselling. Group members teach each other the importance of taking care of their health, adherence to medication and eating a balanced diet. The group also aids members needing help with chores.

"The members provide assistance to ill or vulnerable group members such as the elderly when they face challenges such as fetching water and other chores." -Sindiso, COA

A nutrition garden was started using some of the funds to help members facing hunger. The Sisonke society plans to start projects such as rearing poultry to generate income and to supplement their diet. By moving beyond ART refill, Sisonke Society has fostered relationships between members and moving towards economic empowerment of the members.

"One member from one of the groups faced problems including domestic violence and hunger. So, they decided to educate each other on such issues within the groups. To deal with the hunger issue, the group resorted to developing a nutrition garden." -Sindiso, COA





ABSTRACTS ACCEPTED FOR PRESENTATION AT INTERNATIONAL CONFERENCES

OPHID had a total of Eleven abstracts accepted for presentation at international conferences as poster presentations. Three abstracts were accepted for the INTEREST conference, Six for AIDS 2022 conference.



Reducing client waiting time for collection of antiretroviral therapy (ART) refills: a time and motion analysis in five health facilities in Bulawayo, Zimbabwe



Digital Transformation in Community-Based HIV Programs – are we there yet? Integration of a digital information App for community health workers in 5 districts of Zimbabwe



OK to not be OK in HIV Care: Experience and Outcomes of Integration of Mental Health Screening, Referrals and Support in Routine HIV Care in Zimbabwe

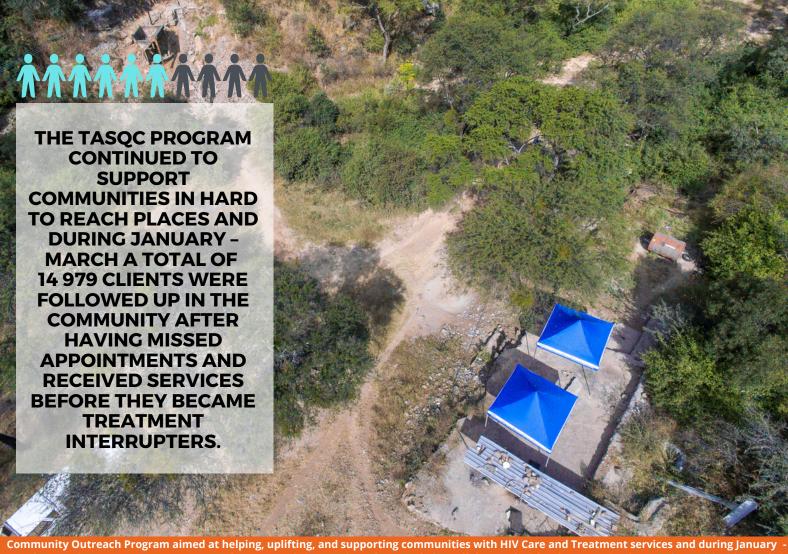


Community workers' uniforms, do they help or hinder access to households?



Use of an electronic adult HIV screening tool and HIV self-testing for improved targeted HIV testing in Zimbabwe





Community Outreach Program aimed at helping, uplifting, and supporting communities with HIV Care and Treatment services and during January - March 2022, the TASQC program supported MOHCC to bring services closer and also collaborated with other organizations such as Africaid Zvandiri, ZHI,AHF.







"Self-care material for health care workers were developed during January - March 2022 in partnership with Friendship Bench, followed up with an adaptation workshop for the self-care material to engage partners for technical assistance and finalization of self-care material. Some of self-care material produced had been translated to Shona and Ndebele and the number of general public reached through organic social media was 9 565 using the materials"







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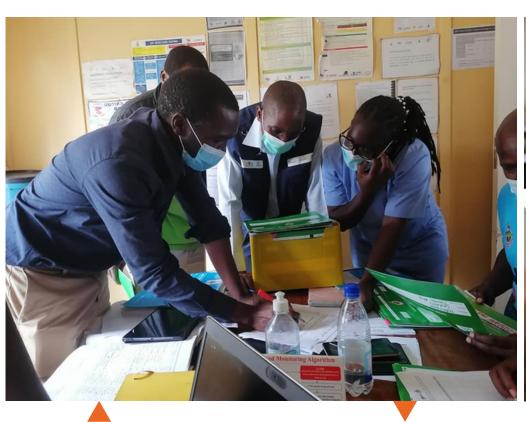




" MAKING THE DECISION TO COME THROUGH FOR HIV TESTING DURING THIS OUTREACH HAS MADE ME TO REALISE THE IMPORTANCE OF KNOWING MY STATUS AND THIS WILL HELP ME TO MAKE CORRECT DECISIONS' – THOMAS











With funding from The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through USAID Zimbabwe under the TASQC Program, OPHID and JF Kapnek Zimbabwe conducted a Routine Data Quality Assessments in Masvingo Province. This was meant to ensure data collection is accurate for effective Anti-Retroviral Treatment.

The RDQA tool enables qualitative assessment of the relative strengths & weaknesses of functional areas of a data management & reporting system, hence allowing the identification of potential threats to data quality & prioritize areas for improvement.

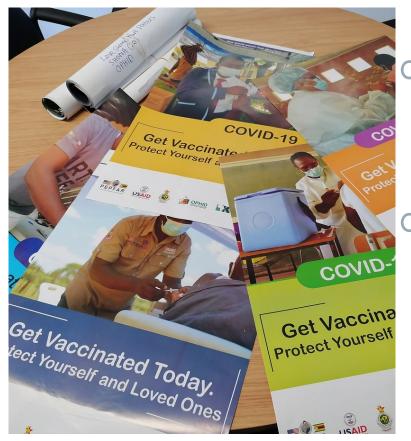
OPHID STAFF IN SOLIDARITY
WITH THE INTERNATIONAL
WOMEN'S DAY
CELEBRATIONS WHICH WAS
RUNNING UNDER THE
THEME:
#BREAKTHEBIAS













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The TASQC Program Communications

Department occupied a number of spaces inclusive of Radio, TV,

Newspapers, Campaigns and facilitated development of Social Behavior Change Materials, Impact Videos as efforts to motivate communities to access HIV Care and Treatment Services.

This promoted access to treatment, link people living with HIV to medical and psychosocial care, support continued retention in care, and help reduce stigma that may prevent individuals from taking these actions.

The Q2 Newsletter is produced by Organization for Public Health Interventions and Development on behalf of the TASQC Program partners.

With funding from the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID), OPHID leads the Target, Accelerate and Sustain Quality Care In (TASQC) for HIV epidemic control Consortium. Under the Cooperative Agreement No. 72061320A00005, OPHID and its sub-partners J.F. Kapnek and ZNNP+.

The program provides critical technical and financial assistance to the MOHCC national level programs, as well as support targeted acceleration of quality HIV prevention, care and treatment services at facility and community level in priority districts in Bulawayo, Chitungwiza, Masvingo and Matabeleland South.



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