

## *Programme Area Summary*

**Country:** Zimbabwe

**Programme Area:** HIV & AIDS 2006-2007

### **What is the aim of the programme area?**

To support the response to and to the mitigation of the impact of HIV & AIDS in Zimbabwe.

### **Why is VSO working in that particular Programme Area and region?**

The high prevalence of HIV in Zimbabwe has resulted in the loss of many developmental gains of the last 2 decades. Erosion of critical human resources and the strain brought about by HIV & AIDS on families has also impacted the economy greatly. Efforts to address other human development issues (e.g. access to health and education) are greatly hampered by the AIDS epidemic. HIV and AIDS are acknowledged as the biggest threats to human development in Zimbabwe. For 10 years, Zimbabwe has been among the three worst affected countries in terms of HIV prevalence, morbidity and mortality.

### **Key beneficiaries and partners:**

VSO's presence in Zimbabwe is through the RAISA programme. Partnerships are therefore with AIDS Service Organisations (ASOs), where VSO is working to strengthen their capacity so that they can be more effective in the delivery of HIV&AIDS related services. VSO also partners with other strategic organisations such as the Zimbabwe AIDS Network and UNV. Beneficiaries are largely people living with HIV or AIDS, who are receiving home-based care services and other psychosocial support services from the organisations, as well as orphans and vulnerable children and their families. Staff and volunteers of the partner organisations also benefit through enhanced skills and competencies from training and other horizontal learning interventions.

### **Key objectives of the programme and the cross-cutting themes**

1. To enhance the scale up of treatment literacy (meaning guidance relating to an individual's treatment regime, which includes specific advice on their medical treatment as well as broader awareness raising about the need for suitable nutrition) amongst AIDS service organizations representing people living with HIV & AIDS and the communities and groups supporting people living with HIV & AIDS.
2. To enhance community home-based care programmes especially in rural areas.
3. To increase children's access to appropriate holistic care and support services to improve their welfare (including access to treatment)

### **Current programme activities**

#### *Workshops, training & conferences*

- VSO-RAISA Zimbabwe holds national thematic conferences annually, and organises training for partners in areas identified as needs by the partner organisations. Partners also participate in regional conferences both to present and share from their work, as well as to learn from the work of others. Staff members from partner organisations also participate in training workshops at regional level whenever opportunities arise.
- Training of Trainers for the ASOs and organisations of people living with HIV & AIDS in the communities where they live.
- Sensitisation programmes in treatment literacy for partner organisations and communities

#### *Support to national volunteering*

- VSO-RAISA Zimbabwe has just completed a feasibility study on national volunteering in January 2007, and is piloting national volunteering during 2007-08. All partners involve volunteers and a few are participating in the pilot.

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### *Research*

- A baseline survey on the capacity of children's homes in Zimbabwe was carried out in partnership with the Zimbabwe National Council for the Welfare of Children in 2006 and is being used as a basis for some of VSO's interventions in organisations working with orphans and other vulnerable children.

### *Advocacy and Global Education*

- Training people living with HIV & AIDS networks in advocacy and lobbying skills.
- The RAISA regional advocacy strategy, which focuses on reducing the burden of care on women and children, was rolled out to Zimbabwean partners in March 2007. RAISA is supporting seven partners working in the area of home-based care in a deliberate drive to increase male participation in home based care during the 2007-8 period.
- Raise child rights awareness for children, ASOs and communities to ensure participation in orphans and vulnerable children programming

### *Partner exchange visits/study tours*

- Study tours are a key strategy for RAISA Zimbabwe. A National study visit for orphans and vulnerable children partners was carried out in 2006 and a regional study tour to Zambia on treatment literacy for partners working in home-based care. A regional study tour is scheduled for June 2007 on youth programming in HIV Prevention, and a national study tour on male participation in home based care is coming up in July.

### *Providing grants and/or equipment for partners*

- 11 small grants were given out in 2006 to support innovative community level projects. Another 10 will be given in 2007 primarily as follow up support for horizontal learning activities, in order to ensure that concepts learnt are implemented.

### *Development of publications or other materials for training or communication*

- RAISA Zimbabwe is developing a brochure for the national programme in April 2007, and there are plans to translate some HIV prevention pamphlets into Tonga, a language used by a generally marginalized minor population on the northern border of Zimbabwe.

### *Other partnership activities:*

- Support networks between ASOs working in treatment literacy work and policy makers
- Site visits from the programme office staff for mentoring, monitoring and for supportive purposes.
- Help form a coalition of partners working on issues relating to orphans and vulnerable children

### **What makes VSO's work in this programme area special?**

Although the bulk of the burden of care for people living with HIV&AIDS in Zimbabwe is borne by volunteers, there has not been any deliberate effort on the part of volunteer involving organisations to develop volunteer management systems to ensure that there is adequate care for the carer. The National Volunteering initiative is therefore coming in to fill a gap and VSO has the recognition and credibility to lead the initiative. Most organisations responding to the epidemic acknowledge limited capacity in areas that include programme development, project management, rights based approaches, advocacy, etc. and this has negative impact on the effective implementation of their work. The capacity building approach for the partner organisations is therefore critical in ensuring the effectiveness of their programmes.