OPHID Annual Report

2015

Organisation for Public Health Interventions and Development

OPHID

OPHID Annual Report

2015

Table of Contents

Acknowledgements

The Organisation 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 for the Families and Communities for the Elimination of HIV in Zimbabwe, which enabled OPHID to carry out the majority of their work during 2015.

OPHID also wishes to thank the European Union, UNICEF, and Australian DFAT (through the Burnet Institute) for their additional support enabling us to carry out our work in the integration of Maternal, Neonatal and Child Health and HIV services.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ANCP	Australian NGO Cooperation Program
ASRH	Adolescent Sexual and Reproductive Health
ART	Antiretroviral Therapy
BEmONC	Basic Emergency Obstetric and Newborn Care
COP	Country Operational Plan
eMTCT	Elimination of Mother to Child Transmission
FFMWH	Family Friendly Maternity Waiting Home
FGD	Focus Group Discussion
HCC	Health Centre Committee
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IAS	International AIDS Society
ICASA	International Conference on AIDS and STIs in Africa
ISAL	Internal Savings and Lending
IGA	Income Generating Activity
MNCH	Maternal, Neonatal and Child Health
MRCZ	Medical Research Council of Zimbabwe
OI	Opportunistic Infections
OR	Operational Research
PMTCT	Prevention of Mother to Child Transmission
RCZ	Research Council of Zimbabwe
RHC	Rural Health Centre
SIE	Strategic Information and Evaluation
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
UCSF	University of California, San Francisco
VHW	Village Health Worker
YP	Young People

ABOUT US

With a vision for all Zimbabweans to enjoy the highest quality of health and family life, the Organisation for Public Health Interventions and Development (OPHID) is a local Zimbabwean organization with a very enthusiastic and energetic team of clinical, social scientific and public health practitioners and researchers. They are assisted by a very competent Finance and Administration department ensuring budgetary management and logistical support to enable all field work to be carried out in a timely, efficient and compliant manner.

Evolving out of an international university linked organization in 2007; OPHID has since grown to be one of the main local stakeholders in the field of HIV/AIDS. With funding from USAID, EU, UNICEF and Australian DFAT, OPHID is committed to working in close collaboration with the Ministry of Health and Child Care at national, provincial, district and community levels, in the fields of not only HIV Prevention, Care and Treatment, but also in Maternal, Neonatal and Child Health, Nutrition, Sexual and Reproductive Health, Early Childhood Development and Women's Empowerment.

With our central office in Harare, until September 2015, OPHID worked through well-established provincial offices in Mashonaland East, Mashonaland Central and Manicaland provinces. As of October 2015, OPHID's geographical focus shifted as a result of a donor prioritization exercise. OPHID's support is now being directed from our central office in Harare to Matabeleland South (Gwanda), Bulawayo and Manicaland (Mutare). There, OPHID operates through provincial offices, integrated with the Provincial Health Executives, which are fully equipped with program, SIE and support staff. District coverage is reached through additional dedicated teams based in Plumtree, Birchenough, Rusape and Beitbridge. Working through partners in the OPHID led Families and Communities for the Elimination of HIV (FACE-HIV) consortium, OPHID's coverage extends to include Masvingo and Midlands provinces.

OUR VISION IS THAT ALL ZIMBABWEANS SHOULD ENJOY THE HIGHEST QUALITY OF HEALTH AND FAMILY LIFE

WE SUPPORT HIV PREVENTION, CARE AND TREATMENT FOR ALL THE FAMILY

Board Governance

OPHID is a non-profit Non-Governmental Organization (NGO) registered in Zimbabwe as a local Charitable Trust as per notarial deed of donation and trust (No MA970/2007) with the Master of the High Court Harare, Zimbabwe. OPHID Trust was previously known as the Institute of Public Health, Epidemiology and Development (ISPED) of the University of Bordeaux in France and we changed our status to become an independent local organization (OPHID) in 2007.

OPHID has a Board of Trustees which governs the organization and provides overall policy direction to efficiently and effectively achieve the organizational aims and objectives, consistent with the organization's values and approach. The Trustees are ultimately responsible under the Notarial Deed of Trust for the management and administration of the organization. However, the decision making on management is delegated to the Director (the Chief Executive Officer) and through her to the employees. The Board of Trustees provides a very experienced and highly qualified, complementary combination of medical, legal, financial and banking expertise:

Mr Michael Frudd (Chairman)

Mr Douglas Chinawa (Vice Chairman)

Dr Lynda Jane Stranix-Chibanda (Secretary)

Mr Charles Banda (Vice Secretary)

Ms Qelani Lilian Makina (Treasurer)

Dr Tariro Makadzange

Ms Definate Nhamo

OUR VALUES

RESPONSIVENESS, FLEXIBILITY, ACCOUNTABILITY, TRANSPARENCY, EQUITY, ETHICS, KNOWLEDGE ADVANCEMENT, CAPACITY BUILDING

Message from the Chairman

I assumed the chairmanship of OPHID from Dr Angelina Z. Hatendi at the last meeting in 2014. The board recognises and expresses sincere gratitude for the considerable contribution made to OPHID during her tenure as Chairman.

With the contributions from donor agencies, OPHID successfully continued its partnership with the Ministry of Health and Child Care during the year not only in its traditional field of prevention of mother to child transmission of HIV, but also in the expansion of services into care and treatment programmes. The broadening and intensity of the type of services provided at site level led to a more targeted geographical approach, now focusing on support to 330 health care sites in five provinces of Zimbabwe. OPHID continues to play an important role in healthcare in Zimbabwe.

The board welcomed a new trustee in Ms Definate Nhamo who brings with her extensive experience in HIV/AIDS research and a passion for capacity building to deal with community issues.

In exercising its governance of the Trust, the board met quarterly through the year, receiving, reviewing and approving quarterly programme update reports and financial reports, and the annual budgets. It also approved revisions to several of the policy and procedural manuals in order to tighten controls and optimise the effectiveness of the Trust's operations. Effects of revisions to labour laws were also reviewed and necessary amendments to contracts were made. The board also oversaw the annual external audit processes.

The Ministries of Justice and Legal affairs and of Labour and Social Services have expressed a desire to have NGO's registered as trusts, convert to Private Voluntary Organisations. A draft of a new constitution which will ultimately replace the present Trust Deed has been prepared in accordance with a template provided by the Department of Social Welfare and submitted for approval. Correspondence in regard to acceptance of the draft constitution and our registration as a PVO is continuing.

I thank all our generous donors for their continued support of our programmes. I also thank our Country Director and her entire team for their hard work, loyalty and commitment to community service which has been demonstrated on so many occasions during the year, and last but not least, my fellow trustees for their commitment to the Trust's vision and mission and their contributions during the year.

~ Michael Frudd ~

Executive Director's Report

2015 has been a year of big changes for our organization. With resources from PEPFAR through USAID, OPHID readily embraced the transformation from being a PMTCT and paediatric HIV only partner of the Ministry of Health and Child Care towards expanding our scope of work and technical expertise to now target Care and Treatment of HIV for all age groups. This coincided with a re-orientation of OPHID's geographical presence – we phased out of some of the provinces in which we had operated for many years, and concentrated our activities on those provinces and districts with documented high HIV burden. Provincial and district offices, manned by experienced provincial and district program and SIE teams, provide much needed support on the ground and maintain a close and much appreciated working collaboration with implementing health care workers at site level.

As the clock is ticking for Zimbabwe to achieve global 90-90-90 targets, all our efforts are aimed at doing the right things in the right places right now. Scientific evidence of what works needs to be translated into the comprehensive implementation of evidence supported interventions. Our Strategic Information and Evaluation and Knowledge Management and Impact Analysis teams monitor program bottlenecks, identify priorities and test key interventions, with our program teams poised to take activities to scale. Operating an effective and efficient program is at our core. Finance, operations and programs work collaboratively to be accountable and we pride ourselves in maximizing the impact of every dollar spent in our joint efforts to establish and sustain control of the HIV epidemic.

Together with and supported by donors like the EU, UNICEF and the Burnet Institute in Australia, we believe in integrated comprehensive service provision and successfully leverage our strategic position at health care site level in 22 districts to combine and coordinate high impact sexual and reproductive health (SRH), maternal and child health (MNCH) and nutrition services with HIV services to increase intervention coverage, service uptake, quality of care and health outcomes for families.

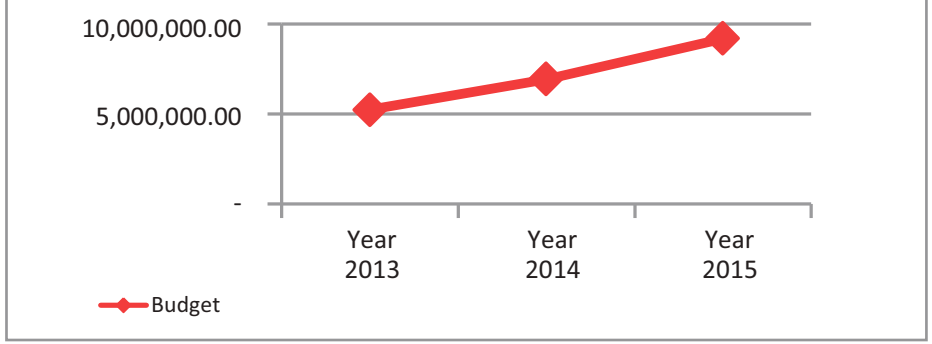
~ Dr Barbara Engelsmann M.D., M.R.C.G.P., M.P. H. ~

Our Finances

The year 2015 was busy and eventful. Finance and operations had quarterly compliance reviews conducted by our various funding partners. The organisation won the first prize in Harare Region 1 for the best tax compliant tax-payer. This was because we consistently remitted our PAYE payments and returns correctly and on time. We are committed to continue to clinch this yearly award. We also had 3 external audits: UNICEF, Institutional Audit and the USAID guided audit. We comfortably passed all the audits across the multiple projects we implemented. We also received a good audit report from NSSA for the year 2015.

Our overall yearly budget continues to be on the rise, this is evidence of our successful fundraising strategy and the confidence of our funding partners in our capacity.

OPHID yearly budget (including all funders)



Our staff complement increased reaching 76 this year. Our team is professional and well-rounded in skills, through both external (USAID Rules and Regulations, payroll administration) and internal capacity building (including staff sensitisation sessions as wide ranging as HIV voluntary Counselling and Testing, Living with Diabetes, Leave Management and Tax Efficiency).

OUR PROGRAMS

FACE – HIV

October 2012 – September 2017, funded by PEPFAR/USAID

Led by OPHID, the **Families and Communities for the Elimination of Pediatric HIV (FACE)** was a consortium of experienced partner organizations that from October 2012 to September 2015 provided technical assistance to the Ministry of Health and Child Care (MOHCC) for the rapid expansion and optimization of the national strategy to eliminate new HIV infections in children and to keep mothers and families alive. The FACE, until October 2015, included OPHID's partners, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), J.F. Kapnek Trust and SAfAIDS.

- **OPHID**- a local trust which develops and implements innovative strategies to strengthen and optimise health service delivery for HIV Care and Treatment as well as Maternal, Newborn and Child Health (MNCH).
- **J.F.KAPNEK**- supports medical and health-related education and research in Zimbabwe. The organization plays a leading role in preventing new pediatric infections and supporting children and families affected by AIDS.
- **SAfAIDS**- is a regional organisation that promotes effective and ethical development responses to sexual and reproductive health rights, HIV and TB through advocacy, communication and social mobilisation
- **EGPAF**- is an international non-profit organisation dedicated to preventing pediatric HIV infection and eliminating pediatric AIDS through reserach, advocacy and prevention, care and treatment programs.

From October 2012 to September 2015 the consortium aimed to:

Objective 1: Provide technical and other assistance to the national level PMTCT and Paediatric HIV Care and Treatment Program

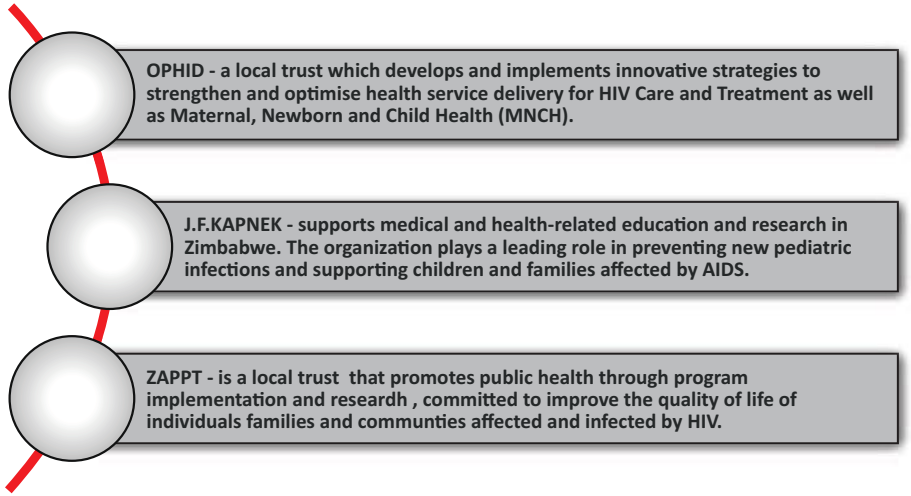
Objective 2: Strengthen the provision of clinical services for comprehensive PMTCT and ART

Objective 3: Strengthen Paediatric HIV Care and Treatment services

Objective 4: Conduct operations research to inform evidence-based policies and program strategies

Objective 5: Strengthen the continuum of care for mother, infant and family.

Our Programs



Towards the end of 2015 the PEPFAR Pivot (as the policy change is known), was implemented in an effort to rationalize the support given by donors to HIV healthcare in Zimbabwe and elsewhere in Africa. This required a response with a more data driven approach focused on targets, geographic areas and populations where the program would have the greatest impact. OPHID's focus under PEPFAR funding shifted to different parts of the country and focused on all HIV care and treatment service delivery at healthcare sites. This required a revision of consortium partners and OPHID, J. F. Kapnek Trust and Zimbabwe AIDS Prevention Project Trust (ZAPPT) are now applying a core package of services to strengthen the quality and sustainability of the National HIV Care and Treatment Program. The Consortium focuses on its overall goal to reduce new HIV infections and HIV-related morbidity and mortality and improve the quality of life for all People living with HIV (PLHIV) in line with the National HIV Care and Treatment Strategic Plan (2013-2017). Specifically the FACE Program now aims to:

Objective 1: Provide technical and other assistance to the national level of the PMTCT, ART and TB programs

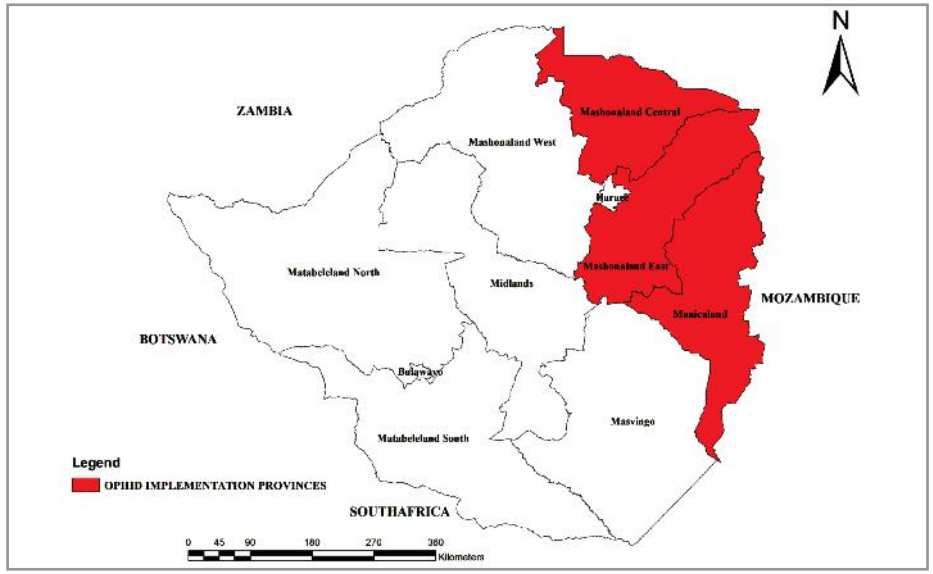
Objective 2: Strengthen the provision of clinical services for comprehensive HIV Care and Treatment

Objective 3: Strengthen pediatric and adolescent HIV and sexual and reproductive health (SRH) services

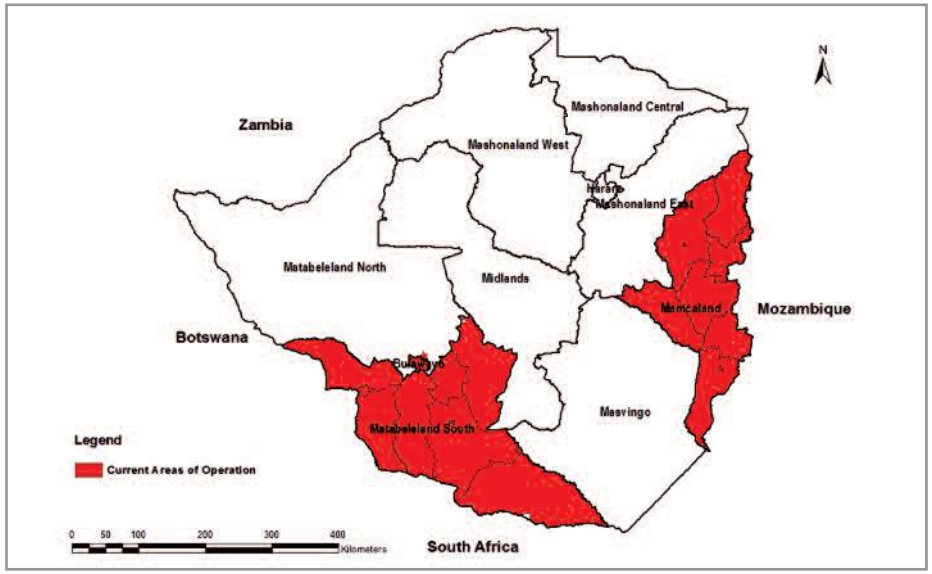
Objective 4: Strengthen and improve knowledge generation, dissemination and use of strategic information

Objective 5: Strengthen the continuum of care for mother, infant and family

Geographical coverage



OPHID Areas of Implementation Jan-Sept 2015



OPHID Areas of implementation Oct-Dec 2015

Over the past year, the FACE program intensified its focus on strengthening HIV Care and Treatment services within priority districts. FACE staff built on their successes within the PMTCT and Paediatric HIV services to ensure that new HIV infections were averted and that people living with HIV (PLHIV) and their families live quality, healthy lives. In line with the PEPFAR Pivot from October 2015 the FACE program placed focus on optimizing HIV care and treatment services in 22 priority districts. The program is now more decentralised and provides site-level technical support to 330 high burden ART health care sites in 5 provinces (Bulawayo, Matabeleland South, Manicaland (OPHID implementation), Midlands, and Masvingo (Kapnek implementation) and the City of Chitungwiza (ZAPPT implementation)). A baseline analysis was conducted on the key program indicators and site profiles were established for each of the 330 sites. OPHID now has provincial offices in Bulawayo, Mutare and Gwanda and district offices in Rusape, Chipinge, Plumtree and Beitbridge.

In the last quarter of 2015, FACE partners recruited, oriented and trained district and provincial teams comprising of program and strategic information officers. The FACE-HIV program established its presence at district level and introduced the new strategic approach to MOHCC provincial and district health executives and other key stakeholders. All district and provincial teams have been well accepted in their areas of operation and this has facilitated implementation of the programmes.

What We Have Achieved –

Technical Support to Governance and Leadership of the National eMTCT and ART Programmes

During 2015 the FACE Consortium continued to provide financial support and technical assistance to the national PMTCT and Pediatric HIV Care and Treatment program. Increasingly through the year, in line with the PEPFAR pivot, the FACE partners also provided technical support to the OI/ART program. More specifically, the FACE program supported the following:

- Staff secondments to the MOHCC - Throughout 2015, all key positions within the PMTCT and Pediatric HIV Care and Treatment program were maintained in the MOHCC. Seconded staff were responsible for program management and coordination, as well as strengthening program linkages at national, provincial and district levels.

- Technical Support for Documentation and M&E - During the reporting period, the FACE consortium partners provided technical support to the national M&E team within the AIDS and TB unit. Specifically the FACE partners provided technical assistance for the review of M&E tools, and roll-out of the Quality Improvement and ePMS initiatives. A key achievement of the M&E technical working group was the review, harmonisation, and adaptation of M&E tools and indicators in line with the Consolidated Strategic Information Guide by the World Health Organisation (WHO).

- Operationalising HIV Care and Treatment - Within the second and third quarter of the year, the FACE Program team provided technical support to the national OI/ART team within the MOHCC to document revisions and edit the final version of the Operational Service Delivery Manual (OSDM). The FACE program also supported the design and printing of 2000 copies of the manual, and supported the national OI/ART team to conduct two regional meetings introducing the new OSDM.

- Accelerating Paediatric ART - During the reporting period, the FACE program provided technical assistance in the review and finalization of the Strategic Plan to Accelerate Pediatric ART. In partnership with the MOHCC, and CHAI, FACE-HIV Consortium partners supported the roll-out the plan to provincial and district level.

- **Support for the national clinical mentorship program -** The FACE program provided both technical and financial support to review the national clinical mentorship program and enhance the training of district level clinical mentors. During the year, support was provided to the clinical mentorship program in four provinces: Midlands, Manicaland, Masvingo and Matabeleland South provinces. A total of 90 district-level clinical mentors were trained in national AIDS & TB M&E tools.

- **Development of the Mother-Baby Pair Register -** The FACE program provided technical support in the design of a Mother-Baby Pair register. While infant and child health indicators are tracked through various registers, there has been a gap in the MOHCC's ability to tracking mother-baby pairs and document final outcome of the infant's HIV status. The FACE program supported a desk review, design of the register, and a stakeholder review meeting.

- **Quality Improvement (QI) -** The FACE Program supported the national QI initiative by providing technical support to the national level to facilitate national trainings. The FACE program conducted coaching visits to 35 sites implementing QI projects. The program also supported the national QI program to develop, edit and print and distribute 2000 copies of a 'Step by Step Guide for Quality Improvement' to assist with the facilitation and roll-out of the QI program.

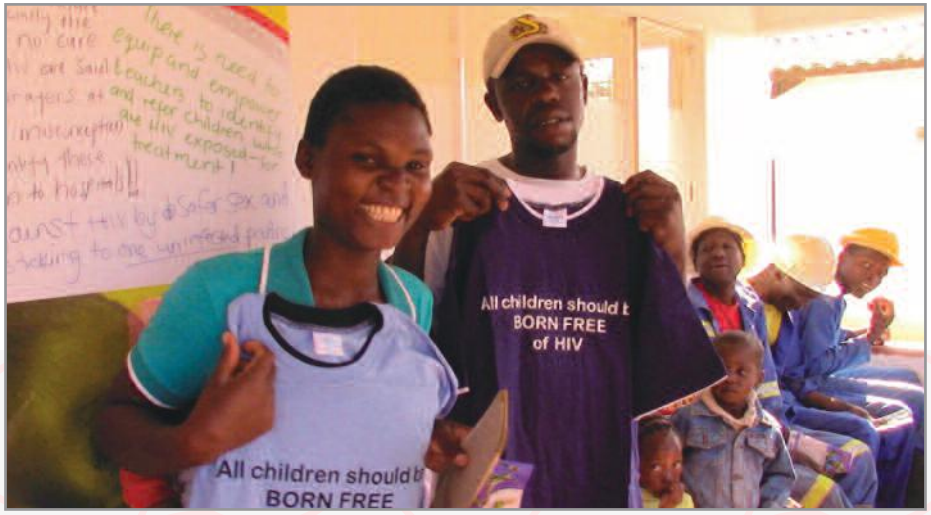
PMTCT

At the start of 2015, FACE implemented a national program that provided technical assistance for PMTCT to 1,494 health care sites across the 63 districts of Zimbabwe. This included capacity building, mentoring and technical support activities at national, provincial and district level. During the year a total of 424,948 pregnant women were booked for ANC, of which 91.4% were tested for HIV and a total of 95,785 male partners were tested for HIV in ANC. A total of 26,856 women tested positive in ANC, while 29,196 booked in ANC with a known HIV status. A total of 29,883 women were initiated on ART for their own health. A total of 51,441 infants received ARVs for PMTCT and throughout the year, a total of 2,031 infants tested positive for HIV and 3214 were initiated on ART.

As the MOHCC PMTCT program completed its nationwide transition to the new ART regimen, Option B+, the FACE program supported 10 mop-up trainings where 289 health workers were trained on the revised IMAI-IMPAC manual (Integrated Management of Adolescent and Adult Illnesses and Integrated Management of Childhood Illnesses) (including Option B+). We also increased the number of available HIV testers by training a further 385 healthcare workers in Rapid HIV Testing and Counselling. To support the roll-out of Option B+, the FACE consortium partners also provided post-training follow-up to 863 healthcare sites. During these visits, a team from the District Health Executive (DHE) and a FACE-Pediatric HIV partner would visit the site and provide technical support and clinical mentoring to health care providers on the implementation of Option B+, use of M&E tools, and identified program gaps.

Cluster Review Meetings

Cluster Review Meetings were held with groups of healthcare sites to evaluate delivery and monitoring of health service provision. The inclusion of Health Centre Committee (HCC) chairpersons or representatives was positively received both from HCWs and HCC levels. It opened avenues for better communication as the HCC chairpersons acknowledged that the meetings had empowered them with knowledge to appreciate what goes on at the health facilities and what they are expected to do, particularly strengthening links between the community and Health facilities. They also contributed very important issues that are usually "silent" and not reported by clinic staff. Such issues touched on HCW attitudes, clinic opening and closing times and clinic services at night which have an impact on the overall health service delivery.



HIV Testing and Counseling Compaign 2015.

HCC members appreciated the sharing of health centre statistics and experiences and promised to work more closely with health centre staff and the community to improve the uptake in the different areas of weakness.

Peer Support Groups for Mothers

Under the FACE program an OPHID model, the Mbereko groups, led by VHWs is an innovative approach to strengthening community support structures for pregnant and lactating women to access health services for themselves and their babies. A key element of the Mbereko group is the inclusion of Internal Saving and Lending (ISALs) groups which support the economic empowerment of the women. By the end of the reporting period there were a total of 828 Mbereko groups with a total membership of 13 682 people registered as active members. For the very active Mbereko groups, OPHID also supported family health days, and men's health days to provide information and mobilize communities to access health services for HIV testing, PMTCT and ART.

Improving HIV Testing Services

90-90-90
An ambitious treatment target to help end the AIDS epidemic

During the last program year, the global targets of 90-90-90 were introduced and with the PEPFAR Pivot the scope of our work extended from a focus on PMTCT to all HIV treatment and care.

With regard to the first 90 (the target of ensuring that 90% of all people living with HIV know their HIV status), during site support and supervision

visits the FACE Consortium partners began to work with selected sites to implement strategies to scale up HTC services in all patient entry points at the healthcare sites. The FACE-HIV partners provided technical assistance and support to 22 priority districts and 330 health facilities to expand their HIV testing services. Sensitisation meetings were held with district health teams and with site level management to emphasise the need to expand and strengthen the quality of HIV testing services. From October to December 2015, to ensure that sites had sufficient testers a total of 154 healthcare workers were trained in Rapid HIV Testing and Counselling. During this period 175,672 individuals were recorded to have been tested for HIV in OPHID supported sites.

Providing Quality HIV Care and Treatment

The second 90 requires that 90% of all people diagnosed with HIV will receive sustained antiretroviral therapy; and the third 90 entails that 90% of all people receiving antiretroviral therapy will have viral suppression. During the last quarter of the year of the 14, 123 testing positive, 12,991 (92.0%) were linked to care with 9,605 (68.0%) newly initiated on ART. There is scope to increase the numbers being initiated on treatment and once initiated, it will be crucial for beneficiaries to stay in care and be adherent to treatment. The FACE HIV program provided training in extended adherence to 182 primary counsellors. Follow-up support to primary counsellors was established through the creation of 'case review' platforms held in 6 districts. During the 'case review' platforms, primary counsellors and health care workers interrogated and analysed challenging cases in HIV testing and ART care and treatment. As peers, and with support from the district health executive, they discussed barriers and identified potential solutions for improving quality of counselling, care and support for clients on ART.

Strategic Information and Evaluation

OPHID is committed to implementing data informed programming. In 2015, in the months of September and October, OPHID and partners under the FACE-HIV programme, with support from the Ministry of Health and Child Care, conducted a baseline assessment in all 330 sites. The purpose of the assessment was to establish site level HIV prevention, care and treatment baseline data to be used as reference to monitor and assess the performance of the programme. The assessment involved collecting retrospective data on key COP15 indicators for the period September 2014 to August 2015. The baseline data is currently being used as part of benchmarking current achievements against the USAID set targets. Additionally the expanded FACE SIE team were involved in:

- Monthly data collection from source registers at site level linked to COP indicators;
- Data cleaning and periodic data quality assessments;
- Consolidation of data in organizational and DATIM databases,
- Individual site level target setting;
- Regular data review meetings at site level, provincial and national level comparing performance against targets;

- Feedback of programme performance gaps into site action plans;
- Additional monitoring tools include SIMS (Site Improvement through Monitoring System) visits, rapid assessments (see OR section)

OPHID was honoured to have this photo entry chosen as the best entry for the USAID Global World AIDS day photo contest.

"Voices and Choices: Young People's uptake of Sexual Reproductive Health Services for Responsible and Healthy Living"

1st February 2014 – 31st January 2017, funded by the EU

European Union

The Project – Through financial support from the European Union, the OPHID *Voices and Choices* youth sexual and reproductive health project adopts a step-wise implementation methodology concentrating on each one of its targeted three districts in Manicaland Province of Zimbabwe for a twelve month period before moving on to the next district. The project started in Nyanga District in the first year of implementation and in the second year, it has been implemented in Mutasa District, while continuing to support the *Voices and Choices SRH* program in Nyanga District.

What We Have Achieved – During this project year (year 2) focus was on Mutasa District, of this Manicaland Project. The District borders on Mozambique, and has a high poverty index of 78.9% (ZIMSTAT: Zimbabwe Poverty Atlas 2015). Baseline Data from 43 clinics in Mutasa District was collected.

Voices and Choices project at a glance for 2015

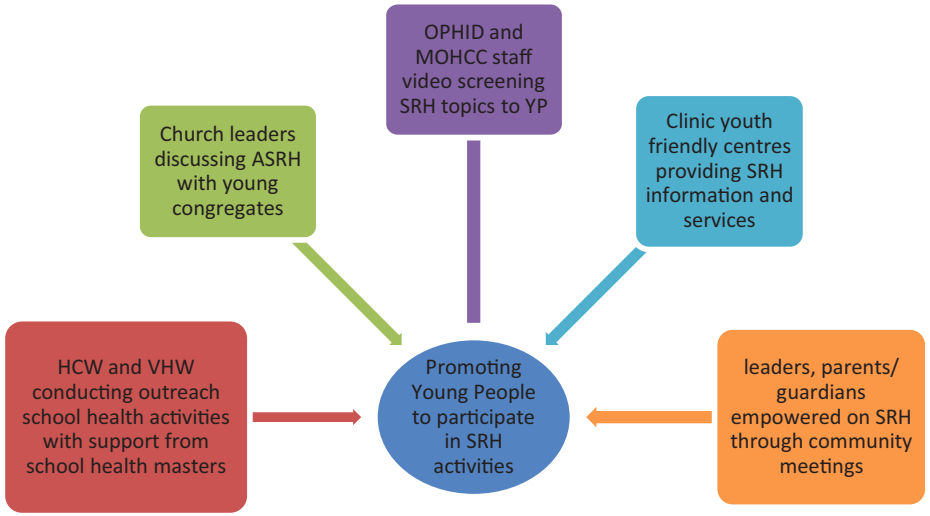
- 38 community sensitisation meetings were conducted at 36 health facilities reaching 2460 community leaders in Mutasa District.
- Three timber plantation and 1 gold mine private clinics were excluded because they were in close proximity to government clinics serving the same communities
- 39 educative dialogue sessions were complemented by video screening, quizzes and drama were held for young people and a total of 2312 young people were reached.
- Four trainings were conducted on ASRH and 119 HCW, VHW and young mobilisers were trained. Training for HCWS and VHW lasted 5 days while that for young mobilisers lasted for 7 days. The MOHCC Standard ASRH Training Manual was used.
- All clinics with trained ASRH staff have made a provision for a Youth Friendly Corner within their health centre where young people receive information and treatment on ASRH, though in some facilities the young mobilisers share the facility with Primary Care Counsellors.
- Supported all 25 Nyanga District health facilities at least three times strengthening the ASRH component integration with other activities
- 98 Most significant change stories collected
- Produced and distributed 2 newsletters - one on the importance of HIV testing and counselling for young persons and the second focussed on STIs
- Collected data quarterly from 65 health facilities
- Attended ASRH meetings and forums
- 430 young people received SRH information through the Whatsapp mobile platform

Most significant Change Story - February 2015: G. Chinanga HCW Nyanga 42 years Nyatate

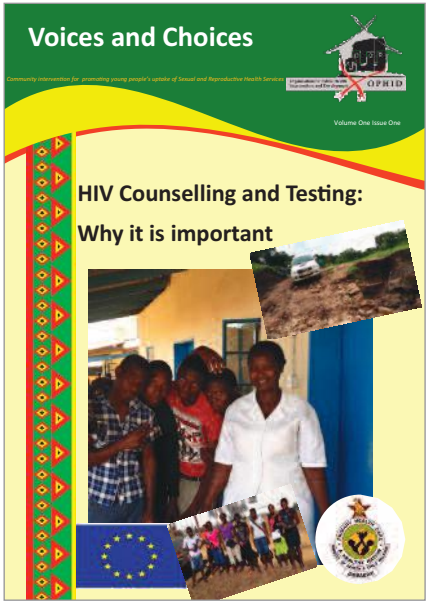
The number of young people booking for antenatal is gradually decreasing even the number of STIs being treated has since dropped compared to the time before the dialogues. I did a small survey in my community and discovered that parents are now communicating with their children about SRH issues. As if they did not know the consequences of alcohol abuse, young boys are coming to get information on the consequences of substance abuse. This came as a positive surprise to us nurses because attending to young people just for discussion was not the norm in and around our community. Our new conviction and confidence as nurses to disseminate information to young people who are well reveals the programs progress. Initially we just kept ourselves busy attending to those not well but now we are attending to other category of clients; those who just need information only.

Our Programs

The diagram below illustrates the complementary intervention strategies used to promote YP participation in ASRH activities.



Young people including young mothers listening attentively at the dialogues.



Voices and Choices IEC materials.

Most Significant Change Story – February 2015: Tafadzwa Mugano Female 19 years

As young people at school, we used to compete for guys but Voices and Choices has taught us that there is always plenty of time for that. After the sessions we are spending our time discussing issues that affect us as young people including how to protect ourselves from getting sexually transmitted infections, getting pregnant when we are still young and how to refuse early marriages. Some young people in my community used to steal but this has since reduced because some are now requesting for piece jobs from the elders in the community in order to earn a living. The program has made us realise how important we are in our society and how we can change our community.

Training youth mobilisers in SRH.

Some of the community leaders who braved the rain at Sadziwa to attend an SRH sensitisation.

Youth mobilisers with their T-shirts and wrist bands.

The ANCP Projects

1. Increasing quality, demand and uptake of facility-based maternal and child health services among women in Rushinga District, Mashonaland Central Province, Zimbabwe

The Project – The end of June saw the completion of the ANCP project funded by the Australian Department of Foreign Affairs and Trade through the Macfarlane Burnet Institute in Melbourne Australia. The project focused on reducing maternal and neonatal deaths through increasing demand for and improving the quality of facility-based maternal health care in Rushinga district and reducing the high rates of home delivery in Mashonaland Central Province. The project activities in year three (2014-2015) built upon and leveraged the achievements and lessons learnt in the two previous years. The Project Midterm Review conducted by Q Partnership International had noted that *"communication and engagement were key to the successes achieved thus far". In the district, the overall perception of the ANCP project is indeed highly favorable; key informants spoke of a significant reduction in home deliveries, and a concomitant reduction in maternal deaths as a result of the project, and spoke of a strong sense of community ownership."* In the final year of the project OPHID recorded significant progress towards set targets and saw the successful implementation of key project activities including:

What We Achieved –

1. **Family Friendly Maternity Waiting Homes refurbishments and new builds:** Five Family Friendly Maternity Waiting Homes (FFMWHs) built in Year 1 (Nyamatikiti, Bungwe, Rusambo, Chimhanda and Mukosa clinics) became fully functional and construction of three new FFMWHs at Nhawa, Mukonde and Rushinga Clinic began in Year 2. All the building materials and equipment were procured and delivered to clinic sites and at year end construction work was in progress with all three FFMWHs constructed to roof level. In year three all outstanding work from year two was completed and two additional waiting mother homes were built and one refurbished (Mazoe Bridge, Chimandau and Chimanda district hospital). With 11 Family Friendly Maternity Waiting Homes either newly constructed or refurbished the project achieved district wide coverage at all healthcare centres.

"We now know we can achieve any goal we set. Give us more goals – and we will meet them!"

Rural woman who used ABC in recent pregnancy, Rusambo Clinic

2. **Action Birth Card training, community sensitization and distribution** to pregnant women reached district wide coverage in year three of the project. 217 Village Health Workers (VHWs) were provided training on the content and use of the Action Birth Cards. VHWs distributed 3277 cards at community-level in year 3, and an additional 3000 were distributed at clinic level. They were easy to follow by the intended audience; uptake was greater for the Shona (vernacular) than the English version. In response to observations in the mid-term review, in the third year of the project OPHID stepped up their community engagement. Over 600 community-based health education and promotion activities were conducted jointly with VHWs and District health authorities sensitized communities about the ANCP project. They focused on the importance of maternal and child health, facilitated dialogue on the use and contents of the Action Birth Card including promotion of the utilisation of FFMWHs and the mobilisation of existing community resources to reduce home deliveries. VHWs were encouraged to work hard to engage the communities.

3. **Improving provision of quality Basic Emergency Obstetric and Newborn Care (BEmONC)** services through Health Care Worker BEmONC training and mentorship: Unfortunately no additional trainings could be conducted this year due to inadequate funds caused by the drop in the Australian dollar against the US dollar. In the previous year 11 HCWs had received BEmONC training and 15 were attached for clinical mentoring.

Every effort was made to promote the visibility of the project throughout, each FFMWH has a plaque attached appreciating the funding source.

Her Excellency Suzanne McCourt, the Australian Ambassador to Zimbabwe, opened the FFMWH at Mazoe Bridge in Rushinga in May 2015. Tshirts with logos and key messages were made to recognise the work of VHWs in engaging with communities to support maternal and child health.

Focus group discussions (FGDs) with women on their perceptions of the ABC, revealed the role of the card in generating a sense of empowerment of women to control maternal and child health through awareness and planning. The provision of FFMWHs gave women a choice to have their baby

at a clinic or hospital since they now had a safe place to wait for the baby's arrival and be monitored by the HCWs. Women participating in the FGDs expressed their desire for a 'new ABC' to continue planning for family and child health beyond the role of the project.

Linked to increasing gender equality and women's empowerment were community engagement activities and active involvement of men in the ANCP Project. ABC Evaluation findings revealed that male partners were ranked as the individuals that were most helpful in supporting access to health services during their pregnancy and uptake of HIV testing and male partner accompaniment to ANC both increased significantly from previous pregnancies. A key lesson from the ANCP project is that empowerment and gender equality is co-produced between men and women, and targeting women alone without the support of influential 'gatekeepers' to health services would not have the same gains.

2. Mbereko + Men: Tackling barriers to accessing Maternal, Neonatal and Child Health Services in Rural Zimbabwe

1st September 2015 - 30th June 2018, funded by Australian Department of Foreign Affairs and Trade through the Macfarlane Burnet Institute in Melbourne Australia, building on our previous project with Burnet.

The Project – The Mbereko + Men project seeks to address poor maternal and infant outcomes in the first 1000 days from conception to the child's second birthday in Mutasa District, Manicaland Province by significantly increasing the uptake of health services among 1600 mother-baby pairs along an integrated continuum of care at 8 selected rural health clinics. This will be achieved through the formation of 80 Mbereko Women's Empowerment Groups and increasing male engagement in maternal newborn and child health. The barriers faced by rural women to accessing quality health care include a combination of environmental, pre-disposing, enabling and need factors. Increasing demand and uptake for MNCH services necessarily requires holistic community-based approaches.

Vulnerable groups are less likely to access maternal health services in Zimbabwe. Existing evidence indicates rural women, women with higher parity, women with limited education, women facing resource constraints and women belonging to the Apostolic faith have lower uptake of essential MNCH services in Zimbabwe. Manicaland province has a large membership to Apostolic faith groups, known to have early, often polygamous marriage, and reduced access to maternal health services. Accordingly, creating an enabling environment to improve maternal and child health will require

recognition of the needs of vulnerable women for the design of feasible and acceptable interventions. Based on research conducted with Apostolic midwives, OPHID Trust has developed a successful model for engagement with Apostolic communities and has successfully engaged Apostolic women in Mbereko groups in Zimbabwe.

Where We Work – In Mutasa District of Manicaland Province, which has the highest infant mortality rate in the province, at 87 deaths per 1 000 live births, substantially higher than the national average of 55 deaths per 1 000 live births. Manicaland Province has the largest proportion of individuals living with HIV, and the lowest maternal ARV coverage at 58%. Additionally, only 14% of male partners have an HIV test during their partner's pregnancy, which is well below the national target of 20%.

What We Achieved – The primary development problem the project seeks to address is high maternal and infant mortality and morbidity in Mutasa District, Manicaland Province of Zimbabwe. Our Mbereko + Men Project aims to improve health outcomes among mother-baby pairs in Mutasa District, Manicaland Province by empowering mothers and creating an enabling environment to support women to seek and adhere to high quality essential maternal, neonatal and child health (MNCH) services at rural health centres (RHCs).

The Project started in September and the dedicated team were recruited and based in OPHID's Mutare office. Protocols were developed in conjunction with Burnet Institute staff for the research component of the project and MRCZ and RBZ approval was sought. A detailed community mapping exercise was carried out by the team. Initial sensitisation on the project was undertaken with the Provincial Health Executive in Manicaland and the District Health Executive in Mutasa District. Following the Baseline Study planned for early next year, OPHID is looking forward to implementing this project with the objectives of:

1. Improving community-facility linkages and provision of quality, integrated essential MNCH services at four RHCs by strengthening community engagement with RHCs through monthly Health Centre Committee (HCC) meetings that bring together community leaders and health facility staff to understand the Patient's Charter and review clinic performance and community health outcomes.

2. Empowering women to make positive decisions for family health by supporting the formation of 80 Mbereko groups in eight RHC catchment areas. These groups will provide women with training in income generation and internal savings and lending, facilitate problem identification and problem-solving at group and individual level to address barriers to uptake of 10 essential MNCH services using the OPHID developed Action Birth Card, and provide information about how to promote family health within the home (e.g. infection control, care-seeking for child illness). The groups will also interrogate the Patients Charter to understand the patients' rights and responsibilities.

3. Increasing men's capacity to support family health and women's decision-making by holding 80 monthly male engagement community dialogue forums in eight RHC catchment areas.

Community mobilization through facilitated participatory learning and action cycles with women's groups is recommended by the World Health Organization to improve maternal and newborn health, particularly in rural settings with low access to health services. OPHID Mbereko groups are informed by a specific participatory learning and action cycle that is known to be effective, and were implemented successfully in Chimanimani and Buhera Districts of Manicaland Province, in 2012-2015 under the FACE program. This project also extends the Action Birth Card goal-setting and planning tool for increasing uptake of essential MNCH services, which was used successfully by OPHID in Mashonaland Central in the previous ANCP project. The revised ABC supports the increased uptake of underutilised maternal health services from antenatal to early postnatal care for mother and baby.

One of the 8 rural clinics in Mutasa district in whose catchment area the project will be implemented.

Engaging with men as allies to address barriers to women's health service utilization is recommended by the World Health Organization and has a basis in programming experience and evaluations from Zimbabwe and elsewhere. Working with women's and men's discussion groups has previously been successful in increasing health service utilization. On this basis, the project will phase in an innovative gender-synchronized program that coordinates Mbereko groups and men's meetings.

Mbereko Groups, the Crucial 1000 Days

unicef

Community interventions to increase demand and uptake of integrated PMTCT/MNCH and Nutrition services at rural clinics with specific emphasis on adherence and retention to Option B+

The Project – In 2015, OPHID received a one year grant, with a two month extension, focusing on the global movement Every Woman Every Child for furthering work carried out by a previous UNICEF/CIDA grant in Marondera and Hwedza districts of Mashonaland East and additionally in the H4+ district of Mbire in Mashonaland Central Province. The project was focused on the OPHID model of Mbereko Groups for pregnant women and mothers with children under two years of age and improving maternal, neonatal and child health in the 1000 days from conception to the baby's second birthday.

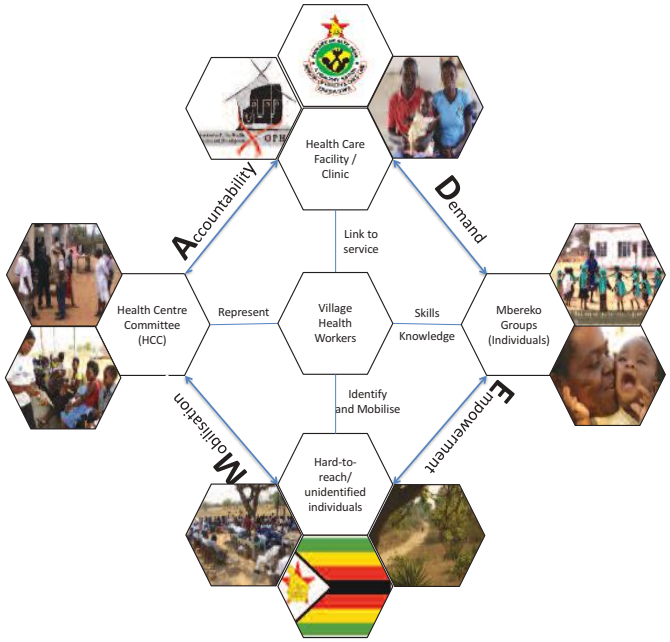
Our Programs

Despite efforts by the Government of Zimbabwe Ministry of Health and Child Care to reduce maternal and infant mortality, both ratios have shown a strong upward trend over the past two decades and although there is now some evidence of decline, it still meant that Zimbabwe was unlikely to meet the Millennium Development Goals (MDGs) of reducing child mortality, improving maternal health and combating and mitigating the impact of HIV/AIDS by the end of 2015. The project focused on at least three of the Sustainable Development Goals, namely, Goal 5 to achieve gender equality and empower all women and girls; Goal 1 to end poverty in all its forms; and Goal 3 to ensure healthy lives and promote well-being for all ages.

A contributing factor to the poor integration of HIV within other child health programs, such as nutrition, is the lack of widely agreed-upon models and approaches for accomplishing integration at scale, with the greatest public health impact. There has been a call from the scientific community to urgently assess the effect of integrating perinatal prevention of mother-to-child HIV transmission interventions with other health services on intervention coverage, service uptake, quality of care and health outcomes and the optimal integration modality. The need for innovative approaches which ensure that HIV and related MNCH activities coordinate and communicate with one another and extend to the community, is a sentiment echoed by national leaders in Zimbabwe's MOHCC. During the CIDA/UNICEF project the model of the Mbereko community-based support groups for pregnant women and women with children under two years of age was further developed and lessons learned from that project have informed the way forward in this project, Mbereko Groups the Crucial 1000days.

The Mbereko model demonstrates that strengthening community participation is an important element in order to ensure transparency, accountability of health service management, community ownership of health programmes and sustainability of the gains. Furthermore, addressing women's empowerment through the addition of Internal Savings and Lending (ISAL) and Income Generating Activity (IGA) training to Mbereko group members fosters engagement and commitment, tackles poverty and sustainability of the groups and substantially increases the health and life chances of all family members through increased healthcare knowledge and increased resources to access healthcare. Each Mbereko group may have several self-selecting ISAL groups.

The Mbereko Model



What We Achieved – The project was implemented in the rural catchment areas of 3 clinics in Mbire District (Chidodo, Mahuwe and Mushumbi), 5 clinics in Marondera District (Chihota RHC, Border Church, Igava, Masikana, and Chiparawe) and 4 clinics in Hwedza District (Idube, Skimpton Gotora, Sengezi and Makarara).

The Mbereko support groups made it evident during the field visit conducted by international and local H4+ team managers who visited Mbire district (September 9-10, 2015) that through the ISAL methodology, the project influenced the improvement of women's income, education and health in an effort to strengthen their economic ability to access health services and improve family health practices. Mothers who interacted with the visitors through poems and edutainment displayed high levels of knowledge on for instance: benefits of couple HIV counselling and testing; benefits of early ANC bookings; the importance of Exclusive Breastfeeding; the importance of Early Infant Diagnosis; the value of PSS provision; the importance of Option B+ and ART adherence and retention; and the role of men in supporting women's health issues. The Patient's Charter was well articulated in the plays the women displayed to visitors, showing the visitors their mastery in knowing and understanding their rights as equal partners in their health care and treatment centres.

The demand among the women for the Mbereko groups in Mbire in particular was overwhelming. We had intended that we would have a total of 180 groups formed in the catchment area of 12 clinics in the 3 districts giving an average of 10 - 20 groups per clinic catchment area. However, in Mbire instead of the anticipated total of 60 Mbereko groups we have a total of 113 groups with 1863 women attending these groups. Our total number for the whole year's work is 226 groups supporting 3,788 women. The Mbereko groups are empowering women with health information such that there is increasing demand for services at health facilities. Through community collaboration the women were able to reduce the user costs in accessing health services, provide transport for those referred to the next levels of health care and strengthen the accountability of service providers.

OPERATIONAL RESEARCH

2015 was another highly productive year for the Operational Research (OR) unit, with many outputs and milestones achieved. The Operational Research support provided to OPHID under the FACE grant has resulted in numerous products and the recognition of OPHID as a significant contributor and leader in implementation research nationally, regionally and internationally. While from October 2015, Operational Research was no longer supported under the FACE program, the lessons and strengths of the OR unit are being carried forward to support OPHID, FACE partners and MOHCC within the Knowledge Management and Impact Analysis Unit.

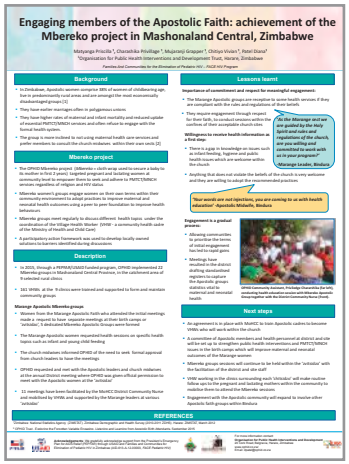
In 2015 the OR Unit under the FACE program has demonstrated excellent outputs of a unit comprising of only 2 dedicated staff, working effectively and productively with FACE program staff, MOHCC and local and international collaborators. This unit has demonstrated excellent value for investment in outputs and visibility for OPHID and USAID FACE-supported work. OPHID presented operational research findings at national, regional and international forums including:

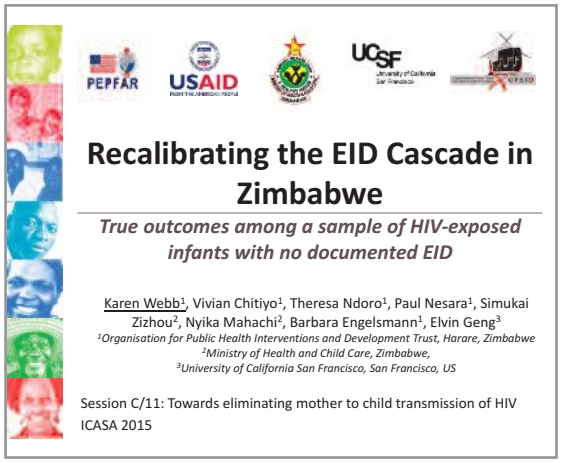
- National stakeholder forums:
  - UNICEF Brown Bag
  - USAID
- International HIV Conferences:
  - IAS 2015, Vancouver, Canada

    5 posters of OPHID work (4 of FACE-funded program and operational research outputs) were presented:
    - Optimizing Zimbabwe's National PMTCT Program: Cost-effectiveness of a planned village health worker (VHW)-based intervention to improve mother-infant linkage to postnatal care
    - A population-based estimate of documented completion of early infant diagnosis in Mashonaland East Province, Zimbabwe
    - Impact of Option B+ on Maternal ART Initiation rates in Mashonaland Central, Zimbabwe
    - Engaging Men for eMTCT through Men's Health Days: Experiences from Mutare District, Manicaland Province, Zimbabwe
    - The Action Birth Card: Evaluation of an innovative goal-setting tool to increase demand and uptake of underutilized services along the PMTCT cascade.

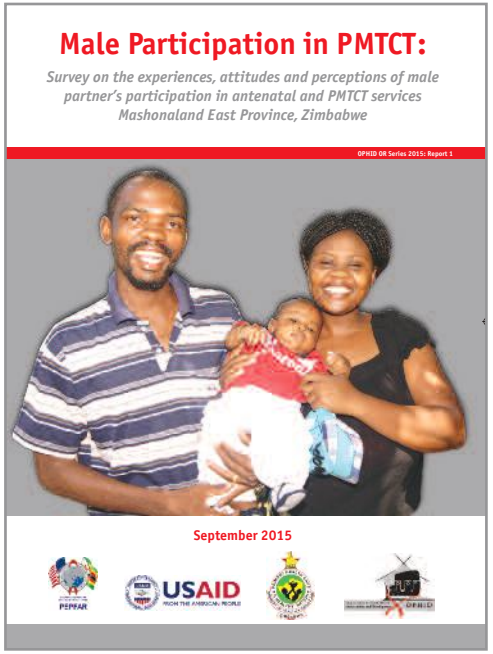
Operational Research

- ICASA 2015, Harare, Zimbabwe





The OR Unit oversaw the development and submission of 18 abstracts to the ICASA conference held in Harare in November/ December 2015. This record number of submissions resulted in OPHID's best conference acceptance rate to date with all 18 abstracts being accepted for presentation (14 as poster presentations and 4 oral presentations). 9 of the accepted abstracts (and 3/4 oral presentations) were fully-funded by the FACE program, with the remainder being leveraged activities.



- Design, implementation and analysis of research protocols with the Medical Research Council of Zimbabwe (MRCZ), together with MOHCC co-investigators and academic collaborators from UCSF, Harvard and University College London. All of OPHID's OR studies have been executed in partnership with MOHCC at national, provincial, district and site level. This participatory model of research has resulted in the rapid diffusion of findings across MOHCC levels and in particular has

provided valuable cohort-level data and perceptions of the beneficiaries of USAID-funded programs (rural women, male partners, village health workers, health care workers among others).

The distinctive model of collaboration, implementation and evidence-generation developed by OPHID with USAID/PEPFAR support has been recognised as a forward-thinking model of evidence-generating programming. While the unit will no longer be supported to conduct protocol-driven research under USAID funds, the value of historical support to OPHID OR has enabled the organisation to develop a significant niche among local implementing organisations not only in Zimbabwe, but internationally. This unique position fostered through USAID support will continue to attract partnerships and funding for implementation and operational research into the future as OPHID continues to receive requests to collaborate with local and international researchers. Now under FACE as Knowledge Management and Impact Analysis, the unit has contributed the first 2 90s Rapid Assessment which seeks to provide the FACE program with more detail regarding the process of referring and documenting the transition of HIV positive patients to HIV treatment and care and seek to determine the proportion of individuals newly testing HIV positive at various entry points using existing data. The ultimate purpose of this rapid assessment is to inform the technical assistance that is required to support the Ministry of Health and Child Care HIV Care and Treatment program and facilities to address bottlenecks and help strengthen linkage between HIV testing and treatment.

Through its activities in knowledge management and impact analysis, the unit looks forward to further contributing to evidence generation and dissemination contributing to improvements in the national HIV Care and Treatment program in Zimbabwe.

OPHID Activities in 2015

For more information on OPHID activities please access our website: www.ophid.co.zw and our Facebook page which are providing continually updated information or contact us at:

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