

FAMILY AIDS CARING TRUST

ANNUAL REPORT

2010



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ACROYNMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
BC	Behaviour Change
BEAM	Basic Education Assistance Model
EED	Evangelischer Entwicklungsdienst
ERF	Emergency response funding
FACT	Family AIDS Caring Trust
GF	Global Fund
HBC	Home based care
HIV	Human Immuno Virus
ICCO	Inter Church Organisation
MoHCW	Ministry of Health Child Welfare
NAP	National Action Plan for Orphans and Vulnerable Children
NGO	Non Governmental Organisation
OI	Opportunistic Infection
OVC	Orphans and vulnerable children
PHC	Primary Health Care
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPTCT	Prevention of Parent to Child Transmission
PSS	Psycho Social Support
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
VHW	Village Health worker

EXECUTIVE DIRECTOR'S MESSAGE

The year 2010 saw the global economies recovering from the 2008-9 global financial meltdown. However, the ripples of the meltdown were still experienced in 2010. Significant number of FACT funding partners maintained same levels of funding with little consideration for funding increase. In this situation, FACT was uniquely privileged to continue with operations with little or no reduction in activities unlike many other organisations that scaled down. This was possible through our faithful partners who share in the organisation's vision of reaching needy vulnerable people with holistic services to mitigate the impact of their suffering. We thank them sincerely and assure them that their resources made a significant difference in the lives of many people in Zimbabwe.

Politically, the effects of the country's Global Political Agreement (GPA) signed by the three main political parties in 2008 continued to be enjoyed in 2010. The country continued to stabilise with no political interference in programme activities. FACT expanded its operation areas with HIV prevention activities to cover every district. At the same time, FACT strengthened livelihoods interventions in semi-arid districts to improve food security and income for OVC and women in rural communities. Focusing on integrating HIV and AIDS with livelihoods is proving a critical intervention. For instance, in certain rural communities where there is starvation, NGO's have introduced food-for-work programmes but such programmes exclude some people living with HIV and AIDS as they are frail. Hence, livelihoods interventions provided by FACT remained a major source of food security.

The FACT Advisory Board was very active providing strategic direction and support to the organization, which enabled management to conduct their duties effectively. The board participated in a joint institutional assessment with staff to identify areas that require improvement and development to ensure organisational stability. Thus the FACT board, as always, has remained a strong pillar in the success and impact of the organization through selfless commitment to the vision of the organization.

An overview of FACT's activities during the year is detailed below.

EXECUTIVE SUMMARY

In 2010, FACT, like other NGOs and donor supported organisations across the nation and the globe continued to experience decline in support from some of the traditional funding partners. For instance, the end of support for NAP 1 at the end of 2010 witnessed brought with it disaster for more than a million orphans and vulnerable children (OVC) who had benefited from comprehensive and direct support under the programme. Available information points to the fact that more than 80% of OVC were excluded from further support when the funds were moved to the Basic Education Assistance Model (BEAM).

Paradoxically, during the same period FACT enjoyed phenomenal growth in distinct areas of capacity building, mentorship and access to formerly excluded populations and areas. Progress in these key areas was possible through such programmes and support from a number of funding partners. Of particular reference are the National Behaviour programme (BC) supported by the Global Fund for AIDS Tuberculosis and Malaria, (GF), the Support to Mozambique, the Institutional Capacity building programme across different facets of the organisation separately funded by Tear UK, Tear Netherlands and ICCO and the Zimbabwe-Mozambique Border project supported by EED. Thus, while the overall programming environment looked gloomy, FACT continued to forge ahead scoring lasting success in a wide range of areas. For FACT, 2010 was a year in which the organisation managed, with great affection to access hard to reach areas and populations. FACT managed to forge ahead amidst global and national challenges of dwindling donor support and fatigue. Notable successes were scored across broad areas of geographical, sector and thematic coverage. Added to this was increased access to more populations.

While there was shrinkage in the number of projects owing to the expiry of contracts, by and large 2010 witnessed increased community outreach and coverage. More people and more communities particularly the formerly hard to reach were accessed. These include prisons and state security environs, couples, conservative churches, workplaces and men.

Navigating through a maze of political, economic and social complexities, FACT's BC, Care and Support programs managed to extend their respective support to the prisons and security forces and some mainline conservative and African independent churches. For long, prisons, churches and security forces constituencies had remained inaccessible owing to a variety of reasons. Bureaucracy, political will or lack of it, suspicion and sheer lack of trust and perceived lack of complementarities between some aspects of HIV education and Christian principles were some of the reasons for confined access.

2010 was characterised by targeted packaging of HIV information and support across a wide host of FACT's constituencies. While targeted programming has been an ongoing process since FACT's inception, this particular year was guided by the need to reach out and service such areas as the church and other formerly excluded areas such as security forces, prisons and the general male population in a transforming way. Focus was put on building structures and approaches that will see to it that excluded and disadvantaged groups could be taken aboard in manner that guarantees lasting accessibility, sustainability and effectiveness of use. Notwithstanding the targeted approach, women and children continued to be a critical component of FACT's wider focus.

The year witnessed further consolidation of the role of the church in HIV programming. This was possible through capacity building of church structures and the direct engagement of more numbers of church congregants in HIV and related activities. Direct emphasis was made to engage the church at different levels of HIV programming including both delivery and uptake. Consequent upon this, a growing number of church members within the respective communities have taken it upon themselves

to respond to community needs in a more systematic and decisive manner. Several church based interdenominational groupings have been formed resulting in a wider and diverse access to HIV services by the wider community. Added to this has been the preaching or inclusion of consistent and correct HIV messages and support by the church. Before this specific intervention, targeted interventions through the church, HIV messaging and responses were different and inconsistent. The overall effect was a poorly informed and supported Christian community reflecting different levels of understanding of how HIV was related to and affected the church. Indeed several myths continued to affect some churches. For instance, HIV was understood as sickness largely driven by infidelity. Responses of such nature reflected badly on the ongoing and general response to HIV and AIDS. In the least case, such actions perpetuated stigma and discrimination while in the worst case it led to unjustified fear, anguish and hopelessness for the majority of the infected who regarded themselves as faithful and steadfast in their relationships. Overall, direct church involvement offered crucial explanations to the relationship between church and HIV.

Realising the fact that more than 80% of Zimbabwe's population are Christians, FACT took a strategic position to decisively include the church in its HIV responses. This was possible through "The Churches Channels of hope Programme." The year 2010 was thus characterised by FACT's increasing emphasis and recognition of the role that could be played by the church in the ongoing HIV and AIDS programmes. Consequently, FACT, with support from EED and Tear Netherlands and TEAR UK took a strategic decision to invest in skills and capacities of FACT personnel and church institutions found across its areas of operation. Several key personnel from the organisation and other sister and complimentary organisations within Manicaland and beyond had their personnel trained in church responses to HIV under the trainers of trainers (ToT) programme.

During the same period, FACT extended its support to the revival of the national primary health care system. Revival was possible through the support of training and equipping of 126 Village Health Worker (VHWs) training to cover disease outbreak prone wards of Chipinge district. The year 2010 thus ushered in a new dimension to FACT's programming. It reflected FACT's recognition of the need to support existing national health care systems as one of the means of responding to HIV and growing community health related needs.

Other key accomplishments were recorded in FACT's OVC programme. The programme had a lasting bearing on the lives of some adults and households who managed to secure such statutory documents as birth, death and national IDs. All this was done out of the realisation that the OVC challenges were wider and broader than direct support. By and large, 2010 witnessed more coverage more activities, more access against the backdrop of falling sponsorship. Such success is owed to repositioning and ingenuity that characterised FACT's 2010 programming

Challenges of Humanitarian work are in most cases largely unpredictable. Sometimes there exists a thin line between humanitarian and development work. This is particularly so when a country is going through rough periods of social, political and economic change. Such has been the case with Zimbabwe's programming environment. FACT, like other organisations across the region has gone through the dilemma of donor and unpredictable funding and programming environment only to emerge stronger, resolute and more strategic in its response to community needs. FACT's 2010 was characterised by a cautious balance of relief and development interventions driven by the need to reposition communities towards self reliance, ownership, response and management of local and national challenges. Achievement of the balance has been possible through FACT's provision of holistic care support, prevention and mitigation activities capped by intense capacity building and resourcing of communities. Strategic Capacity building has emerged as the cornerstone of the success of future programmes. Within the Southern Africa region, FACT has successfully developed capacity

building partnerships that will capacitate likeminded organisations to respond to similar capacity development needs.

At the local level (national) FACT has emerged as the preferred provider of a wide array of HIV services. Key among these has been Voluntary Counselling and Testing(VCT), post test support, education support, community empowerment projects, operational research , training in HIV and related fields, livelihoods and sub granting for national projects such as the NAP for OVC and the primary health care support programme supported by ERF. Success in all these areas has witnessed subsequent expansion of similar projects to Masvingo province.

All in all, the year 2010 witnessed huge growth in the number of people and community contacts FACT had. This means that despite reported shrinkage in donor support, the year 2010 was a continuity of growth for FACT. The organisation managed to reach out to broader populations and the wider community. This has been attributed to FACT's recognition that HIV and AIDS challenges and possible responses are deeply rooted in the social and political and economic developments affecting any country. Wider focus was extended to cover issues related to the broader needs of children such as school education support, medication, PSS and other needs such as legal requirements like birth and death registration

THE ORGANISATION

FACT is a Christian based organisation based in Manicaland province of Zimbabwe. Established in 1987 as Zimbabwe's first AIDS Service organisation, FACT has grown to cover the greater part of Zimbabwe. Dr Geoff Foster, a paediatrician working at Mutare General Hospital realised that a growing number of children were being affected by the virus that causes AIDS. He deemed it necessary to establish an organisation that would complement formal health services by providing basic information about HIV and AIDS and basic home care and counselling skills to affected families.

Volunteers from different churches are the pillars of FACT in providing basic care and counselling services to HIV infected and affected individuals and households. They continue to be the backbone of FACT's work across communities. Currently, the number of volunteers in Manicaland province alone is well above 1422, 352 being males and 1070 females. The total number of beneficiaries stands at 90 593; 55726 are females and 34 867 males.

Since 1987, The FACT model has grown to be replicated in Chiredzi, Nyanga, Masvingo and Rusape. Beyond the borders, a significant number of organisations have adopted the model or some of its tenets. This is evident in Mozambique, Malawi and Zambia where the community care for HIV and AIDS, the guiding model of FACT's operations has been wholesomely adopted.

Vision

- To be a renowned , quality organisation that facilitates sustainable programs on mitigation of the impact of HIV and works towards the elimination of HIV and AIDS
- To strengthen the capacity of communities through sustainable development
- To form partnerships with local and international community oriented organisations and provide facilitation , consultancy and advocacy services

Mission Statement

FACT is a Christian based organisation working in partnership with local, regional and international organisations and communities to provide holistic care, prevention, and support through community mobilisation , training and capacity building and sustainable development initiatives to alleviate the impact of HIV and AIDS

Goals

1. Provide holistic prevention, care and support to infected and affected members of the community in targeted areas
2. Implement sustainable HIV and AIDS interventions through integration of livelihoods and other development activities.
3. Create strategic partnerships and reach out to more communities in need of FACT activities
4. Strengthen research based interventions , learning and sharing knowledge of best practices at all levels
5. Have effective organisational management systems within FACT and its implementing partners

FACT'S PROGRAMME AREAS

1. Care, Support and Mitigation Programmes

- Child Sponsorship
- Community Care for HIV and AIDS
- Post Test Support (New Life)
- Community Empowerment and Services
- National Action Plan for Orphans and Vulnerable Children

FACT's care, support and mitigation programmes were by and large supported by the Cedar Hong Kong, Action AID for the Child Sponsorship project, Tear Fund UK and OAK Zimbabwe foundation for Community Care projects, Emergency Relief Fund for Primary Health Care Village Health Worker training and PSI for the New Life Post Test Support

Community Care of HIV

The Community Care and Support programme represents one of FACT's pioneer programmes that has successfully integrated HIV prevention, care, support and mitigation in at one go. Integrating support from two key long time funders, Tear Fund-UK and Cedar Hong Kong, FACT has successfully guaranteed that 41 wards of four districts of Manicaland namely Mutasa (4wards), Mutare rural's 20 wards, Buhera's 4 wards and Mutare urban district's 13 wards access holistic HIV care and support. One of the outstanding accomplishments registered by the programme in 2010 has been the ability to mould local communities to carry out their own resource mobilisation. The project entailed looking towards local and fellow households as not only the first line of support but as the most practical and reliable source of support. Through a local initiative dubbed the "Search your Wardrobe Concept" locals were encouraged to give to the less privileged and needy. Consequently, a total of 580 extremely impoverished households were supported with clothing, food and other essential household resources generated from local communities, thus fostering community cohesion, a prerequisite for real community development.

Beyond receipt of material support, the greatest success of the initiative was in building community confidence that, yes, they could assist their counterparts in need. Other than the locally generated success and encouraging stories of sharing, FACT through its Community Care and support initiative successfully supported target communities with direct education support to 532 OVC across the four districts. 133 more OVC benefited directly from livelihoods proceeds such as goats and chickens. Support from CEDAR Hong Kong resulted in a total of 50 children from Mutare urban district not only being continuously retained in school but also a total of 2 completing their Ordinary and Advanced levels in the year 2010. The latter came out with an exhilarating 15 Points at A level.

Support from Tear Fund-UK accomplished similar levels of progress, transforming the wider community and transforming lives of OVC who had lost the hope of either going back to school or leading a decent life. Livelihoods support by Tear Fund-UK has impacted positively on OVC households overall access to education, food, medication and psychosocial support (PSS). A total of 256 households received livelihoods support through the Tear Fund UK supported livelihoods initiatives. Other than direct material support, target communities underwent intensive skills building in line with the changing trends in HIV prevention, care and support. Largely, the greater part of 2010 was characterised by deliberate effort to build local church structures to respond to the changing trends in HIV pandemic. Consequently, 24 churches and their respective functionaries were

capacitated to lead local church HIV initiatives and provide related services in care and support for OVC, the elderly, the sick and impoverished households. The result of such support has been improved community sustainability of HIV services and responses. Largely, the ensuing sustainability has been attributed to the stability, supportive philosophy and likeminded thinking advanced and followed by churches. 2010 thus witnessed deeper, decisive, unparalleled and above all rewarding church integration and involvement in the roll out of HIV programmes. FACT accordingly recognises and thanks Tear Fund-UK and Cedar Hong Kong for supporting FACT's relentless efforts to widen and deepen the role of church institutions and church based interventions in HIV response. Church based and church driven HIV interventions possess a huge promise of sustainability and community cohesion.

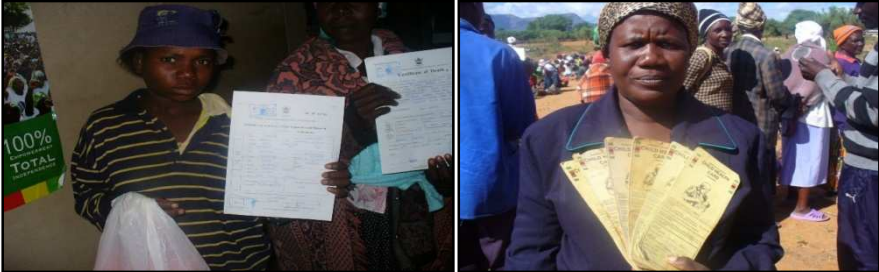
Resuscitation of Primary Health through Village Health Worker training

In Chipinge, the Community Care and Support programme made huge strides in the resuscitation of primary health care services. With technical support from Ministry of Health and Child Welfare, 126 Village health workers (VHWs) were identified for training and support using financial support secured from Office of Humanitarian Assistance (OCHA) Emergency Relief Fund (ERF). Support for VHWs was conceived as a means to support community health needs from the grassroots.

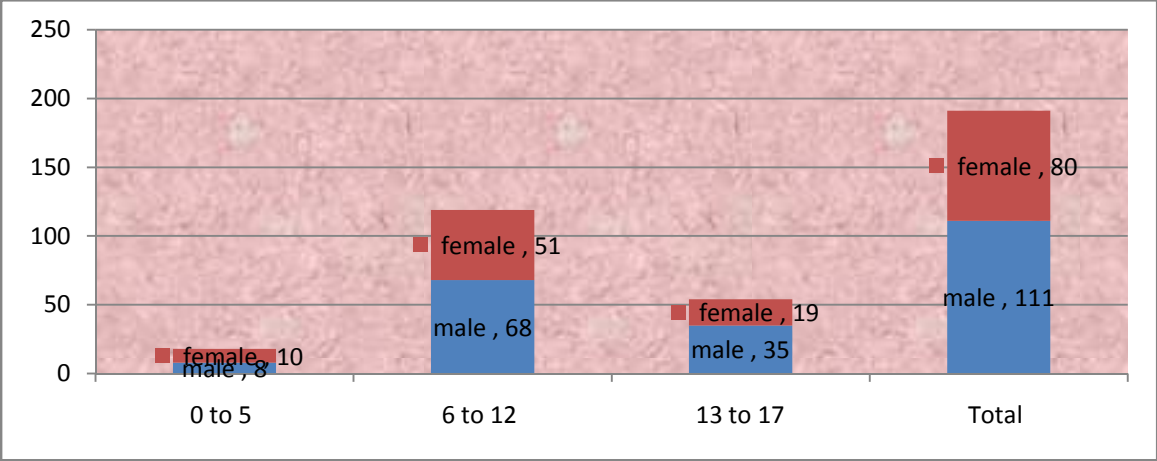
Promoting access to Birth and death registration for the betterment of OVC lives

Under the same Chipinge programme, FACT reached out to a total of 191 individuals through birth and death registration. One needs to realise that in Zimbabwe and most probably across the region, the availability of birth and death registration is a crucial determinant to access a wide array of services. As for OVC, this means access to education, medical supplies, food and other essential social services availed by the government or other non state actors.

Chipinge birth and death registration success stories present one of the outstanding achievements scored by FACT in 2010. Similar success stories are echoed across the province.



Right: A grandparent shows the birth entry records for her six grandchildren and left, one of the OVC who had her birth registration facilitated by the Care and Support Programme (Chipinge)



Above: Graph showing Birth Registration facilitated by the project in 2010

2. HIV Prevention Programme

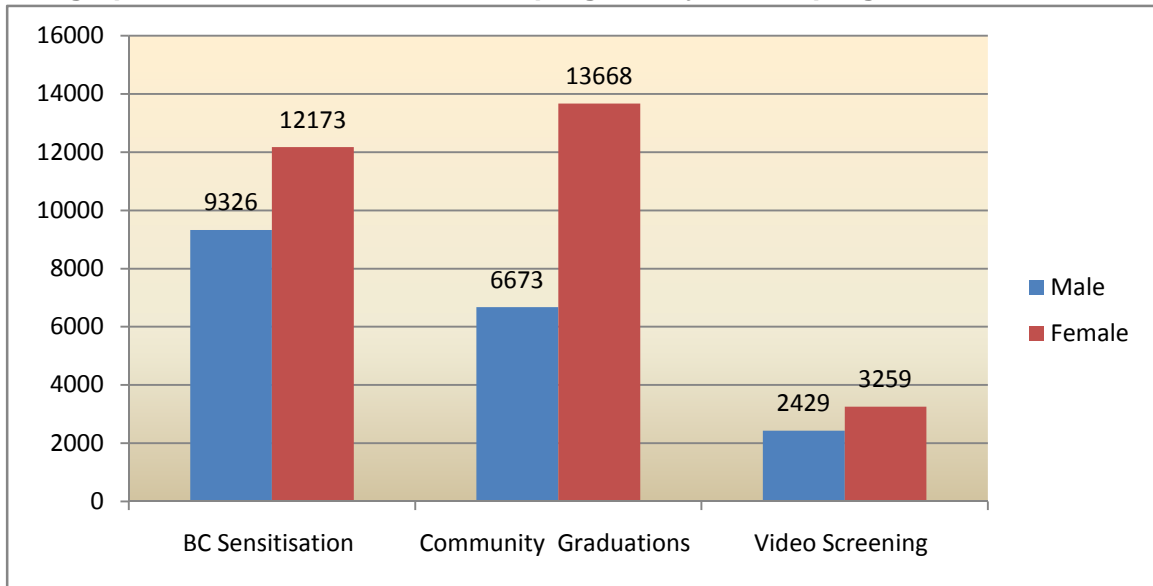
- Adult Peer Education
- National Behaviour Change Programme
- Voluntary Counselling and Testing Services
- Youth HIV prevention Manicaland and Masvingo (Tear

Studies have identified personal behaviour change as one of the key strategies to reduce HIV infections. FACT through the National Behaviour Change programme (BC) has successfully covered the whole of Manicaland province's eight districts starting with the first four that is Nyanga, Mutare rural, Mutare urban and Mutasa. In 2010 four more new districts of Chimanimani, Rusape, Buhera and Chipinge underwent similar sensitisation and training. BC's focus on the young and adult males and females and its coverage of almost all administrative structures has guaranteed wider exposure of HIV and related information. Drawing experience from pioneer districts, the BC programme has managed to penetrate influence and consequently change behaviour of large sections of the sexually active population across the whole province. Success of the BC programme has largely been due to its ability to cut across different and sometimes opposing cross sections of society such as the church, the commercial sex workers, widows and the uniformed forces. Previous programmes had made very little inroads into such sectors. With the BC programme, FACT can safely claim total coverage of most parts of the district.

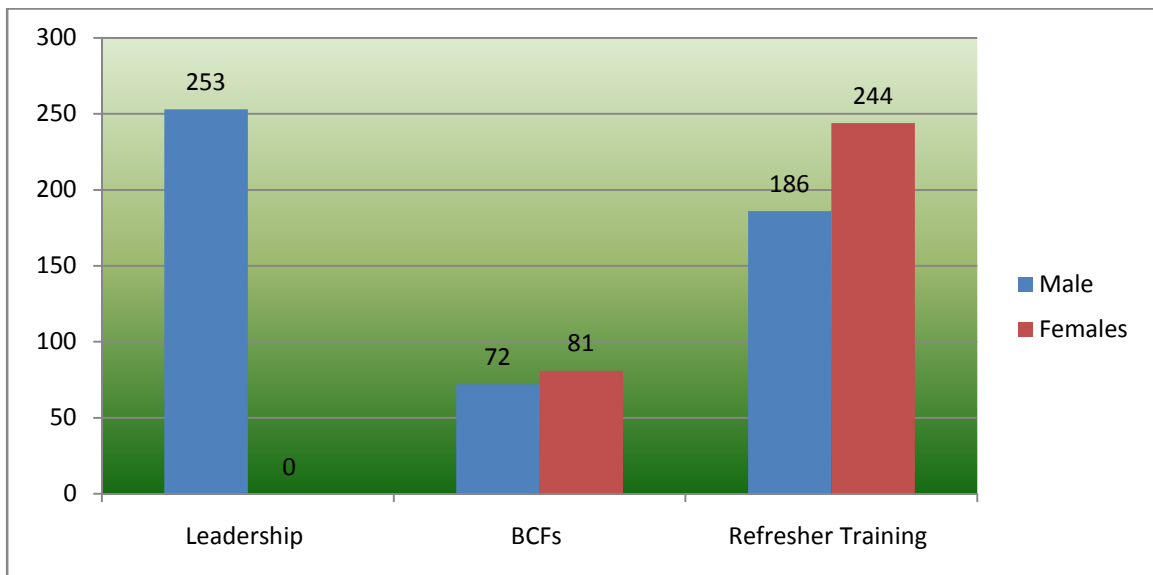
National Behaviour Change Programme

FACT's is implementing the Behaviour Change programme as part of the wider national strategy to reduce the rate of new HIV infections in Zimbabwe. Guided by the goal to reduce the number of new HIV infections in Zimbabwe, the BC program has four outcome areas to meet. These are creating an enabling environment for behavioural change; increased adoption of safe sexual behaviour; increased uptake of HIV prevention services; improved national and decentralised institutional frameworks for behavioural change. 2010 witnessed the expansion of FACT's BC program to cover the whole Manicaland province. Key areas of support included, broad sensitization of communities and their respective functionaries, community planning, training of Behaviour Change facilitators (BCfs), community leaders and youths. Directly, the program managed to reach out to 33 788 people. These were expected to cascade the newly acquired expertise to constituencies in the respective districts, wards, villages and finally down to the respective households. Indeed 2010 witnessed a phenomenal growth in coverage of a significant size of population across the province through the BC program.

The graphs below reflect some of the progress by the BC programme for 2010



BC Trainings



Several breakthroughs were recorded under the BC programme during the year 2010. Churches, work places, and hard to reach areas and populations were accessed by the programme. Through the BC programme, men who were formerly excluded from other FACT programmes were roped in largely through the work place program. Equally included have been the churches, especially African Independent Churches (AIC). Figures from the program indicate that 19 workplace activities reaching out to 848 men and 584 women were accomplished. Added to this has been access to church and local institutions which accounted for 294 and 659 people respectively. The BC programme has managed to score further success by reaching out to formerly hard to reach areas such as prisons and the security forces. It is encouraging to note that a total of 71 male inmates from one prison went through the standard 11 week BC training session culminating in graduation.

Through its broad sensitisation, BC has managed to attract support from hitherto closed sectors such as work places and churches.

Testimonies from the community indicate that the BC programme has been a huge success. Largely this has been in the opening up of HIV and related communication across households and the

community at large. Community Leaders and couples have been at the forefront of providing such testimonies pointing towards increased open communication with the consequent effect on uptake and utilisation of available HIV services. Added to such success stories has been the effect of BC programming in eliminating stigma and discrimination, the main hindrance to uptake, access and utilisation of HIV services.

Below is one of the testimonies that constantly reverberates across all districts if one asks about the changes brought in by BC

Budiriro yandakaona pakudzidza zveBC ndeyekuti ndakatorwa ropa ndikawanikwa ndine utachiona izvo zvakazondinakira nekuti ndakunwa maARV Utano hwangu hwakatoita zvakana kubudikidza nekudzidziswa nezvidzidzo.

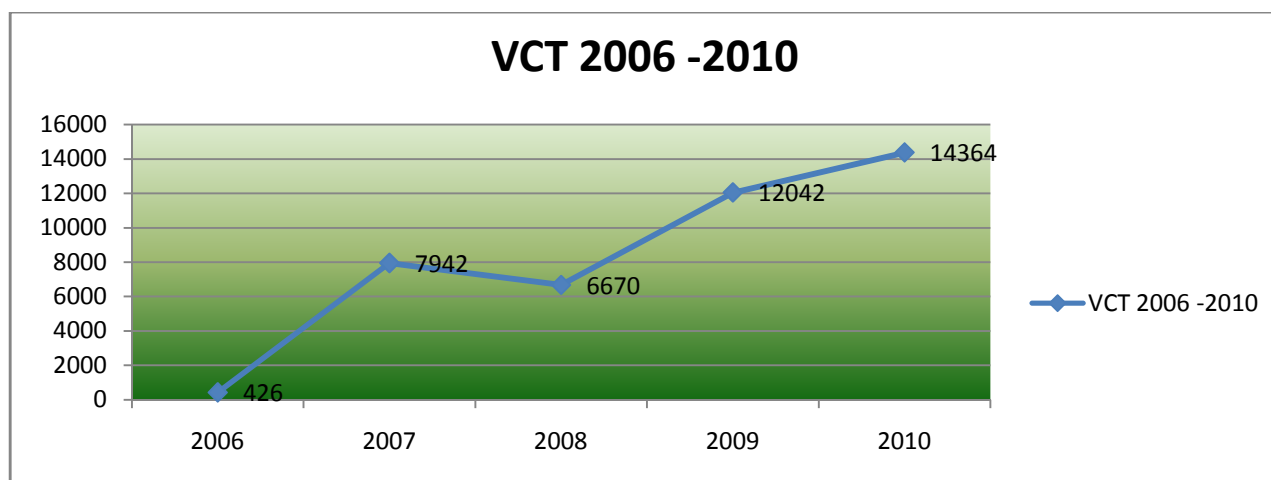
(The benefit that I realised through the Behaviour Change programme is that I went for testing and counselling and was found to be HIV positive to which end I am now taking my ARVs. My health is now ok because of the education I got.)

Voluntary Counselling and Testing

Despite evident shrinkages in funding and support for VCT, FACT has managed to maximise utilisation of available opportunities to widen VCT access to most parts of Manicaland province. A combination of organisational networking, project integration has seen the number of people reached out through VCT rising more than two fold since 2008. For the fourth year running FACT has continued to reach out to more clients through VCT services in Mutare, Chipinge and Chimanimani. In 2010 FACT's VCT services reached out to more people, wider age groups and more importantly previously inaccessible locations Remarkable achievements were realised in increased couple counselling. On average, 2010 witnessed the rise of couple uptake of VCT services to four per day. This is a significant achievement if one considers that previous years were characterised by between one and two couples being counselled in a day. Other than couples, FACT's VCT has widened professional counselling to cover youths culminating in the testing of 154 children in 2010. This is reflection of FACT's aggressive and growing support towards communities growing demand of professional HIV testing and counselling services. Such demand has been spurred by synergies, marketing and targeting followed by New Start staff. As for 2010, a total of 14 364 people were tested for sero-positivity.

Results from FACT's two VCT facilities point towards a fall in HIV incidences. Some of the centres apparently reflect figures that are below the average national HIV prevalence, currently pegged at 12.6%. FACT's Chipinge and Chimanimani PSI sponsored VCT services recorded a significant drop in the number of people testing HIV positive. Figures obtained from Chipinge centre indicate that In 2009 HIV prevalence was around 14.9 %. In 2010 the figure fell to 9.4%. Meanwhile, the number of people reached out by VCT services rose from 12 042 in 2009 to 14 364 in 2010, going beyond the PSI set target of 12 000.

VCT 2006 -2010

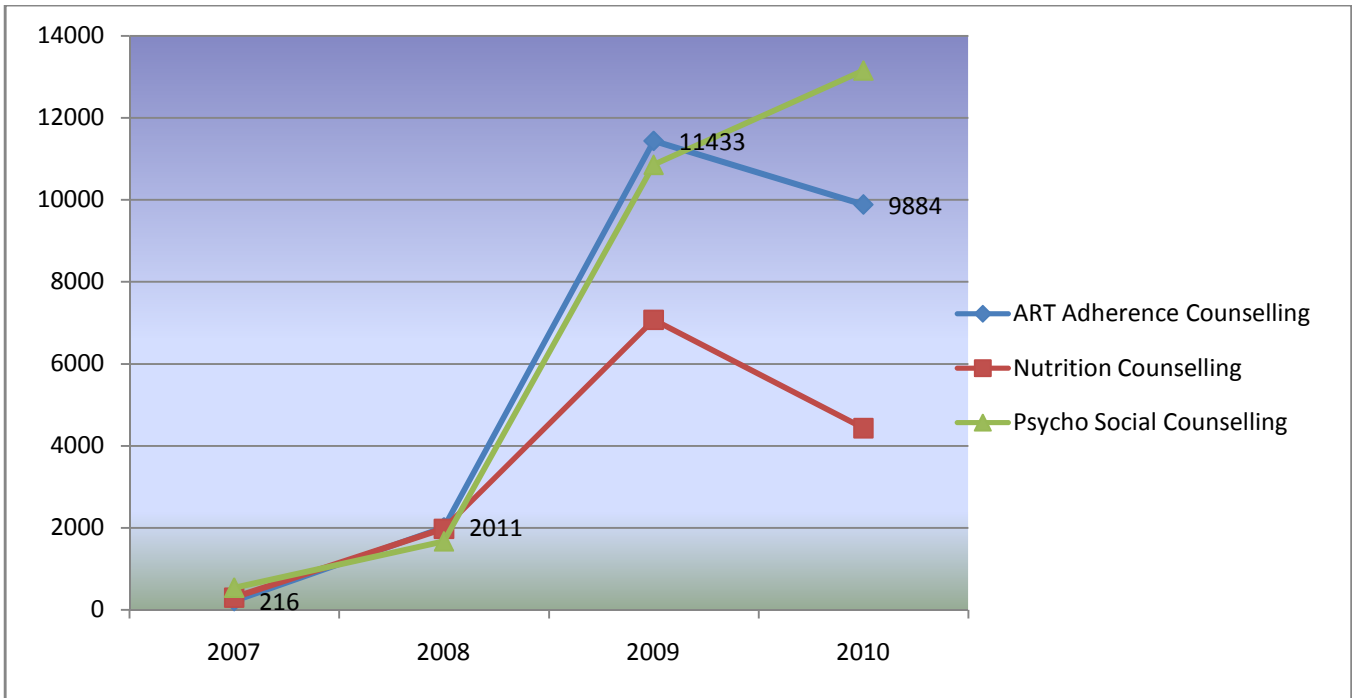


New Life: Post Test Support Project (Chipinge and Mutare)

The New Life Project is a post test support programme that provides psychosocial counselling (PSS) and ART adherence services to HIV positive clients. The year 2010 witnessed increased and intensified provision of post HIV test support services across the greater part of Manicaland province from FACT's two sites in Chipinge and Mutare Urban. With the exception of some parts of Makoni and Mutasa district, post test support has been widened to cover most Support Groups and clients from the province.

Both Mutare and Chipinge sites have experienced an increase in the number of clients accessing PSS, adherence and nutrition counselling. In 2010 there was a reported surge in ART adherence owing to intensive intervention by the New Life Projects. Drug adherence, previously recorded as low as 50% rose to more than 90%.

Above all, New Life interventions have resulted in remarkable changes in knowledge and strategies in ongoing personal response to HIV. Of key importance has been growing client capacity to deal with and respond to stigma, discrimination, self-confidence erosion and loss of assertiveness that commonly follow an individual's knowledge of HIV positive status. Added to this has been visible outcomes such as increased health seeking behaviour, acceptance, support and uptake and utilisation of local health services.



Above: Uptake of Post Test Support Services 2007-2010

Major successes recorded by the New Life post test interventions has been on the progressive promotion of drug adherence, a key factor in the success of ART therapy. Mutare district alone managed to take more than 4788 clients across 30 ART roll out sites through adherence counselling. Chipinge recorded similar growth with a total of 5096 clients going through a similar process. Through the New Life programme, more and more PLWHIV have successfully managed to access post test support services. The results have been phenomenal. Overall, the number of deaths or complications previously associated with inconsistent drug uptake has been drastically reduced.

New Life programs have indeed ushered in new forms of life for PLWHIV, Indeed this is reflected from numerous clients and community testimonies recorded from the field. One client was captured saying

“Muno muward hamuchina varwere, hamuchina nyope, kufa kwave kushoma sezvo vanhu vazhinji vasimba uye vave neutano kubudikidza nehurukuro dzamunoita navo, Vanhu vave kuziva kuzvi chengeta.”

Like other projects being run by FACT, New Life experiences challenges related to constraints in coverage and intensity due to limited financial support. However, one of the testimonies recorded above, the project has gone a long way in transforming the lives and ushering in revived hope for HIV positive people and their respective communities.

3. Training and Capacity Building Programme

- Regional Training Programme
- Support to Mozambique
- Institutional Support
- HIV and Livelihoods Mentorship project in Mozambique
- Strengthening church structures to respond to HIV

Support to Mozambique

2010 witnessed scaling down of FACT's Support to Mozambique training and capacity building project after 8 years of continuous support. A rapid needs assessment carried out in 2009 encouragingly revealed that almost all the 10 partners i.e. Kubatsirana, OMEZ, OJM, Sotomeza, Kubatana, ADPP, Arojuvini, Ajupsisc and Luzna Comunidade that went through a series of FACT's technical and financial support had gained and mastered critical capacity in financial management, report writing and overall programming. Critical finance and programme management systems expertise provided by FACT had gone a long way in supporting partner organisations to attract support and funding from an array of sources. 2010, therefore, witnessed FACT's strategic scaling down of organisation based training and capacity building interventions in Mozambique, having gained satisfaction in the fact that target organisations had become self sufficient and sustainable.

A record 10 organisations were supported through funds from EED in areas of financial management, monitoring and evaluation, organisational capacity assessment and documentation. Overall, results from the evaluation indicated that most organisations supported by FACT under the Support to Mozambique initiative had with increasing speciality managed to attract and retain funding owing to funder confidence in the emerging organisational systems. While the project has finally come to an end as of 2010, FACT's support has guaranteed sustained financial support and management confidence that ensures improved growth of beneficiary organisations. The results have been very clear. Donor confidence and consequent support has widened while the capacity to maintain funds and report on those funds has also improved.

CHF FACT Livelihoods mentorship and capacity building programmes for Kubatsirana

FACT has participated in the project in a capacity development role, supporting the implementation of project activities through targeted technical assistance to Kubatsirana in key areas, including Sustainable Livelihoods Approach (SLA) and results-based management (RBM). Since August 2009, FACT with request from CHF and Kubatsirana of Chimoio Mozambique was appointed to provide mentoring in the first phase of CHF livelihoods support to Mozambique. FACT collaborated with Kubatsirana and CHF in a bid to ensure that the Mozambique beneficiaries draw lessons from FACT's successful experience with livelihoods. Within two years of support from FACT, Kubatsirana beneficiaries from the district of Sussundenga covering Rotanda, Mussapa and Tsetsera adopted livelihoods strategies as coping mechanism for households surviving HIV. A total of 330 households directly benefited while 1650 individuals indirectly accessed benefits of livelihoods training and mentorship jointly provided by FACT and Kubatsirana.



One of the beneficiaries with her family working in their potato field in Tsetsera



Bean seeds three weeks after germination at Rotanda

Regional AIDS Training Programme

As the HIV and AIDS Regional Training programme came to an end in 2010 a total of 415 participants had gone through training. Organisations from 15 Eastern and Southern African countries benefited from the FACT's EED and Regional AIDS Training Network (RATN) supported regional training initiative covering Community Care for HIV, Resource Mobilisation, Child Counselling and Livelihoods. 13 more people were trained in 2010.

Since 2008, FACT's Regional training programme has witnessed scaling down, a reflection of the organisation's sensitivity in focus reflective of changing trends in the HIV and AIDS field. 2010 witnessed a record 5 organisations becoming new beneficiaries of the programme. An impact study carried out in 2010 revealed that the majority of organisations and personnel that took part in the various training programmes cascade such skills and capacities to their respective communities and organisations. Key among the replication, were skills acquired during Resource Mobilisation and Child Counselling trainings. James Matsito, one of the alumni of the Regional Training programme gave a striking story of how the Resource Mobilisation training changed his understanding of the concept.

James has managed to mobilize communities in Chishingwi and Mutasa to raise school fees for the less privileged members of their society. Currently a total of four OVC had their school fees paid from resources raised by the local community. Other than this, FACT's Community Care programme has gone a step ahead to provide clothing to the less fortunate members of the Chipfatsura and Dangamvura Communities under the concept they labelled "Search your wardrobe".

James Matsito attended a Resource Mobilisation training supported by RATN and EED in Malawi in 2009. The training has permanently transformed the manner he understands resource mobilisation. Initially, like most of the other trainees, James believed that resource mobilisation is all about proposal writing. James admits that he never envisaged a situation where resources would come from the local communities which hitherto were considered poor. After the training James developed an understanding that resource mobilisation was more than proposal writing. He has broadened his understanding of resource to include locally available resources such as labour, communal harvests, food and clothing handouts from the local people, the time provided by volunteers to conduct community work and many other resources that can be found locally.

Strengthening Church Capacities to Respond to HIV

3 years Support from Tear Netherlands has strengthened FACT and community resolve to tackle HIV through Church structures. Since 2007, FACT has rolled out and integrated HIV prevention, care, support and mitigation through local churches in Bikita, Mutasa, and Marange districts. Under the programme, more than 15 Churches each from across the respective districts have been supported and trained to offer sustainable and reliable responses to HIV and related challenges. Unlike other standard community structures such as youth, men or women groups, churches have brought in increased stability to HIV prevention and care programmes. Volunteers from various churches which the project has targeted have proved to be more stable and reliable. One church leader had this to say about the role of the church in HIV programming,

“.....HIV and its related work are just but some of the callings to care for sick and the suffering by God...”

In Bikita, a total of 23 churches and church denominations have been strengthened to provide holistic care and support under the programme. In Mutare Rural, more than 24 churches have gone through similar training. One of the greatest achievements has been the capacity of the programme to offer comprehensive HIV training to pastors from multiple denominations. 21 pastors were trained in Chipinge while in Bikita 24 more pastors went through the same process. The following positive developments were observed;

Churches that were traditionally divided according to denominations now work together for a common good. Bikita offers the most encouraging stories. All in all members from different denominations are openly and freely communicating on sensitive HIV and AIDS issues such as HIV status, couple testing and counselling. Such issues are now being preached and taught in all the 24 denominations that belong to the Pastors' Fraternal. Furthermore, the church leaders are now in a better position to persuade and encourage good health seeking behaviour from HIV positive church members especially from church denominations that used to resist the uptake of medication like Johanne Marange, Gospel Apostolic, Zion Taedzerwa, Zion City and Jekenisheni.



Pastors light candles as a symbol of hope and commitment of the church to be the light of the world.

4. National Action Plan for Orphans and Vulnerable Children

NAP for OVC represents one of the national programs run by FACT. Direct funding of the project came to an end in December 2010. Nonetheless, positive results are still being recorded across implementation sites in the province. Systems and policies set during the course of the four year implementation period are still being used to answer to the needs of OVC. Huge successes have been recorded across the four implementing partners namely FACT Chipinge, FACT Rusape, DAAP FACT Nyanga and FACT Chimanimani. Results from the community reflect an increase in the number of children being retained in school, children accessing reading and writing material, children accessing drugs and children with more access to food and the prerequisite legal documents such as birth registration.

Though the education support programme was beleaguered with problems emanating from administrative shift in education support to BEAM, some social needs such as food, shelter, medication were responded to. Unfortunately, the results were highly watered down by school drop outs. Reports indicate that more than 80% of children initially supported by the project lost such and other related support forms of support owing to change over to BEAM. Nonetheless, FACT through the project recorded success in birth registration, access to PSS, drugs and social protection. Above all, structures such as CPCs established through support from the grant continued to serve their purpose by providing referral support to OVC and the rest of children in need.

5. Nyanga Programme

Community Empowerment and Services and Child Sponsorship projects

FACT Nyanga aims to strengthen partnerships with communities to provide holistic quality care and prevention through community mobilization, training, capacity building and sustainable development initiatives to alleviate the impact of HIV and AIDS. In 2010, five projects were actively rolled out to ensure such aims were met. These were the Child Sponsorship supported by Action AID international (AAI), the Community Empowerment and Services to Prevent HIV Transmission and Mitigate the Impact of HIV and AIDS funded by Concern Worldwide, the NAP for OVC, the Community Home Based care programme funded by Oak Foundation and finally the Institutional Support grant funded by ICCO and the Positive Action grant. Overall, during the course of 2010 combined Nyanga projects were able to reach 30 979 direct beneficiaries and project participants and 46 541 indirect beneficiaries.

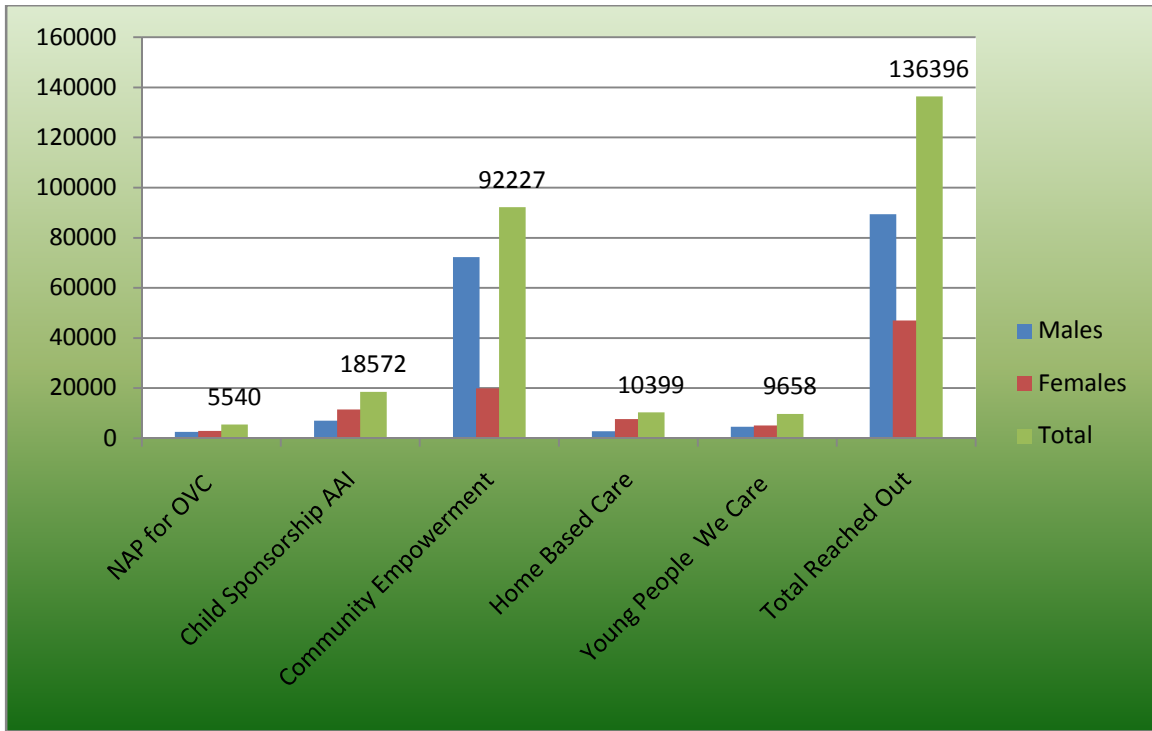
Under the Child Sponsorship project partnered with Action Aid International, FACT reached out to 18 572 children. Largely, interventions included block granting and direct education support. Under the project, four schools benefited from block grants; 10 ward level workshops on women's rights were carried out. Start up grants for 90 PLWHIV were provided. Training on leadership and accountability were carried out with community leadership. 10 Blair toilets were constructed for vulnerable households. All these activities integrated the project with Community Empowerment and Services project supported by Concern Worldwide. Using the STAR (Societies Tackling AIDS through Rights) approach Nyanga managed to carry out community training and facilitation, condom distribution, and embark on community based theatre on gender based violence. The project had a direct reach of 19 966 females and 72 261 and indirectly it accessed 11 532 females and 4 278 males totalling 108 037 people.

National Action Plan for OVC

Under the National Action Plan for support for Orphans and Vulnerable Children (NAP for OVC) carried out in partnership with the department of Social Services and the parent ministry of MoISS, a sizeable number of OVC received direct educational, nutritional, psychosocial social support, extracurricular education, livelihoods and vocational training. A total of 3 378 OVC (1772 females and 1606 males) directly benefited from such support while 2 180 (1160 females and 1 020 males) OVC, indirectly benefited, totalling 6530 OVC.

Community Home Based Care

FACT Nyanga's community home based care programme managed to extend support to PLWHIV and OVC. 1 779 beneficiaries received direct support while 8 895 were indirectly supported (7 599 females and 3 075 males). Lastly, under the Young People We Care (YPWC) funded by John Snow through UNICEF, FACT reached out to 4498 females and 4216 males directly and indirectly to 546 females and 498 males. Total beneficiaries were 9758.



The major success recorded under the project include among other things recognition of women as equal partners in relationships. Secondly under the YPWC project, young people took an active role to support individuals and households affected by HIV and AIDS thereby limiting burn out on volunteers and primary care givers. Other success was recorded in the transformed attitudes of young people. Young people developed positive attitude towards community work. Besides an increased awareness and knowledge of HIV and AIDS, male involvement was greatly enhanced. OVC had their living conditions and coping mechanisms for psycho-social challenges improved. There was also improved community ownership of projects through capacity building and livelihood projects. There has also been an improvement in gender relations as couples became more empowered to discuss issues more openly. There was increased condom availability and uptake in the area

Equally, of significance has been the project's success in setting up and reviving community structures, networking and integrating local and traditional government structures for a common cause. Indeed, such networks have been instrumental in promoting community solidarity and action Nyanga has been renowned for this.



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INDEPENDENT AUDITOR'S REPORT

**TO THE MEMBERS AND TRUSTEES OF
FAMILY AIDS CARING TRUST - MUTARE (FACT)**

We have audited the accompanying financial statements of Family Aids Caring Trust - Mutare as set out on pages 3 to 76, which comprise the statement of financial position at 31 December 2010, and the statement of comprehensive income, and statement of cash flows for the year then ended, and the notes to the financial statements, which include a summary of significant accounting policies and other explanatory notes.

Advisory Board's Responsibility for the Financial Statements

The Advisory Board of the Trustees is responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards.

This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the

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financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Grants and Donations

In common with the audit of similar organisations, verification of all sums receivable is not possible in respect of grants donations. Our examination of income from these sources has been confined to testing recorded receipts.

Opinion

In our opinion, except for the effects of the matters described in the preceding paragraph, the financial statements, in all material respects, give a true and fair view of the financial position of the organisation as at 31 December 2010, and of the results of its operations and cash flows for the year then ended in accordance with International Financial Reporting Standards.



BAKER TILLY GWATIDZO
CHARTERED ACCOUNTANTS (ZIMBABWE)

Harare

Date 14/6/2011

FAMILY AIDS CARING TRUST - MUTARE

STATEMENT OF COMPREHENSIVE INCOME

YEAR ENDED 31 DECEMBER 2010


	<u>Note</u>	<u>2010</u>	<u>2009</u>
		US\$	US\$
Deferred income brought forward - net		442,946	757,104
Income receivable for the year		<u>3,416,368</u>	<u>3,885,455</u>
Total income receivable	3f)	3,859,314	4,642,559
Transfers to capital reserve for fixed assets purchased	3c) & 7	(9,073)	(28,172)
Transfers from Donor Administered Funds	16	-	7,680
Transfers to deferred income	3f) & 17	<u>(430,967)</u>	<u>(531,413)</u>
Net income for the year		3,419,274	4,090,655
		(3,441,108)	(4,102,035)
Expenditure for the year		(3,465,335)	(4,235,134)
Transfers to deferred expenditure	11	<u>24,227</u>	<u>133,100</u>
Surplus (Deficit) for the year	5 & 8	<u>(21,834)</u>	<u>(11,380)</u>


FAMILY AIDS CARING TRUST - MUTARE

STATEMENT OF FINANCIAL POSITION

AT 31 DECEMBER 2010

	Note	2010 US\$	2009 US\$
ASSETS			
Non Current Assets			
Property and Equipment	9	275,223	329,173
Current assets			
Stocks	10	15,513	18,019
Deferred expenditure	11	24,227	133,100
Amounts due to related parties	15	26,206	14,326
Debtors	12	81,755	21,677
Bank balances and short term investments	13	446,501	560,746
		594,202	747,868
Total Assets		869,425	1,077,041
EQUITY AND LIABILITIES			
Capital and Reserves			
Capital reserve	7.1	9,609	61,102
Sinking Fund Reserve	7.2	400,713	340,146
Accumulated fund (deficit)	8	(55,598)	44,751
		354,724	445,999
Current liabilities			
Creditors	14	83,734	91,949
Donor Administered Funds	16	-	7,680
Deferred income	17	430,967	531,413
		514,701	631,042
Total Equity and Liabilities		869,425	1,077,041


G.FOSTER - CHAIRMAN


DR V. MAGEZI - FACT EXECUTIVE DIRECTOR

Date : 16/10/2011

FAMILY AIDS CARING TRUST - MUTARE

STATEMENT OF CASH FLOWS

YEAR ENDED 31 DECEMBER 2010

	<u>2010</u> US\$	<u>2009</u> US\$
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Net surplus (deficit)	(21,834)	(11,381)
Adjustments for:		
Depreciation	60,567	68,466
Surplus on disposal of fixed assets	(4,043)	(4,333)
Loss on Scraping of fixed Assets	-	7,069
Interest receivable	(1,455)	(1,156)
Transfer to capital reserve	9,073	28,102
	<hr/>	<hr/>
Operating surplus before working capital changes	42,308	86,767
Decrease (increase) in stocks	2,506	7,264
Decrease (increase) in deferred expenditure	108,873	94,124
(Increase) decrease in debtors	(60,078)	10,962
(Increase) decrease in amounts due to related parties	(11,880)	(5,858)
(Decrease) increase in creditors	(8,215)	8,467
(Decrease) Increase in Donor Administered Funds	(7,680)	34,217
(Decrease) increase in deferred income	(100,446)	(521,179)
Net cash from operating activities	<hr/> (34,612)	<hr/> (285,236)
<u>CASH GENERATED/(UTILISED) IN INVESTING ACTIVITIES</u>		
Interest Receivable	1,455	1,156
Interest received on Sinking Fund investment	-	-
Acquisition of fixed assets	(9,073)	(28,102)
Proceeds on disposal of fixed assets	6,500	28,891
Net cash (used in) Investing activities	<hr/> (1,117)	<hr/> 1,945
Net increase in cash balances	(35,729)	(283,291)
Cash balances at beginning of year	560,746	844,037
	<hr/>	<hr/>
Cash balances at end of year	525,017	560,746
Comprising:		
Cash and Bank Resources	446,501	553,066
Short-Term Investments	-	-
Donor Administered Funds	-	7,680
	<hr/> 446,501	<hr/> 560,746

FAMILY AIDS CARING TRUST - MUTARE

NOTES TO THE FINANCIAL STATEMENTS

- continued

31 DECEMBER 2010

	<u>2010</u>	<u>2009</u>
	US\$	US\$
6. TAXATION		
In terms of Section 14 and the Third Schedule of the Income Tax Act (Chapter 23:06), the Trust is not a taxable entity by virtue of it being a registered welfare organisation.		
7. NON DISTRIBUTABLE RESERVES		
7.1 CAPITAL RESERVE		
Balance - 31 December 2009	61,103	101,467
Fixed asset additions - note 9	9,073	28,102
Transfer from project funds Donor Administered Funds	9,073	28,102
Translation Reserve/Revaluation of Assets	-	-
Transfer to Sinking Fund - current year's depreciation	(60,567)	(68,466)
Balance at 31 December 2010	9,609	61,103
7.2 SINKING FUND RESERVE		
Balance - 31 December 2009	340,146	271,680
Add: Depreciation charge for the year: - at cost - at valuation	60,567	68,466
Interest received on Sinking Fund investment	-	-
Less: Depreciation written off through sinking fund reserve	-	-
Less: Asset acquired through sinking fund reserve	-	-
Balance at 31 December 2010	400,713	340,146
8. ACCUMULATED FUND		
Accumulated surplus (deficit) - 31 December 2009	44,751	56,130
Add: Surplus (deficit) for the year	(21,834)	(11,380)
Motor vehicle replacement and control account depreciation	(78,515)	
Accumulated surplus (deficit) - 31 December 2010	(55,598)	44,751