

FAMILY AIDS CARING TRUST (FACT)

FACT work in Zimbabwe

A presentation to Tear Netherlands

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Outline

1. **FACT Background**
2. **Activities**
3. **Tear activities alignment to IA MFS₂ BH&HIV**
4. **Successes**



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Who is FACT?

- **Family Aids Caring Trust (FACT) is a Christian national Development and HIV & AIDS service NGO based in Mutare, Zimbabwe.**
- **It was established in 1987 and registered in 1989 is the first AIDS service organization (WO 17/89).**
- **FACT strives to be a renowned and result focused organisation that facilitates sustainable community programmes to:**
 - ✓ **Complement MoH&CW in delivering health services to vulnerable people;**
 - ✓ **improve people's livelihood;**
 - ✓ **reduce new HIV incidences; and**
 - ✓ **mitigate the impact of HIV and AIDS.**



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FACT'S History

Story of the heart, creative expertise and skills

- **FACT was founded in 1987 by Paediatrician, Dr Geoff Foster.**
- **Events leading to its birth**
 - ✓ While practising at **Mutare Provincial Hospital** in 1987 he noticed an increasing number of children infected with HIV.
 - ✓ Being **influenced by his Christian background** - his compassion led him to develop a Christian based organisation to deal with the epidemic.
 - ✓ He initiated and created **HIV and AIDS awareness and mobilised many Christians to get involved with HIV and AIDS voluntary work.** The inaugural meeting of Family Aids Counselling Trust (FACT), which later changed to Family Aids Caring Trust (FACT) as it is known today, was held in January 1988.



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FACT'S History...cont...

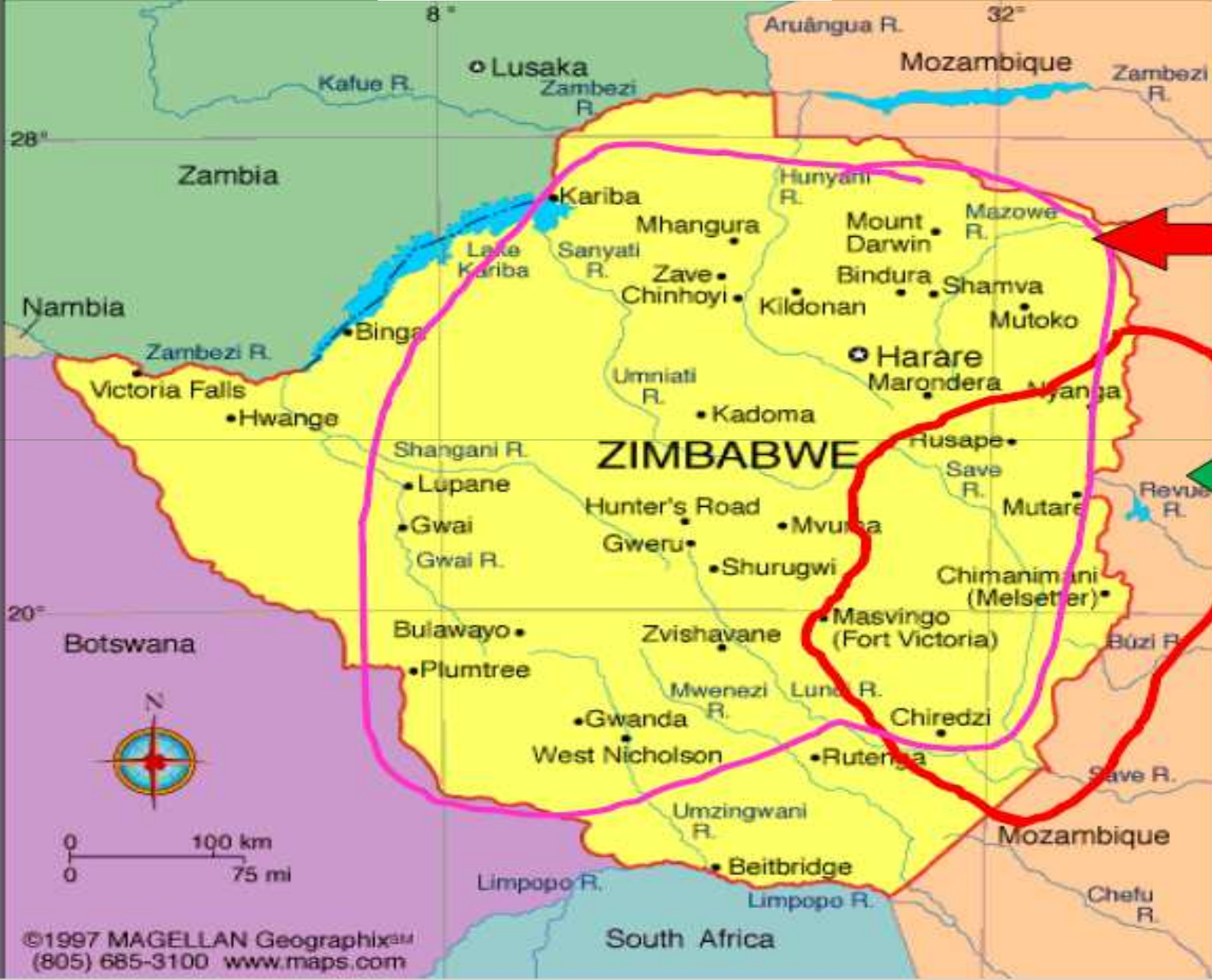
- Originally, FACT was driven by a small team of three staff members and volunteers, and has grown to become one of the most progressive and leading HIV and AIDS organisations in Zimbabwe.
- FACT has developed a reputation of being a community-oriented nongovernmental organisation (NGO) and has extended its operations to manage programmes throughout the Eastern province (Manicaland) and Masvingo.
- It has acted as a grantor to NGOs and CBOs country wide.



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FACT coverage



FACT granting areas

FACT operational areas

FACT work over the last 20 years

<p>HIV developments in Zimbabwe</p>	<p>First reported cases of HIV and AIDS in Zimbabwe occurred in 1985</p>	<p>Zimbabwe's HIV infection levels dramatically grew 1986 -1990</p>	<p>Zimbabwe HIV infection levels dramatically grew in the first half of the 1990s peaking and stabilising at 29% between 1995 and 1997</p>	<p>HIV declining from 29% in 1997 to: 24.6% in 2003 15.3% in 2007 13,6 in 2011.</p>
<p>FACT response</p>	<p>A few years before FACT Mutare was established</p>	<p>FACT established as the country's first AIDS Service Organisation in 1987 and registered 1989.</p>	<p>FACT major expansion of its work to the greater part of the province 1996-2003</p>	<p>FACT further expansion and reaching its peak in 2007/8 and currently 2010/1 consolidating systems and documentation</p>
<p>Focus and strategy</p>	<p>Dark years</p>	<p>Church volunteers with activities largely information sharing and awareness sessions in churches and communities.</p> <ul style="list-style-type: none"> ➤ Church values driving force and launch pad 	<p>Information sharing and awareness sessions Home based care Prevention and comprehensive HIV and AIDS packages</p> <ul style="list-style-type: none"> ➤ Church values driving force and launch pad 	<p>Retaining original activities but expanded to VCT services, UNICEF OVC programmes, UNFPA national behavior change, integrating livelihoods to sustain people needing food while on medication</p> <ul style="list-style-type: none"> ➤ Church values driving force and launch pad

FACT's vision, mission and goal

- ✓ **FACT's Vision:** To be a renowned, result focused, quality organisation that facilitates sustainable programmes on mitigation of the impact of HIV and AIDS and contributing towards reducing new HIV incidences.
- ✓ **FACT's Mission:** To strengthen partnerships with local, regional and international communities for the provision of holistic quality care and prevention and to ease the impact of HIV and AIDS through community mobilisation, training, capacity building and sustainable development initiatives.
- ✓ **FACT's Goal:** To continually improve on the provision of holistic prevention education, care and support to communities through sustainable HIV and AIDS interventions implemented in partnership with strategic partners and through adopting a result based approach and effective organisational management systems.



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Care and support

1. Providing support through care facilitators to the few people living with HIV who are still require home based care
2. Facilitating access to treatment and baseline investigations for PLHIV
3. Provision of pre and post test counselling services
4. Working with church leaders and members to strengthen support systems for PLHIV and to eradicate stigma and discrimination
5. Providing psychosocial support to OVC and PLHIV through peer education and counselling
6. Provision of basic social amenities for OVC e.g. educational assistance, birth registration, vocational skills training
7. Providing life skills to vulnerable communities (PLHIV, grandmothers, direct and indirect caregivers, OVC) to enable them to cope with their vulnerability
8. Establishing safety nets for children through the formation and empowerment of child protection committees
9. Rights training for children and PLHIV



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Prevention

1. Mobilising for voluntary and provider initiated testing and counselling
2. Provision of mobile testing and counselling services
3. Training of peer educators
4. PMTCT counselling and support
5. Family planning (family planning sites have been established at New Life centres)
6. Facilitating access to prophylaxis and maintenance of buffer supplies in the event of shortages



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Research and knowledge management

1. **Developing and managing organizational M&E systems**
2. **Knowledge generation and application**
3. **Operations research on ongoing community interventions**
4. **Monitoring and Evaluation (M&E) of programs**
5. **Provision of M&E technical assistance to the organization and staff**
6. **Establishing community based M&E committees for participatory project management**
7. **Conducting operational**



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Livelihoods

1. **Providing farming inputs (maize seeds, fertilizers, garden inputs) to the most vulnerable groups in society-i.e. households affected by HIV, child and elderly headed households).**
2. **Conducting training with agriculture extension workers on Participatory Innovation Development and participatory extension services.**
3. **Conducting community food security livelihood assessment**
4. **Providing small livestock support (goats, fowls) to vulnerable groups in communities**
5. **Establishing and strengthening nutrition, vegetable and herbal gardens**
6. **Training communities on good farming and storage methods**
7. **Training local leadership and care facilitators on how to promote livelihood activities for the most vulnerable**



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National behaviour change programme

1. **Capacitating community leadership on gender equality and eradication of stigma and discrimination**
2. **Training communities to increase adoption of safer sexual behaviours whilst correspondingly reducing risky behaviours**
3. **Sensitisation of communities on increased utilization of HIV prevention services (testing and counselling, post test support, PMTCT, post exposure prophylaxis and condom use)**
4. **Improving national and sub national institutional frameworks to address sexual behaviour change**
5. **Advocacy for male involvement in behaviour change and HIV programmes**



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Complementing Ministry of Health and Child Welfare

1. Training of village health workers to strengthen primary health care delivery
2. Partnerships with the Ministry of Health in the provision of testing and counselling services
3. Provision of logistical support to MOH&CW District Health Teams conducting mobile ART resupplies and baseline investigations for ART



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- **Zimbabwe Health and HIV/AIDS programme**



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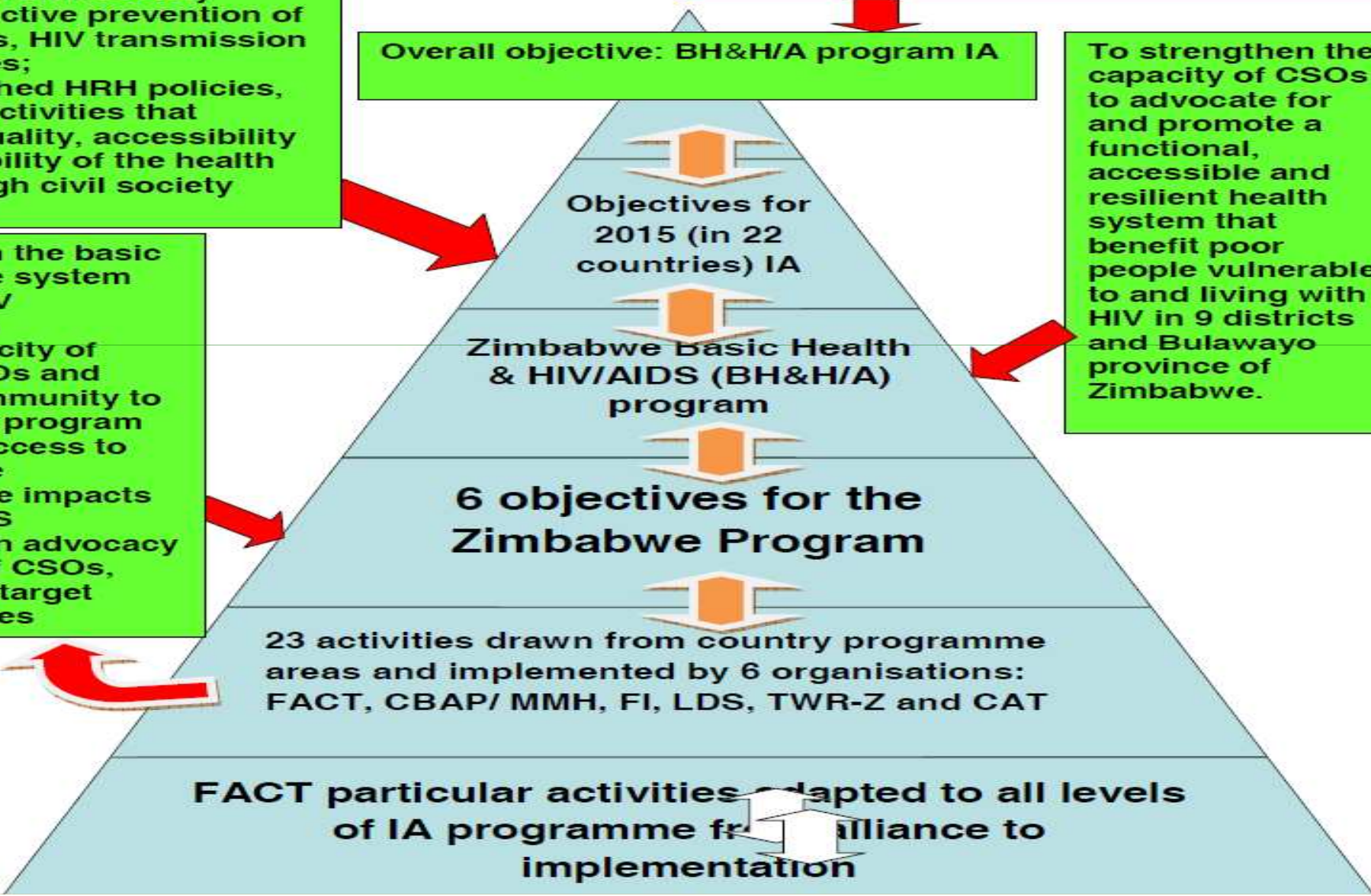
Well-established accountability mechanisms in which civil society effectively calls the health system to account for the delivery of equally accessible basic health care;
Capacitated change agents through which civil society promotes effective prevention of SRH problems, HIV transmission and disabilities;
Well-established HRH policies, strategies & activities that sustain the quality, accessibility and sustainability of the health system through civil society participation.

- 1. Strengthen the basic health care system
- 2. Reduce HIV incidences
- 3. Build capacity of CSOs, CBOs and Target community to deliver the program
- 4. Promote access to health care
- 5. Mitigate the impacts of HIV/AIDS
- 6. Strengthen advocacy capacity of CSOs, CBOs and target communities

In 2015 civil society in 14 countries is able to and takes its responsibility in ensuring the realization of equal accessible and resilient health systems in rural areas, particularly for poor people, vulnerable to and living with HIV and/or with disabilities.

Overall objective: BH&H/A program IA

To strengthen the capacity of CSOs to advocate for and promote a functional, accessible and resilient health system that benefit poor people vulnerable to and living with HIV in 9 districts and Bulawayo province of Zimbabwe.



FACT particular activities adapted to all levels of IA programme for alliance to implementation

SAVE applicati	Activities at country level	Objectives country level	Objectives at IA level
Empowerment	<ul style="list-style-type: none"> • Conduct training for Community Mobilization and Empowerment for improved access to HIV prevention, care and support • Capacitating partner organisations and target communities for effective advocacy 	1. Strengthen advocacy capacity of CSOs, CBOs and target communities	Well-established accountability mechanisms in which civil society effectively calls the health system to account for the delivery of equally accessible basic health care.
Safer practices and Empowerment	<ul style="list-style-type: none"> • Provision and distribution of condoms at strategic Centres • Conduct counselling of different groups (couples, youth, men) • Promote behaviour Change focusing on Gender, leadership & socio-cultural barriers • Mainstreaming HIV & AIDS in the church 	2. Reduce HIV incidences	Capacitated change agents through which civil society promotes effective prevention of SRH problems, HIV transmission and disabilities.
Safer practices, Access to treatment, Voluntary counseling and testing, empowerment	<ul style="list-style-type: none"> • Train and Integrate VHW/CHBC volunteer in ART outreach programs • Capacity building of primary care givers of HIV patients • Training and mentoring of CBOs and CSOs and target communities on effective programming • Strengthen capacity of PRISMA alliances in PME, documentation and standardisation of approaches • Facilitate HIV treatment access, eg support the logistics of ART outreach program and CD4 count • Train VHW/CHBC volunteers in each ward. • Education and awareness of basic health care and HIV for communities • Resourcing those involved in HBC • Provide Psycho social support to OVC • Support PLWHA with sustainable livelihoods 	3. Strengthen the basic health care system 4. Mitigate the impacts of HIV/AIDS 5. Build capacity of CSOs, CBOs and Target community to deliver the program 6. Promote access to health care	Well-established HRH policies, strategies & activities that sustain the quality, accessibility and sustainability of the health system through civil society participation.

Intervention strategies

Policy influencing

Civil society development

Civil society development

Direct poverty alleviation

Safer practices

Country activity category	FACT particular activities
<ul style="list-style-type: none"> • Provision and distribution of condoms at strategic Centres • Conduct counselling of different groups (couples, youth, men) 	<ul style="list-style-type: none"> • Encouraging abstinence (trained peer educators conducting awareness, church based youth clubs established and providing each other with spiritual support, school based children's clubs meeting weekly under the guidance of patrons and matrons). • Encouraging youth to delay sexual activity (peer educators conducting information campaigns through psychosocial support camps, games and clubs; care facilitators, pastors and patrons with support from FACT officers are coordinating the work of peer educators and acting as gatekeepers in Mutare Rural and Bikita). • Positive HIV prevention programs (encouraging correct and consistent use of condoms for those who cannot abstain; information dissemination by care facilitators; health Sundays conducted on quarterly basis in the United Methodist church in Mutare Rural; care facilitators providing support to direct caregivers on the necessary precautions when caring for PLHIV; provision of infection control materials to care facilitators to guard against infections).
<ul style="list-style-type: none"> • Promote behaviour Change focusing on Gender, leadership & socio-cultural barriers • Mainstreaming HIV & AIDS in the church 	<ul style="list-style-type: none"> • Behaviour change promotion (awareness given by church leaders and care facilitators on reducing the number of sexual partners; discouraging ritual practices that may expose oneself to risk eg promotion of male circumcision through Mutare Provincial Hospital). • PMTCT (awareness raising on available feeding options, medical procedures and involvement of spouses in PPTCT; counselling provided to those on PMTCT in Mutare Rural and Bikita). • Sexual and reproductive health education for youth (church based supportive counselling programs on abstinence and avoidance of unwanted pregnancies.)

Access to treatment

Country activity category	FACT particular activities
<ul style="list-style-type: none">• Train and Integrate VHW/CHBC volunteer in ART outreach programs• Capacity building of primary care givers of HIV patients	<ul style="list-style-type: none">• Improving access to HIV, STI and opportunistic infections treatment (care facilitators, local health centres staff and village health workers conducting early identification, referral, diagnosis and treatment of STIs.)• Provision of pre and post test counselling and support services• Education on nutrition for those on treatment (nutrition counselling conducted for those on anti retroviral therapy, establishment of vegetable and nutrition gardens in Bikita and Mutare Rural).
<ul style="list-style-type: none">• Facilitate HIV treatment access, eg support the logistics of ART outreach program and CD4 count• Education and awareness of basic health care and HIV for communities	<ul style="list-style-type: none">• Education and awareness on prevention, care and support (trainings, awareness meetings, workshops and distribution of IEC materials).• Reduction in stigma and discrimination through creating a supportive environment (formation of support groups for PLHIV, teen mothers and people living with disabilities; memory work; introduction church responses to HIV; establishment of the church as the coordinating body of youth and HIV programs and creating linkages between the church and the local health centres)

- Voluntary Counselling and testing

Country activity category	FACT particular activities
<ul style="list-style-type: none"> • Train and Integrate VHW/CHBC volunteer in ART outreach programs • Capacity building of primary care givers of HIV patients 	<ul style="list-style-type: none"> • Mobilising for VCT among youths and the sexually active (awareness campaigns and mobilisation conducted by peer educators, care facilitators, church and community leaders)
<ul style="list-style-type: none"> • Facilitate HIV treatment access, eg support the logistics of ART outreach program and CD4 count • Education and awareness of basic health care and HIV for communities 	<ul style="list-style-type: none"> • Conducting mobile VCT • Offering pre and post VCT counselling services

Empowerment

Country activity category	FACT particular activities
<ul style="list-style-type: none"> • Training and mentoring of CBOs and CSOs and target communities on effective programming • Promote behaviour Change focusing on Gender, leadership & socio-cultural barriers • Strengthen capacity of PRISMA alliances in PME, documentation and standardisation of approaches 	<ul style="list-style-type: none"> • Training youths on sexual and reproductive health in Mutare Rural and Bikita. • Conducting psychosocial support sessions and camps for teen mothers, youth living with disabilities, youth and OVC. • Training of peer educators in Mutare Rural and Bikita and encouraging their work. • Building girls and teen mothers' assertive skills through sexual and reproductive health trainings; establishment of support groups, IGA clubs, formation of child protection committees in Mutare Rural and Bikita.
<ul style="list-style-type: none"> • Train VHW/CHBC volunteers in each ward. • Education and awareness of basic health care and HIV for communities • Resourcing those involved in HBC • Provide Psycho social support to OVC • Support PLWHA with sustainable livelihoods interventions 	<ul style="list-style-type: none"> • Initiating livelihoods for vulnerable youths including youths living with HIV and/ disabilities (establishing savings and lending clubs, provision of small livestock and inputs for backyard and community gardens in Mutare Rural and Bikita). • Integrating churches in responses to HIV prevention (training of pastors and church leaders; establishment of the church as the coordinating body of support programs for OVC, teen mothers, youths living with disabilities and PLHIV). • Providing accurate information on HIV (provision of IEC materials, community monitoring and review meetings, workshops and refresher trainings).

Successes

- **No HIV and AIDS work without FACT in Zimbabwe**



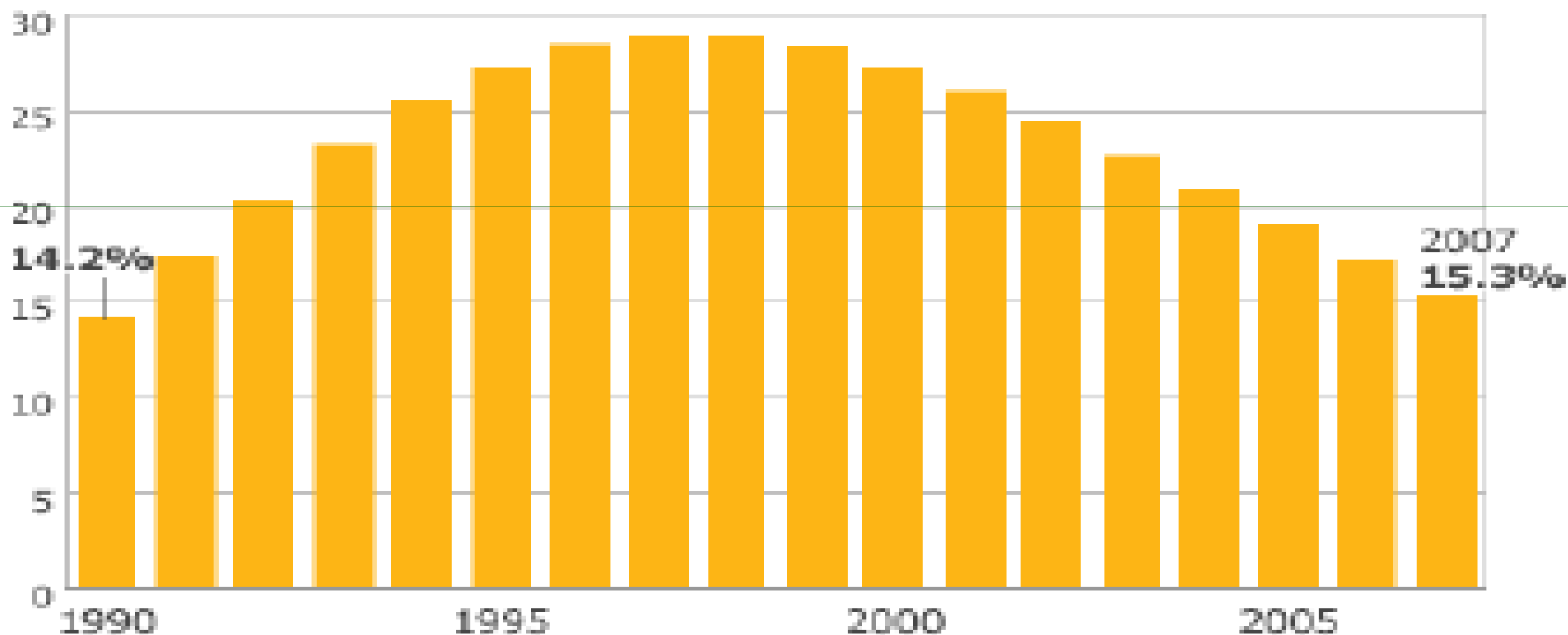
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HIV was increasing during the 1990's

Prevalence of HIV

% of population, 15 to 49-year-olds

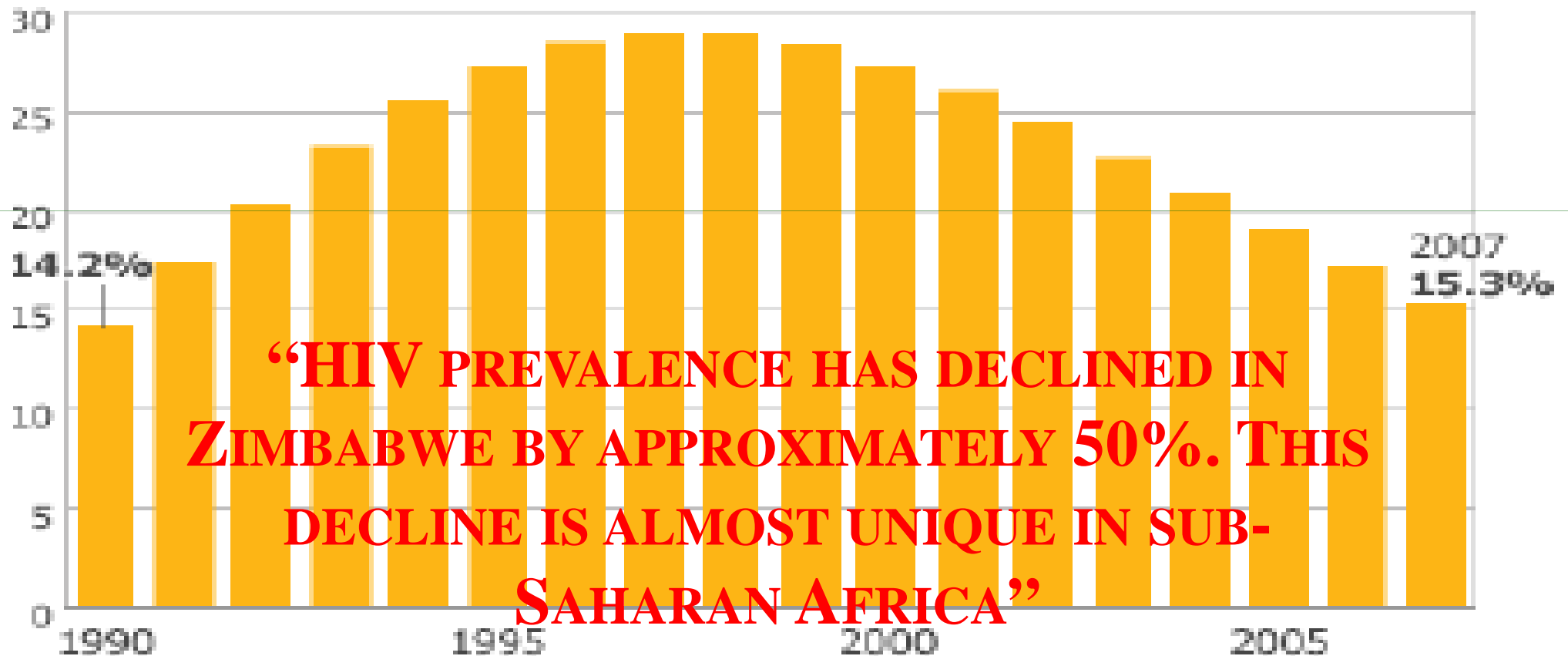


Source: World Bank

One of the most remarkable behavioural change responses in history

Prevalence of HIV

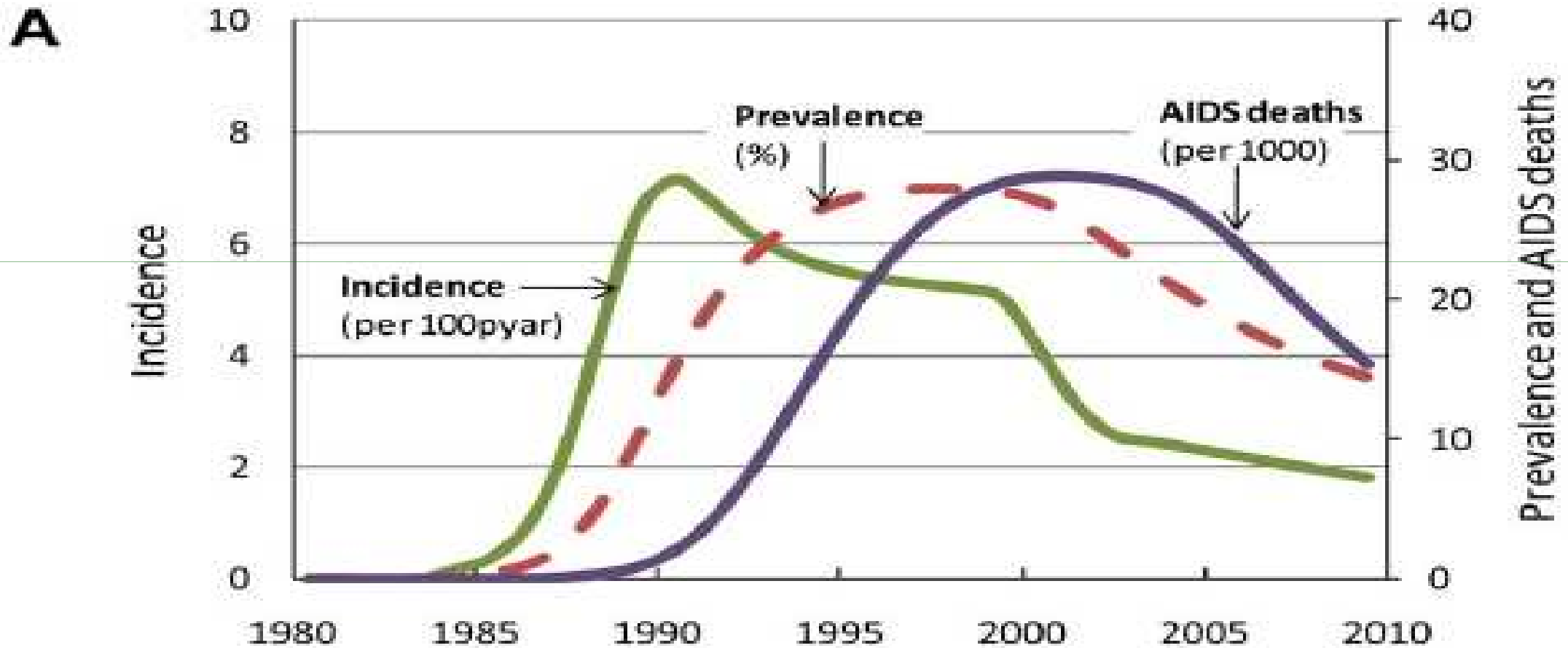
% of population, 15 to 49-year-olds



"A surprising prevention success: Why did the HIV epidemic decline in Zimbabwe?" *PLoS*

Medicine 5:1-2011

The number of new cases of HIV (incidence) dropped dramatically about ten years ago



B

80
■ Late 1990s

Why did Zimbabwe see an HIV decline but not other southern African countries?

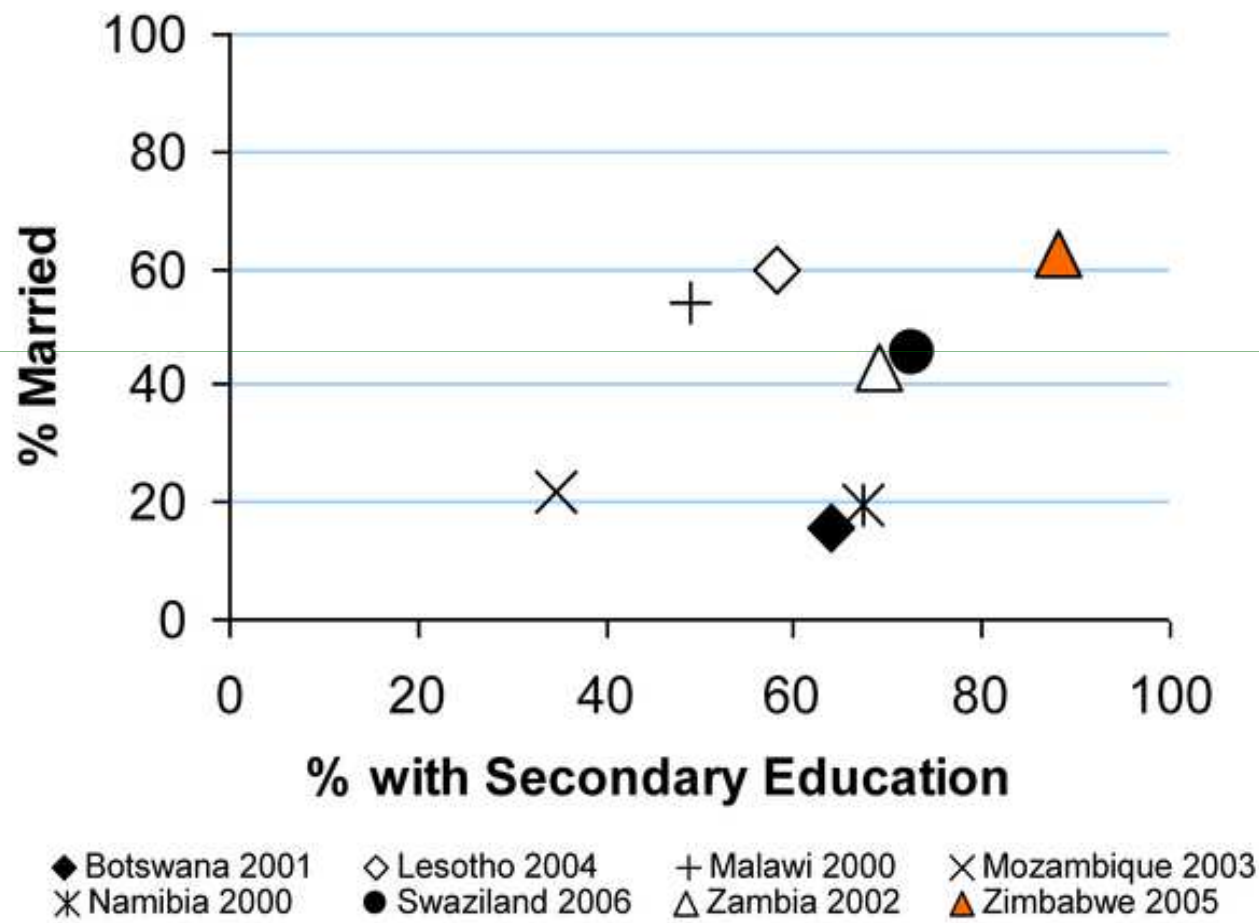


Figure 2. Levels of marriage and secondary education among men in urban areas in eight southern African countries.

“ The decline in HIV prevalence may have been greater in Zimbabwe because of high levels of education and marriage.

Education helped people understand and accept messages about HIV prevention, while marriage helped people to act on the `be faithful` messages included in prevention campaigns”

another”

Gregson et al., 2011, PLoS

Research now supports FACT's emphasis on marriage

FACT is a Christian- based organisation working with communities to provide HIV prevention, training and care programmes for the whole person (SAVE).

FACT promotes sexual abstinence outside marriage and faithfulness within marriage (integrating ABC).

FACT provides unconditional care and support to people affected with HIV/AIDS. Worldwide FACT supports and cooperates with others who are responding to AIDS in their communities (synergies and partnerships).



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What contributed to the decline of HIV in Zimbabwe?

Factors that contributed to Zimbabwe's HIV decline	Likelihood factor contributed	FACT engagement in area
Behavioural Factors		
Reduction in number of sex partners	very likely	+++
Increase in condom use in non-married partnerships	likely	+
Postponement of age at first sex	<i>unlikely</i>	+++
Programmatic Factors		
Church teaching and programmes	likely	+++
School and youth programmes	likely	+++
Workplace programmes	likely	++
Sex worker and client peer education programmes	likely	++
Consistent condom use promotion	likely	+
Mass media changing social norms	likely	-
Counseling and testing programmes	<i>unlikely</i>	+

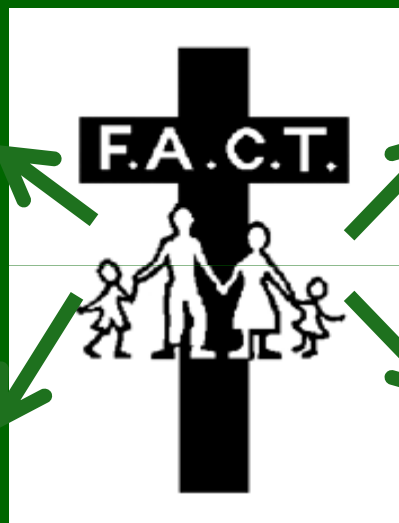


Youth peer education programmes

Sexworker and client peer education programmes



Church-based HIV/AIDS activities for youth and vulnerable children



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End

**Thank you for
partnering with FACT**



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