



Strategic Plan 2016 - 2020

STANDING STRONG
Transforming programmes,
practices and lives

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This strategic plan represents our renewed commitment to transforming the impact of HIV on children, adolescents and young people.

We are committed to shaping a world with a difference for children and young people -
a world in which they are not infected with HIV,
a world where they do not die from HIV and
a world in which we can stand strong
and where people accept us as we are.

Tanaka and Anesu, 19 years old

Table of Contents

1. Introduction	1
2. Situational Analysis.....	4
3. Africaid's Response to the needs of Children, Adolescents and Young People with HIV in Zimbabwe	7
3.1 Vision	7
3.2 Mission	7
3.3 Values	7
3.4 Africaid's Zvandiri Model	8
3.5 Target Beneficiaries	10
4. Organisational Analysis.....	11
5. Partnerships	13
6. Africaid Operational Programme Plan 2011-15.....	15
6.1 Outline	15
6.2 Strategic Framework	17
6.3 Strategic Objectives, Activities and Expected Outcomes	17
7. Implementing the Strategic Plan	28
7.1 Human Resources	28
7.2 Finance and Resources	28
7.3 Partnerships.....	30



1 Introduction

Africaid is a registered Private Voluntary Organisation in Zimbabwe (PVO 09/2007). It has been implementing its Zvandiri programme since 2004 when a 16 year old young girl, Simbisai, and six other HIV positive adolescents requested help in setting up a support group. The group was named “Zvandiri” by Amanda, 14 years old, who wanted to say “I am a child with HIV, but accept me as I am”. Today Simbisai, Amanda and the other young founders of Zvandiri are adults, married, parents, employed and role models to HIV positive children, adolescents and young people across Zimbabwe. Zvandiri has evolved considerably and is being scaled up across the country by the Government of Zimbabwe.

The Zvandiri programme is committed to helping HIV positive children, adolescents and young people to develop the knowledge, skills and confidence to cope with their HIV status and to live happy, healthy, safe, fulfilled lives. This relies not only on access to HIV medicines but also on evidence-based interventions which address

their complex, evolving physical, social and psychological issues both within and beyond the health facility. It is also essential that service providers have the required skills and confidence to deliver these interventions. Zvandiri therefore provides holistic care through combined health services, community outreach, psychosocial support and protection services, capacity strengthening programmes and advocacy initiatives. These services are integrated within the clinical care provided by government and private clinics, as well as protection and education services. In this way, HIV positive children, adolescents and young people are supported through a continuum of care between the health facility and community which aims to improve their health, protection and psychosocial outcomes as they grow up in to adulthood.

HIV positive children, adolescents and young people are at the heart of the Zvandiri programme, taking the lead in planning and implementing services for their HIV positive peers. They are setting the standard of excellence in child participation and innovative approaches that address the HIV prevention, treatment, care and support needs of children and young people with HIV. The Zvandiri programme has now been recognised in Zimbabwe and further afield as a highly effective, relevant, innovative and sustainable model. Its honours include:

- Approved for scale up by PEPFAR as the new game changer for children, adolescents and young people with HIV in Zimbabwe, 2016
- Documentation of CATS as a best practice HIV service delivery model by Pangea Global and Clinton Health Access Initiative (CHAI), 2015
- Documentation in the World Health Organisation's guidance on HIV testing and counselling and care for adolescents living with HIV, 2013
- Documented by AIDStar One in its Technical Brief on Transitioning of care and other services for Adolescents with HIV, 2012
- Nominated for a Global Health Council Award for Excellence in Media, 2011
- Awarded first prize in the national Gogo Dhlembeu awards, 2010
- Awarded the Social Protection prize from Children First, 2010
- Received the Auxillia Chimusoro Award for Social Investment from USAID, 2010
- Documented as a good practice model under Zimbabwe's NAP for OVC 2009

Africaid has designed the Zvandiri programme so that it can be replicated on any scale, in any setting. In 2011-2015, Africaid, with support from its funding partners, demonstrated that this was possible when it supported the Government of Zimbabwe in beginning to integrate Zvandiri in 33 districts across the country. Given the success of this integration and the vast numbers of children and young people living with HIV across the Southern Africa region, in addition to the demand for increased scale up of the Zvandiri model, it is now time to expand delivery so that

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the Zvandiri model, with its core principles of child leadership, participation and protection, can be made available to all. Zvandiri has now been adopted as a key component of the Government of Zimbabwe's Accelerated Action Plan for Child and Adolescent ART.

In addition to service delivery and capacity strengthening, Zvandiri has advocated for HIV policies, services and community systems which are responsive to the specific needs of children, adolescents and young people at all levels, from community to district level, up to national and global fora. Young people from Zvandiri are now internationally recognised for their role in championing the needs of their young HIV positive peers and in 2015, contributed to the new WHO adolescent-specific guidelines for HIV treatment, care and support. Whether in the households of CAYPLHIV, their communities, churches, schools and health facilities, or in Zimbabwe's Government Ministries or at high level meetings globally, the young voices of Zvandiri are influencing policy, practice and access to treatment, care and support for their HIV positive peers. As HIV testing services, treatment and care are accelerated worldwide, the significance of this advocacy work will grow.

This strategic plan maps the way forward for Africaid in 2016 – 2020 in:

- **Maintaining** the successful, ground-breaking Zvandiri model in Harare, including the development of pioneering interventions which are responsive to the emerging needs of young people with HIV
- **Expanding** the Zvandiri model across Zimbabwe, regionally and internationally through capacity strengthening of young people with HIV, service providers, communities and families
- **Advocating** for evidence based, quality HIV prevention, treatment, care and support services for children, adolescents and young people in Zimbabwe, regionally and internationally
- **Collating** and disseminating evidence to inform prevention,

The plan has been developed through a consultative process with the Africaid Board of Trustees, staff, Community Adolescent Treatment Supporters (CATS), service providers, HIV positive children, adolescents and young people and their care givers.



2 Situational Analysis

Zimbabwe has made significant strides in scaling up HIV prevention, treatment and care across the country. There are an estimated 1,400,000 people in need of Antiretroviral therapy (ART) with 77,000 being children (0-14 years). By the end of 2015, 61% adults (above 15 years) living with HIV were on treatment and 80% of all children living with HIV were on ART. Yet despite the significant advances in the number of children and adolescents accessing ART in the country, adolescent HIV-related mortality continues to rise in Zimbabwe, despite a reduction in overall HIV incidence and mortality. HIV/AIDS is one of the leading causes of mortality in children under five and accounts for 21% of child deaths in Zimbabwe (Child Survival Strategy 2011-2015).

In spite of increasing access to Antiretroviral therapy (ART), the childhoods of children, adolescents and young people living with HIV (CAYLHIV) are typically dominated by numerous complex, evolving physical, psychological and social stressors which impact on their well-being and affect their ability to enjoy happy, healthy, safe, fulfilled

lives. Their lives are typically characterised by frequent illness and hospitalisation (Lowenthal *et al*, 2015), grief and bereavement for parents and siblings (Parsons, 2012) and the need to come to terms with their own HIV status, a process which is commonly delayed and this can result in psychological challenges (Butler *et al*, 2009).

The negative effect of these experiences is further compounded by stigma and discrimination which children and adolescents perceive and/or experience, whether at home, school, community or society at large. This is exacerbated by growth delay and skin disfigurement which is common in children and adolescents with HIV (Ferrand *et al*, 2007). They may have cognitive impairment which manifests as poor executive functioning and reduced mental speed (Ferrand *et al*, 2007). This intellectual impairment is exacerbated by poor school attendance. Adolescents with HIV face overwhelming challenges related to emerging sexuality and concerns about relationships, future child bearing and marriage.

These experiences result in poor confidence and low self-esteem. It is increasingly recognised that adolescents are at risk of poor mental health due to their life experiences. A study in Harare, Zimbabwe amongst 229 adolescents with HIV demonstrated that psychological well-being was poor (median score on Shona Symptom Questionnaire [SSQ] 9/14) with 63% at risk of depression. Self-reported adherence to antiretrovirals was sub-optimal. Median SSQ score was higher amongst those with poor adherence to antiretroviral therapy (Mavhu *et al*, 2013).

The effectiveness of antiretroviral therapy depends on high levels of adherence, yet adherence is challenging particularly for adolescents. Poor adherence to antiretroviral drugs results in inadequate viral suppression and subsequent treatment failure. Various studies have now confirmed high levels of virological failure in the adolescent population resulting in the need for 'second line' antiretroviral drug combinations (Makadzange, 2015; Nachega *et al*, 2009; Ryscavage *et al*, 2011; Charles *et al*, 2008).

These diverse, complex challenges threaten to override any therapeutic benefit of antiretroviral therapy if not adequately addressed. Throughout the HIV/AIDS epidemic, in contrast to policy and programming for infants and adults, there has been relatively little commitment to the need for evidence-based, effective therapeutic interventions which are responsive to the specific needs of older children, adolescents and young people. However, the World Health Organisation has now recognised the specific needs of adolescents with HIV in its guidelines for adolescent HIV (2013) and HIV prevention, treatment and care guidelines (2015). Similarly, international agencies have developed global and regional initiatives targeting adolescents including ACT¹, All In and DREAMS².

¹ Accelerating Children's Treatment initiative (ACT)

² Determined, Resilient, Empowered, AIDS free, Mentored, Safe

In 2015, Africaid demonstrated the effectiveness of the Zvandiri model in improving retention, adherence, disclosure and psychosocial well-being in an operations research study in rural Zimbabwe. It is now expanding this research through two randomized control trials beginning in 2016. Other research by Africaid and research partners has indicated there is also a critical need for interventions which effectively address issues of grief and bereavement, sexual and reproductive health, mental health and disability.

Children and adolescents can no longer be left behind. There is now a global commitment to ensuring that the HIV testing and treatment gap is reduced among children and adolescents and that evidence-based interventions are rolled out to improve retention, adherence and broader health outcomes such as sexual and reproductive health. In line with this and the global 90-90-90 initiative, the Ministry of Health and Child Care has developed its Accelerated Action Plan for treatment in children and adolescents with the goal of increasing the number of children accessing HIV testing services and treatment.

There is now a critical opportunity to improve policy and programming for children, adolescents and young people both within Zimbabwe, and internationally. The Zvandiri model has been implementing such services for the past twelve years and is well placed to draw on its experience to support this.





3 Africaid's Response to the Needs of Children, Adolescents and Young People with HIV in Zimbabwe

3.1 Vision:

That HIV positive children, adolescents and young people have the knowledge, skills and confidence to live happy, healthy, safe, fulfilled lives and to pursue their hopes and dreams

3.2 Mission:

To increase access to quality care and support for HIV positive children, adolescents and young people through the development and dissemination of innovative models of HIV testing, treatment, care, support and protection

3.3 Values:

Africaid seeks to ensure that its programmes and activities are:

- **Holistic** care and support that not only addresses the physical symptoms and management of HIV but that considers the totality of the child, adolescent and

young person (including mental, emotional, spiritual, social, cultural, relational, contextual, environmental aspects)

- **Family and community centred** with each individual child, adolescent and young person seen within the context of his/her family and community
- **Ethically sound**, being rooted in established principles of child rights with the child, adolescent and young person at the centre of all activities, from planning and implementation through to monitoring and evaluation
- **Safe**, where children and adolescents are protected from harm
- **Effective** in empowering children, adolescents and young people to attain their capacity and support healthy development
- **Integrated** within local community and government structures to ensure ownership, long-term sustainability and a continuum of care between the clinic, home and community
- **Evidence-based** with a willingness towards dynamic and meaningful change as new evidence emerges
- **Innovative and setting the standard for excellence** in prevention, treatment, care and support for children and young people living with HIV
- **Cost effective**, focusing on a quality care model that is replicable and sustainable
- **Accountable** to our donors, programme participants, stakeholders, partners and the Government of Zimbabwe in our work.

3.4 Africaid's Zvandiri Model

Africaid is a local Private Voluntary Organisation (PVO 09/2007) in Zimbabwe. It was established in 2004 when it began the Zvandiri programme. Zvandiri is a complex, community-based HIV prevention treatment, care and support programme for children, adolescents and young people aged 5-24 years. Africaid started Zvandiri in response to six HIV positive adolescents who wanted to begin a support group. They named the group Zvandiri, (literally 'as I am') and this became the name for the programme. Zvandiri aims to equip children and young people living with HIV (CYPLHIV) with the knowledge, skills and confidence to cope with their HIV status and to live happy, healthy, safe, fulfilled lives. It achieves this by increasing access to quality HIV testing, treatment, care and support for children, young people and their families through innovative models of community care and support linked closely with the national public and private health and child welfare systems; and building capacity and responsiveness within both the government systems and in family caregivers and other community members.

The programme directly influences children, adolescents' and young people's access to and experience of HIV testing services (HTS), diagnosis and linkage to care, disclosure, treatment, adherence and retention in HIV care, through a

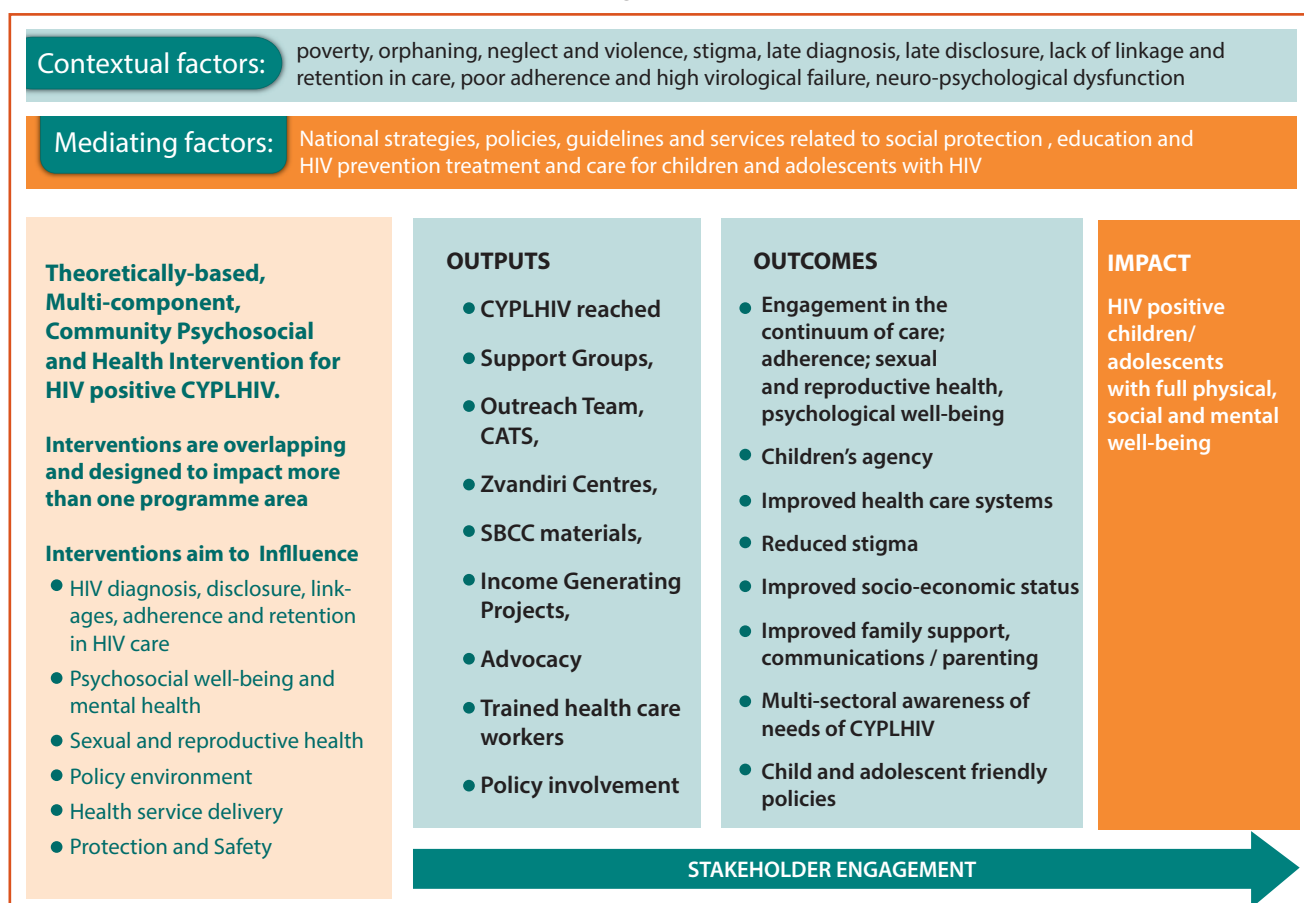
combination of community support groups, community outreach, Community Adolescent Treatment Supporters (CATS) and child and adolescent-focused Zvandiri Centres. Integral to this is intensive ongoing support for adolescent and young people's psychosocial well-being and mental health, wider sexual and reproductive health, economic empowerment and linkage to education and child protection services. Integrating Zvandiri programme support with the clinical care and case management services provided by government ensures a robust continuum of care for children, adolescents and young people and their families, with flexible bi-directional referral from clinic to community and community to clinic.

A core feature of Zvandiri is the extent to which trained and mentored HIV positive beneficiaries are empowered to lead the programme regarding strategic development, direct service provision, community mobilisation and engagement, training and advocacy; and enhanced psychosocial well-being, mental health and coping capacity of CYPLHIV. Zvandiri provides health systems strengthening for child and adolescent-friendly services, through peer-led mobilisation of children, adolescents and young people for services and sustained treatment, care and support at community level. In addition, Zvandiri is supporting the Government of Zimbabwe with the development and implementation of its national HIV sensitive case management system which integrates HIV and child protection services.

In 2014, Africaid worked with local experts to develop its Theory of Change for children, adolescents and young people with HIV. This is now used as a framework for the planning, implementation, monitoring and evaluation of services within Africaid.

The Zvandiri model has been adopted by the Ministry of Health and Child Care (MoHCC) and the Ministry of Public Services, Labour and Social Welfare (MoPSLSW) as a national model to support children, adolescents and young people living with HIV. The national scale up of Zvandiri has been included within the MoHCC's Accelerated Action Plan for Children and Adolescents 2016-2020 and is being integrated within the MoPSLSW's national case management system. Africaid's expertise has been recognised by the Government of Zimbabwe, multilaterals, bilaterals and civil society as evidenced by the participation of both Africaid staff and young female beneficiaries in a variety of consultations on adolescents and HIV including the WHO Consultations and Guidelines Development Group for the revised 2015 treatment guidelines for children and adolescents, the regional consultation meeting for the Accelerating Children's Treatment Initiative and the global consultation for the new 'All In!' agenda. Zvandiri's multi-sectorial, peer-led, community-based approach to supporting HIV treatment and care for children, adolescents and young people is now being drawn on to inform international guidance and policy.

The Zvandiri Theory of Change



3.5 Target Beneficiaries

Zvandiri's primary target beneficiaries are:

- Children / adolescents from the age of disclosure of diagnosis, normally 5-7 years, up to 18 years, who are HIV positive and knows their HIV status.
- Adolescents / young people who are HIV positive and between the ages of 19 – 23 years, who still require transitional health, protection and psychosocial support services including vocational skills training, positive health, dignity and prevention services and participation in peer support activities, in order to safely exit the Zvandiri programme.

Children / adolescents are referred to Zvandiri from government, community or private clinics; communities and community based organisations; social welfare; schools; churches; through social media and by children and families themselves.

Zvandiri's secondary target beneficiaries are:

- Caregivers and households of HIV positive children, adolescents and young people
- All those involved in the care and support of HIV positive children, adolescents and young people (e.g. health workers, social welfare officers, communities, teachers, churches, child protection committees, community case care workers)



4 Organisational analysis

Africaid has been in existence in Zimbabwe since 2004 and has initiated a unique model of integrated, community-based psychosocial support and health services for HIV positive children, adolescents and young people. It seeks to complement and support the continuum of care through strong linkages with clinic-based services, community level protection services and adolescent-led activities. Until 2008, Africaid relied on small, individual grants and a team of volunteers to support its work, with limited human and financial capacity. Through strategic partnerships with HIV positive children, adolescents and young people, their caregivers, the National AIDS Council, community structures and the MoHCC, Africaid was not only able to sustain its activities but to expand its programme, and then evolve grants from Children First (USAID funded) in 2008 and the Government of Zimbabwe's Programme of Support in 2009.

In the period 2011-2015, Africaid then focused its efforts on evolving into a larger, stronger and more formal institution capable of managing a much larger and

geographically decentralised programme of work and was able to secure grants from multiple funding partners including UNICEF, ELMA, Elton John AIDS Foundation (EJAF), Bristol Myers Squibb Foundation (BMSF), Swiss AIDS Care International (SACI), Southern Africa AIDS Trust (SAT), Paediatric AIDS Treatment for Africa (PATA) and Christian Blind Mission (CBM). At the end of 2015, Africaid was awarded a grant from USAID through Management Sciences for Health (MSH). In this way, Africaid and its Zvandiri programme has evolved steadily through the past 12 years with a continued focus on growth and strengthening of its programmes, team, systems and procedures. Over the years, Africaid has learnt a lot about its own strengths that can be maximised in the future; its weaknesses which can be learned from and converted to strengths and opportunities, the opportunities that should be capitalised upon and threats that exist in Africaid's environment and how to minimise their impact.

In 2015, two organisational capacity assessments were conducted which have informed this Strategic Plan. The first capacity assessment focused on the capacity needs of Africaid's staff and volunteers. The second was a broader organisational capacity assessment conducted by MSH. In June 2016, Africaid's organisational capacity will be assessed by USAID with the aim of graduating for direct USAID funding.

These two assessments have highlighted key areas which will be focused on in this 2016-2020 Strategic plan:

- Internal capacity strengthening of Africaid's staff and volunteers to ensure the continued delivery of quality HIV prevention, treatment, care and support services for children, adolescents and young people with HIV
- External capacity strengthening of national, provincial, district and community level stakeholders working with children, adolescents and young people with HIV
- Strengthening of Africaid's organisational systems and procedures with a particular focus on Human Resources, Knowledge Management, Finance and Administration, Monitoring and Evaluation, Communications and Advocacy.



5 Partnerships

Zvandiri was founded on the principle of complementing Government-led services for children, adolescents and young people with HIV. Africaid will only achieve its vision and mission if we work effectively with a variety of partners at national, provincial, district and community level.

Our primary partners are children, adolescents and young people with HIV.

In addition, Africaid works successfully in partnership with:

- The Ministry of Health and Child Care (MoHCC)
- The Ministry of Public Services, Labour and Social Welfare (MoPSLSW)
- The Ministry of Primary and Secondary Education (MoPSE)
- National AIDS Council (NAC)

Our primary
partners are
children,
adolescents and
young people with
HIV.

- Harare City Health Department
- Rural Development Council

Our work would not be possible without the support of our technical and funding partners including. In 2016, these include:

- Bristol Myers Squibb Foundation (BMSF)
- Child Protection Fund donors
- Christian Blind Mission (CBM)
- ELMA
- Elton John AIDS Foundation (EJAF)
- Family Health International (FHI 360)
- John Snow Inc (JSI)
- Management Sciences for Health (MSH)
- Maruva Trust
- Paediatric AIDS Treatment for Africa (PATA)
- Southern Africa AIDS Trust (SAT)
- Swiss AIDS Care International (SACI)
- UNICEF
- UNAIDS
- USAID
- World Health Organisation (WHO)



6 Africaid Operational Programme Plan 2016-2020

6.1 Outline

This plan outlines Africaid's strategic framework, strategic objectives, activities and expected outcomes for the next five years during which it plans to:

1. Provide quality, evidence-based, integrated HIV prevention, treatment, care, support and protection services for children, adolescents and young people with HIV through implementation of the Zvandiri model in Harare, Chitungwiza and Epworth
2. Build capacity in government and partner organisations across the country and region to replicate the Zvandiri model, thereby expanding access to more children, adolescents and young people living with HIV
3. Advocate for evidence-based, quality HIV prevention, treatment, care, support and protection services for children, adolescents and young people

4. Collect, analyse and disseminate data and lessons learned from these services to provide a clearer evidence base for best practice in HIV programming for children, adolescents and young people and to inform future national and international programming

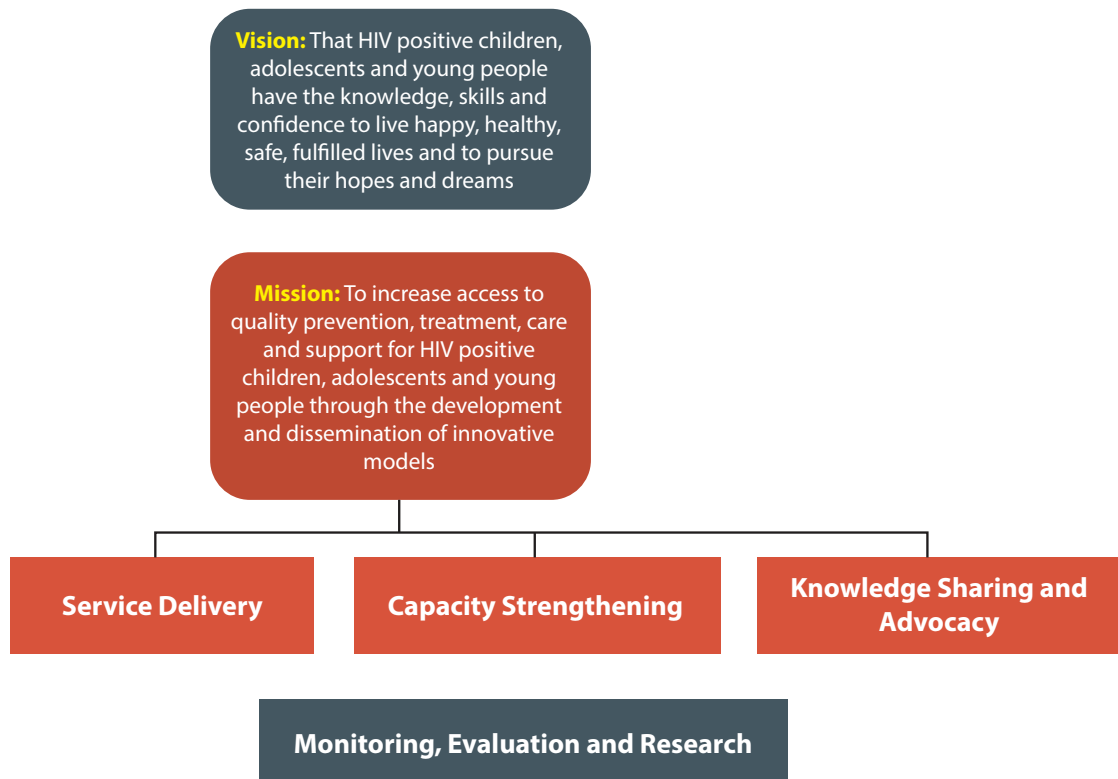
The active role of children, adolescents and young people are at the core of each strategic objective

Africaid already has considerable experience in each of these strategic areas which now needs to be built on in order to fulfill the potential of the work already done and maximise the return on the support already given to Africaid by its donor partners for the ground-breaking work of the last twelve years.

TIMETABLE:

2016	2017	2018	2019	2020
Organisational capacity building and assessment	Organisational capacity building	Organisational capacity assessment	Organisational capacity building	Organisational capacity assessment
Mapping of existing Zvandiri services	Expansion of Zvandiri in to 11 new districts	Consolidation of Zvandiri within 44 districts	Continued technical assistance in 44 districts	Continued technical assistance in 44 districts
Baseline capacity assessments of health facilities		Capacity assessments of health facilities and communities		Capacity assessments of health facilities and communities
Proposal development for Zvandiri business development unit	Establish Zvandiri business development unit		Review of the business development unit	
	Development of updated package for scale up	Capacity strengthening of partners regionally	Review and update materials	Technical assistance to partners nationally and internationally
				Evaluation of regional programme
Development and pilot of Zvandiri database	Roll out of the Zvandiri database	Review and upgrade Zvandiri database		
Operations Research	Operations Research,	Operations Research	Operations Research	Operations Research
Documentation and dissemination of research findings and lessons learned	Documentation and dissemination of research findings and lessons learned	Documentation and dissemination of research findings and lessons learned	Documentation and dissemination of research findings and lessons learned	Documentation and dissemination of research findings and lessons learned
		Mid term review and planning for 2018-2020		End of plan review, documentation and dissemination of results
				Development of 2021-2025 Strategic Plan

6.2 Strategic Framework



In 2016 – 2020, Africaid will focus on achieving its vision and mission through 4 strategic objectives. Health services, psychosocial support and protection services, capacity strengthening, knowledge sharing and advocacy will continue to be delivered holistically across all its programme areas. High quality monitoring and evaluation will be conducted across all activities and integrated within Africaid's communications, advocacy and research activities. All activities will continue to be supported by the necessary administrative infrastructure.

6.3 Strategic Objectives, Activities and Expected Outcomes

Strategic Objective 1: Service Delivery in Harare, Chitungwiza and Epworth

Harare Province is the home of the Zvandiri programme. Over the past twelve years, Zvandiri has been developed, nurtured and consolidated in Harare, Chitungwiza and Epworth, in response to the expressed needs and experiences of HIV positive

children, adolescents and young people. Working together with them, Africaid has piloted small scale initiatives in response to their emerging, evolving needs which have then progressed to attract larger scale funding and support for replication at national level. The four components of the Zvandiri model are well established in Harare – a large network of community support groups, a team of 48 CATS, 4 Zvandiri Centres and adolescent friendly corners and a multi-disciplinary community outreach team. Services are provided directly to children, adolescents and young people in the community and health facilities through strong partnerships with NAC, the City Health Department, communities, government hospitals and private clinics.

Service delivery will continue in Harare, Chitungwiza and Epworth. Whilst the core components of the Zvandiri model will remain the same, Africaid will focus on strengthening outcomes for children, adolescents and young people through the HIV care cascade. In particular, we will focus on

1) increasing the number of beneficiaries through enhanced mobilisation of communities to bring children for HTS and strengthening of referral pathways so that children are then linked to existing community support groups and community outreach services 2) strengthening the quality of services for children, adolescents and young people and 3) developing innovative, adolescent-led initiatives to respond to their existing and



evolving challenges and needs.

We will demonstrate the critical importance of an integrated package of services which address both the HIV treatment-related needs of young people with HIV but also their broader, holistic needs. This includes services to support earlier disclosure, mental health, sexual and reproductive health including PMTCT, neglect and violence, disability, treatment toxicities and virological failure. Existing interventions focusing on HIV and disability, young mothers and vocational skills training will be strengthened and expanded. In addition, Africaid will develop and disseminate lessons learned in relation to emerging global trends in HIV treatment, to ensure that the specific implementation considerations of young people are responded to, for example, “test and treat”, PreP and self testing.

Expected outcomes:

- Improved outcomes for HIV positive children, adolescents and young people throughout the HIV care cascade
- Increased capacity of HIV positive children and adolescents to participate meaningfully as service providers for their HIV positive peers
- Increased capacity of families and communities to provide safe, supportive environments for HIV positive children and adolescents

Strategic Activity	Intended Results
Consolidate Zvandiri as a standard of care across health facilities and communities	<p>Functional community support groups attached to health facilities as a standard of care</p> <p>Trained, mentored Community Adolescent Treatment Supporters attached to health facilities</p> <p>CAYPLHIV supported by Community outreach team</p> <p>Functional Zvandiri Centres and adolescent corners</p>
Service delivery for CAYPLHIV	<p>CAYPLHIV accessing Zvandiri services in accordance with Zvandiri SOPs (stable, enhanced, intensive)</p> <p>CAYPLHIV identified and referred for HTS</p> <p>CAYPLHIV linked and initiated on ART</p> <p>CAYPLHIV retained in care</p> <p>CAYPLHIV with virological suppression</p> <p>CAYPLHIV accessing enhanced adherence interventions</p> <p>CAYPLHIV accessing mental health services</p> <p>AYPLHIV accessing SRHR services</p> <p>CAYPLHIV accessing child protection services</p> <p>CAYPLHIV accessing integrated HIV and disability services</p> <p>AYPLHIV with functional, income generating activities</p>
Household and community strengthening	<p>Families and communities trained to provide meaningful support for CAYPLHIV</p> <p>CAYPLHIV reporting improved support at family and community level</p>

Strategic Activities and Indicators

Strategic Objective 2: Capacity Strengthening

Africaid will continue to build on its existing capacity strengthening programme for health, protection and education services with the aim of strengthening health and protection services and supportive environments for children, adolescents and young people with HIV. Implementation sites will be determined by the MoHCC, MoPSLSW and MoPSE but will largely align with the priority sites set out in the national accelerated action plan for children and adolescents with HIV, as well as the national case management system and other national initiatives including All In, Act! And DREAMS. Capacity building activities will focus on training and mentorship for service providers within health facilities, child protection services and schools, as well as for families, communities and young people with HIV. This programme will be informed by baseline capacity assessments to determine capacity gaps in providing quality HIV services for children, adolescents and young people with HIV. These assessments will in turn inform capacity building plans and activities, which will be led by Zvandiri Mentors located within the provinces and districts.

In order to support the effective implementation of this plan, Africaid will re-structure its staffing in order to decentralize management of individual provinces and districts through three lead Zvandiri Mentors - Harare, North and South. The role of the Zvandiri Mentor is seen as pivotal to the successful scale up of Zvandiri and effective integration within national system. Africaid will therefore place significant emphasis on the importance of capacity building those Zvandiri Mentors so that they have the knowledge, skills and confidence to work across health, child protection and education services and capacity to manage district level programming, M&E and reporting.

A key component of this strategic plan is the establishment of a business development unit which will support the sustainable replication of quality Zvandiri services through existing and new regional partnerships. Zvandiri young people will be at the forefront of this regional work, with an emphasis on quality assurance. Expertise from all sections of the organisation will be critical in the successful implementation of this work including Programmes, MECAR, Finance and



Administration.

Expected outcomes:

- Enhanced capacity of government sectors and partner organisations within Zimbabwe and the region to provide integrated, quality health, protection and psychosocial support services through implementation of the Zvandiri model
- Improved outcomes for children, adolescents and young people through the HIV care cascade
- Replication of the good practices identified through the Zvandiri programme
- Sharing of lessons learnt and experiences around quality HIV service delivery for HIV positive children, adolescents and young people so as to enhance the body of knowledge around this area of programming

Strategic Activities and Indicators

Strategic Activity	Intended Results
Health facility capacity assessments	AAP site health facilities assessed at baseline and endline
Training and mentorship for health facilities in line with agreed capacity building plans	Health care workers trained and mentored Health care facilities trained and mentored
Training and mentorship for provincial and district child welfare and protection officers, in line with agreed capacity building plans	Districts supported in integrating HIV sensitive case management services
Capacity building for partner organisations across the country and region to implement the Zvandiri model	Partner organisations supported with training and mentorship activities
Integration of Zvandiri within districts	Districts demonstrating effective integration of the Zvandiri model according to defined standards Children, adolescents and young people reached with Zvandiri services Functional Zvandiri support groups in operation Trained and mentored CATS in the districts Functional Zvandiri Centres in operation

Strategic Objective 3: Knowledge Sharing and Advocacy

Africaid will continue to build on the knowledge sharing and advocacy activities currently coordinated through Zvandiri House training and support centre. These activities will be coordinated by the existing Communications Officer and Advocacy

Officer and will include the development and maintenance of a range of mixed media publications, social media and online tools. These will be developed by and for children, adolescents and young people with HIV within Zimbabwe and the region, and will form a regional platform for information and knowledge sharing, advocacy and networking.

The Zvandiri National Advocacy Team will be strengthened and supported to develop and implement its own advocacy initiatives each year, focusing in particular on policy and service delivery gaps for children, adolescents and young people with HIV. Advocacy campaigns will be developed annually and continue to be cascaded in to communities, schools and clinics across the country and regionally through the regional partners. Activities will be dynamic, interactive and adolescent-led. Young people from Zvandiri will continue to participate in community, national and international dialogues to promote the development of child and adolescent responsive policy, guidelines and programmes.

Zvandiri House will also coordinate the Zvandiri e mentoring programme which will be strengthened and scaled up, to ensure sustained, online support for CATS across the country and region.



Expected outcomes:

- Improved children's agency

Strategic Activity	Intended Results
Scale up and support to Africaid's existing Zvandiri Support Centre	ALHIV accessing Zvandiri Training and Support Centre Mixed media publications and materials developed
IEC material development and dissemination	IEC publications/materials disseminated
E mentoring programme for CLHIV / ALHIV, clinics and CBOs regionally	Individuals registered in the mentoring programme
Scale up and maintenance of the Zvandiri website for CLHIV / ALHIV internationally	Accessing of the Zvandiri website nationally and internationally
Production and dissemination of annual advocacy campaigns by Zvandiri National advocacy team members for an international audience	Dissemination of adolescent-led advocacy campaigns globally
Support to policy and guideline development	Meaningful engagement of CAYPLHIV in guideline development processes
Information sharing and advocacy sessions	Children, adolescent, young people and communities reached with information sharing and advocacy

- Reduced stigma
- Improved family support, communications and parenting
- Multi-sectoral awareness of the needs of children, adolescents and young people with HIV
- Child and adolescent friendly policies and services

Strategic Activities and Indicators

Strategic Objective 4: Collating and Disseminating Evidence

Africaid is committed to the scale up of evidence-based interventions which are effective and responsive to the needs and experiences of children, adolescents and young people with HIV. In this plan, Africaid therefore commits to strengthening its M&E systems and procedures and the generation of evidence to inform service delivery which promotes young people's experiences of HIV testing, disclosure, ARV and adherence, linkage and retention as well as their sexual and reproductive health, protection and mental health outcomes. This will require additional staff to support

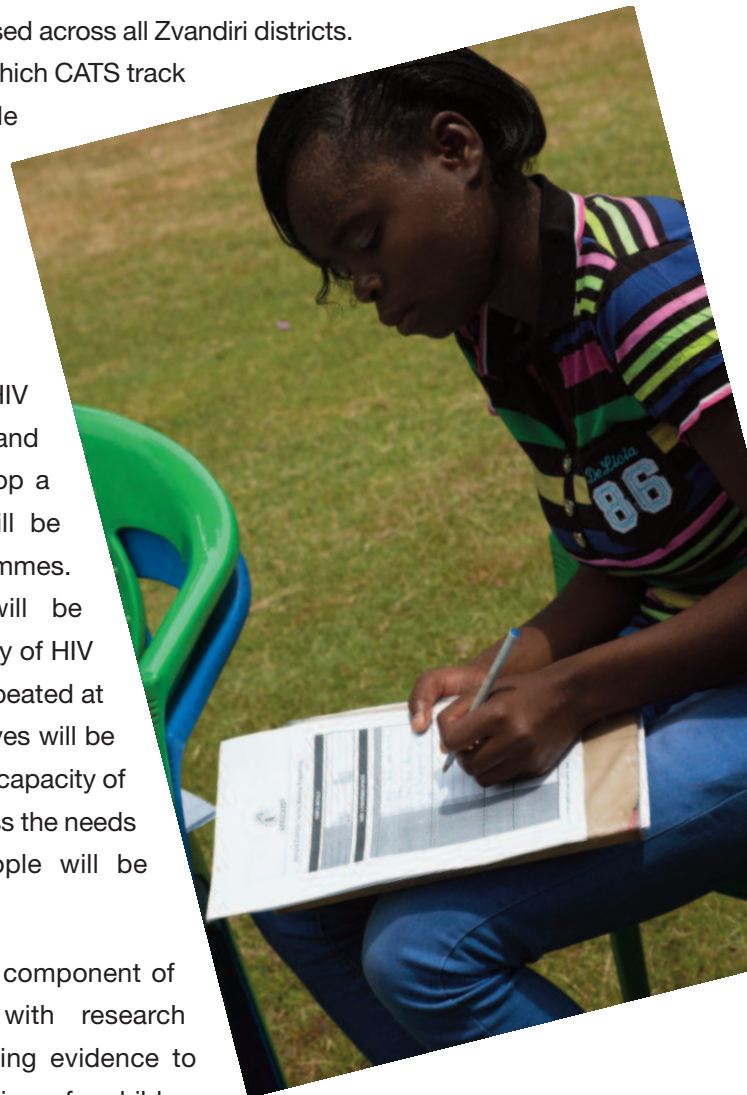
data collection, entry and analysis as well as research coordinators, in addition to support for M&E capacity building initiatives. A customised electronic database is urgently required, with the capacity to be utilised across all Zvandiri districts.

The database will be a unique innovation in which CATS track children, adolescents and young people through the HIV case cascade between the health facility and community, in addition to other services accessed, including child protection and harmonized cash transfer services.

In order to measure change in the quality of HIV services provided for children, adolescents and young people with HIV, Africaid will develop a quality improvement framework which will be integrated with its capacity building programmes. Health facility capacity assessments will be conducted in year one to measure the quality of HIV service delivery for adolescents and then repeated at mid-term and end of the plan. These initiatives will be rolled out through the MoHCC. Similarly, the capacity of child protection services to effectively address the needs of children, adolescents and young people will be measured and tracked.

Research will continue to be an important component of Africaid's work, through partnerships with research institutions. Africaid will focus on generating evidence to inform the role of Zvandiri in HIV service delivery for children, adolescents and young people and in new, emerging areas including treatment failure, mental health, SRHR, PreP and self-testing.

Africaid has committed to integrating its M&E systems and procedures and research with its communications and advocacy work. A MECAR unit has been established and will be supported to develop innovative approaches to disseminating lessons



learned and best practice for a variety of stakeholders, locally and internationally.

Strategic Activity	Intended Results
Development of Africaid's Monitoring, Evaluation, Communications, Advocacy and Research (MECAR) framework in line with the strategic plan	MECAR framework reviewed and updated annually
Upgrade of MECAR systems and processes to ensure efficient, timely capture of quality data, analysis and dissemination	MECAR systems in operation annually
Development and utilisation of a new Zvandiri database for the effective monitoring and tracking of Zvandiri beneficiaries through the HIV care cascade	Full utilisation of the Zvandiri database in Zvandiri implementation districts
Strengthen and support the role of the Zvandiri National Advocacy Team	ZNAT initiatives developed annually
Development and dissemination of adolescent-led, mixed media communications and advocacy materials	IEC materials developed and disseminated annually
On-going training and support for staff and adolescents in MECAR	MECAR training and mentorship for staff and beneficiaries
Strengthen documentation of the Zvandiri programme at all levels to generate evidence for future programming	Documentation in academic papers, publications and on-line media
Partnership with research bodies/ organisations to generate evidence for best practice	Completion of research studies
Dissemination of evidence / findings at local, national, regional and global for a	Participation in conferences and high level meetings
Baseline, mid-term and end line assessments	Baseline, mid-term and end line assessments

Strategic Objective 5: Strengthening our Organisational Capacity

Over the past twelve years, Africaid has grown from a small, volunteer-based, single donor organisation in to a larger, multi-donor funded organisation providing services in all 10 provinces of Zimbabwe. Its Zvandiri model has been adopted by the Government of Zimbabwe and is being scaled up across the country through the Accelerated Action Plan (AAP) for Children and Adolescents with HIV and the National Plan for Orphans and Vulnerable Children (NAP for OVC). Africaid has also begun providing capacity strengthening for organisations from across the region, including those in South Africa and Lesotho.

This has required continued strengthening of its organisational capacity over the years and considerable progress has been made. Notably in the period 2011-2012, Africaid committed to strengthening its capacity to scale up from a Harare-based programme in to the provinces. In 2014, continued capacity strengthening was possible due to a grant from ELMA which supported the recruitment of key staff within the organisation. In 2015, this was followed by a capacity building grant from USAID through MSH as part of the DREAMS programme. Africaid has also received capacity building assistance in key technical areas from other partners including UNICEF, BMSF, CBM and SAT.

However, as the scale up of Zvandiri is being called upon at national and regional level, it is critical that Africaid has the organisational capacity to achieve this scale up effectively and sustainably. A recent organisational capacity assessment conducted by MSH found that Africaid scored highly in the areas of partnerships, programming, finance and administration, monitoring and evaluation. None the less, these will all need strengthening as scale up continues. Of note, key areas requiring capacity strengthening were knowledge management, human resources and sub-granting. In 2015 an external consultant conducted an assessment of the capacity of the organisation's staff and volunteers. As set out in the 2011-2015 Strategic Plan, the Africaid team has grown considerably over the years. A few key posts are still required for this new plan, specifically in the areas of Finance and Administration, Monitoring and Evaluation.

In order to support effective growth and scale up of quality interventions which can be monitored and evaluated and sustained, a focus on organisational capacity strengthening is essential.

Expected outcomes:

- Robust policies, procedures and systems in place to ensure compliance with the laws of Zimbabwe, funding and technical partners

- Adequate resources secured to support the implementation of the plan
- Skilled, competent staff and volunteers able to effectively fulfill their roles and responsibilities and that they have the resources they require.

Strategic Activity	Intended Results
Board of Trustees and Peer Advisory Board Meetings	Board meetings held in line with Africaid constitution Peer Advisory Board meetings held quarterly
Review Africaid MoUs and upgrade as required	Up to date MoUs in place
Review and upgrade organisational policies and standard operating procedures including Human Resources, Finance and Administration, Knowledge Management	Policies and SOPs approved annually
Conduct annual organisational capacity assessments	Organisational capacity assessments completed annually All Action points addressed
Establish an internal capacity building programme	Staff receiving monthly training and capacity development Staff receiving annual performance appraisals
Establish a quality improvement programme	Quality improvement plans developed and implemented annually
Mobilise resources to support the implementation of the plan	Annual budget secured
Recruit a full complement of staff required for the plan, as per organogram	All posts filled
Develop, roll out and maintain a customised Zvandiri database	Utilisation of Zvandiri database in all implementation districts
Hold annual Planning and Review meetings	Annual planning and review meetings held
Ensure annual governance training for the Board of Trustees, PAB, staff and volunteers	Board members, staff and volunteers receiving governance training
Establish systems for sub-granting and partnerships Procure vehicles to support provincial programmes	Sub grantees effectively supported Zvandiri Mentors with a vehicle
Establish and support provincial/district offices	Provincial / district offices operational



7 Implementing the strategic plan

7.1 Human Resources

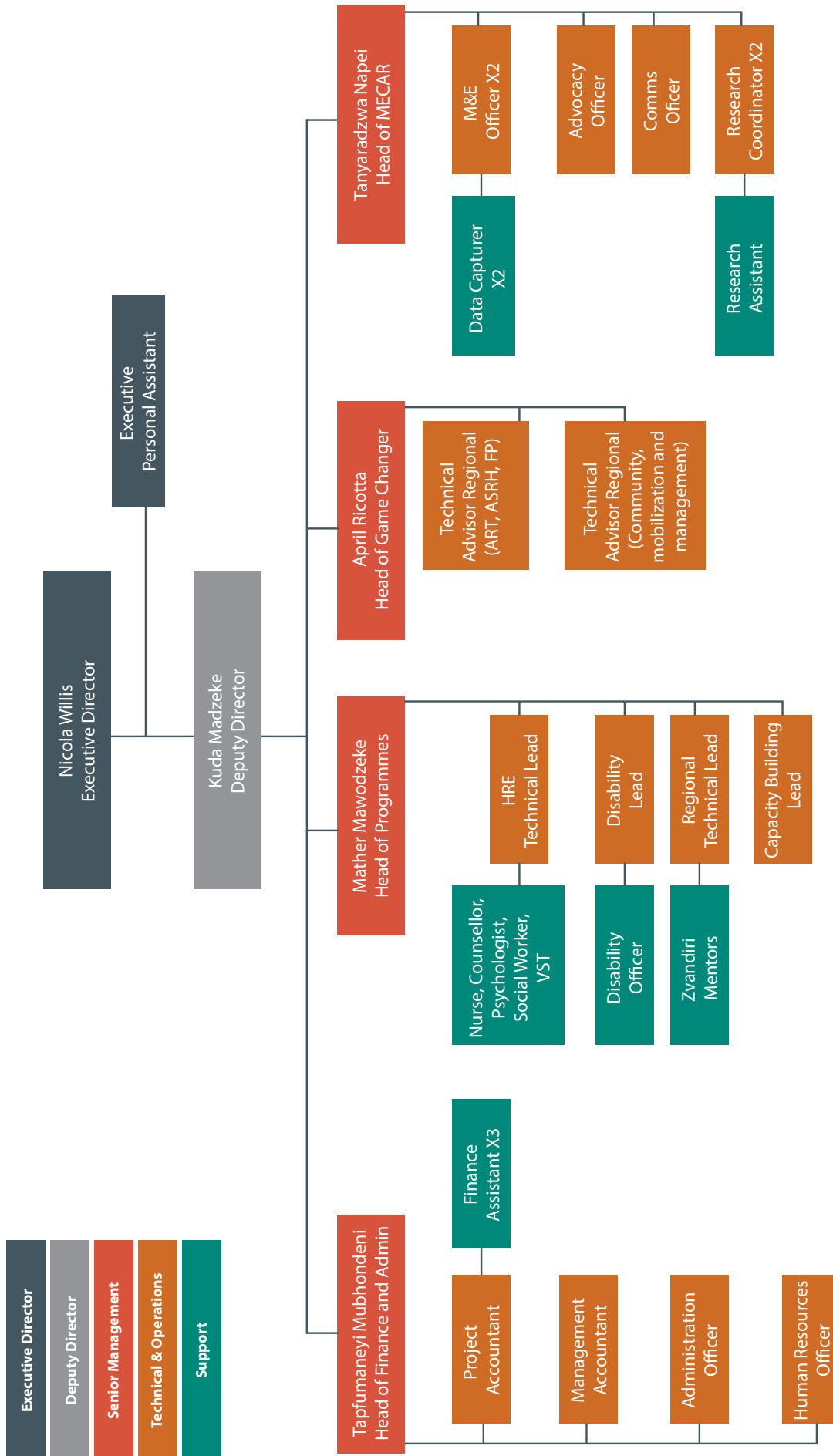
To carry out this strategic plan, Africaid will require an Executive Committee, Peer Advisory Board, Staff and volunteer team as indicated below. This shows existing, new and enhanced posts.

We will also require a robust internal capacity building programme to ensure that our team across the organisation are supported to effectively fulfill their roles and responsibilities and provided with opportunities for professional development and support.

7.2 Finance and Resources

Africaid already has finances and resources in kind which will contribute significantly to its ability to implement the plan:

- Time, commitment and relevant expertise given by The Executive Committee and Peer Advisory Board
- Multiple grants of varying duration for 2016-2017 which will support activities set out in this plan
- A core team of highly skilled and experienced staff in the areas of paediatric and adolescent HIV policy, programming and service delivery, capacity building and partnership working, monitoring and evaluation, communications and advocacy
- A large team of skilled and experienced adolescents trained and mentored in various aspects of peer support, capacity building and advocacy
- Professional services contributed from time to time pro bono by a range of well-disposed professionals acting as consultants as well as a pool of paid consultants (eg IT, graphic design and communications, media, curriculum developers)



- An extensive range of unique, tried and tested programme and advocacy materials in a range of media
- Ownership of 11 Mount Road and use of 12 Mount Road as Zvandiri House
- 4 vehicles
- The Zvandiri website, hosted and maintained pro bono
- Maruva Trust, a UK charity raising funds solely for the support of Africaid

Africaid will apply for the additional funding required to carry out the various elements of the strategic plan from donors seeking operational partners to implement these elements.

7.3 Partnerships

Africaid's key partners will continue to be HIV positive children, adolescents and young people and their families. The Zvandiri model has been developed, implemented, monitored and evaluated in partnership with them and Africaid will continue to prioritise their experiences, needs, opinions and role in the implementation of this plan.

This strategic plan is based on the fundamental principle that Zvandiri is effectively and appropriately integrated within government systems and complements national efforts. We will continue to strengthen our partnerships with the Ministry of Health and Child Care (MoHCC), Ministry of Public Services, Labour and Social Welfare (MoPSLSW), the Ministry of Primary and Secondary Education (MoPSE) and the National AIDS Council. We will seek to ensure that Zvandiri is scaled up within the Government of Zimbabwe's national plans and frameworks, including the Zimbabwe National HIV/AIDS Strategic Plan, the Accelerated Action Plan for Children and Adolescents and the National Action Plan for OVC III, the Zimbabwe HCT Mechanism, the Accelerated Children's Treatment Initiative (ACT), DREAMS and All In. Africaid will also locate Zvandiri Mentors within implementation districts who are responsible for coordinating the scale up of Zvandiri through partnerships with provincial, district and community level stakeholders. We aim for an integrated, multi-sectoral response for children, adolescents and young people with HIV through continued advocacy, mentorship and systems strengthening across health, protection and education services.

Africaid will continue to network with regional and international technical and funding partners including UNICEF, USAID, UNAIDS, the World Health Organisation (WHO), BMSF, EGPAF, FHI 360, the International AIDS Alliance, PATA, Adolescent Treatment Coalition, REPSSI and IAS to support the regional scale up of Zvandiri as well as capacity building of other community based organisations, advocacy and sharing of evidence and best practice.

Existing partnerships with research bodies such as CeSSHAR and organisations will continue to be essential in order to ensure that Africaid is generating high quality evidence which demonstrates the impact of the Zvandiri model. This will then be documented and disseminated to inform the scale up of evidence-based interventions for children, adolescents and young people both within Zimbabwe and globally.

