

NATIONAL AIDS COUNCIL



ANNUAL REPORT

2020

www.nac.org.zw

MANDATE

To provide for measures to combat the spread of Human Immuno Deficiency Virus (HIV) and management, coordination and implementation of programmes that reduce the impact of HIV and AIDS.

(The National AIDS Council Act Chapter 15:14 of 2000)

VISION

No HIV transmission. Universal access to HIV and AIDS services.

MISSION

To lead and coordinate, with a motivated team, the national strategy in the response to HIV and AIDS in Zimbabwe.

CORE VALUES

- **Integrity**
- **Accountability**
- **Professionalism**
- **Pro-action**
- **Inclusiveness**
- **Teamwork**

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ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Ante-Natal Care
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
ASOs	AIDS Service Organizations
BCC	Behavior Change Communication
BCF	Behavior Change Facilitator
BEAM	Basic Education and Assistance Module
CARGS	Community ART Refill Groups
CATS	Community Adolescents Treatment Supporters
CBO	Community Based Organization
CeSHHAR	Centre for Sexual Health HIV and AIDS Research
C& HBC	Community and Home Based Care
CRS	Catholic Relief Services
CSE	Comprehensive Sexuality Education
CSWs	Commercial Sex Workers
CPCPZ	College of Primary Care Physicians of Zimbabwe
DAAC	District AIDS Action Committee
DAAOs	District Accounts and Administration Officers
DACS	District AIDS Coordinators
DBOs	Database Officers
DBS	Dried Blood Spot
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe girls and women

EID	Early Infant Diagnosis
EMTCT	Elimination of Mother To Child Transmission
GBV	Gender Based Violence
GF	Global Fund
G and C	Guidance and Counselling
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IEC	Information, Education and Communication
IPT	Isoniazid Preventive Therapy
MARPs	Most at Risk Populations
MC	Male Circumcision
M&E	Monitoring and Evaluation
MIPA	Meaningful Involvement of People Living with HIV & AIDS
MoHCC	Ministry of Health & Child Care
MoPSE	Ministry of Primary and Secondary Education
MOT	Modes of Transmission
MSM	Men who have Sex with Men
NAC	National AIDS Council
NATF	Nation AIDS Trust Fund
NCD	Non Communicable Diseases
NGO	Non- Governmental Organization
OI	Opportunistic Infections
OVC	Orphans Vulnerable Children
PACs	Provincial AIDS Coordinators
PEP	Post-Exposure Prophylaxis

PITC	Provider Initiated Testing & Counseling
PLHIV	People Living with HIV
PMs	Provincial Managers
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-Exposure Prophylaxis
PSI	Population Services International
PSS	Psycho-social Support
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	United Nations Joint Program on HIV and AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VMMC	Voluntary Medical Male Circumcision
WAAC	Ward AIDS Action Committee
WAD	World AIDS Day
WHO	World Health Organization
YFCs	Youth Friendly Centers
ZNASP	Zimbabwe National HIV and AIDS Strategic Plan
ZNFPC	Zimbabwe National Family Planning Council
ZNNP+	Zimbabwe National Network of People Living with HIV
ZIPSHAW	Zimbabwe Private Sector HIV/AIDS Wellness

Chief Executive Officer's Statement

Welcome to the National AIDS Council annual report for 2020, a period animated by both exciting and challenging experiences for the response. The response recorded successes which included the development of the fourth Zimbabwe National HIV and AIDS Strategic Plan, the Zimbabwe Population Based HIV Impact Assessment and the World AIDS Day commemoration. At the same time, the response was constrained by increasing economic challenges which disrupted the delivery and access to HIV services.

In this report, we trace developments and progress recorded in the national response to HIV and AIDS during 2020 in line with expectations of the Zimbabwe National HIV and AIDS Strategic Plan, the 2020 national consolidated HIV and AIDS plan and global commitments.

Discussions are presented by thematic area, starting with Prevention (PMTCT, VCT, STI and condoms, youth, workplace), Treatment (ART and NCDs), and Enabling Environment as well as others. Analysis of data and discussion of trends are based on core output indicators, whose performance is compared with that of 2019. Where possible, outputs are compared with targets to indicate progress towards achievement of plans.

Data presented and discussed herein was collected using reports from NAC structures and Implementing Partners.

In pursuit of the virtual elimination of mother to child transmission target of 5% by 2022, Zimbabwe continued implementation of the Operational Plan for eMTCT of HIV and Syphilis (2018 – 2022). Although interventions to mobilize and encourage communities to book early for ANC, 2019 recorded an increase in the percentage of women attending ANC from 90% recorded in 2019 to 93.3% recorded in 2020 through MICS results. There is still need to find the remaining 8% in an effort to eliminate mother to child transmission. There was a decrease in PMTCT coverage which might have prompted by the disruption of services due to COVID 19.

Towards the target of the 1st 90%, Zimbabwe implemented an integrated HIV Testing Services (HTS) model, which is animated by facility-based testing (provider initiated and client-initiated testing and counselling), facility and community-based index testing, HIV self-testing and targeted mobile outreach testing.

In addition to being a standalone intervention, HTS is integrated into other prevention services such as VMMC, PrEP, PEP and is part of the package for the DREAMS initiative for AGYW.

According to ZIMPHIA 2020 results, 86.8% of all adults living with HIV (ages 15 years and older) were aware of their HIV status: 88.3% of women living with HIV and 84.3% of men living with HIV. According to these results, the country is lagging behind in achieving the first 90. The 2020 HIV testing target was 2,580,14958 people and 59.3% (1,531,592) were tested, resulting in a positivity of 5.9%. This may be as a result of service disruption due to COVID 19. Efforts in the coming year will be on scaling up high yield HIV testing models and intensifying HTS in districts recording high new HIV infections.

Male and female condoms registered declines in uptake, male condoms declined from 95 million in 2019 to 83 million while female condoms declined from 4.5 million to 2,9 million. Both targets for male (100m) and female (5.5m) condoms were missed.

In addition to this, price regulations, duty, tax and paying for quality assurance procedures have been hampering the smooth distribution of condoms, negatively impacting condom end users.

A total of 35 800 men were circumcised in the year, representing an 33% achievement against an annual target of 90850 compared to (86.7%) 354,819 reached in 2019. This was because most services were put on hold as part of COVID-19 mitigations measures.

The workplace is one of the key areas to provide HIV prevention interventions as workers spend more time there and get missed by ordinary day programmes. Although the informal sector has been noted to have become the major source of employment, structured HIV prevention programmes are still exiguous in that sector. In this regard, private companies implemented the majority of the programmes reaching a cumulation of 147,466. The majority of employees 64% (95,533) were reached during the third quarter, Covid 19 impacted on workplace programming.

The National AIDS Council supported the provision of targeted interventions for key populations through funding from the Global Fund, UNFPA and the District Response Initiatives funded by NATF.

The year 2020 saw multiple challenges converging to threaten progress on the 90 90 90 targets with the national key populations programme experiencing severe service disruptions as a result of COVID-19. The Covid 19 pandemic imposed lockdowns presented difficulties for key populations to access HIV/SRH services. Restricted operating hours for public and private clinics, and restricted public transport limited key population's access to condoms, lubricants and STI treatment.

It is pleasing to note that, according to 2020 HIV Estimates, 84.7% (1,187,711) of all people living with HIV are receiving antiretroviral therapy. There was 28.6% reduction of AIDS related mortality from 2015 to 2020, which was a miss of ZNASP III objective of reducing HIV/AIDS-related mortality by 50% for both adults and children by 2020.

I am glad to report that NAC continued to support the antiretroviral therapy programme (ART) through procurement ART Medicines US\$ 2,624,312.94, Hematology FBC Controls worth US\$268,796 and servicing of diagnostic equipment for US\$2,249,994.98. The organisation also procured Covid19 items for programmes worth **ZWL\$15,822,243.72**. Shortage of foreign currency has curtailed NAC's ability to procure ARVs and more commodities as we have always done in the past.

The year under review witnessed robust processes for the development of evidence and strategies to guide programming. The 2nd Population Based HIV Impact Survey, with evidence related to the distribution of HIV epidemic, coverage and impact of HIV services at population-level was conducted, while the Extended Zimbabwe National HIV and AIDS Strategic Plan (ZNASP 2015-2020) went through a end-term review, which would lead into the development of new strategic plan.

The national response remains hamstrung by the economic challenges, which have led to limited domestic financial resources to procure commodities and services, especially those that require foreign currency.

NAC received a total ZWL2.2b against a budget of ZWL1.5b. Revenue collected from AIDS Levy amounted to ZWL1,9b against a projection of ZWL885.6m. AIDS Levy collections were ZWL1.9b against a projection of ZWL885.6m. Grant from Global Fund amounted to ZWL272.4m and the balance comprised revenue from other grants and investment income. In 2019 total income from AIDS Levy was ZWL356m

Once again, the commemoration of the World AIDS Day was truly a rainbow event, which brought the entire family of the response to HIV together in an avid animation of the multi-sectoral partnership. The Vice President and Minister of Health and Child Care Retired General Dr C.N Chiwenga was the Guest of Honour. The commemorations were conducted virtually with a maximum attendance of 150 invited guest. The commemorations were livestreamed and live broadcasted to reach the public who could not attend because of COVID-19 regulations. We are grateful to all the partners and communities including people living with HIV for the contributions towards the preparation and eventual hosting of the World AIDS Day and launch of the campaign.

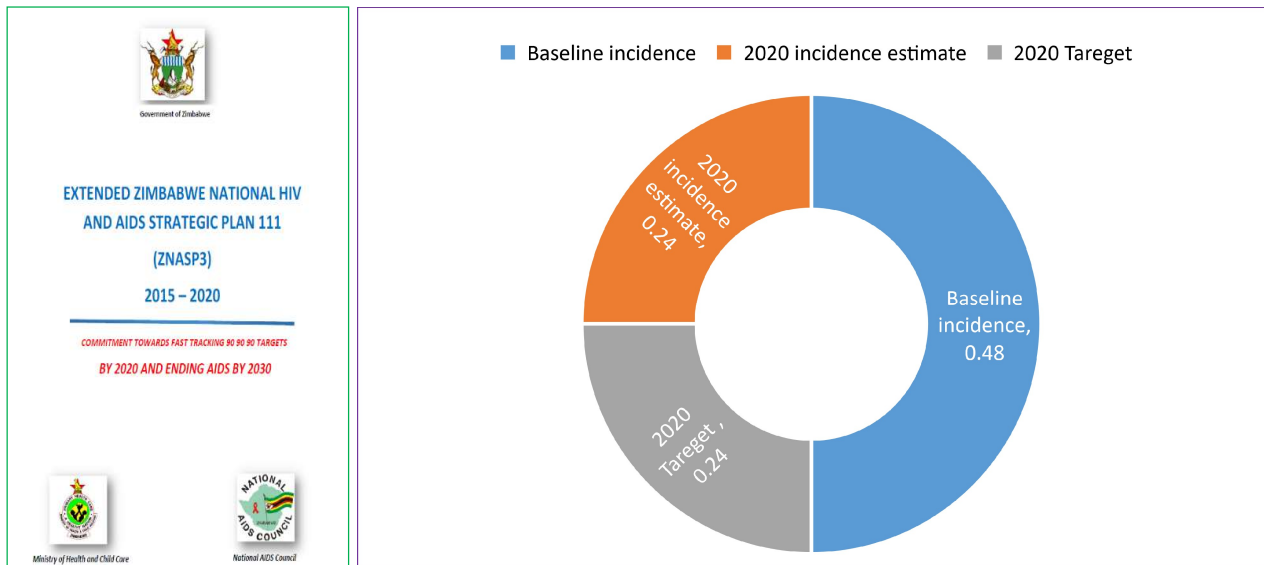
Now that we have come to the end of the year, I would like to thank all HIV and AIDS implementers for their work in 2020 and wish you all a restful festive season and a prosperous 2021.

Thank You,

Dr. Bernard Madzima

Chief Executive Officer

CHAPTER 1: PREVENTION



In an effort to revitalize HIV prevention, the national response in Zimbabwe focused on geotargeted high impact interventions such as prevention of Mother to Child Transmission (PMTCT), HIV Testing Services (HTS), Condom programming, Voluntary Medical Male Circumcision (VMMC) and Behaviour change programmes. These programmes were targeting key and most at-risk populations.

1.1 Prevention of Mother to Child transmission of HIV

The National AIDS Council and partners continued to mobilize and encourage communities to uptake PMTCT services as part of the implementation of the Operational Plan for eMTCT of HIV and Syphilis (2018 – 2022). The target of the plan is to reach elimination of MTCT by 2022. The table below outlines the PMTCT annual performance for 2020 compared to 2019.

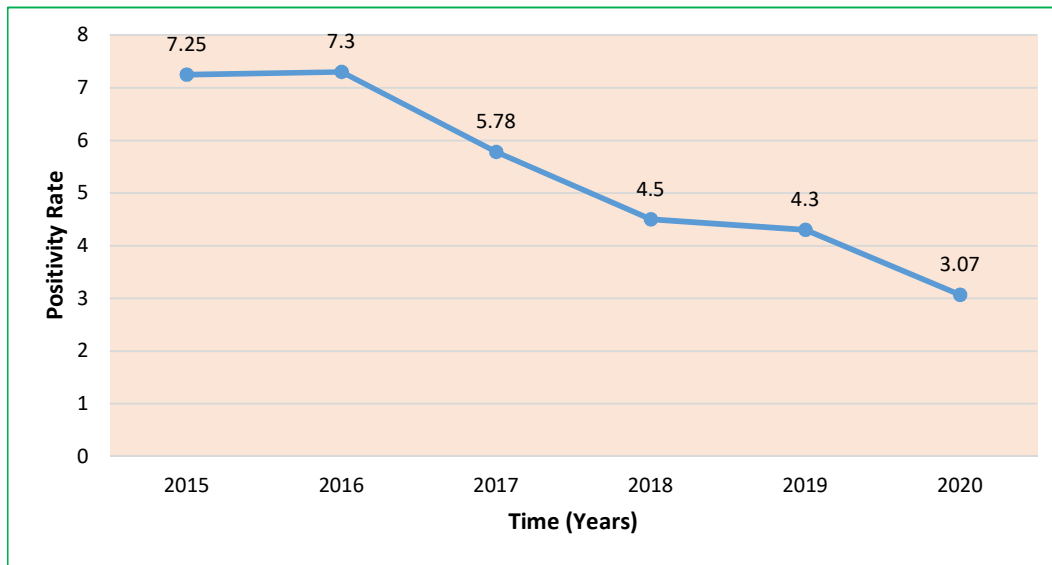
Table 1: PMTCT Achievements comparison

Indicator	2019		2020	
	Target	Achievement	Target	Achievement
Percentage of Pregnant Women Attending ANC	96%	90%	97%	92%
Percentage of Pregnant Women getting tested for the first time in ANC	99%	98%	99%	88%
Percentage of infants born to HIV infected pregnant mothers who receive ARV for prophylaxis for PMTCT	79%	82%	80%	No Data
Percentage of HIV infected pregnant mothers who receive ARVs to reduce the risk of mother to child transmission	93%	91%	95%	87%
Percentage of HIV exposed infants provided with DNA PCR test within first 2 months of life	75%	79.2%	75%	75%

There were 502,917 expected pregnancies in 2020 and 462,163 first ANC visits were recorded. Antenatal care coverage is in line with the recent MICS results which pointed out that the coverage was at 93.3%. There is still need to find the remaining 8% in an effort to eliminate mother to child transmission. There was a decrease in PMTCT coverage which might have prompted by the disruption of services due to COVID 19.

The graph below outlines the PMTCT positivity rate from 2015 to 2020.

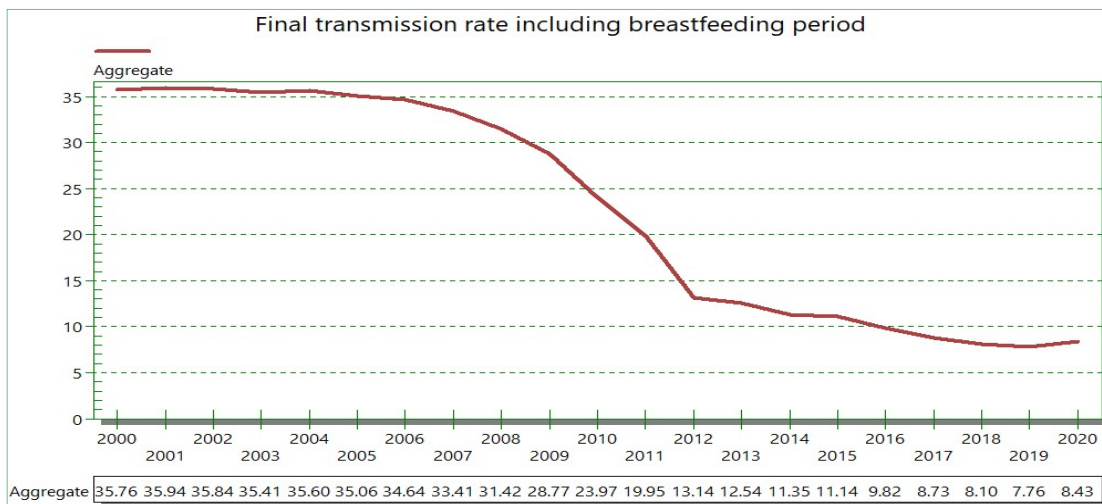
Figure 1: Trends in PMTCT Positivity rate



The HIV positivity rate for pregnant women continue to decline as estimated number of new infections declines.

The following figure shows the trend in estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months.

Figure 2: Trends in MTCT rate



The MTCT rate continues to decline since 2004, although from 2012 the decline became slow. There was change of regimens in 2012. There was an increase in MTCT rate between 2019 and 2020, and this may be as a result of decline in PMTCT coverage that was caused by disruption of services.

The Final transmission including breastfeeding period was at 8.43% (5.63-12.66) in 2020 indicating that the country is on track towards achieving the global elimination target of less than 5% by 2022.

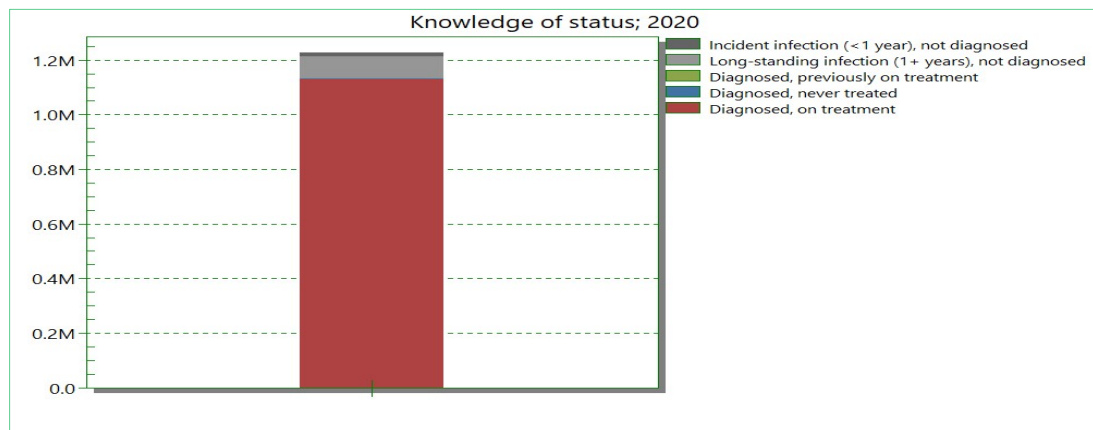
1.2 HIV Testing Services (HTS)

According to ZIMPHIA 2020 results, 86.8% of all adults living with HIV (ages 15 years and older) were aware of their HIV status: 88.3% of women living with HIV and 84.3% of men living with HIV. According to these results, the country is lagging behind in achieving the first 90. The country should intensify implementation of an integrated HIV Testing Services (HTS) model, which deployed different testing approaches for different populations.

The approaches included facility-based testing (provider initiated and client-initiated testing and counselling), facility and community-based index testing, HIV self-testing and targeted mobile outreach testing, HTS is offered in several primary healthcare sites including TB, ANC, STI and MNCH. It is also integrated into other prevention services such as VMMC, PrEP, PEP and is part of the package for the DREAMS initiative for AGYW.

The following figure shows the detailed cascade on knowledge of status

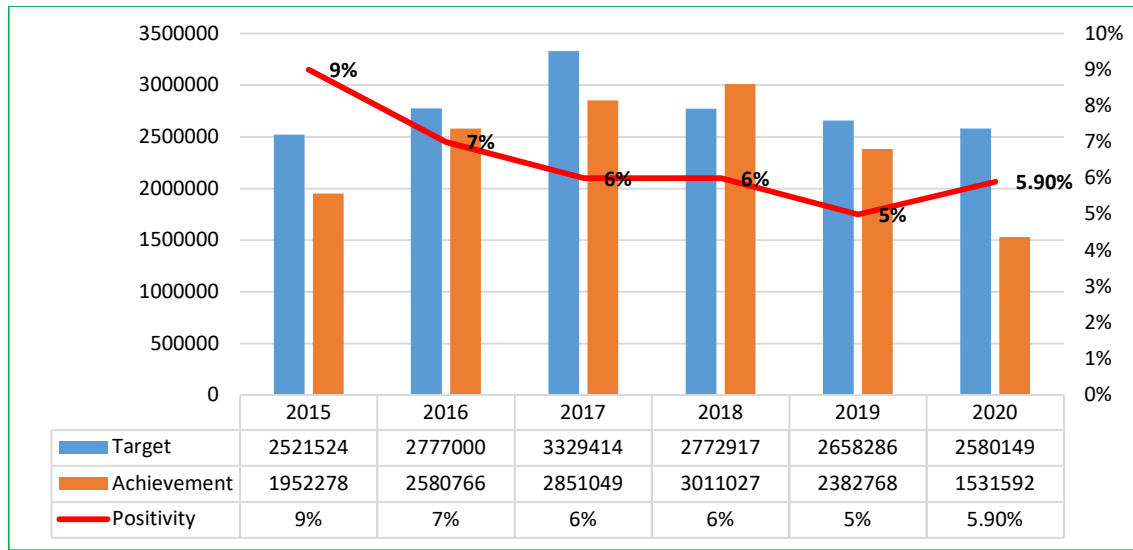
Figure 3: Knowledge of status



All those who were diagnosed were put on treatment, showing the effect of implementing Test and Treat Strategy. There is need to find the remaining undiagnosed populations using innovative strategies.

The following figure shows performance of HTS programme over the years.

Figure 4: HTS Clients Tested and Received Results by year against set Targets



There was decrease in number of people tested in 2020, only 59.3% of the target was tested. This may be as a result of service disruption due to COVID 19. There was an increase in HIV positivity in 2020 since the programme is now focusing on scaling up high yield HIV testing models targeting high risk and key populations.

1.3 Condom Programme

The condom is one of the big five effective prevention strategies in HIV prevention in the national response for sexually active men and women.

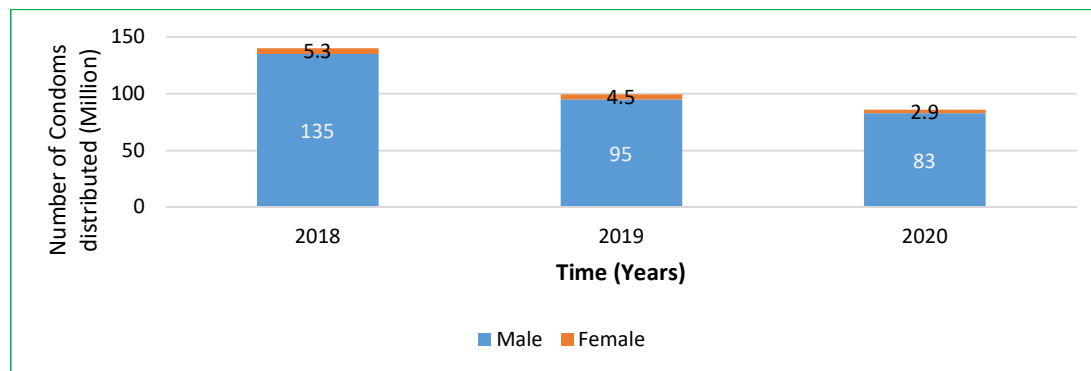
Condomize Campaign

Physical activities to promote the use of male and female condoms were very limited due to the COVID-19 restrictions and a social media campaigns were done to promote the use of condoms. The Condomize! Campaigns were hosted in partnership with NASH TV and broadcasted on Facebook and had a reach of 197,763 and 12,032 engagements from July to December 2020. Various songs were played and in between them messages encouraging young people to institutionalise the use of condoms was continuously repeated. Also, young people were encouraged to abstain from sex and as well practice safer sexual practices.

Condoms distribution

As indicated below, both male and female condoms registered declines in uptake. Male condoms declined from 95 million in 2019 to 83 million while female condoms declined from 4.5 million to 2,9 million. Both targets for male (100m) and female (5.5m) condoms were missed.

Figure 5: Condoms Distributed by year



The decrease in 2020 is also attributed to the service disruption due to Covid-19.

1.4 Youth Programme

The Youth program's major aim is to empower young people from 10 to 24 years with comprehensive sexuality education and skills that enable them to make informed decisions resulting in positive health outcomes and reduction in HIV morbidity and mortality.

1.4.1 Youth In-School Programmes

Schools were closed in March and there was a phased approach to schools opening during the fourth quarter period of 2020 with the first batch of exam classes having opened end of third quarter as a result of Covid-19. The youth In-school programme was adversely affected by the COVID-19 restriction which limited the time learners were in school. As the focus of the teachers was on examinable subjects during the short time the schools were open Guidance and Counselling lessons were sacrificed and not done in most schools. NAC facilitated production and broadcasting of radio lessons on Guidance and Counselling (G&C) with support from UNFPA and UNESCO. Radio lessons enhanced learning for students who could access radios during the closure of schools due to COVID-19.

The closure of school resulted in a sharp increase in the number of school dropouts when school opened due to teenage pregnancies. Alternative learning platforms like Radio and

Television programmes were introduced to reach learners at home during the lockdown period. Only 164,450 learners were reached with Life Skills Sexuality, HIV and AIDS lessons and 1,874 were referred to SRHR service in 2020, which is a decrease from 1,990,998 pupils who were taught on Life Skills, Sexuality, HIV& AIDS Education in 2019 and 241,160 learners were referred for SRH services.

1.4.2 Youth Out of School

Table 2: Youth out of school

Indicator	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
The number of Youth- Out- Of - School who accessed HIV and AIDS services from Youth Centres	-	16105	9275	1642
Number of Out-of-school youth Peer Educators who were active	-	388	400	169

The number of young people who accessed HIV and AIDS services and active peer educators drastically decreased from the third quarter to the fourth quarter due to the COVID-19 lockdown.

1.4.3 Youth in Tertiary Institutions

The Youth in Tertiary Institutions (YIT) programme was also affected by the COVID19 restriction. Tertiary institutions were mainly opening for examinations and orientation of new students, therefore very few students were reached with physical interventions. SAYWHAT closed the gap to reach more students and young people by hosting virtual activities using various platforms to maintain its reach while at the same adhering to the COVID-19 containment measures. The organisation used Facebook, Online Television Networks, WhatsApp, ZOOM and the Call Centre to reach more than 100,000 young people and more than 5,000 engagements. The following table gives the achievements of the few physical activities done in the institutions due to Covid-19 restrictions.

Table 3: Youth in tertiary institutions

Indicator	1 st Quarter 2019	2 nd Quarter	3 rd Quarter	4 th Quarter
Number of students reached with HIV and AIDS education	18323	3651	1673	4432
Number of students accessing HIV and AIDS services	1220	434	489	1622
Number of active peer educators	216	114	79	333

There was an increase in number of students who accessed HIV and AIDS services from 19,935 in 2019 to 28079 in 2020.

1.4.4 Young People's Network on SRH, HIV and AIDS

Since the beginning of COVID-19 in Zimbabwe and the enforced lockdown, it had been very difficult for the YPNSRHHA and other organizations to fully conduct their day-to-day business. COVID-19 has worsened the challenges faced by young people to access comprehensive knowledge and services on SRH, HIV and AIDS. Closure of schools and tertiary institutions has also added problems like loneliness, loss of livelihoods, access to commodities like sanitary pads and condoms. In response to the COVID-19 challenges faced by young people the YPNSRHHA with support from UNFPA and NAC came up with innovative and youth friendly initiatives to reach young people which include engagement with their peers on different social media platforms and production of posters. More than 20,000 young people were reached on different social media platforms. The young people also used platforms like WhatsApp to give Psychosocial support to their peers living with HIV and AIDS

FADZAI TAONGAI
Young People Network Secretariate

"FADIE"

Im afraid that young people with disabilities, living and working in the streets are going to starve with Hunger as businesses have closed and most of them survive from hand to mouth...I recommend govt to provide basic food staffs and sanitary wear to the females so that they are well nourished during this pandemic

WHAT IS YOUR GREATEST FEAR DURING THIS PERIOD OF COVID-19 PANDEMIC?

COVID-19
HELP STOP THE SPREAD OF THE VIRUS

TOLL FREE
393 OR **2019**
077469107,0719702032,071474599

TOGETHER WE CAN STOP THE SPREAD

Logos for various organizations including Youth, Youth, and My Age.

Social media COVID-19 posters

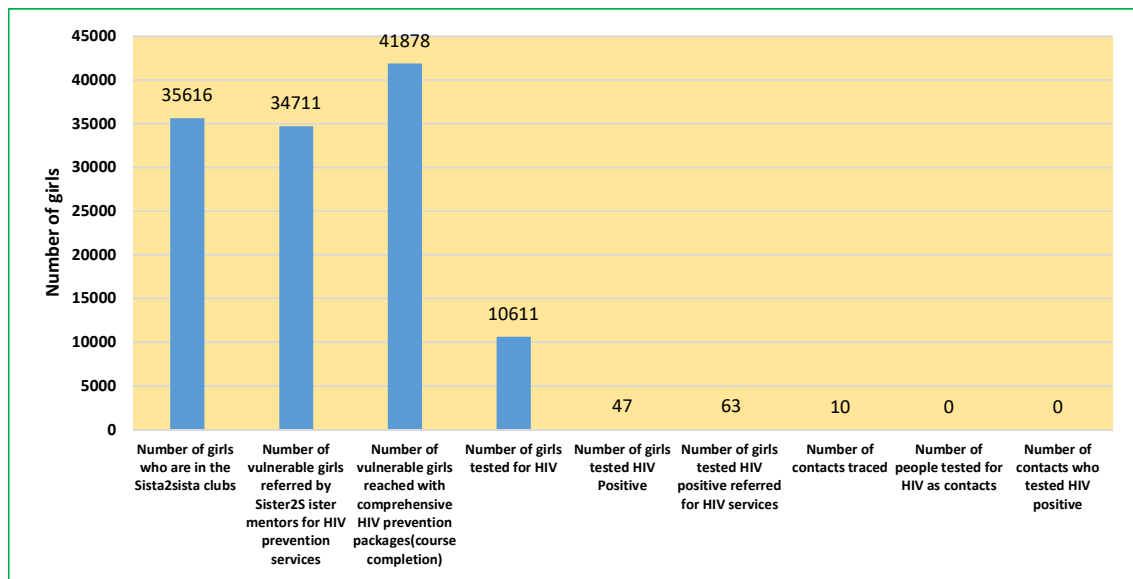


Training of the 2020-2021 National Young People's Network on SRH, HIV and AIDS started income generating activities

1.4.5 Sista2Sista program

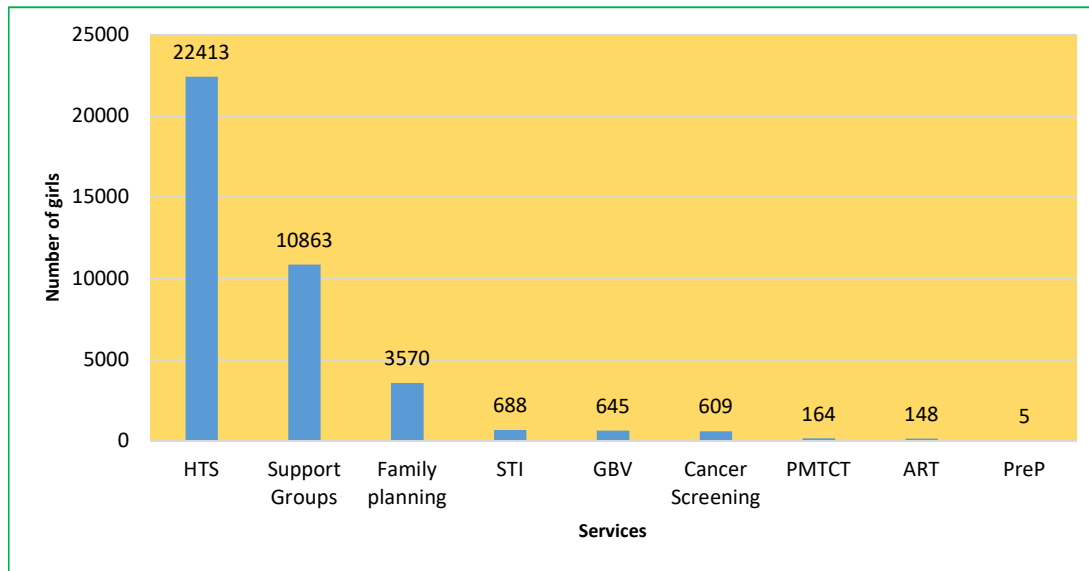
There was an increase in number of vulnerable girls enrolled in sista2sista clubs from 33,324 in 2019 to 35,616. The increase was as a result of NAC implementing the program in 14 districts in addition to the 30 GF supported districts. About 97% of the vulnerable girls in the sista2sista clubs were referred for HIV prevention services. More than 100% completed the 40 core topics in the manual, since there was some spill over from last year. The following figure shows cascade of the programme.

Figure 6: Sista2Sista program cascade



The positivity rate among vulnerable girls in S2S clubs were low (0.4%). Most girls referred for HIV prevention services were referred for HTS. The following figure shows services vulnerable girls in the sista2sista clubs were referred for.

Figure 7: Services vulnerable girls in the sista2sista clubs were referred for



1.4.6 DREAMS

The DREAMS program is targeting Adolescent Girls and Young Women (AGYW) aged between 10 to 24 years who are vulnerable and at high risk of getting HIV and AIDS.

The DREAMS program emphasizes on services layering and partner coordination towards reduction of new HIV infections. Project beneficiaries receive multiple services from different interventions being implemented by implementing partners being coordinated by the National AIDS Council. These services include Comprehensive Sexuality Education (CSE), Parent Child Communication (PCC), Stop the Bus Outreaches and Educational Subsidies (ES). The effectiveness of the DREAMS model resulted in the expansion during the year from 6 PEPFA funded districts to 20 districts, 10 additional PEPFA and 4 Global Fund.

There were a series of challenges encountered during the review period which include the hyper-inflationary environment and COVID-19 which forced schools across the country to abruptly close during the first quarter and a phased approach opening of school during the fourth quarter. Some education assistance targeting vulnerable girls in the dreams supported districts was disbursed. School fees for third term was paid using a pro rata method based on the phased opening by the learners.

Table 4: DREAMS programme

Indicator	No. of girls who completed at least 5 PCC sessions	Number of girls tested for HIV	Number of girls tested HIV positive	No of girls tested HIV positive and referred for HIV services	No of girls testing HIV negative referred for HIV services	No of girls who dropped out of school
Quarter 1	572	63	0	0	153	25
Quarter 2	3055	684	1	774	659	0
Quarter 3	5083	86	16	4	370	34
Quarter 4	8824	758	32	58	1076	573
Totals	17534	1591	49	836	2258	632

The positivity rate among DREAMS beneficiaries was low (3.1%)

GF Supported DREAMS

All the targeted 6,000 girls had their term one fees paid while 5,871 (98%) of the 6000 girls had their term three fees paid through the Dreams modified program. The same program managed to reach 7,180 (72%) AGYW against a target of 10, 000 were reached through the parent to child communication. Term 1 school fees for all the 6,000 (100%) vulnerable AGYW was paid. All pupils in the four DREAMS implementing districts managed to complete the six topics in CSE manual as the country was under lock down due to COVID 19.

Experiences, Anecdotes, Success Stories, and lessons learnt

A group of adolescents from a PCC graduate group managed to start up a sports team in netball and volley ball and has managed to organize competitions with other teams in the district. The AGYW decided on their own to direct their energies towards positive engagements at community level. They noted that most challenges that young



people found themselves in were emerging from unemployment, peer pressure and lying idle at home. The PCC programme had brought them together equipping them with skills to make

appropriate decisions about their sexuality and thus they decided to maintain the momentum through rallying on sport. They revealed that sport had reduced their risk to HIV infection as it has created a platform to share personal experiences, get advice from peers as well as spent one's energy positively.



The Parent child communication facilitators have also managed to influence and change lives of the community over time. In ward 19 (Umuguza district) some PCC graduates from former groups have managed to start up some activities in an endeavor to reduce the time adolescent girls and

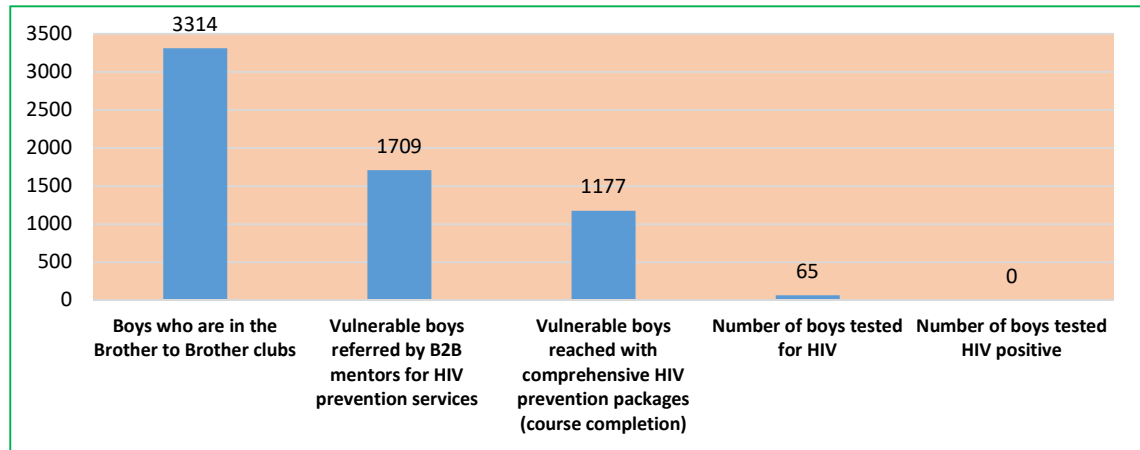
young women are idle and while elderly women from these groups have also engaged in income generating activities to empower themselves as women. The picture to the left shows a group of women who from the PCC groups, have started liquid soap making and baking bread and buns as income generating activities for them and their adolescents.

It is important that the project considers support these initiatives with entrepreneurship, and business skills training at the same time promoting cross learning with other groups across the 30 districts. This is good practice that can be replicated in other programme areas.

1.4.6 Brother2Brother Program

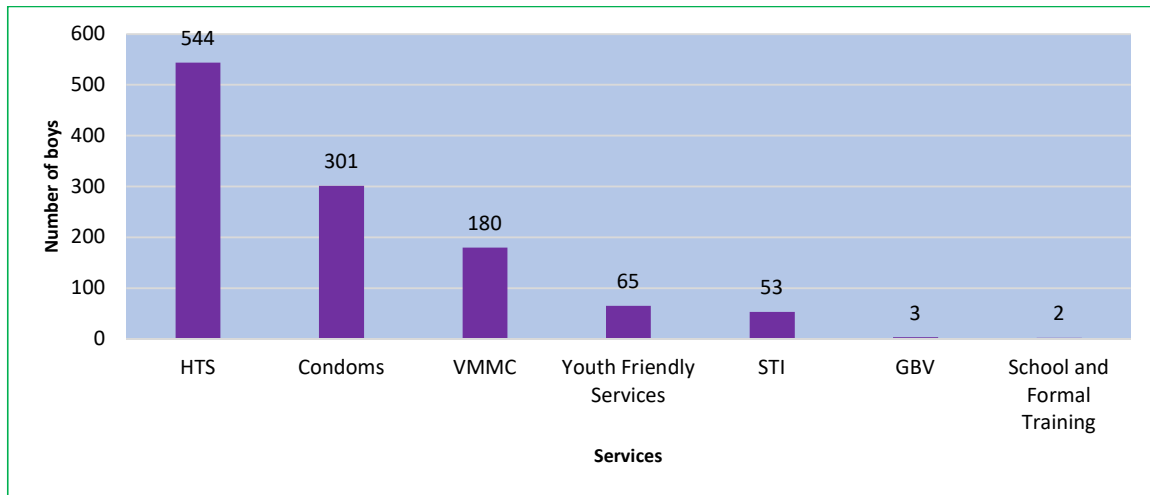
A cohort of 3,314 vulnerable boys was followed up through brother2brother programme in 2020 compared to 3,293 in 2019. The following figure shows cascade for brother2brother programme.

Figure 8: Brother2brother cascade



There was none positive among those tested for HIV. Among those in B2B clubs, 51.7% were referred for HIV prevention services. Uptake of HIV prevention services is still low among young man. The figure below shows the services boys were referred to by B2B mentors.

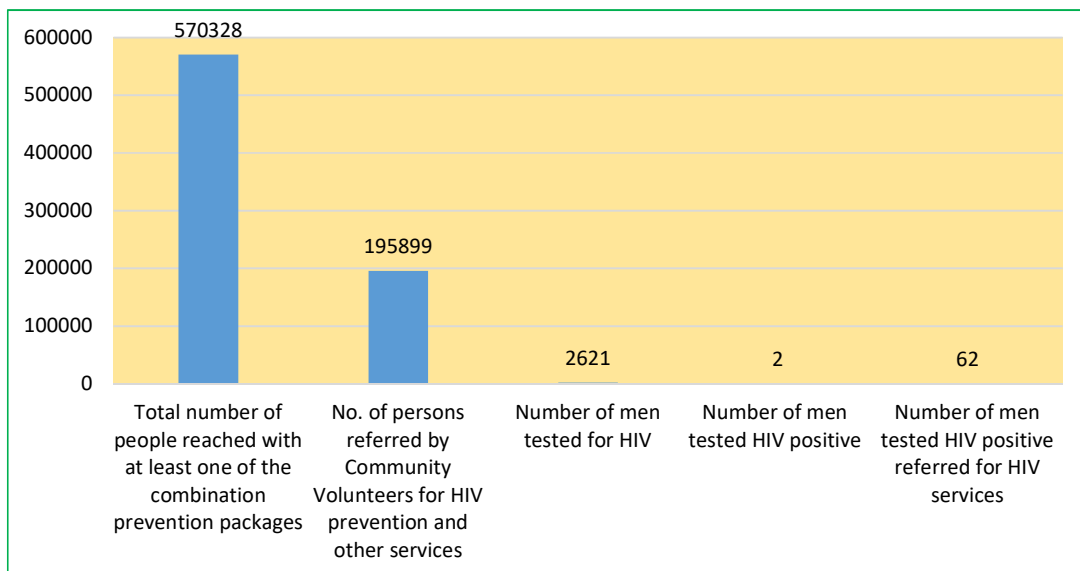
Figure 9: Services boys were referred to by B2B mentors



1.5 Behaviour change program for Males (Male engagement program)

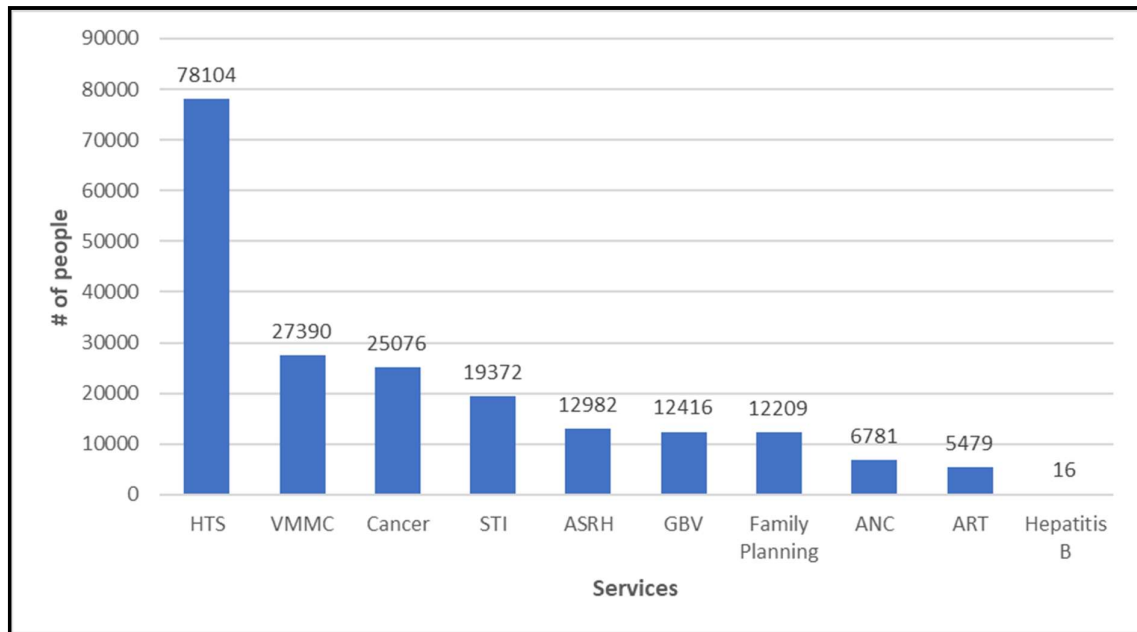
The BCCM programme managed to reach 570,328 people with combination HIV prevention packages. The positivity rate among men reached through behaviour change programme was low (0.09%)

Figure 10: Cascade for BCM program



The following figure shows the number of persons referred by community Volunteers for HIV prevention and other services.

Figure 11: Persons referred for HIV prevention and other services



More people were referred for HTS services. The least was Hepatitis B. There is need to strengthen integration between HIV and Hepatitis B.

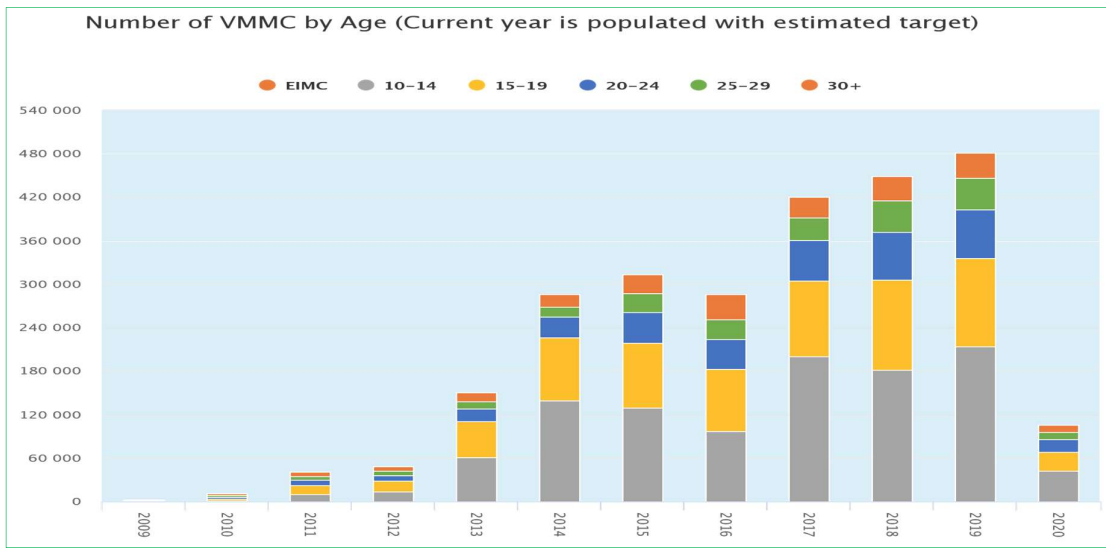
The Global Fund supported BCCM program managed to reach 21,213 (60%) men against a target of 35,120. Of these 11,215 (53%) were referred for HTS and 8,213 (73%) accessed the service.

1.6 Voluntary Medical Male Circumcision (VMMC)

Implementation of VMMC was affected by the COVID-19 pandemic leading to the revision of 2020 VMMC annual procedures target from 358,000 to 90,850.

On the overall the programme circumcised about 33% of the annual target. This was because most services were put on hold as part of COVID-19 mitigations measures. The following graph shows trend in VMMC.

Figure 12: Trend in number of people circumcised



*Source: VMMC DMPPT Model

VMMC coverage also varies across provinces. The following raster table shows coverage by province and age.

Figure 13: VMMC coverage by province and age

Modeled estimates of male circumcision coverage by SNU and age group (%)

Color-coding: Green is above 70%, yellow is between 50% and 70% and red is below 50%. Modeled estimates of MC coverage (%) by age group and SNU, for a user-specified year. Color-coding represents level of coverage. When set to the current year, the MC coverage is a result of program achievements through the end of the prior year. When set to future years, the MC coverage is a result of progress toward user-specified coverage targets.

	EIMC	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	15-29	10-29	15-34	10-34
Zimbabwe	0	0	58	83	74	56	39	28	23	20	18	16	72	68	64	63
Bulawayo	0	0	50	60	62	59	49	40	34	28	24	22	61	57	58	56
Harare	0	0	20	27	32	36	35	31	27	22	20	17	32	28	32	29
Manicaland	0	0	40	61	49	35	25	21	20	19	19	18	49	47	44	43
Mashonaland Central	0	0	44	86	80	58	35	22	17	14	12	11	75	66	67	61
Mashonaland East	0	0	27	43	41	34	24	19	17	15	15	14	39	36	36	34
Mashonaland West	0	0	34	59	60	48	33	23	18	14	13	12	56	49	51	47
Masvingo	0	1	74	108	86	55	35	25	22	18	17	16	84	81	74	74
Matabeleland North	0	0	146	172	124	75	45	30	24	20	19	18	126	132	108	117
Matabeleland South	0	1	196	206	157	112	76	55	42	33	28	23	161	171	142	155
Midlands	0	0	82	137	134	99	62	38	27	21	19	16	124	112	110	104

*Source: VMMC DMPPT Model

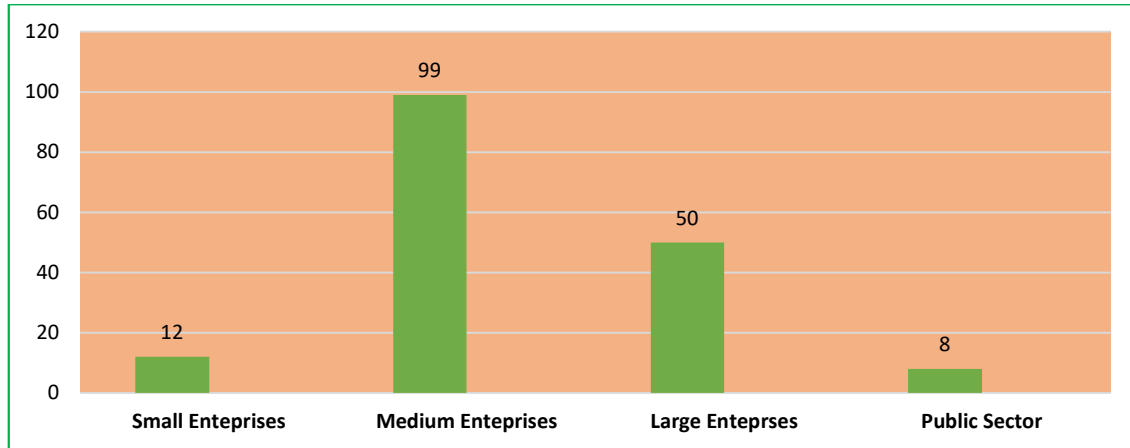
1.7 Workplace

The workplace programme used a peer led approach in high-risk workplaces like artisanal mining, long distance truck drivers and others

1.7.1 Workplace Wellness

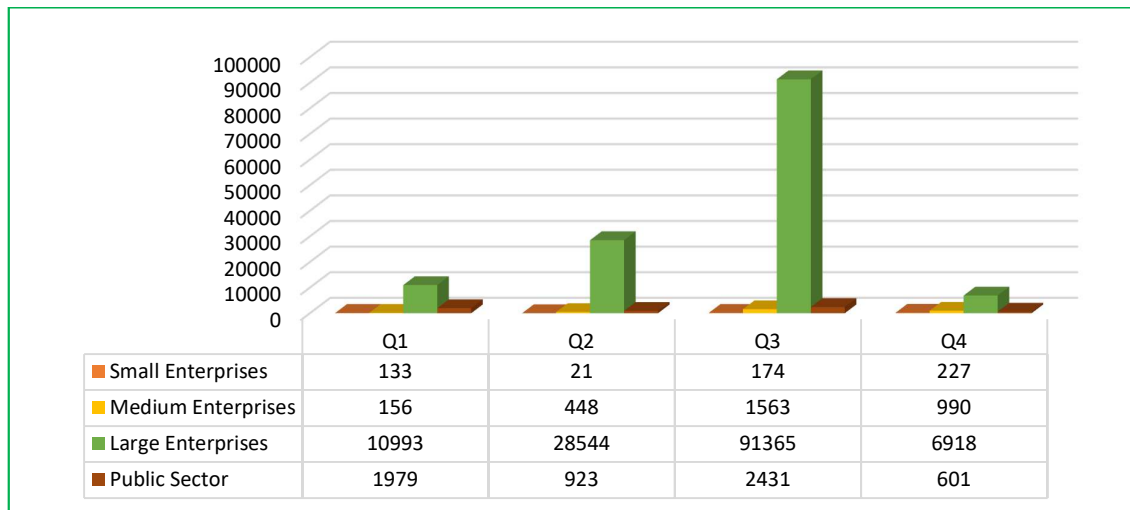
The programme was affected by the Covid-19 pandemic as most companies and institutions either scaled down operations or completely closed in response to the pandemic.

Figure 14: Companies/Institutions who implemented HIV programmes at their workplace



The majority of companies/institutions that implemented HIV programmes were in the medium category while the number of public sector and informal sector institutions implementing HIV interventions was low. The small enterprises characterised mostly by informal trading struggled to operate throughout the year due to Covid-19 restrictions.

Figure 15: Number of Employees reached with HIV and AIDS programmes



A total of 147,466 employees were reached with HIV programmes throughout the year. The majority of employees were reached during the third quarter with a total of 95,533 and constituting 64%

Zimbabwe Private Sector HIV and AIDS and Wellness (ZIPSHAW)

The Zimbabwe Private Sector HIV/AIDS and Wellness reviewed its strategic plan and came up with a new plan for the period 2021-2023. The three-year plan will guide the private sector coordinating body in mobilizing the private sector and strengthening their capacities to respond to HIV and AIDS and improving the wellbeing of its employees as the sector moves towards ending AIDS by 2030

The Board also participated in the Covid-19 response through various platforms and using a variety of strategies.

Informal Economy Council on HIV and AIDS

NAC with collaboration from ILO and ZNNP+ organised a workshop to strengthen support systems for PLHIV who are working in the Informal Economy. The main objective was to enhance knowledge and skills on how to form and manage support groups especially during the challenging environment.



Members of the informal economy during the workshop

ILO Supported pilot project for Comprehensive HIV Services to Artisanal Miners at Venice mine, Mhondoro Ngezi

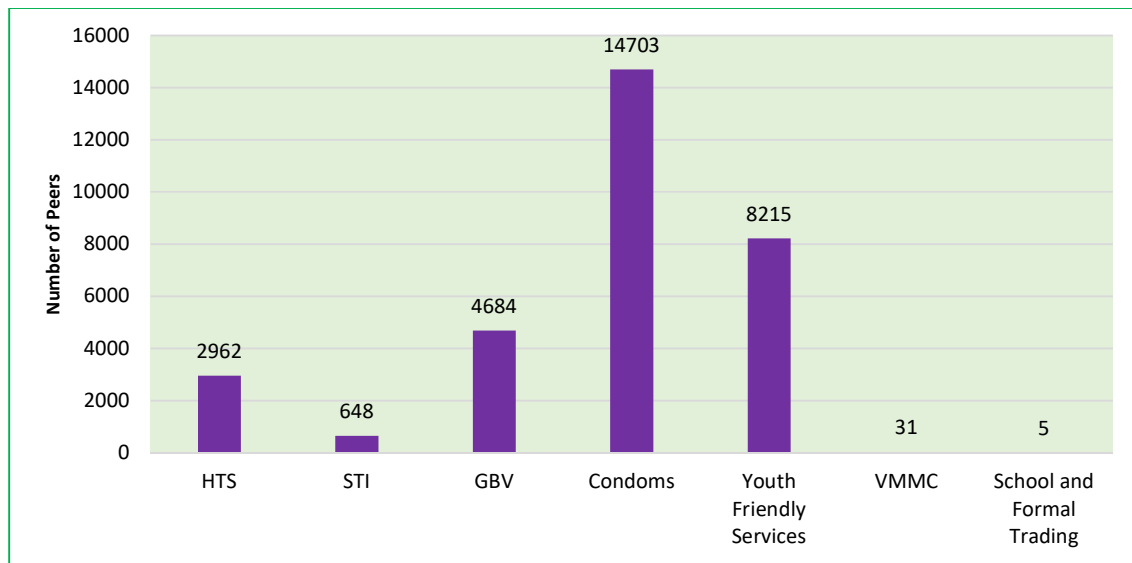
The two-year project came to an end in December 2020 with a number of lessons learnt. In the 24 months of implementation, the project raised an awakening about health seeking behavior among miners and residents of Venice mine and surrounding old and new sites. Various people testified to the usefulness and impact of the project in their lives. The most important lesson learnt was that artisanal miners despite being known to be violent can be organised and can organise themselves to access HIV and health services with support. Artisanal miners remain a hard-to-reach population which is highly mobile. A structured program can deliver HIV and health services to artisanal miners and sex workers.



Artisanal miners and community members waiting for service

More men (18751) were reached with comprehensive HIV prevention packages than females (10645). Figure below shows number of peers reached with comprehensive HIV prevention packages.

Figure 16: Peers reached with comprehensive HIV prevention packages



1.8 Key Populations (KPs)

The National AIDS Council supported the provision of targeted interventions for key populations through funding from the Global Fund, UNFPA and the District Response Initiatives funded by NATF.

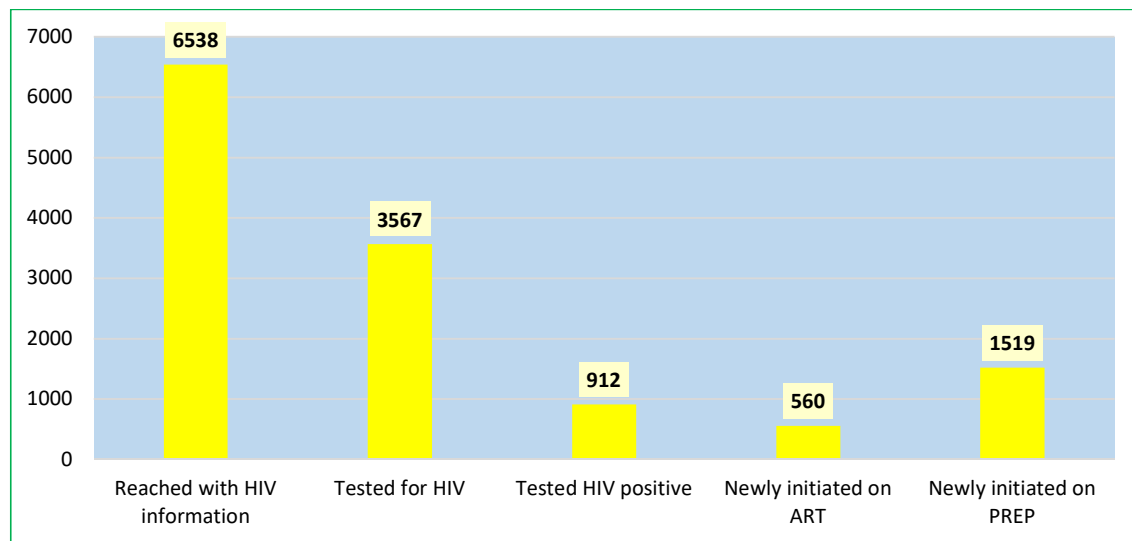
The year 2020 saw multiple challenges converging to threaten progress on the 90 90 90 targets with the national key populations programme experiencing severe service disruptions as a result of COVID-19. The Covid 19 pandemic imposed lockdowns presented difficulties for key populations to access HIV/SRH services. Restricted operating hours for public and private clinics, and restricted public transport limited key population’s access to condoms, lubricants and STI treatment. The national key populations programme responded to the Covid 19 lockdowns by employing strategies that ensured continuity of treatment and support for viral suppression among KP members living with HIV, continued identification undiagnosed individuals and initiating them on treatment while help the high-risk individuals avoid acquiring HIV.

1.8.1 Men who have sex with men (MSM)

The National Key Populations program delivered safe and sustained HIV service connection through connecting with clients virtually and offering convenient long-term dispensing, pick-

up, and delivery options for HIV commodities, services, and medications. Drop-in centers supported by UNFPA served as safe spaces where MSM and the greater LGBTI community members interact and seek health services including mental health. In addition, PSI, ZimTECH and MoHCC through public sector facilities provided HIV prevention treatment and care services through peer-led targeted interventions.

Figure 17: HIV Continuum of Prevention, Care, and Treatment Cascade performance for MSM



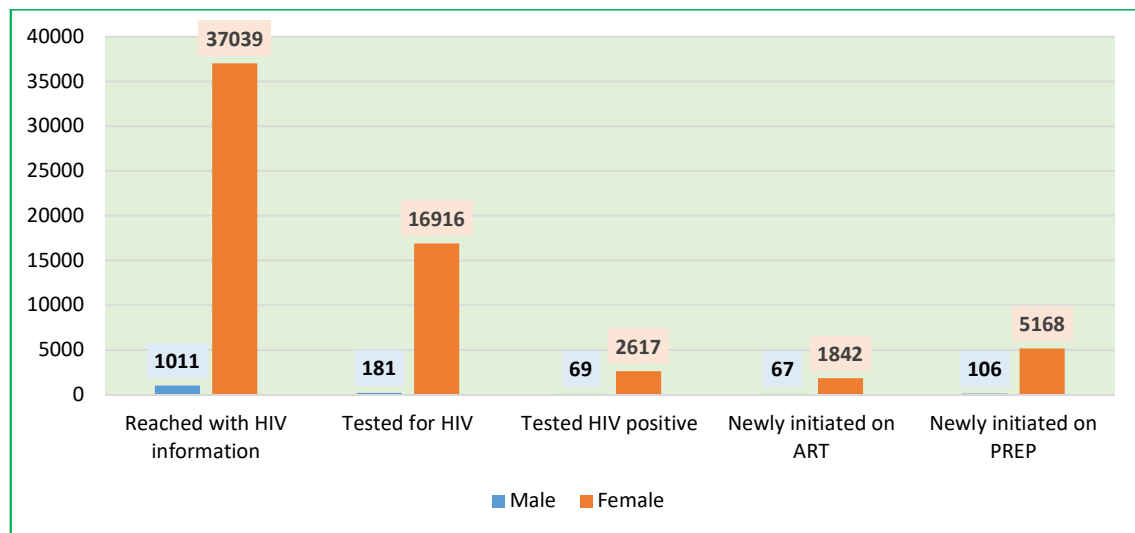
During the period January 2020 to December 2020, the Key populations programme reached a total of 6,538 MSM clients with individual and/or small group-level HIV prevention interventions and messages. A total of 3,567 men were provided with HTS services with 912 individuals testing positive for HIV. About 61% (560) of the individuals who tested positive were linked to HIV care and treatment. A total of 1,519 individuals were initiated on PrEP. A total of 141 peer educators were reported to have been active during the reporting period and thus contributing to these achievements.

1.8.2 Sex Workers

CeSHHAR implemented the national sex work programme through 10 static and 30 mobile sites offering services ranging from STI treatment, HIV testing, PrEP and ART referrals to male, female and transgender sex workers.

Two DICs for sex workers in their diversity were supported by the Global Fund through a peer educator model designed to mobilize sex workers for HIV prevention, including psychosocial support and to access commodities. The National AIDS Council and partners implemented the sex worker microplanning model in all the metropolitan provinces with sex worker-friendly programmes and linkages to services that reduce the impact of HIV.

Figure 18: HIV Continuum of Prevention, Care, and Treatment Cascade performance for sex workers



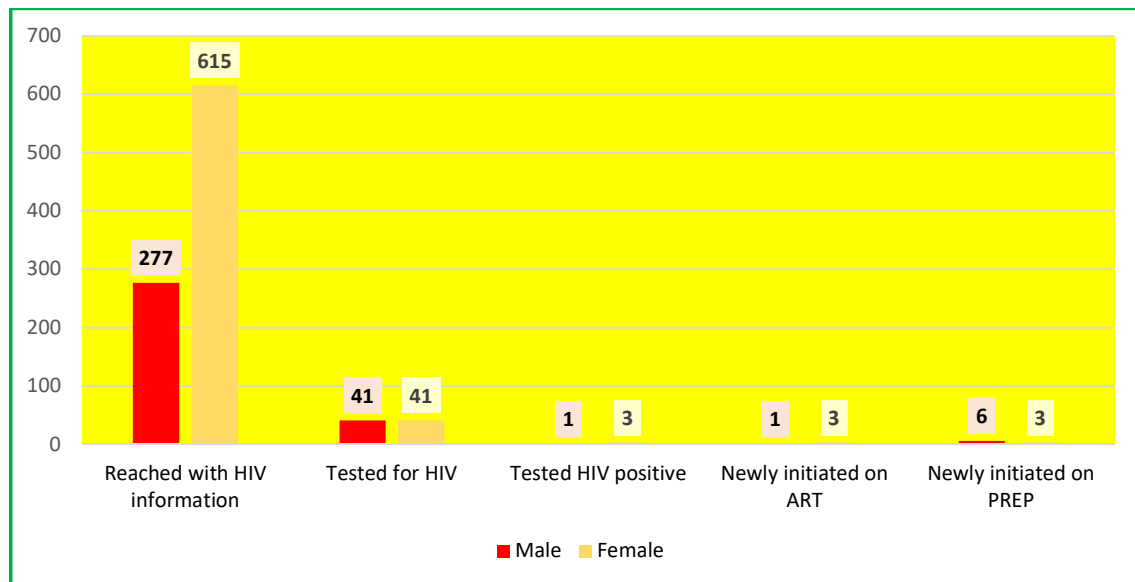
The sex work programme reached 37,039 FSWs and 1011 MSWs with individual and/or small group-level HIV prevention interventions and messages. A total of 16,916 FSWs and 181 MSWs received HIV testing services out of which 2,617 FSWs and 69 MSWs tested positive for HIV. A total of 1,842 FSWs were linked to ART while 67 MSWs were reported to have been linked to care. The data shows that when diagnosed with HIV infection, many PLHIV are lost before they are linked to care or before they are initiated on ART (70% linkage rate for FSWs). A total of 378 FSW peer educators and 14 MSW peer educators were reported to have been active during the year and were responsible for demand creation and referral for HIV Services for Sex Workers.

1.8.3 Transgender persons

The program reached 277 transgender men and 615 transgender women with HIV prevention programs. Forty-one (41) transgender men and 41 transgender women accessed HIV testing services.

A total of 3 transgender women were initiated on PrEP during the reporting period. The annual data for transgender persons revealed the need to improve organisational and technical capacity of CBOs working with transgender communities and supporting CBO's in providing targeted community-based HIV prevention and linking people to differentiated HIV services. Empowered individuals can aid interactions with hidden and hard-to-reach members of their community that have weak or no links to the HIV services.

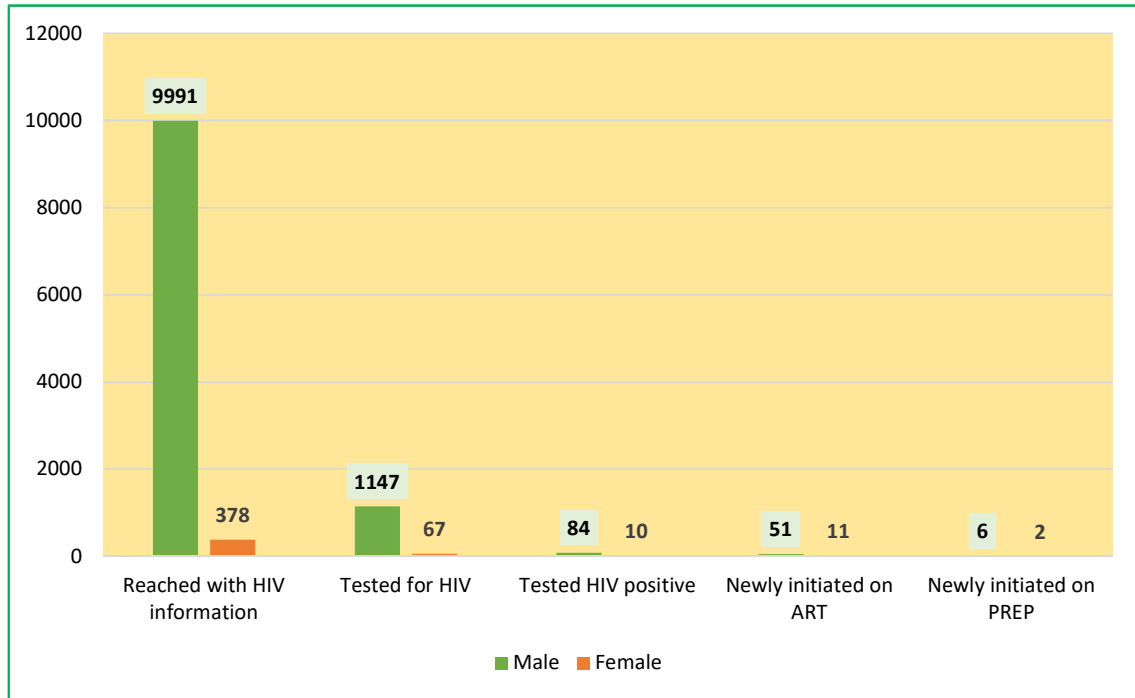
Figure 19: HIV Continuum of Prevention, Care, and Treatment Cascade performance for Transgender people



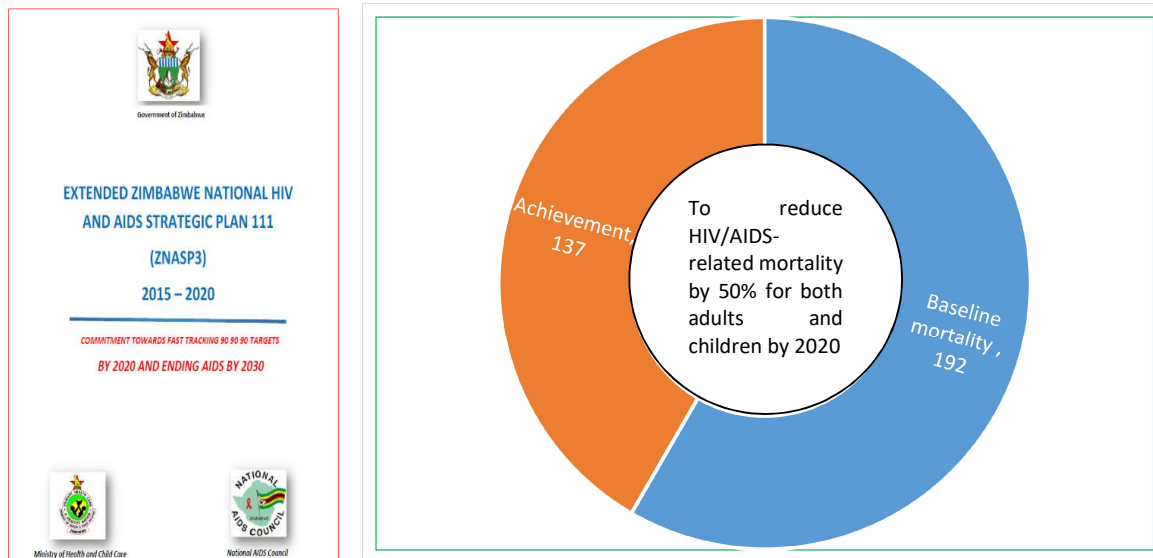
1.8.4 Prisoners and other people in closed settings

A total of 9,991 male and 378 female inmates were reached with HIV prevention messages from the month of January to December 2020. A total of 1147 men and 67 women accessed HIV testing services with 84 men and 10 women testing positive for HIV, representing a 5% positivity. Sixty-two (62) inmates (51 men and 11 women) were linked to ART, while 6 men and 2 women were initiated on Prep.

Figure 20: HIV Continuum of Prevention, Care, and Treatment Cascade performance for prisoners



CHAPTER 2: TREATMENT, CARE AND SUPPORT



This section covers the treatment, care and support interventions activities implemented in 2020. These programmes include provision of antiretroviral therapy through differentiated care and activities covering HIV and TB collaboration, orphans and vulnerable children (OVC) and non-communicable diseases.

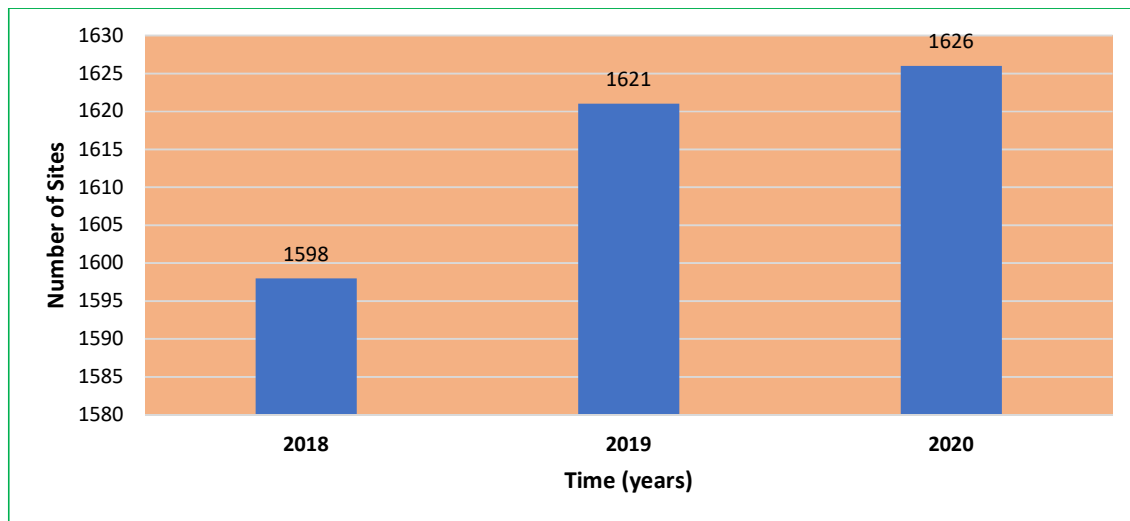
2.1 The ART programme

According to draft 2020 HIV Estimates, Zimbabwe has 1,272,300 people living with HIV of which 1,187,711 were accessing ARVs as at 31 December 2020.

2.1.1 ART Sites

The country has 1,874 health facilities and of these 1,626 were providing ART in 2020, up from 1,621 in 2019 as shown by the figure bellow.

Figure 21: Site providing ART services by year



2.1.3 ART Medicines, Reagents and Equipment

NAC procured ART Medicines, reagents and serviced equipment valued at **USD3,118,104.32** in the year under review. The organisation also procured Covid19 items for programmes worth **ZWL\$15,822,243.72**. Below is an outline of the procurement done.

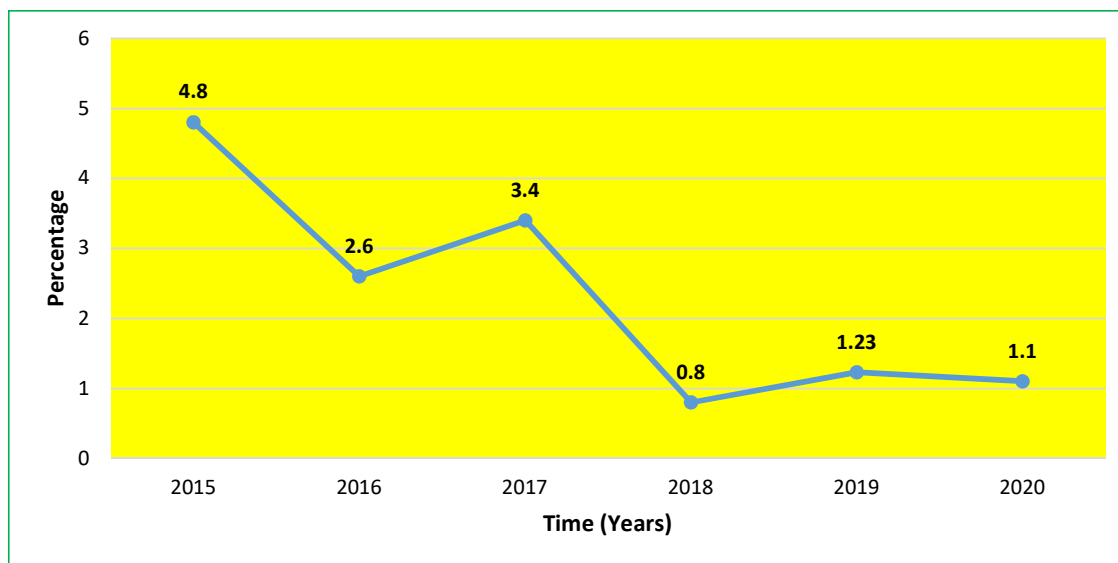
Table 5: Reagents and Equipment servicing

Item Description	Amount
Art Medicines	
Procurement of ART Medicines	USD2,624,312.94
Reagents	
Haematology FBC Controls	USD268,796.40
Servicing of diagnostic equipment	
1. CD4 Count Machines 2. Hematology Analyzer Machines 3. Chemistry analysers 4. Sysmex Partec CD4 Count Machines	USD224,994.98
Total	USD3,118,104.32

2.1.4 Stock outs

ART medicines stock-out were reported at 1.1% of the health facilities that are offering ART services. The following figure shows trend in stock outs of ART medicine.

Figure 22: Proportion of ART sites experiencing stock out of ART medicines



The country experienced stock outs of Tenofovir, Lamuvidine and Dolutegravir due to delays in shipment caused by COVID 19.

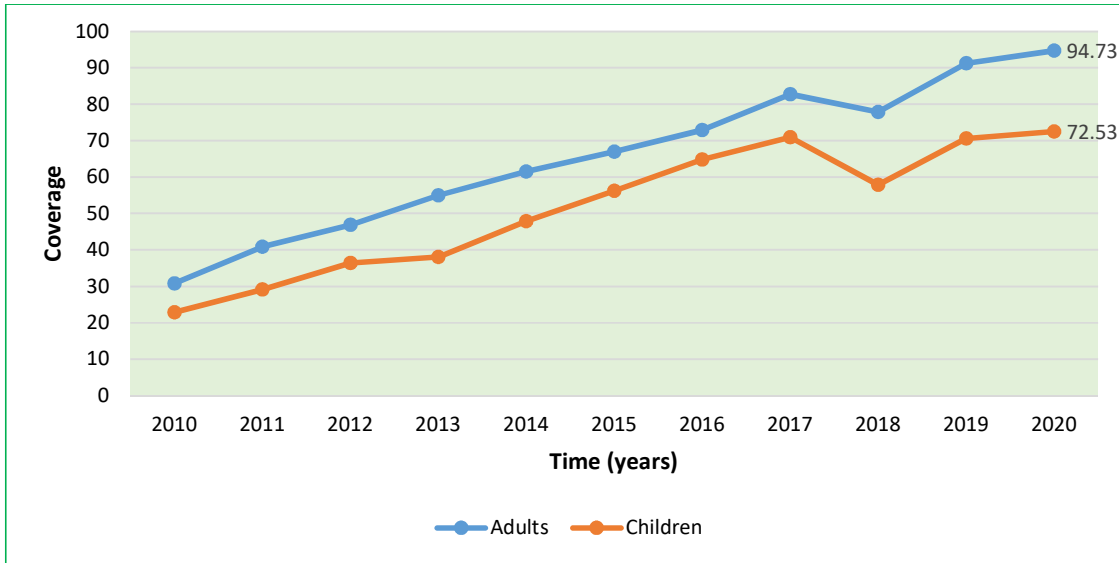
Mashonaland Central province experienced stock out of HIV test kits. Due to COVID 19 lockdown, people were also failing to access second line medicines which were dispensed at district hospitals and transport challenges in light of COVID 19 regulations.

There were no treatment disruptions since clients were given up to six months supply of medicines.

2.1.5 Clients on ART

There were 1,187,711 PLHIV receiving ART in 2020, representing 84.7% coverage. The following figure shows ART Coverage by province, district and trend in ART coverage.

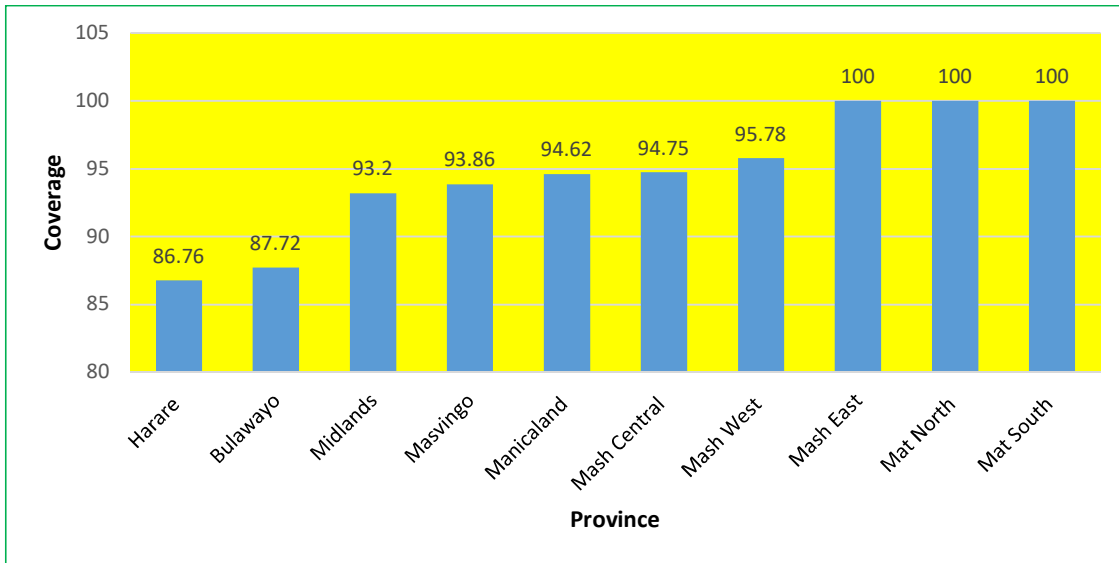
Figure 23: Trend in ART coverage



ART Coverage continuously increased from year to year, except for 2018. The deep in ART coverage for 2018 was as a result of ART census.

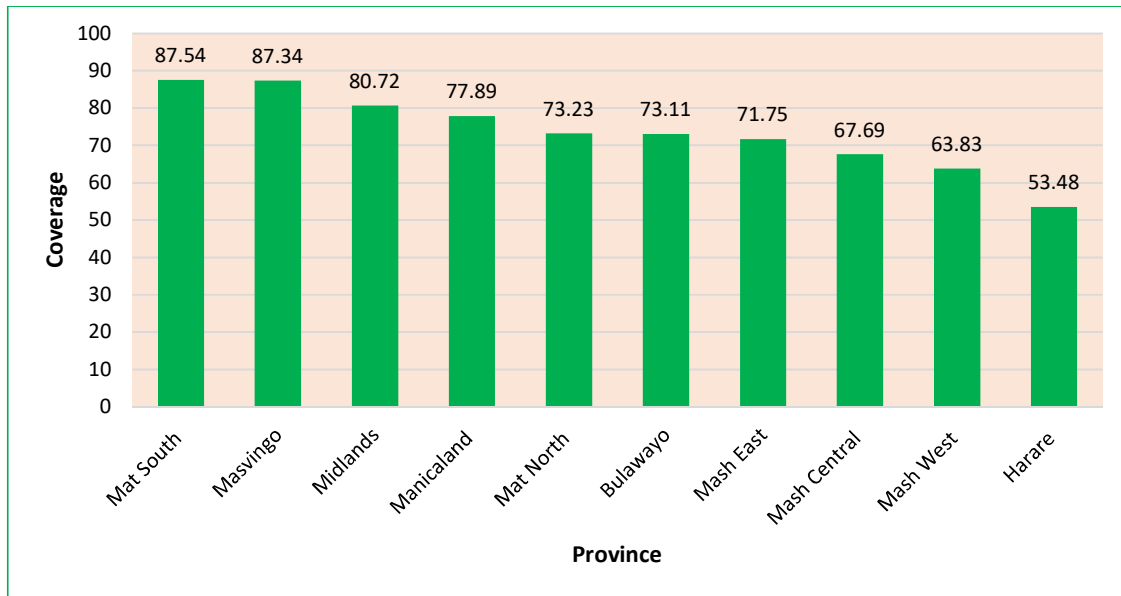
ART Coverage for Adults and Children by province

Figure 24: Adults 15+ years



Only two provinces recorded less than 90% coverage of Adult ART.

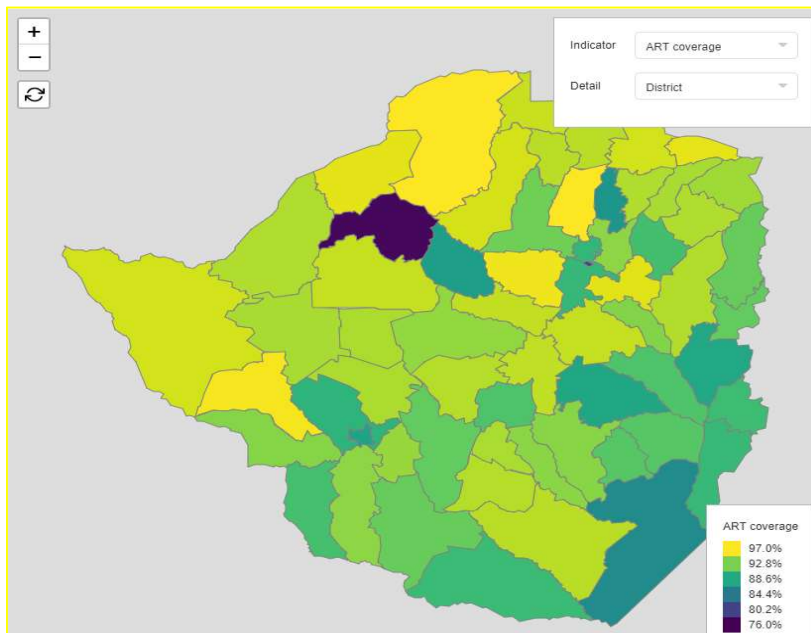
Figure 25: Children ART Coverage



ART coverage is low among children, with the lowest recorded in Harare. There is need for diagnosis and treatment of CLHIV.

The following figure show ART coverage by district.

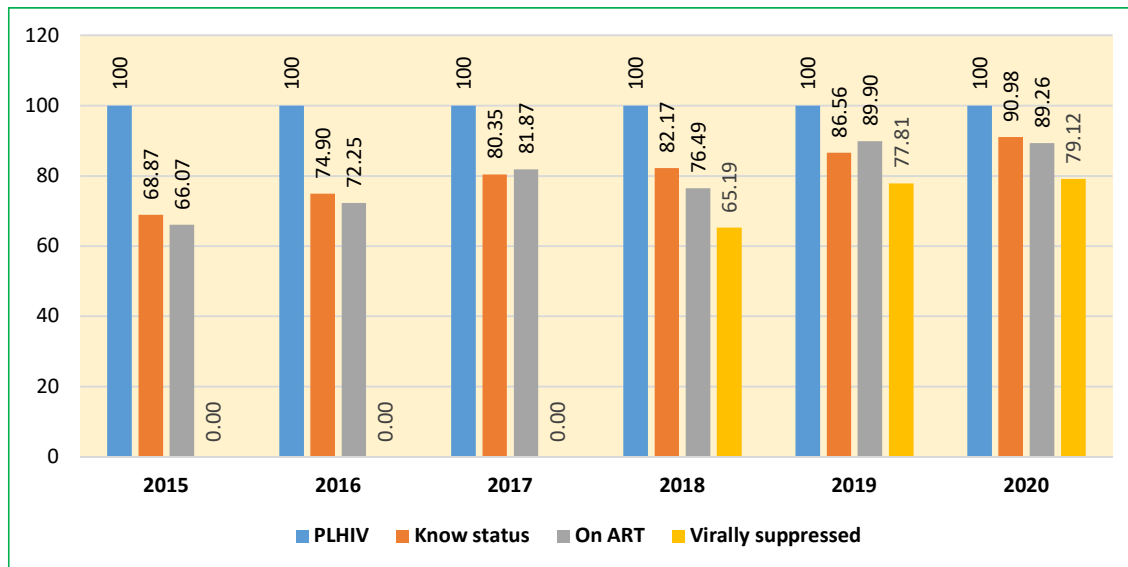
Figure 26: ART coverage by district



ART coverage varies with district. The highest ART coverage was recorded in Hurungwe and Mazowe at 97.1% while the lowest was recorded in Gokwe North (76.4%). All districts except for Gokwe North has an ART coverage of more than 81%.

The draft HIV Estimates Population Projections (EPP) 2020, estimates the treatment cascade for progress towards the 90-90-90 as shown below:

Figure 27: National Treatment Cascade and Progress towards 90-90-90 Targets

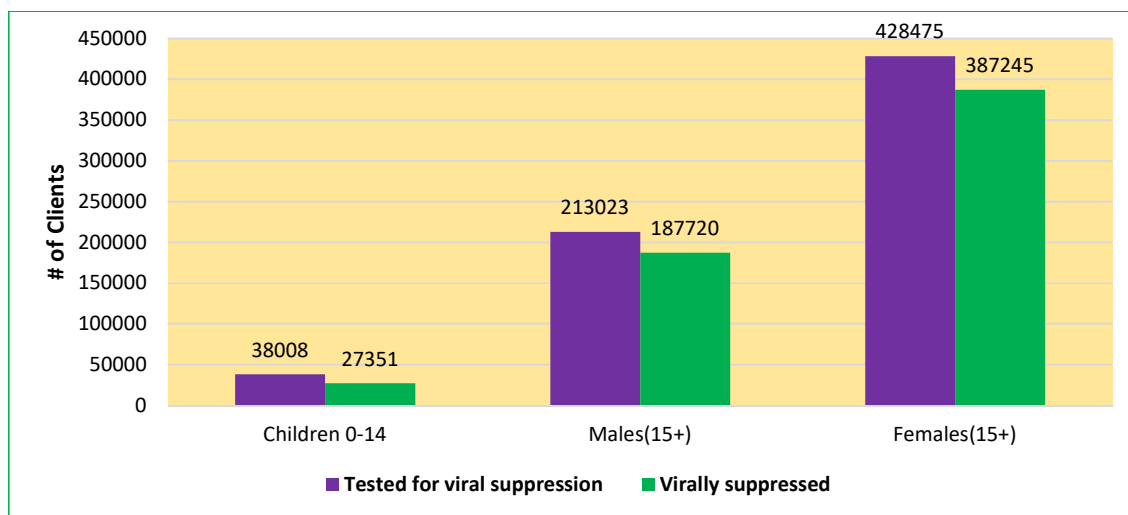


The treatment cascade shows that the country achieved the 90-90-90 2020 fast track targets.

2.1.6 Viral load

There were 679,506 clients on treatment tested for viral load suppression, and 88.6% of those tested were virally suppressed.

Figure 28: Viral load testing

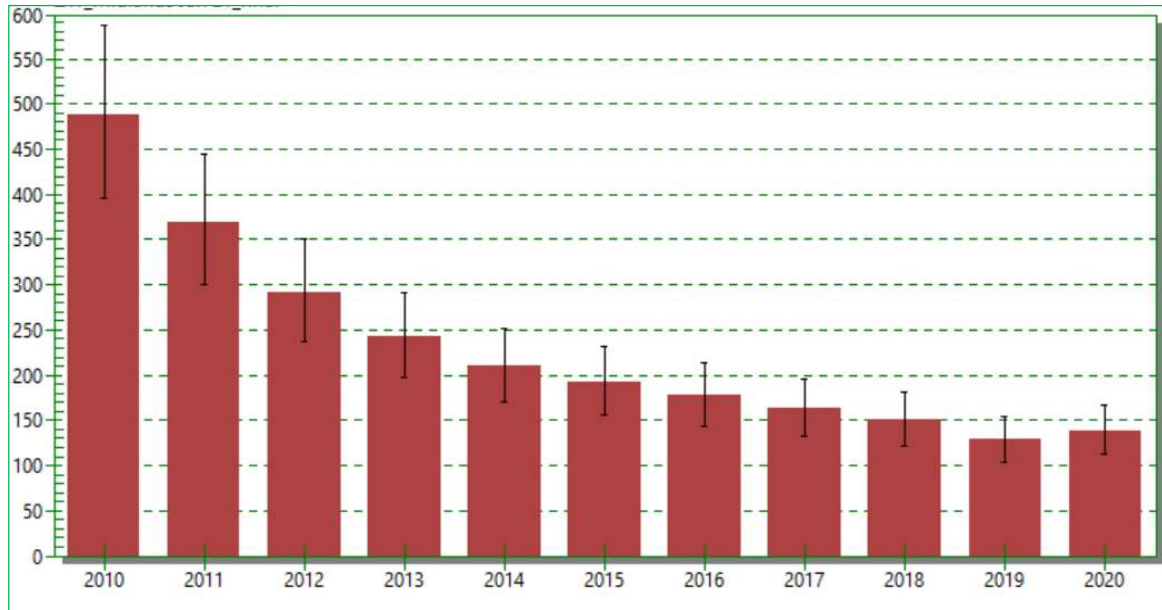


There is need to scale up VLT as the programme covers only 57.2% of those on treatment.

2.1.7 AIDS deaths

The AIDS mortality per 100 000 population continued to decline as shown by the figure below.

Figure 29: Trend in AIDS Mortality per 100000



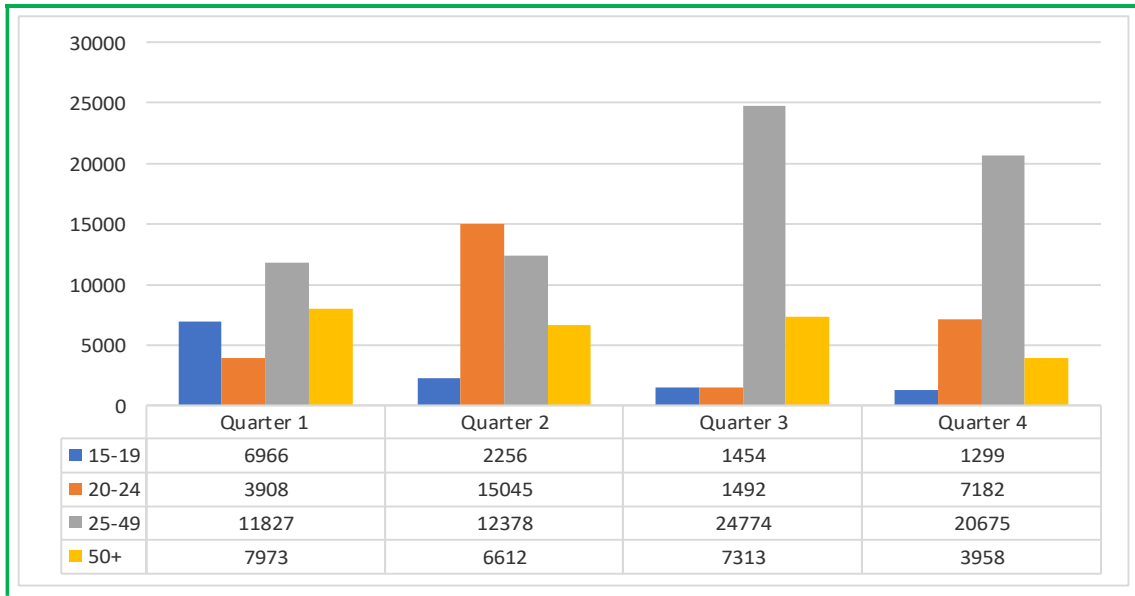
AIDS Mortality significantly declined by 71.9% from 488 in 2010 to 137 in 2020 per 100000. There was 28.6% reduction of AIDS related mortality from 2015 to 2020, which was a miss of ZNASP III objective of reducing HIV/AIDS-related mortality by 50% for both adults and children by 2020.

2.1.8 Differentiated Service Delivery Models

2.1.8.1 Community ART Refill Groups (CARGS)

CARGs have been adopted by the Country as one of the differentiated models. CARGs ease the collection of medication as it reduces costs but they also serve as psychosocial support and adherence centres where members meet and counsel each other during medication collection periods. The graph below shows the number of PLHIV who were members of CARGs during the period under review.

Figure 30: PLHIV in CARGs



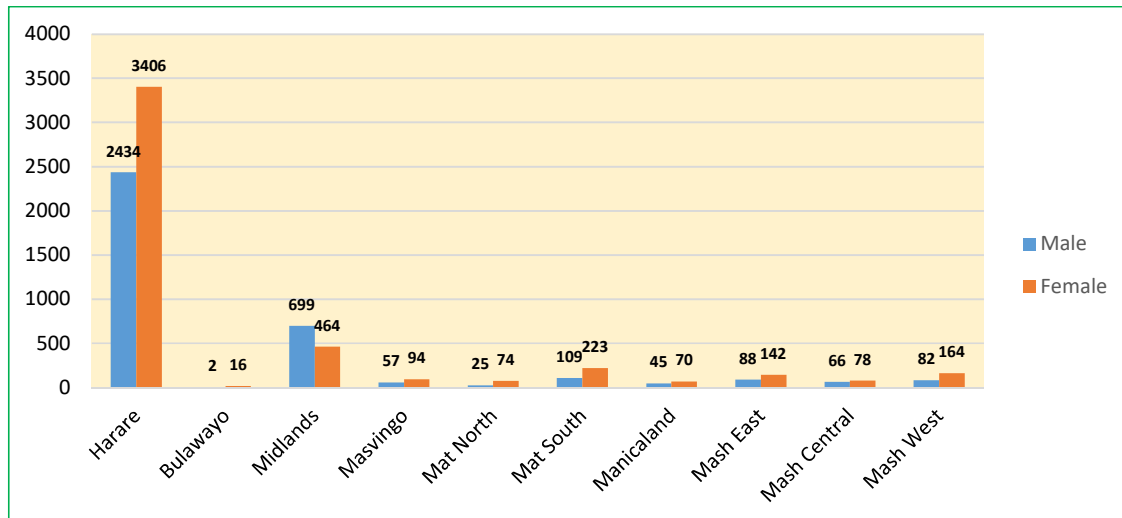
The membership of CARGs is more in the 25-49 age group. There was a decline in the membership to CARGs in the age group 15-19. This might be an indicator that adolescents may be defaulting and there could be need to track adherence by this group. There was a sharp increase in membership to CARGs by the 25-49 age group probably due to the lifting of the lockdown where people felt the need to belong to these groups to ease costs.

2.1.8.2 Community Adolescent Treatment Supporters (CATS)

There are ten districts that are implementing the CATS programme and being supported by National AIDS Council. In a bid to ensure programme success the NATF funded districts trained 128 CATS in 8 of the 10 districts. In general the CATS programme was impacted by the shut down due to COVID 19 as this made it difficult for CATS to conduct domiciliary visits.

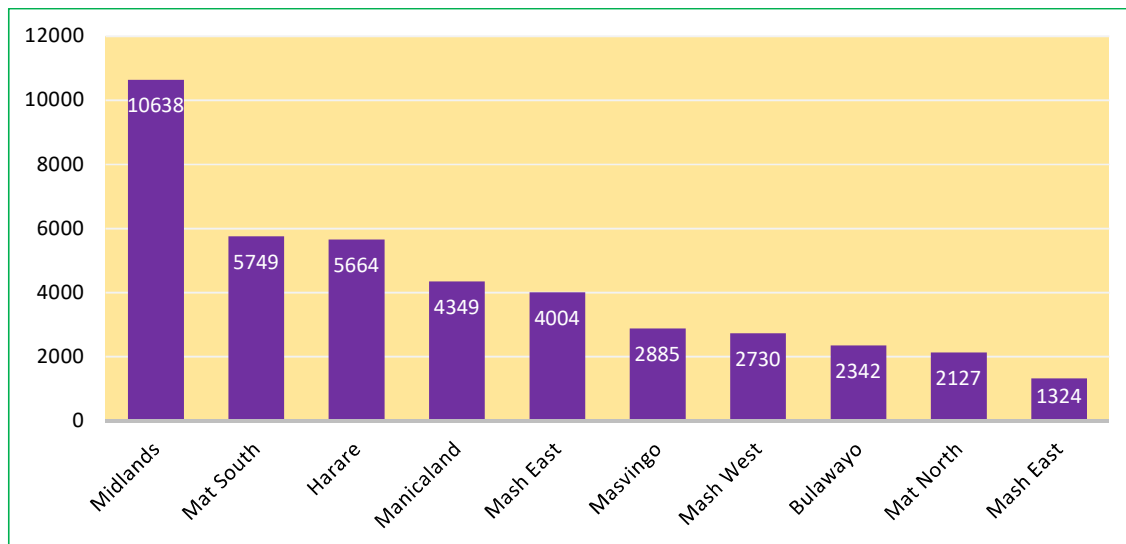
The ten provinces reported a total of 8915 CATS being active in 2020. The active CATS are made up of 51% female and 41% male. Below is an outline the number of active CATS reported per province

Figure 31: Active CATS by province



The highest number of CATS was reported by Harare province that recorded 46% of all active CATS. In 2020 CATS managed to reach 41,812. Below is an outline of the adolescents that the CATS managed to reach by province.

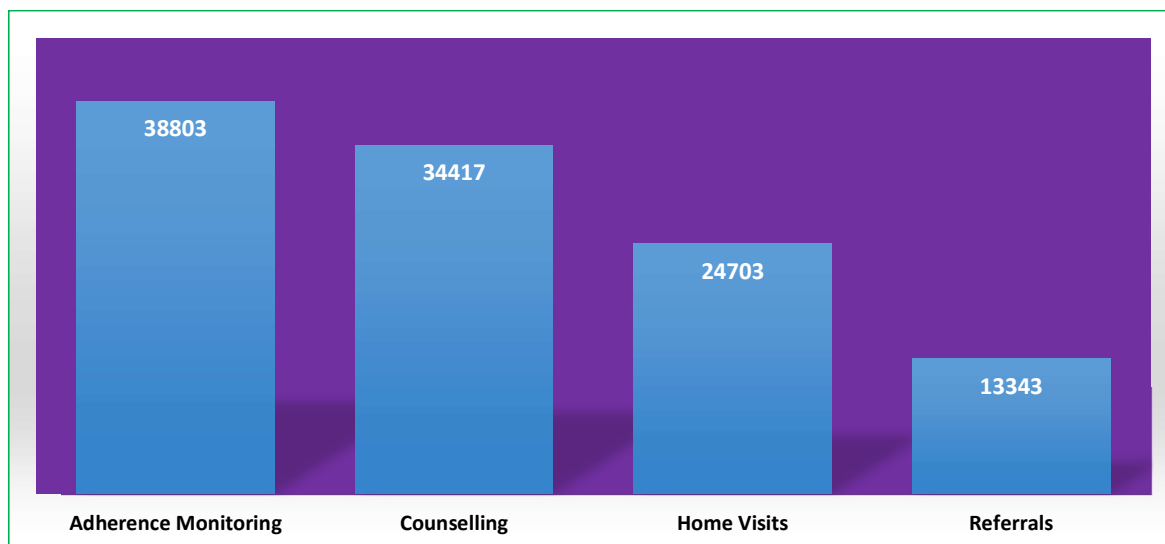
Figure 32: Number of Adolescents Reached by CATS by Province



The highest (25%) percentage of adolescents reached by CATS was reported in Midlands province. The bulk of adolescents reached by CATS were female which constituted 56% of the total number.

CATS provide peer support to adolescents living with HIV (ALHIV) to ensure adherence to treatment and retention in care. Therefore CATS conducted home visits, provided counselling services and followed up adolescents regarding adherence to treatment and also made necessary referrals to adolescent that they interacted with. A total of 104,905 adolescents were provided with services by the CATS. Below is an outline of the total services provided nationally.

Figure 33: Services provided to ALHIV by CATS



As expected, adherence counselling makes the bulk of the services provided as retention in care and quality of life for ACLHIV is priority in the programme.

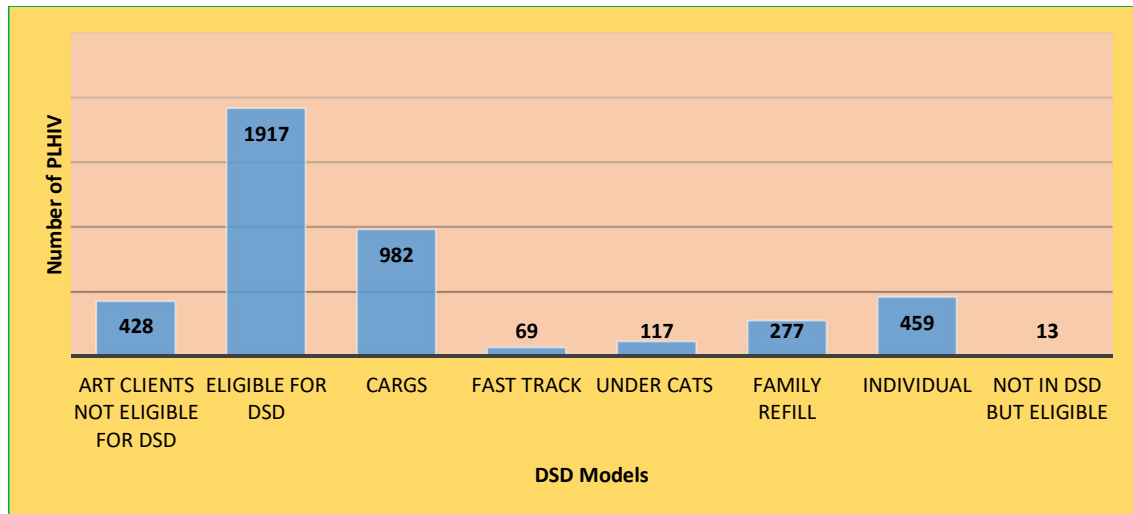
2.1.8.3 Community ART Treatment Care Facilitators Programme (CATCFs)

NAC implemented the CATCFs programme that aims to transform community systems to provide quality treatment and care services to PLHIV and those living with chronic conditions in Makoni district of Manicaland. The Project is funded by PSI and works with a community-based cadre called the Community ART Treatment Care Facilitators Programme (CATCFs). There are 49 CATCFs with 7 cadres allocated per each of the 7 facilities chosen in the districts. The 49 CATCFs are following up a total of 2,848 PLHIV clients who are on ART.

The CATCFs also contribute to the 90-90-90 Global HIV targets of ensuring they identify people who need to be tested who are then tested and those who are positive are initiated on ART and mobilizing clients who will be on ART for them to adhere to treatment to ensure viral load suppression. A total of 134 clients who tested positive, 125 were initiated on ART in the 7 clinics where the project is operational.

The CATCFs mobilized their ART community to enroll in the different DSD models. Below is an outline of the DSD performance in 2020.

Figure 34: CATCF's DSD model performance

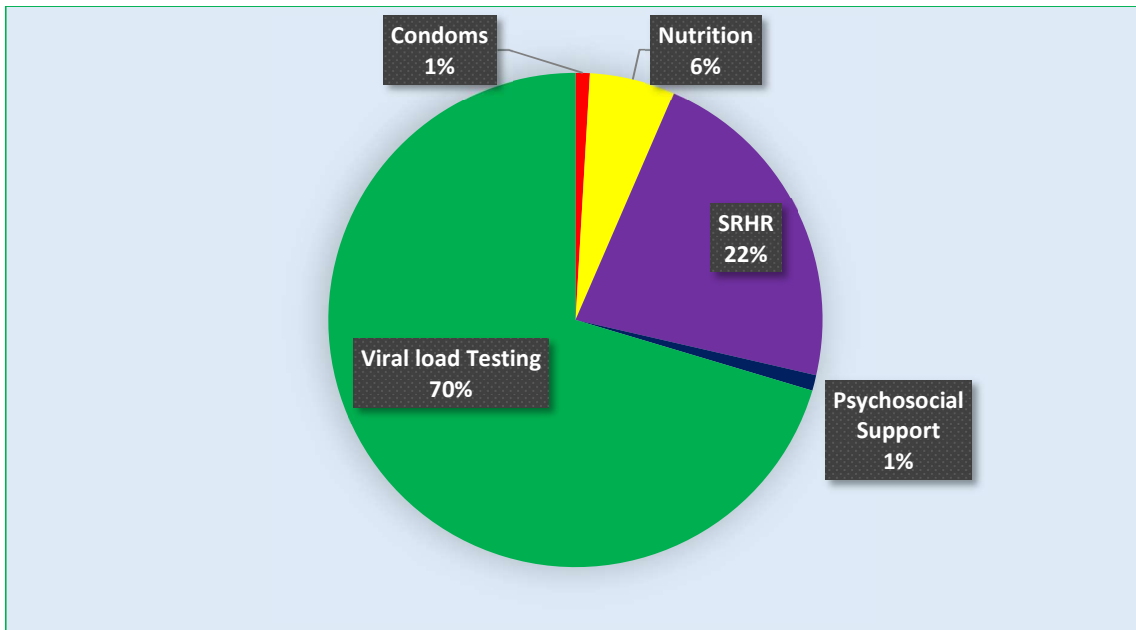


The 7 clinics identified 1917 people living with HIV who were eligible for enrolment into DSDs. The bulk of these clients 51.2% are enrolled into CARGs followed by those who opt for assistance by CATCFs at individual level who made up 23.9% of all clients in DSD and 14.4% who are in the family refill groups. ACLHIV under CATS make up 6.1% while those in fast-track groups make up 3.6%.

Referrals made by CATCFs to health facilities

CATCFs made referrals for 1,275 clients in the year 2020. The following figure shows the referrals that were made by the CATCFs

Figure 35: Referrals by CATCFS to health facilities

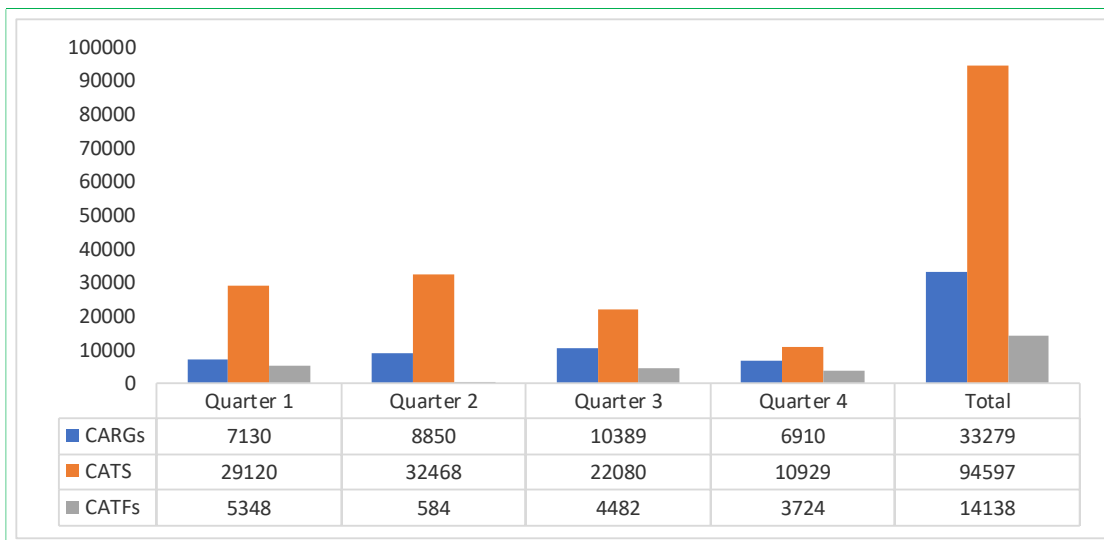


Most of the referrals (898) made by CATCFS were for viral load testing.

2.1.8.4 PLHIV Receiving Counselling by Cadre/model

PLHIV received counselling services through different cadres/models. The graph below shows the number of PLHIV who received counselling during the period under review.

Figure 36: PLHIV who received counselling by cadre

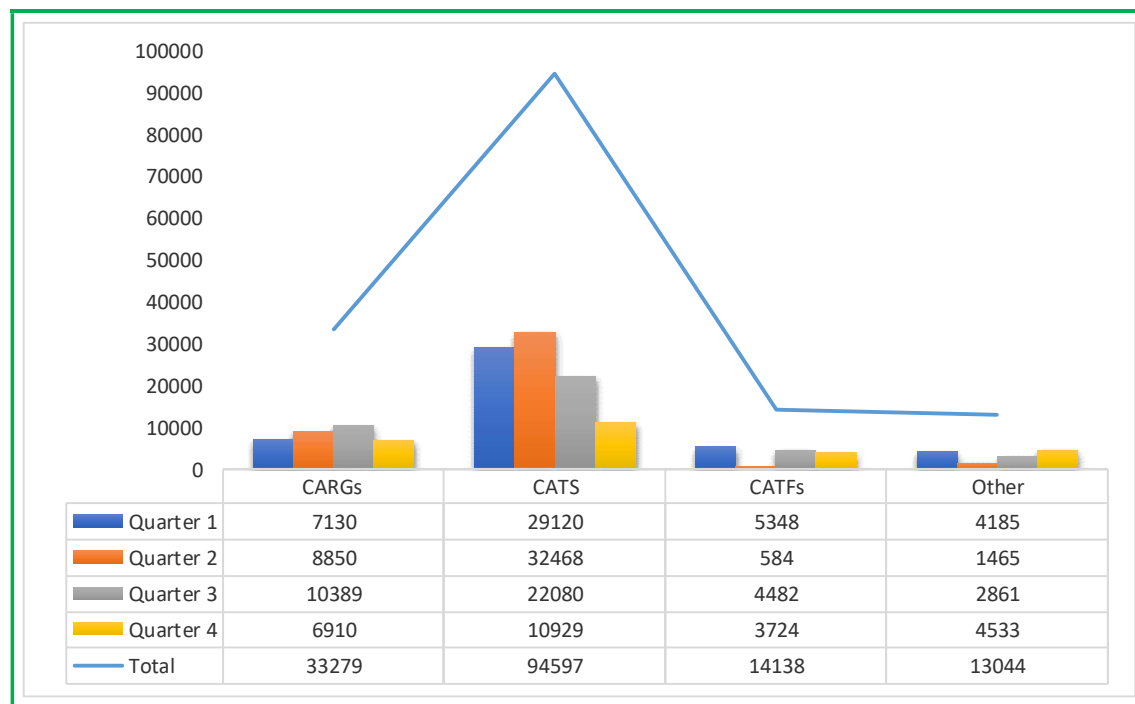


Most PLHIV were counselled through the CATS programme followed by CARGs. Most PLHIV were counselled in quarter 3 (41632) followed by quarter 3 (36951).

2.1.8.5 PLHIV Retained into Care by Cadre/ Model

CATS are the major retainer of PLHIV into care as shown by the following figure.

Figure 37: PLHIV Retained into care by cadre



2.2 HIV and TB Collaboration

The country provides integrated HIV/TB services to ensure PLHIV are screened for TB, presumptive cases are tested and those with active TB are treated while those that test negative are put on TB preventative Therapy (TPT). However, coverage of IPT was estimated at a low, as only 40,489 were started on IPT.

Table 6: HIV and TB collaboration

Indicator	2018 Annual Totals	2019 Annual Totals	2020 Annual Totals
HIV positive patients screened for TB	3127891	16486	32169*
HIV patients in care started on Isoniazid Preventive Therapy (IPT)	25960	139659	40489*

*Data as September 2020

The decline in the number of patients who were started on isoniazid preventive therapy might be as a result of interruption of services due to COVID 19.

Community TB Activities

During the period under review, a total of 32 District TB sensitisation meetings were held, reaching out to 951 participants out of the expected 1120 (84.9 % coverage)



A MOHCC Facilitator presenting during a TB Sensitization meeting in Gwanda district

During the year under review, 32 cascade meetings were held, sensitising community CSOs on the revised HIV/TB Treatment literacy manual. A total of 695 participants attended the cascade meetings out of expected 800 participants (86.8% coverage).

A Consultant was also hired to help translate TB IEC materail into two local languages . The activity was a success and the material was later designed , printed and distributed to all NAC provinces for community mobilization. The IEC material included banners, T shirts, Floopy hats, fliers, posters, pamphlets and 2021 Calendars.

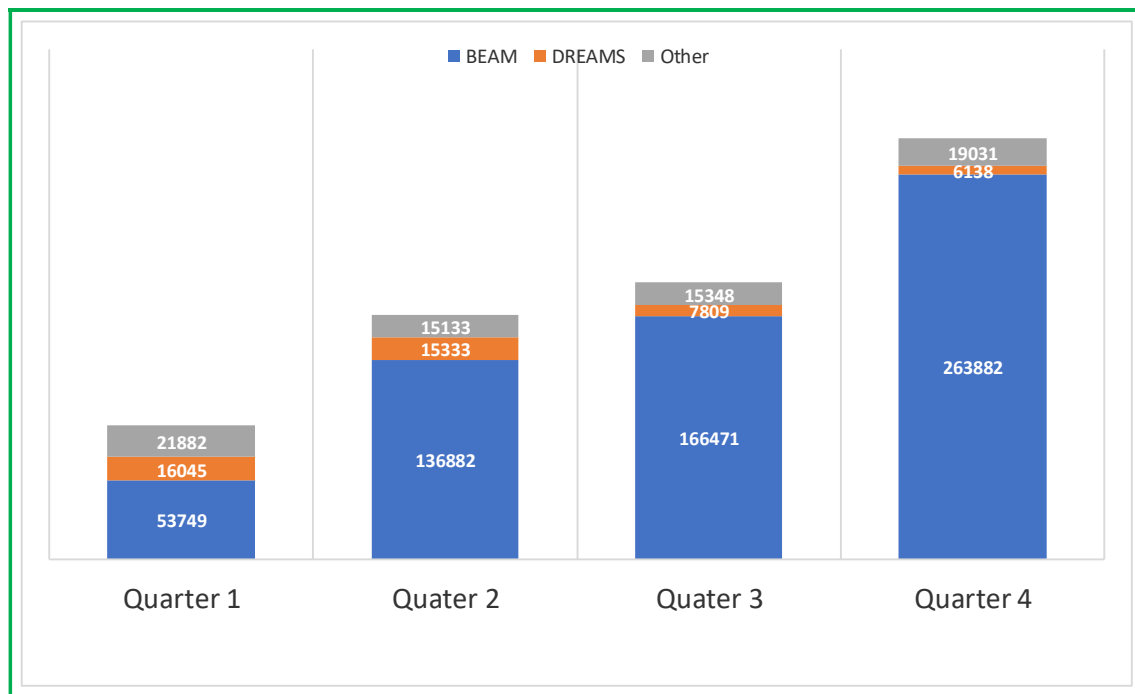
2.3 Orphans and Vulnerable Children (OVC)

OVC continue to receive educational assistance, food and nutrition, psycho-social support, Assisted, Medical Treatment Order, and Cash Transfers. The education sector was affected by COVID- 19 induced lock which saw schools being closed for most of the time.

2.3.1 Educational Support

The country has an estimated 700,000 OVC but the number may increase due to the COVID-19 and other humanitarian crises. The following graph shows the number of school related assistance OVC beneficiaries during the period under review.

Figure 38: OVC Educational support

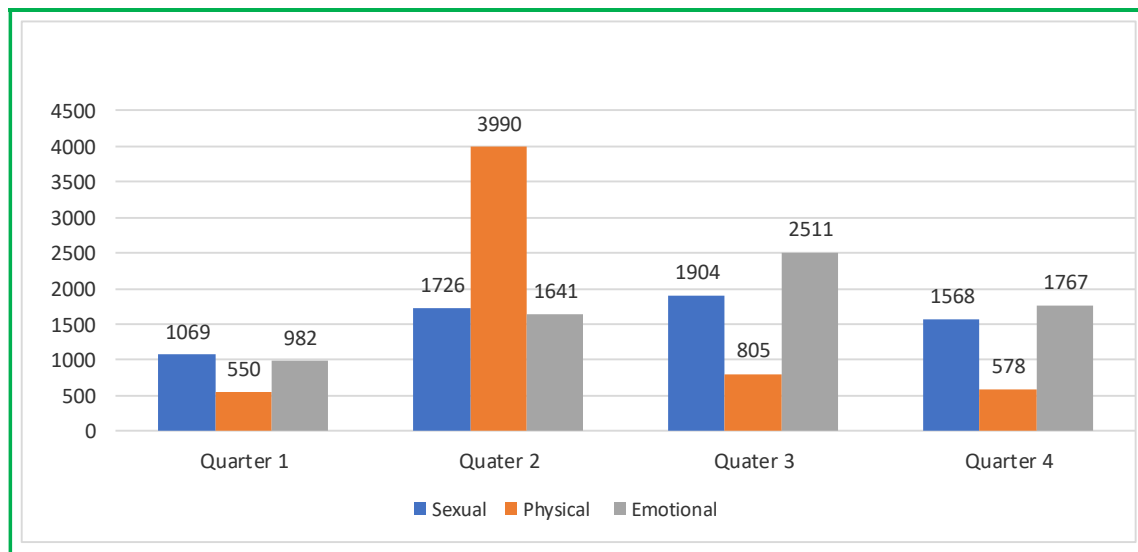


BEAM is largest contributor of school related assistance although the support falls far short of the need. There is need to mobilise more resources to support OVC.

2.3.2 Cases of OVC Abuse

The following figure shows Child Abuse by quarter in 2020.

Figure 39: Cases of Child Abuse



Second quarter recorded the highest number of child abuse cases. Physical abuse was highest in second quarter, a period which coincided with the period of the lockdown. Cases of abuse reported by girls were more than those reported by boys. Girls were more sexually and emotionally violated which confirms the need to protect the girl child from sexual violence which ultimately exposes her to HIV infection.

2.4 Integration of HIV Into Emergencies Project

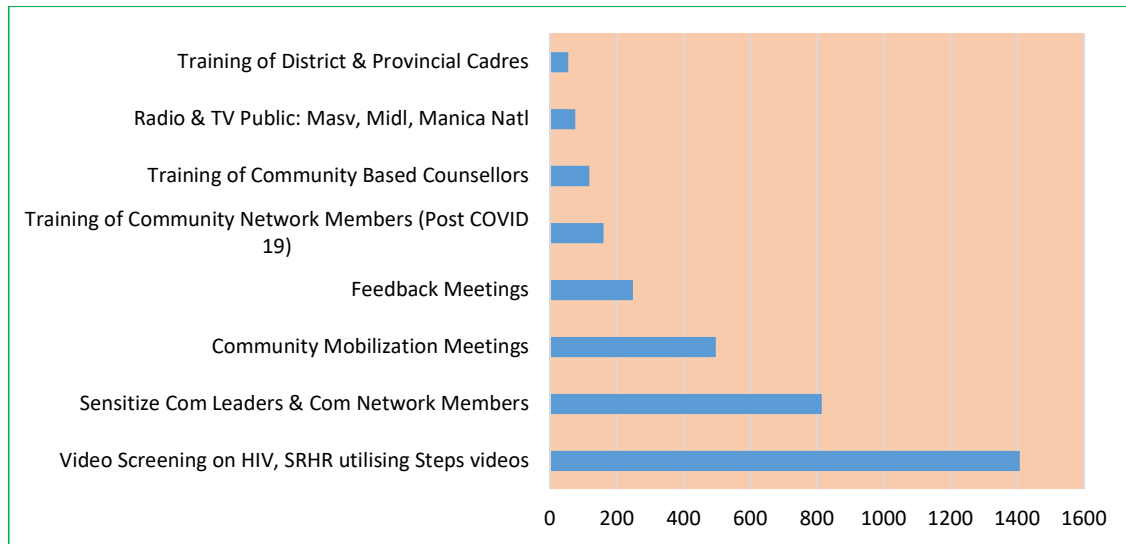
NAC was funded by UNICEF for a project that focusses on integration of HIV into emergencies namely Cyclone Idai, Diarrhoeal diseases mainly cholera prevention and COVID 19 prevention. The project is being implemented in 16 districts that are in 6 provinces of the country. The project works through trained community cadres and also sensitizes community leadership to support programming and for them to own the programme for sustainability when the donor pulls out.

Integration of HIV and Cyclone Idai Integration

In the 8 districts that are supported for integration of HIV post cyclone the following figure highlights the achievements where capacity building was done for the provincial and district stakeholders, community network members as the community cadre to work in the districts, training of community network members and community-based counsellors.

Community mobilizations were also done for community leaders and community in general as well as video screenings used to mobilize young people in and out of school.

Figure 40: Integration with Cyclone activities and coverage



Feedback meetings were also conducted and reached 248 community cadres. The community cadres reached 30,012 community members as they followed up PLHIV and other chronically ill clients with information focusing on ensuring clients access prevention, treatment, care and support services even during the disaster time. Health education on COVID 19 was also done



Video Screening Session in Manicaland (Before COVID 19 Era)

Integration of HIV and COVID-19

The organization developed electronic and print IEC materials to raise awareness on COVID-19 and HIV. IEC materials were developed in the form of video clips and posters with key messages on HIV, COVID-19 prevention and management which were translated into sign language.

A total of 56, 2-minute video clips featuring traditional leaders, policy makers, public personalities, Faith Based Leaders, and ASO representatives were developed. The video clips were flighted on the National Television twice daily and were posted on NAC electronic media platforms and partner sites.

70 000 A1 poster in English, Shona and Ndebele languages were developed and distributed to NAC Provincial Offices and partners. Posters with key messages for COVID-19 and HIV were flighted in.

A total of 5000 facemasks for People with Special Needs were procured for the sectors. The facemasks enable people with speech challenges who use lip reading to do so without removing their masks.

Screen Shots of Video Clips Developed





Dr Mushavi (MOHCC) in a HIV & COVID 19 TV Session which is also being translated into sign language

The 10 districts that are funded for integration of HIV and cholera. Activities implemented include: capacity building of community cadres, provincial stakeholders, community mobilizations and feedback meetings. The Community Cadres and community members trained managed to reach out to 135,721 community members with information on HIV, Cholera and COVID 19.

Malaria GF activities

During the year, Malaria sensitisation meetings were conducted to engage special population leaders in 13 high burden districts to support utilizations of malaria interventions. The special populations included Artisanal Miners, Irrigation workers, Fishermen and Church group leaders in the targeted districts

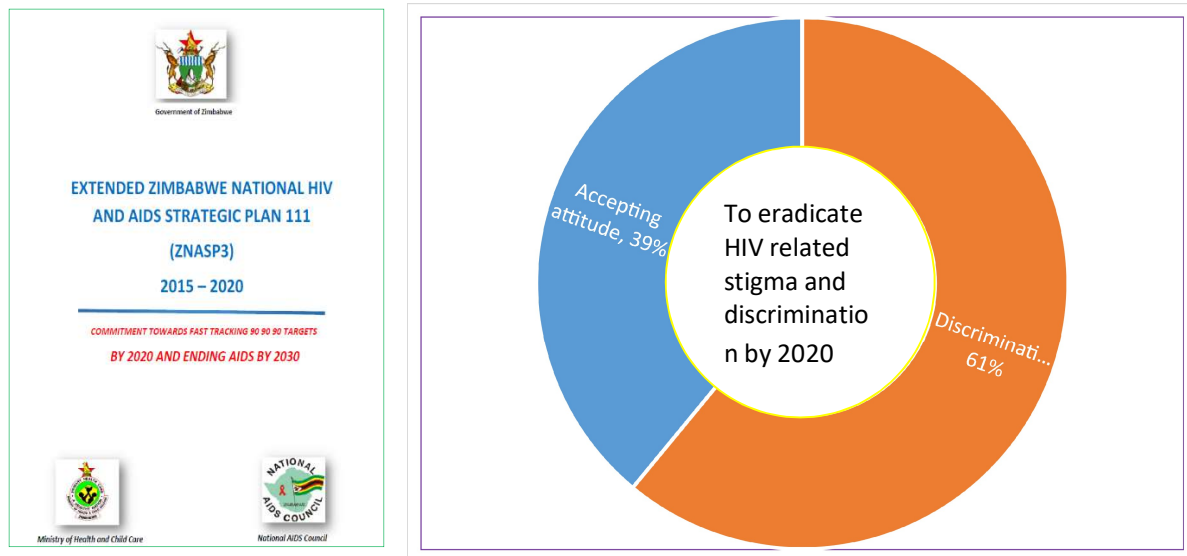


Participants go through a LLINs demonstration in Kwekwe district.

One National meeting was held for special populations reaching out to 40 out of the expected 43 participants. Three provincial meetings were conducted in Manicaland, Mashonaland central and Mashonaland East provinces. Activity reached out to 83 participants out of expected 93 (89.2% coverage).

Malaria meetings were later cascaded to 13 districts targeting the same special population groups. A total of 376 out of the expected 403 participants attended the meetings thus a 93.3% coverage.

CHAPTER 3: ENABLING ENVIRONMENT



Levels of discrimination against PLHIV are still high, the goal of ZNASP III of eradicating stigma was not met. There is need for a stigma index survey to assess the true progress towards achieving the goal.

3.1. Advocacy and Communications

3.1.1 Advocacy

Implementation of the advocacy planned activities for the year 2020 were affected by the COVID-19 pandemic which took toll in from the 1st quarter of 2020. The organization however quickly mainstreamed COVID-19 prevention and management into its activities. The activities which required public gathering had to be cancelled or postponed, those mainly affected were commemorations and exhibitions. The organization however managed to virtually conduct some of activities.

IEC Materials

The organization with support from My Age developed IEC material for AGYW with special needs. The IEC material developed was in the form of video clips, pictures and voice notes addressing HIV and AIDS gaps which were identified during IEC material focus group discussions.

Support to The First Lady's Office

NAC developed two videos of the First Lady of Zimbabwe raising awareness on COVID-19 prevention and management which were flighted on the National Television and posted on NAC and partners electronic platforms. The videos were interpreted into sign language by Sunrise Sign Language Academy for the message to reach the deaf community.

The First Lady's Office was also supported with IEC materials in the form of 100 posters, 10 framed posters and two stand-alone banners.

The organization's Communications Department was part of The First Lady community awareness activities which were done in Mrehwa and Mutawatawa. The First Lady's address to the community was documented for further packaging into educational material to be put on NAC electronic media platforms, ZTV and partner electronic platforms.

Pictures of NAC Engagement with The First Lady of Zimbabwe



Screenshot picture of The First Lady's COVID-19 prevention and management video



The First Lady of Zimbabwe Amai A Mnangagwa giving a health education talk on COVID-19 to prevention and management to Guyu community of UMP.

During the year NAC launched and added to its electronic media platforms a whatsapp platform to disseminated COVID-19, HIV and AIDS information to the public as it was observed that the majority of the organization’s target use whatsapp platform to get information on COVID-19, HIV and AIDS.

All the IEC materials and information generated by NAC on COVID-19, HIV and AIDS were daily posted on NAC website, facebook and twitter accounts. This contributed immensely to the increased traffic flow to these sites.



**QUESTIONS ON HIV & COVID-19?
WE HAVE THE ANSWERS!!**

0719707032
WHATSAPP
SMS Hi....

CALL US FOR FREE
393
OR
2019

COVID-19
HELP STOP THE SPREAD OF THE VIRUS

**STAY HOME
BE SAFE**

TOGETHER WE CAN STOP THE SPREAD




Inter Faith Capacity Building

NAC and MOHCC with support from UNAIDS developed a tool kit to be used by the Inter Faith Sector in HIV and AIDS response. Regional meetings with Inter Faith Sector were conducted to capacity build the sector on the HIV and AIDS tool kit.

Parliament Engagement

Two meetings were conducted with Portfolio Committee on Health and Child Care and The Thematic Committee on HIV and AIDS. The meetings were supported by Advocacy Core Team which presented a petition to the Parliamentarians on Age Restriction to Health Services. The Advocacy Core Team appeared before the Parliamentarians to present their evidence and case on the need to lower the age restriction to health services.

The meetings culminated in Parliament conducting public hearing across the country. The public hearings were conducted in the Northern and Southern Regions of the country.

World AIDS Campaign 2020

The country under the coordination leadership of NAC commemorated the World AIDS Day on the 1st of December 2020 at Rainbow Towers Harare under the theme “Global Solidarity Shared Responsibility”, where the Vice President and Minister of Health and Child Care Retired General Dr C.N Chiwenga was the Guest of Honour. The commemorations were conducted virtually with a maximum attendance of 150 invited guest.

The commemorations were livestreamed and live broadcasted to reach the public who could not attend because of COVID-19 regulations. The livestreaming was done on NAC social media platforms (facebook and YouTube), Heart and Soul and Sly Media social media platforms. The live broadcast was done on National TV and national radio stations.

The commemorations were marked by several pre-launch activities which were virtually conducted. Seven webinars and 7-day musical show which were livestreamed on NAC and Heart and Soul social media platforms were conducted.

3.1.2 Communications

Media Relations

Relations with the media were generally cordial with interaction being more virtual than physical due to COVID-19 induced restrictions with the organisation receiving many enquiries on the new virus.

Media Coverage

Coverage was mainly on information disseminated on HIV and COVID-19 with activities only being revived around the third quarter when travel and meeting restrictions were lifted. COVID19 coverage stole the limelight from HIV in the first 3 quarters of the year. HIV coverage increased during the 4th quarter due to pre and post-World AIDS Day activities. A total of 547 stories on HIV, COVID-19 and related conditions were produced by both the print and electronic media. The World AIDS Day got live coverage on radio, television, Facebook and featured as a news item in both the print and electronic media.

Media Workshop



Journalists follow proceedings during the workshop

A media workshop was held for journalists from both the print and electronic media with the major objective being to keep the HIV story alive in the face of COVID-19 and to create hype on the World AIDS Day which was impending. The workshop also equipped them with current statistics on HIV and related issues. The meeting which was held in Macheke was attended by a total of 23 journalists from across the country. About 44 stories based on the workshop came out in both the print and electronic media.

Media Awards

The 4th media awards ceremony for NAC was held in Harare with 9 journalists being rewarded for covering the HIV story consistently throughout the year. One of the winners reports for an international paper but is based in Zimbabwe. The Deputy Minister of Health and Child Care officiated as the Guest of Honour at the function. UNAIDS funded the prizes.

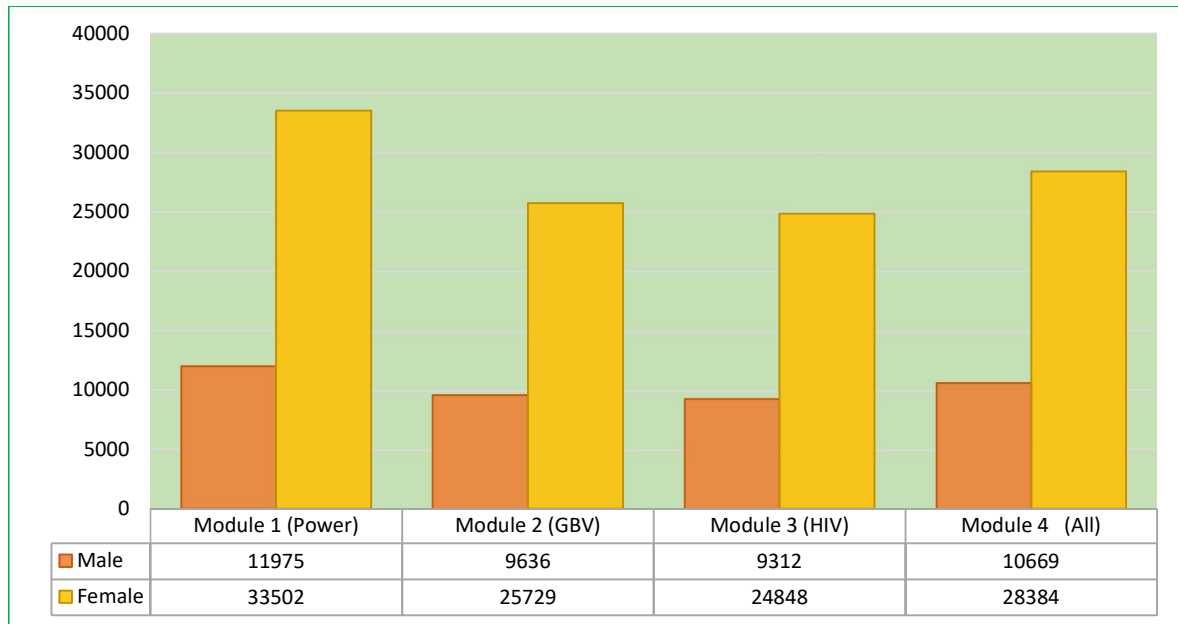


Winners and dignitaries pose for a picture at the ceremony

3.2 Gender

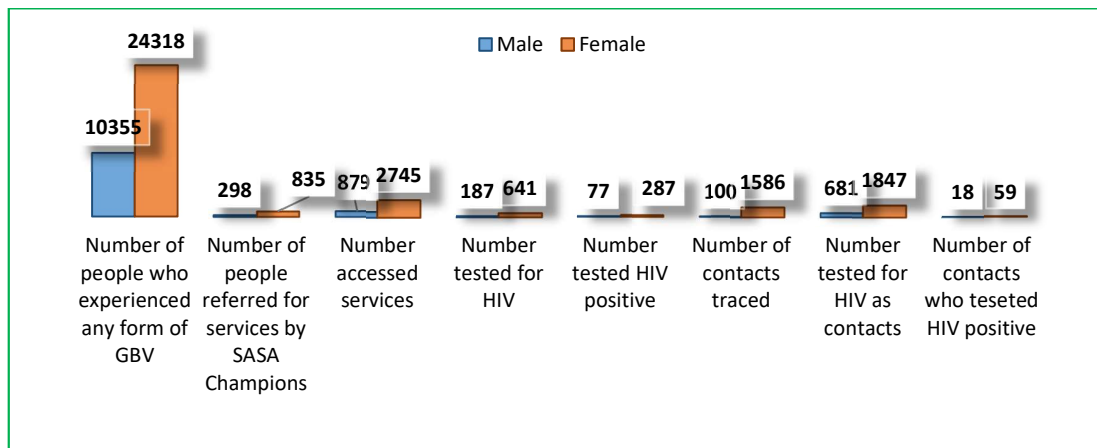
The high levels of Gender Based Violence remain a concern and a major barrier to women and girls' access to services. NAC in collaboration with implementing partners adopted the SASA (Start, Awareness, Support, Action) approach developed by Raising Voices in Uganda for preventing violence against women and HIV. This approach is uniquely designed to address the imbalance of power between women and men, girls and boys - a core driver of violence against women and HIV. SASA! inspires and enables communities to re-think and re-shape social. The concept uses SASA champions as agents of change whose main responsibility is to mobilise communities for service utilization. The following figure shows the number of people who were taken through the various modules of SASA!

Figure 41: Number of people who completed SASA Modules



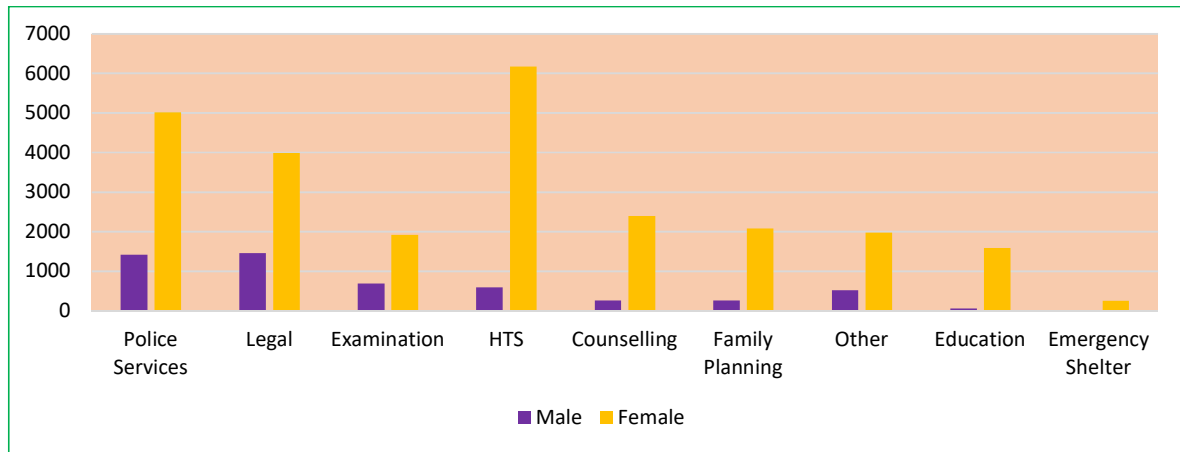
There were more women than males who went through the different modules as shown above. A total of 112,463 women and 41,592 men were reached by all four modules. Through this model NAC and partners seek to respond to prevailing gender inequality dynamics and resultant risks identified within programmes, through addressing interlinkages between culture values, norms, GBV and HIV. With fewer men than women being reached, it is important to continuously engage men and boys through a multiplicity of interventions that will influence their health seeking behaviors as well as their role in protecting women and girls against gender-based violence and HIV.

Figure 42: GBV cascade



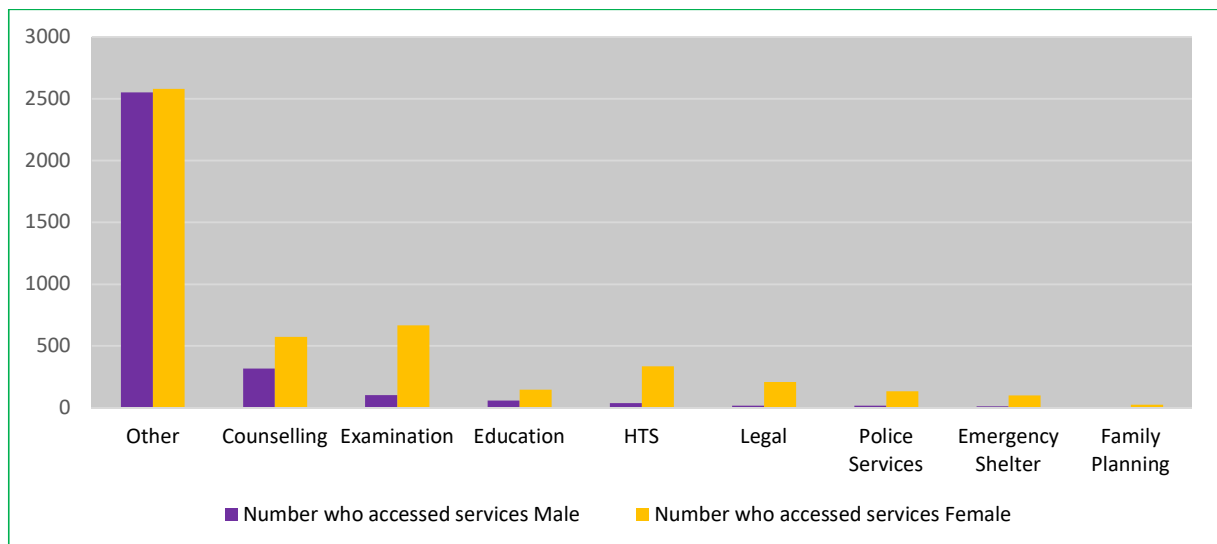
While the number of people who experienced gender-based violence was very high for both women (24,138) and men (10,355), very few were able to access services, 11% for women and 8% for men. This could be attributed to the restrictions in movement as a result of the Covid-19 pandemic. Implementing partners however tried to reach out to survivors using various platforms on social media. The prevailing economic challenges also resulted in incomes being largely eroded making women more vulnerable to abuse.

Figure 43: Number referred for service by SASA Champions



The majority of women who experienced various forms of gender-based violence were referred to legal services and HIV testing while the majority of men were referred to police and legal services. A total of 264 men were referred to family planning services which is quite encouraging given that family planning services have always been associated with women.

Figure 44: Number who accessed services



The majority of the clients referred for services by SASA champions, were able to access examination, HTS, counseling and other services

Gender and HIV Technical Working Group

The Gender Technical Working Group was able to meet three times during the year. Due to the Covid-19 pandemic, two of the meetings were held virtually. The technical working group raised concerns over the increasing numbers of gender-based violence against women and girls and failure by survivors to access services during the lockdown periods, particularly post-exposure prophylaxis for survivors of sexual violence. Reports of emergency procedures not being available due to lack of essential equipment and staff resulting in avoidable deaths was also a cause for concern. The technical working group came up with a position paper of its concerns.

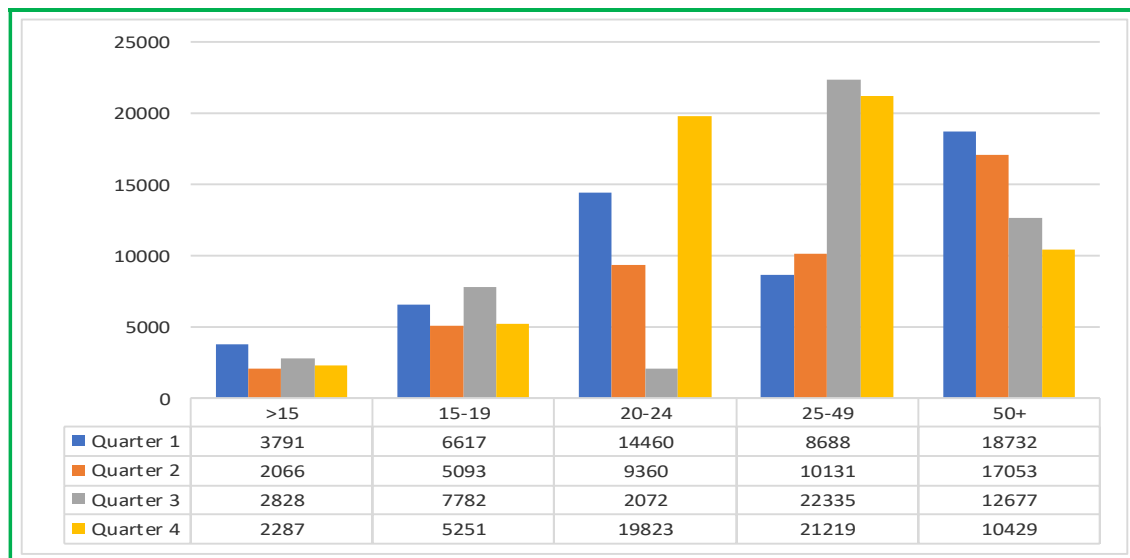
3.3 Meaningful Involvement of People Living with HIV (MIPA)

PLHIV have over the years played a critical role in the implementation of the national response over and above being beneficiaries from the various HIV Services. They spear head programmes such as Adolescent Treatment Supporters Programme, Treatment Literacy. Community ART Refill Groups and Support groups. On the other hand, they are provided with support services such as food and nutrition, medical, counselling, financial and cash transfers.

3.3.1. Support Groups

Support groups have remained as one of the key vehicles of providing support to PLHIV including the newer versions of support groups such as CARGs and CATS Models. The graph below shows membership to support groups during the year 2020.

Figure 45: PLHIV in Support Groups by Age



As can be seen from the graph above support groups are more popular in age groups above 20. There was a general decline in support group membership in all age groups during the second quarter probably due to the lockdown where people were confined to their houses and not allowed to meet.

3.3.2 Other MIPA activities

Mainstreaming HIV into Disaster Risk Reduction (DRR)

National AIDS Council together with other partners, continued to support Chimanimani and Chipinge and to mainstream HIV into disaster Risk Management. District Civil Protection Committees were trained on disaster preparedness and management including mainstreaming HIV.

Rapid Survey on Impact of COVID on PLHIV

A rapid survey was conducted to assess the Impact of COVID on PLHIV. Most respondents indicated that they had challenges in accessing medication during the first Lock Down Period.

Strategic Meetings and activities for the Sector

Two regional PLHIV Meetings were held during the year. Some of the key issues discussed in those meetings include the review of availability of medicines, and diagnostic equipment, coordination of the sector, impact of COVID on the sector members.

Networks of PLHIV conducted training for their members on governance, ISALs and ICT. A Call centre for PLHIV was established at ZNNP+ to facilitate information dissemination. A second stigma Index study was commenced.

3.4 Management and Coordination

3.4.1 Coordination

Management Meetings

Quarterly NAC management meetings were conducted to discuss progress in the implementation of the national response, identify gaps and solutions to prevailing challenges especially within the context of Covid-19 pandemic. There was a strategic shift as interventions were to integrate Covid-19.

Technical Working Group, Stakeholder and Taskforce Meetings

The majority of meetings at national, provincial and district levels were conducted virtually in line with Covid-19 regulations. The objectives were to share implementation progress and address gaps and challenges.

3.4.2 Monitoring and Evaluation

Global AIDS Monitoring Report (GAM)

NAC lead in the compilation of the Global AIDS Monitoring Report for 2019 with support from UNAIDS and MOHCC. Consultation and validation meetings were done virtually because of COVID 19 pandemic. The report gives picture of the progress made towards achieving the fast-track targets to end AIDS by 2030.

SADC Epidemic Update Report

NAC lead the compilation of the SADC epidemic update report for 2020. The report gives a picture of the HIV epidemic in Zimbabwe. The report is a follow up on commitments made by heads of states at Maseru declaration.

Generation of national and sub-national HIV estimates

2019 HIV estimates were generated as part of the Global AIDS Monitoring Progress Report and were approved.

The estimates are the measure of impact and were the main source for the denominators for GAM indicators. The HIV estimates incorporated the estimates for progress towards 90-90-90 targets and district estimates too.

A regional meeting was conducted to update the participants on model updates. The country team also updated programme, survey and population data in the model. Draft 2020 files were produced and sent for comments to UNAIDS. VMMC DMPPT model outputs were also incorporated into data pack.

ZNASP Review and development

A draft ZNASP IV was developed and sent for principal endorsement. The document details priorities for the next strategic period (2021-2025). A Monitoring and Evaluation Plan to measure progress towards achievements of the NSP was developed and packaged for printing.

NAC with support from UNAIDS recruited consultants to develop ZNASP IV Operational Plan. Inception meetings were held virtually to give direction in the task. Strategic documents for review were shared with the consultants.

National Research Monitoring and Evaluation Advisory Group Meeting

First quarter NRMEAG meeting was held and issues discussed include; 2019 Global AIDS Monitoring Report, HIV estimates, update on prisons Incidence study, ZNASP IV processes, update on population-based studies (MICS, DHS and PHIA), and key population size estimates - IBBS for MSM size estimates.

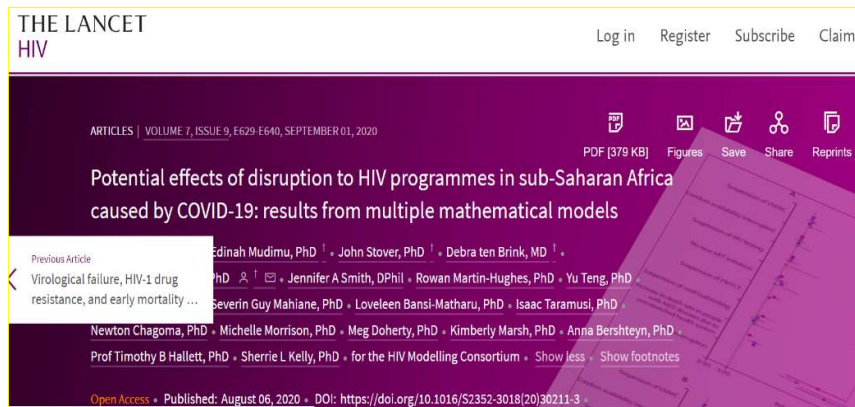
DRI Monitoring and Evaluation Tools training

The organization has moved to implement model-based response. There were new tools developed to monitor the response. A meeting was organized to train coordinators, provincial M&EOs and DBOs in using the new data collection tools. The tools were rolled out to provinces for use.

VMMC Modelling

In an effort to incorporate male circumcision data in Spectrum software, UNAIDS and its partners developed the DMPPT for estimating need and coverage of VMMC. A meeting was held for country capacity building.

COVID 19 Modelling



NAC participated in the modeling of the COVID 19 in Sub-Saharan Africa and produced a paper that was published. The following is the citation for the and

link to the publication: HIV Modelling Consortium. Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple mathematical models. Lancet HIV. 2020 Sep;7(9):e629-e640. doi: 10.1016/S2352-3018(20)30211-3. Epub 2020 Aug 6. PMID: 32771089; PMCID: PMC7482434. [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(20\)30211-3/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(20)30211-3/fulltext)

Research Studies

ZPCS HIV Incidence Study Update

Implementation of the ZPCS HIV Incidence study continued throughout the year and completed at the end of October. All study materials were also collected from stations ready for analysis in 2021. Barcodes availability, which had been an outstanding challenge in the study, was addressed in the fourth quarter.

Herbal Therapy Research

Preparations for the Tapona herbal study continued but could not complete in the year as the MoHCC needed time to enrich the protocol. Finalisation will be done in 2021 leading to implementation.

HIV Mapping Survey

As part of the UNAIDS supported HIV Mapping survey, the coordinator participated in the process of report writing.

Evaluation of UNICEF supported initiatives

NAC together with UNICEF completed an evaluation of UNICEF child focused interventions in preparation for UNICEF's next programme cycle. The activity was intended to gather views of adolescent young people about how they think UNICEF can better address their needs as input into UNICEF 2022 to 2026 country programme.

Provincial studies

Technical support for provincial studies was rendered for various provincial studies, as follows:

Matabeleland South – A study proposal focusing on possible effects of COVID-19 on HIV positive ART clients.

Masvingo - Implications of the dualisation of the Harare-Beitbridge Road on HIV epidemic Study. Following the approval of the protocol by MRCZ, a stakeholder's consultation meeting was held at the end of the year with implementation starting thereafter.

Updating of HIV Research Priorities

The 2021-25 Zimbabwe HIV, AIDS and STI Research Priorities were developed in a process led by a consultant and through a stakeholder's consultation meeting. The strategy report will be printed in 2021.

Best Practices and Human-Interest Stories

- 1) NAC collaborated with UNICEF in collecting human interest stories collection focusing on Cyclone Idai response in Manicaland. The collection was published in the year.
- 2) Provinces were oriented on documenting human interest stories as part of implementation of models in districts. Submissions have already been received from some provinces.

- 3) Best practice document consolidation for the Venice Mine HIV response focusing on artisanal miners was finalised and shared with ILO.
- 4) NAC collected data and produced report as input for the documentation of the AGYW HIV prevention initiatives funded by the Global Fund – with a focus on effectiveness. This was done on behalf of UNICEF.
- 5) Data collection for documentation of the UNICEF supported and NAC coordinated cholera integration activities was done. Report writing will be completed in 2021. These will be on:
 - a. Role of community volunteers in WASH in Norton
 - b. Use of chigubhu gear in WASH in Sanyati
 - c. Involvement of private enterprises in WASH in Kadoma

ZIMPHIA

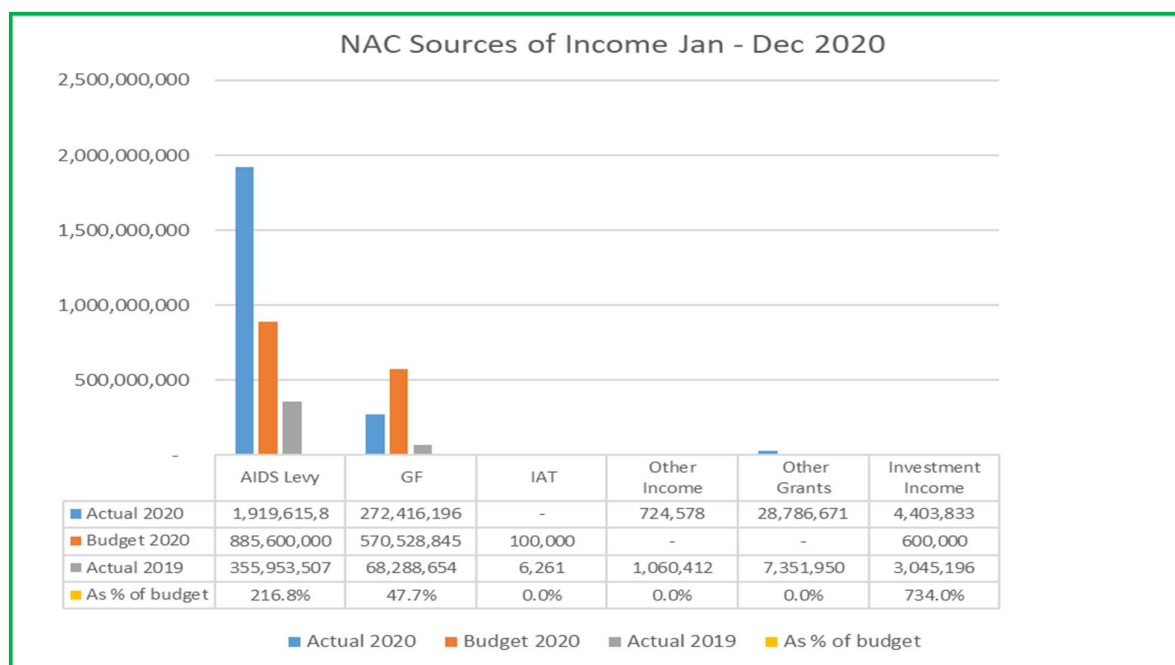
NAC supported and participated in the Harare and final provincial launches of the ZIMPHIA study, followed later by the end of data collection stakeholder’s event. Findings of the study have been released and have shown significant progress towards the 90-90-90 targets.

CHAPTER 4: FINANCE AND ADMINISTRATION

4.1 Income

Total revenue for the twelve months amounted to ZWL2.2b against a budget of ZWL1.5b. In 2019, annual collections amounted to ZWL435.7m. The following graph illustrates revenue performance by income head for 2020

Figure 46: Actual collections versus target per classifications



AIDS Levy collections were ZWL1.9b against a projection of ZWL885.6m. Grant from Global Fund amounted to ZWL272.4m and the balance comprised revenue from other grants and investment income. In 2019 total income from AIDS Levy was ZWL356m.

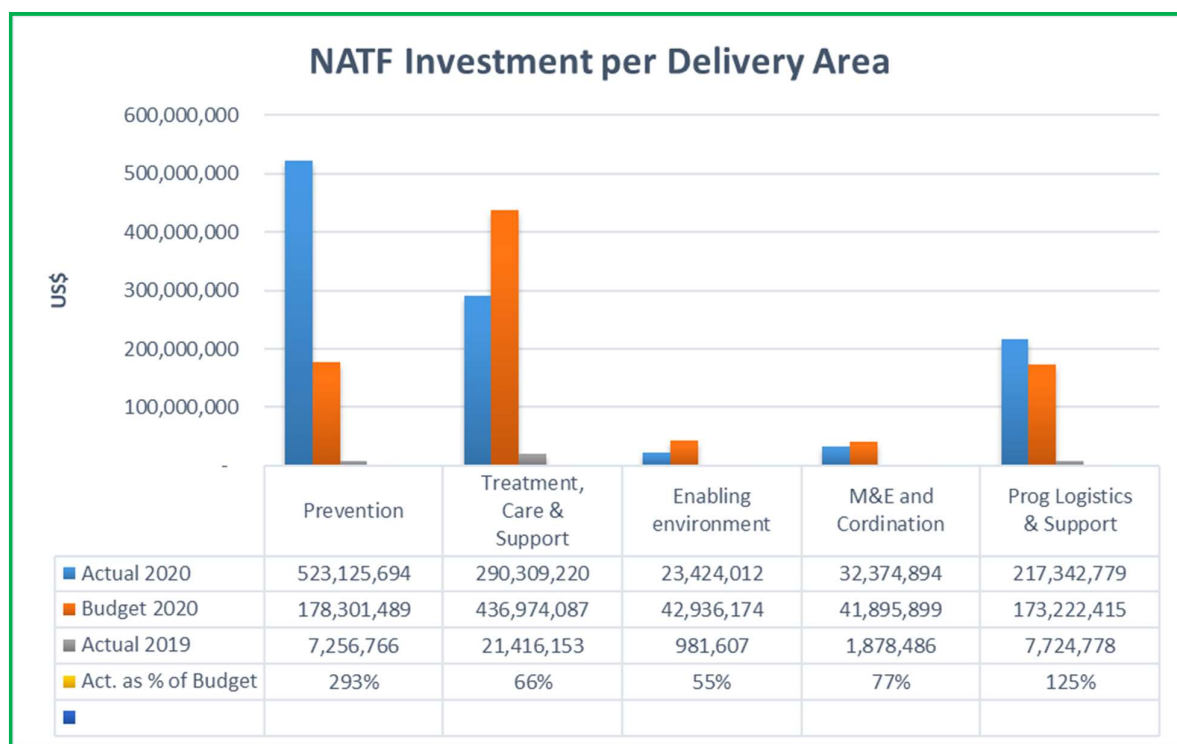
4.2 Investment and Expenditure

The total investment in the national response for the year 2020 amounted to ZWL1.6b against a budget of ZWL1.4b. During the year 2019, ZWL277.7m was utilized.

NATF Funded Investment

Investments supported by NATF amounted to ZWL1.2b against a target of ZWL873.3m. During the period January to December 2019 NATF funded interventions were ZWL216.9m.

Figure 47: Expenditure according to service delivery area



Global Fund Grant

A total of ZWL368.7m was used against a budget of ZWL570m in 2020. The money was used to implement programs under the AGYW (ZWL195.6m), KAP/Transgender (ZWL165m), TB (ZWL3.9m) and Malaria (ZWL4.3m). During 2019, four thematic areas under GF utilized a total of ZWL60.8m.

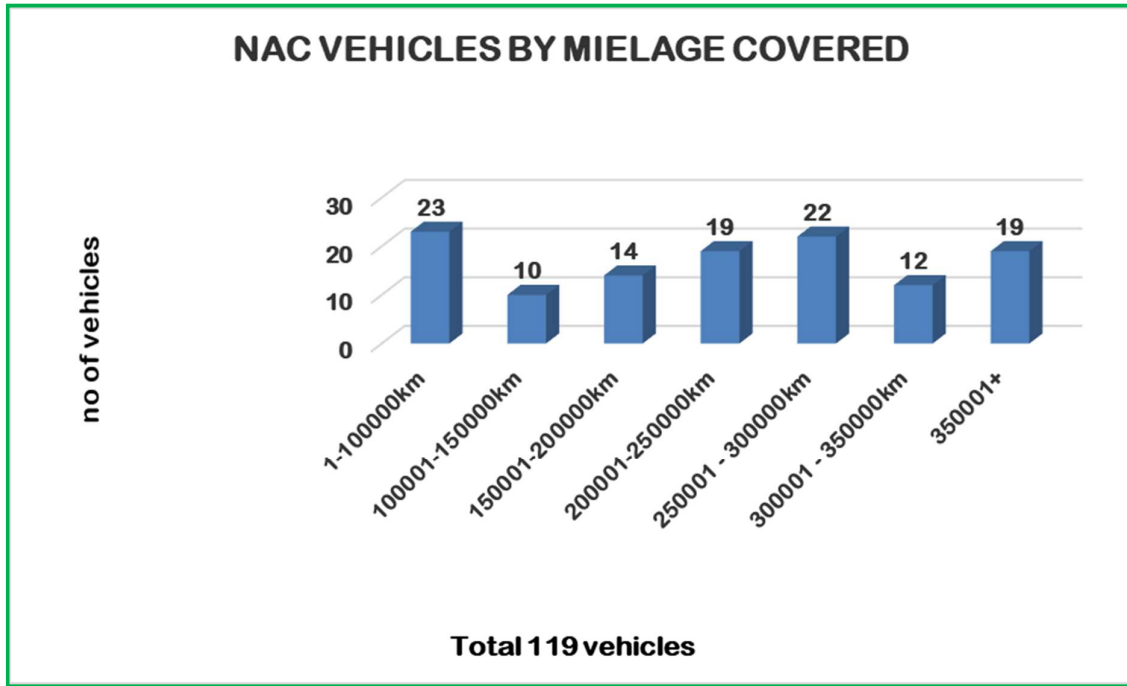
4.3 Administration

Transport

The NAC fleet continue to attract high maintenance costs where repairs are constantly being carried out rather than ordinary service for the vehicles to be on the road. This is heavily impacting the vehicle maintenance budget that is now failing to accommodate all vehicles service thereby over shutting the 7500km standard service mileage. The new Toyota Quantum minibus procured through UNDP was delivered and the registration process is underway that will be used transport NAC employees to meetings and workshops across the country. Two Landcruiser vehicles were also received for use by the NAC partners implementing the Transgender activities.

Only 20 vehicles of the total 119 NAC fleet are within the 5-year life span illustrating the reasons why the vehicles are attracting more of repair costs other than the general normal service.

Figure 48: NAC vehicles by mileage covered



The graph above illustrates the age analysis of the vehicles currently the Council is operating with. It shows that 80% of the vehicle being used are way above the 150,000 km as per the NAC vehicle Management policy provision. Due to the advanced mileage covered more of repair works are now required than the ordinarily service thus the allocated maintenance costs budget was inadequate.

CHAPTER 5: INTERNAL AUDIT

A total of 57 audit assignments were planned for in 2020 and 43 were carried out, due to effects of Covid-19 pandemic and subsequent lockdown. The original annual audit plan assignments were revised downwards from 57 to 37. The major assignments dropped were the value for money audits on ART programme but these were equally replaced by the special audit of the 10 provinces' NAC funded PPEs as shown in the Table below. Audit findings were shared with the audit clients and management.

Table 7: Audits conducted

Audit Area	Planned	Actual	Variance
Finance and & Administration Department	2	2	0
Monitoring and Evaluation	3	3	0
Provinces	8	6	2
DAACs	13	11	2
Global Fund	11	11	-
MOHCC Provincial Offices (Covid-19 PPE)	0	10	-10
Totals	37	43	-6

During the lockdown period, the audit department took an opportunity to review its audit working paper to conform to professional practices.

Enterprise Risk Management

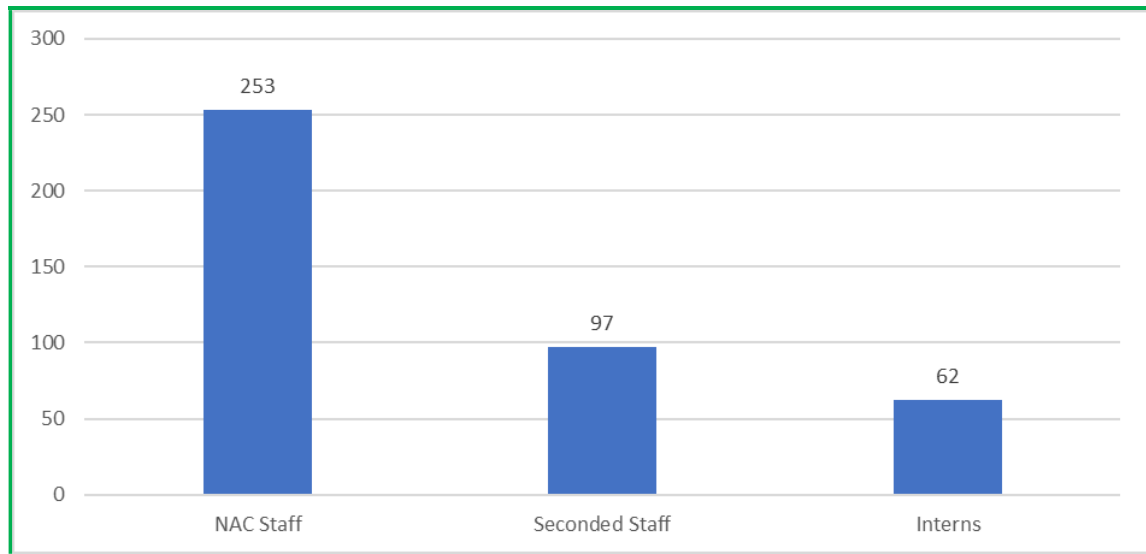
All ten NAC provincial offices and five Head Office Departments submitted their respective Risk Registers quarterly which were reviewed and submitted to management. Enterprise Risk Management (ERM) aims to identify and assess risks, and prepare for any potentials disasters that may interfere with the organization's operations and hinder it the achievement of the objectives.

CHAPTER 6: HUMAN RESOURCES

The Human Resources is a strategic component in the attainment of the organisational goals and objectives. The nature of operations of NAC is driven by individual skill and experience and it is imperative that the organisation maximizes the productivity of NAC by improving the effectiveness of employees and retaining them for continuity and preservation of institutional memory.

Staff Establishment

Figure 49: Staff on Post as at 31 December 2020



NAC Staff had 412 employees as at 31 December 2020 which comprises of 253 under NAC, 97 project employees and 62 students on attachment. The gender profile was at 40% female and 60% male. The council endeavours to recruit qualified female employees at all levels in a bid to strike gender balance.

Majority (93) of the employees under NAC were between the age group 41 to 50, 61 were aged between 30 to 40 years, 47 were between 51 to 54 years and those above 55 years were 52.

Employee Health and Wellness

With the advent of the Covid19 pandemic, management prioritized employee health and this saw the facilitation of testing services, procurement of masks and all other issues stipulated in the guidelines.

During the year under review Wellness review meetings were done and all stations reported on the activities that they had carried out throughout the year. The Wellness champions came up with a plan for 2021.

CHAPTER 7: OPERATIONS CHALLENGES

Challenges

The following were some of the major operational challenges experienced in the year under review:

- Inflation hence budgets for DRI were eroded
- Dwindling of funding and Uncertainty in the funding streams for condoms programing
- Slow progress in the implementation of the planned activities due to National lockdown in response to COVID 19 pandemic
- ART clients facing challenges in accessing medication, in particular second line medicines that are stocked at district hospital, due to travel restriction