

STORY OF CHANGE: ZIMBABWE

KP Friendly Public Health Services in Zimbabwe

The problem

In Zimbabwe, members of key populations often face stigma and discrimination when accessing public health services and facilities. For example, adolescent girls and young women are often unable to access health services without being asked many questions or for consent from a parent or caregiver. When men who have sex with men (MSM) seek health care, the first thing that a health provider often wants to know is how they ended up in a situation where they are seeking sex with other men, with the implication that doing so indicates an illness. Sex workers are asked to bring their partners when accessing certain sexual reproductive health (SRH) services and the situation is even worse for male and trans sex workers as they can be shamed and called names in these centres. Meanwhile, the criminalization of people who use drugs has forced them to go underground, denying them access to health services due to their fear of detention or arrest. This has contributed to increased cases of depression and mental health concerns among key population communities. Many prefer to access private health care, which is very expensive, or go to clinics run by civil society organisations (CSOs), instead of visiting public health clinics. Key population friendly health services are too often funded and provided by international organisations, which is not sustainable.

Beyond stigma and discrimination, the general acceptance and acknowledgement of key populations by the government, health workers, and the public is limited. Most care providers in Zimbabwe do not have the appropriate capacity to work with and offer services to key populations, and also often demonstrate stigmatising and discriminatory attitudes. In addition to the poor quality of services provided, there is evidence that key populations' health concerns are being neglected, with some reports of fatal cases. The Ministry of Health and Child Care (MoHCC) in Zimbabwe has previously stated that transforming health facilities to become more inclusive of key populations would be beyond their capacity, claiming insufficient funding to do so. In addition, the relationship between CSOs and the MoHCC has not been easy, since CSOs have been primarily responsible for raising awareness on the provision of key population-friendly health services.

In light of the situation described above, PITCH partners Pow Wow, Zimbabwe Civil Liberties and Drug Network (ZCLDN), Zimbabwe Young Positives (ZY+), Gays and Lesbians of Zimbabwe (GALZ) and Zimbabwe National Network of People Living with HIV (ZNNP+) jointly advocated with the MoHCC to transform health services in an effort to make them more friendly toward and inclusive of key populations.



The changes

The National Key Populations Forum¹ is a platform where CSOs working with key populations can meet and converse. It was established in 2017, by several CSOs including GALZ, SAfAIDS, Batanai HIV & AIDS Service Organisation (BHASO), Pow Wow and Sexual Rights Centre (SRC), with the aim of achieving a more positive level of engagement with the MoHCC. All PITCH partners working with Key Populations groups in Zimbabwe are members of this forum. Through this platform, CSOs discuss the activities they carry out with the aim of securing access to health services for key populations, while engaging and advocating with MOHCC, calling for public health facilities to provide more key population friendly services.

Despite their engagement with the National Key Populations Forum, the MoHCC acknowledged that the task of providing KP-friendly health services was too broad for them to implement alone. PITCH partners as members of the National Key Populations Forum continued their advocacy on this issue through their engagement in the forum and beyond, on key populations related issues in Zimbabwe. Examples of their activities are:

- From 2018, ZCLDN continuously advocated for the implementation of a key populations minimum service package, harm reduction services, opioid substitution therapy (OST), and needle syringe programmes (NSP), and worked to convince policy makers to decriminalize drug use. ZCLDN also conducted sensitization workshops to stimulate debates surrounding the

¹ Only CSOs who identify themselves as KP organizations are part of this forum. For instance, many organizations working for AGYW do not consider themselves as KP organizations and thus are not members of this forum.

disproportionate effects of the HIV/AIDS pandemic for people who use drugs and other key populations. ZCLDN worked to engage people who use drugs from the surrounding communities, amplifying their voices, and empowering them to demand appropriate health services. ZCLDN also nominated champions to push the agenda in the parliament of Zimbabwe. In 2018, a motion was passed to revisit the national frameworks for responding to drug use in Zimbabwe so that they could be more in alignment with the promotion of human rights (especially the right to health).

- Since 2017, GALZ participated in policy spaces including the development of Zimbabwe's first National Key Populations HIV and AIDS Implementation Plan in 2019 and pushed for the inclusion of MSM and transgender people in the National KP specific Implementation Plan, a process that ran from December 2019 to February 2020.
- Since 2017, Pow Wow has advocated for issues affecting sex workers and access to public health services through the different key population forums at MoHCC. They have also engaged with the parliamentarians to raise awareness about the challenges that sex workers face in accessing healthcare and about sex workers' lived experiences.

In addition, there was also pressure from the Global Fund and PEPFAR on the provision of key population-friendly health services at public health facilities. Other factors were the decriminalization of same sex marriages in countries like Angola, Botswana, and Mozambique, as well as lobbying from the Southern African Development Community (SADC) for universal health coverage, which implies inclusion of all key populations. The government of Zimbabwe also committed to address the needs and rights of young people (in response to the UNAIDS Eastern and Southern Africa commitment which began in 2013), given that as a member of the African Union, the government has an obligation to comply with its plan of action² for 2019 to 2023 which stipulates minimum health service packages for people who use drugs.

Given the above-mentioned situation, the MoHCC in 2018 reached out to members of the key populations forum, including PITCH partners, to ask them to cooperate with the government in developing a package of training guidelines for key population-friendly service provision in the public health care system. This training package includes three separate documents:

- 1) a manual for the training of healthcare providers;
- 2) guidelines for the provision of a minimum service package for Key Populations; and
- 3) guidelines to support the work of healthcare providers.

The development of the manual was a participatory process and was initiated by GALZ and other CSOs collecting evidence and documentation on key population-friendly service provision. Following their launch, MOHCC started operationalizing the training guidelines. PITCH partners including BHASO, FACT, GALZ, SRC and ZCLDN assisted the MoHCC in providing training for health workers in the provision of key population-friendly services. The MoHCC not only wanted the key population Forum to take the lead on developing the manual but also requested that they assist in operationalizing the manual and training the health workers on how to use it.

In Zimbabwe, the MoHCC considers themselves to be technical experts and has not always been receptive to CSO involvement in providing guidelines for the health sector. However, this changed in June 2018 when the MoHCC invited civil society to participate in the development of the Key Populations training package. The invitation shows that there has been progress in terms of

² https://au.int/sites/default/files/newsevents/reports/36768-rp-aupa_on_drug_control_2019-2023_final_with_foreword_-_english_.pdf

recognizing CSOs as true partners. This involvement also represented an acknowledgement of the needs of key population communities when accessing health services. It also provided an opportunity to define the content of the key population friendly services and to identify what action would need to be taken in order to achieve equality of access to those services for key populations. As of mid-2020, the MoHCC officials are still calling on CSOs to explain how best to work with key populations:

“...So, our intention to be part of the training of health care workers is basically to demystify some of the issues, like the position of the law towards people who use drugs. And these are their rights, like the right to access to health services...” “... I think that training was also an eye opener and I think now they also improved the standard procedures in connecting people, looking into issues of drugs and in most cases, when patients actually come out and say to the health personnel that they take drugs. I mean, the first thing they will be told is to quit, but sometimes that is not the best approach in all the cases. I hope that the training can demystify a lot of misconceptions that were held against people who use drugs...” (PITCH implementing partner in Zimbabwe)

PITCH partners (BHASO, GALZ, SRC, SAFAIDS, ZCLDN) in Zimbabwe responded to the invitation by providing the requested evidence – documents on KP friendly health services. They welcomed the invitation to be involved in developing the guidelines and to provide training for health workers.

Examples of involvement of PITCH partners in this process:

- GALZ had been advocating for the inclusion of MSM and transgender people in the Zimbabwe National HIV AIDS Strategic Plan since before the beginning of PITCH in 2016. When advocating with the MoHCC, GALZ used the data on the national HIV/AIDS epidemic, collected by UNAIDS, to justify the need to focus on the provision of key population-friendly services, as key populations were disproportionately affected by the epidemic.
- ZY+ used the results of their review of key influential and strategic documents, which started in 2017, on service provision for adolescent girls and young women who have been abused, and on issues such as age for marriage consent, sexual consent, and consent for accessing sexual and reproductive health services, to advocate for revisions to the existing guidelines for health workers.
- ZCLDN presented evidence and documentation from other countries pointing to the benefits in engaging people who use drugs in improving public health interventions.
- ZYP+ provided the government with background documentation that can be used to improve the provision of health services for sex workers and adolescent girls and young women.
- Pow Wow provided their contribution through the National Key Populations Forum to address the gaps that exist in public healthcare facilities.

Significance

At the time of the development of this Story of Change (in mid-2020), the MoHCC has transformed its structure, and a specific coordinator for key populations has been appointed. The staffing at MoHCC has since improved and the focal person for key populations in the National AIDS Council was involved in making sure that CSOs were effectively consulted on the changes taking place. Currently, PITCH partners and others as part of the National Key Populations Forum are pushing for the decentralization of the structure across the country and for a key populations officer at each provincial hospital. Since June 2018, the manual for key population friendly health service is available both online and as a hard copy and is being used to train health care workers³. The MoHCC is now working to ensure that it is

³ The manual can be found here: https://www.avac.org/sites/default/files/u3/KP_manual_healthproviders.pdf

now safe for key populations to receive health services without discrimination. The MoHCC piloted the training of healthcare providers on KP friendly service delivery in 30 healthcare centres in Harare, Bulawayo, Masvingo and Mutare. Through scorecard assessment by PITCH partners FACT and GALZ, key population communities have confirmed that they now find the services offered by these healthcare centres to be more accessible and friendly than before this pilot training was rolled out. SFAIDS (PITCH CFP), ZCLDN, and GALZ were each cited in the acknowledgement sections of the training package, and were among a number of technical experts that advised the MoHCC on the development of the training package.

Lessons learned

In initiating and participating in the above changes, the following lessons were learned:

- a. The importance of doing evidence-based advocacy activities, including documenting one's own activities and making use of evidence when planning the advocacy;
- b. Creating visibility at different forums. Various members of key population organizations actively participated in forums, advocating for the realization of KP-friendly health services in government health facilities. The development and publication of position papers on important platforms and in the media was additionally helpful;
- c. Working in collaboration with other key population organizations and jointly advocating for the same issues had an amplifying effect;
- d. Engaging service providers in understanding the issues to do with the rights of key populations, and also the services that need to be rendered to these people, was also key;
- e. The use of a mosquito strategy at the beginning, making sure that a lot of noise was made regarding the need to have a guide to ensure that there was national coverage of the reference document, was also crucial to the success of this advocacy work.

The story was prepared as part of the End Term Evaluation of the PITCH Programme in 2020, conducted by ResultsinHealth team: Aryanti Radyowijati, Conny Hoitink, Zaire van Arkel, Maurizia Mezza, Lingga Tri Utama, and Cathrine Mashayamombe (national consultant).

