



**Zimbabwe Aids Network
Civil Society Coordinating Platform on HIV/ AIDS, SRHR and Health**

ADVOCACY STRATEGY

2019-2023

Supported by:



ACRONYMS

AGYW	Adolescent Girls and Young Women
AMTO	Assisted Medical Treatment Orders
ART	Antiretroviral Treatment Therapy
ARVs	Antiretroviral Medicines
ASRHR	Adolescents Sexual Reproductive Health Rights
CBO	Community Based Organizations
CCM	Country Coordination Mechanism
CSOs	Civil Society Organizations
FGDs	Focus Group Discussions
GBV	Gender Based Violence
GF	Global Fund
GoZ	Government of Zimbabwe
HCC	Health Centre Communities
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Counseling
KP	Key Populations
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
MCAZ	Medicines Control Authority of Zimbabwe
MO	Member Organizations
MoFED	Ministry of Finance and Economic Development
MoHCC	Ministry of Health and Child Care
NAC	National AIDS Council
NGB	National Governance Board
NATF	National AIDS Trust Fund
NGO	Non-Governmental Organizations
OIs	Opportunistic Infections
PEPFAR	President Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
SDGs	Sustainable Development Goals
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
ZAN	Zimbabwe Aids Network
VMMC	Voluntary Medical Male Circumcision
ZAN	Zimbabwe AIDS Network

Background

The Zimbabwe AIDS Network (ZAN) was established in 1992 as a membership driven network to coordinate Civil Society Organizations' (CSOs) response to the HIV/AIDS pandemic. In the last few years ZAN has transformed itself to respond to the changing health environment and hence broadened its mandate to focus on the wider HIV and AIDS, Sexual and Reproductive Health (SRH), Tuberculosis (TB) and Non-Communicable Diseases (NCDs) issues. As a network, comprising competing interests ZAN continued to fight for inclusion of various disenfranchised group and in that respect it segment its membership and CSOs into thematic sector namely: Women and Gender, Youth, Persons Living with HIV, Key populations and Disability. This was also necessitated by the desire to ensure that there is inclusivity and gender mainstreaming in line with the global vision of ensuring that "Leave No One Behind". This is one of the key advocacy areas embarked on by ZAN.

In this era of pursuing Sustainable Development Goals (SDGs) and achieving global targets of ending AIDS by 2030 as well as attaining Universal Health Coverage; the role of CSOs has become more critical than never before. In a context where the Zimbabwean government is working towards reviving the country's economy, restoring social service delivery (including health services) among other key deliverables, ZAN intends to meaningfully participate in the reconstruction phase. Hence advocacy has become imperative than ever before. The participation of CSOs in the review of various processes related to health, such as the National Health Plan, Zimbabwe National HIV and AIDS Strategic Plan, the Global Fund processes, PEPFAR Country Operation Plan (COP) requires a civil society to be well informed for meaningful engagement. Seizing on this huge responsibility, ZAN is playing its civil society coordinating role and intends to facilitate platforms for CSOs to fully occupy spaces for engagement between civil society and other likeminded institutions to upscale its Advocacy initiatives and influence policies at both local and national levels.

Introduction

This strategic document reveals the Advocacy Strategy feeding into the shared vision and strategic direction for Zimbabwe AIDS Network. The motive is to provide a roadmap and framework for the direction in terms of its lobby and advocacy cognizant of the role ZAN play in coordinating civil society's response to HIV, SRH, TB and Non Communicable Disease (NCDs) management in Zimbabwe. This strategy is being developed at a time when the country is adopting a robust plan of action to align the country's strategy with the Sustainable Development Goals (SDGs), achieving UHC and ending AIDS by 2030. Additionally, the ZAN Strategic Plan has aligned to the key national policy strategies which include the Zimbabwe National Health Strategy, Zimbabwe National HIV and AIDS Strategic Plan (extended ZNASP3), and the National TB Strategy. These commitments require proper advocacy plan to effectively respond to these emerging developments and challenges hence the rationale behind development of this strategy.

Overview of the Advocacy Strategy

This plan reveals the rebranding approach, shared vision and the advocacy strategic direction of Zimbabwe AIDS Network to effectively coordinate and respond to HIV/AIDS, SRH, TB and other NCDs as well as ensuring the realization of health rights by the communities. This advocacy strategy document is an output of a consultative process that sought input from civil society organizations responding to HIV, SRH and broader health as well as from organizations that work with key populations (AGYW, PWDs, LGBTIQ, SWs) and other key stakeholders. The development of this strategy was preceded by a review of the previous advocacy strategy; hence the lessons learnt in the implementation of the previous strategy have been incorporated in this new one.

This advocacy operational plan would expect to see evidence on the delivery of key expected outputs related to the advocacy initiatives, including:

- Greater empowerment of KPs and other disenfranchised groups.
- Change in the level of policy dialogue (e.g. process, reviews and follow up),
- Strengthening institutional and organizational capacity development and resources for CSOs in health

- Appropriate monitoring and authority mechanisms to ensure the integrity of our work and processes.
- Accelerating progress towards achievement of national and global agendas and commitments.
- Key opportunities rapidly identified and partnerships built in on emerging agendas and priorities in the broader health sector
- Clear visibility and actions taken on key priority areas as envisaged in the Strategic Plan at both local and national levels

The inclusion of Key Populations is critical in the HIV and SRH response. Over the years, Zimbabwe has made various progressive achievements on HIV response exemplified by constitutional, legislative and policy reforms on one hand; and various programmatic initiatives such as the various catalytic funds. While there have been many achievements to celebrate, there are still many advocacy issues and policy goals such as ensuring effective participation, involvement and representation of KPs and other disenfranchised groups, prevalent of non-discriminatory policies that have been difficult to realize due to a combination of factors such as limited political will among key actors, limited capacity on understanding and designing of KP friendly programs and policies. Thus, engaging decision-makers and key influencers through advocacy will continue to be one of ZAN's most important strategies to achieve its goals and ensure continued and progressive realization of SRH.

Our Advocacy Values

This advocacy framework sets minimum values that should guide advocacy. These values include but are not limited to:

- Respecting all human rights
- Ensuring adequate participation of key populations and vulnerable groups
- Promoting sensitivity to vulnerability, gender and children issues
- Promoting universal access to treatment, care and support
- Ensuring sustainability of advocacy efforts and resulting actions

In order to improve its role of coordinating CSOs, ZAN has developed this *Advocacy Strategy*. The strategy is based on analysis of the current health policy environment in Zimbabwe, ZAN's varied project experiences, information gathered from members of other partners in the health sector. It is anticipated that by pursuing the strategic objectives identified in this strategy, ZAN can become more effective in its advocacy work through working with key decision makers and influencers at local, national and even the international levels.

The Context of ZAN Advocacy Strategy

More recently, the government has established various initiatives that have advanced realization of SRH and also to strengthen HIV response in the country as well as working towards ending AIDS by 2030. These include: ZNASP3, ZUNDAF, NHS and other commitments on the global discourse. These initiatives have been meant to enable people access the comprehensive health services without burdensome conditions.

These initiatives are anchored in Vision 2030 which is the Government's development blue print that aims to transform the country into a newly industrializing middle income country providing a high quality of life to its citizens by 2030 in a clean and secure environment. The health policies and initiatives developed highlighted access to health care services as one of the key priorities in order to ensure quality health service provision and equity in access to economic, social and political opportunities.

Constitutionally, the government of Zimbabwe has demonstrated effort in terms of ensuring that there is quality health service provision. To this end, the provisions envisaged in the section 76 of the Constitution specifically create room for ensuring that there is quality health service provision and this was a laudable development. However, several administrative and legislative challenges to the realization of these provisions still abound. However, notwithstanding the efforts that has been made, the country still lack specific policy, legislative or strategic directives on Key Populations specifically. In the same vein, the country continues to experience a number of challenges which restrict the attainment of the strategic goals for the health sector by leaving other groups behind. These include:

Advocacy opportunities

1. Advocate for better alignment of policy vis-à-vis the implementation of health programs. A clear coordination framework would facilitate effective implementation of the policies on health
2. Advocate for inclusion of KP priorities and CSOs' views in government position papers or policies on agendas such as the SDGs, UHC 2030, ending AIDS, amongst others.
3. Work with relevant ministries to improve health service provision in Zimbabwe.
4. Budget monitoring and Expenditure tracking in a thrust to ensure that the health budgets are gender sensitive and KP friendly.
5. Advocate for greater participation and involvement of KPs in planning, implementation and monitoring of health policies and programs at the local and national levels.
6. Advocate for improved domestic health financing. Civil society to meaningfully participate in budget processes and make use of social accountability monitoring tools to ensure that health rights are prioritized.
7. Advocate for access to health information including comprehensive SRH information; prioritizing to unpack and disseminate health policies, guidelines and relevant legislations. In this regard, there is need to reach wider audience through traditional and emerging communication channels such as social media (e.g. Facebook, Twitter, FM stations etcetera).
8. Influence Health Budgets and the formulation of Integrated Development Plans on Health.

Our Advocacy Priorities will focus on:

- Improving treatment literacy in communities.
- Promoting analytical media reporting on HIV, SRH and Health.
- Ensuring that legislative frameworks promote an enabling environment for the attainment of health rights.

- Mainstreaming gender into health interventions.
- Integrating nutrition, food security and social protection into HIV and health interventions.
- Reducing out-of-pocket costs for treatment and healthcare.
- Accelerating the participation of Key Populations (PLHIV, AGYW, SWs, PWDs) in local, national, regional and international processes.
- Mobilizing resources to support advocacy.

The framework also includes a number of advocacy techniques. These are:

- Promoting policy development and harmonization on specific issues
- Strengthening institutional and organizational capacity of networks for effective participation of KPs in the HIV response
- Developing technical, political and development partnerships, networks and alliances
- Conducting research and seeking to better understanding issues
- Conducting regular monitoring and evaluation of advocacy initiatives
- Promoting the strengthening of service delivery and social support systems

Guiding principles for the Advocacy Strategy

a) Synergy and partnerships

Collaboration is key in implementation of this strategy. Building of new partnerships and strengthening or formalization of existing ones will be pursued at both national and county levels. In addition, synergic relationships of relevant actors will be maximized.

b) Resources and budget

This strategy is developed based on currently available resources. However, due to evolution of the policy environment and new opportunities, priority should also be given to resource mobilization, both financial and human. These resources should be directed towards supporting both core activities under the strategy as well as other relevant broad advocacy objectives.

c) Member's participation

The active and meaningful participation of the member organisations will be central in the implementation of this strategy.

d) Evidence-based advocacy

Collecting systematic evidence through increasing the depth and breadth of relevant policy research, improving its dissemination through deployment of effective messages such as policy briefs, building long-term relationships with policymakers at national level, forming coalitions and networks, building capacity of partners and the Government in utilizing policy relevant evidence will be key in the delivery of the various health policy advocacy objectives.

Approaches to communication

The framework promotes dialogue oriented communication. It aims to build collective consensus among relevant stakeholders on issues around HIV, SRH and Health and find ways to respond individually or collectively to these issues. It also aims to build and strengthen trust between ZAN and network members and other stakeholders who have the responsibility and capacity to bring about change.

Communication methods

Methods and channels of communication that can be used for advocacy include:

- Meetings with individuals or groups of target audience.
- Petition writing
- Media (television, internet, email) campaigns
- Seminars
- Workshops and conferences

All methods used should be informative and persuasive. Successful use of these methods and channels can result in the adoption of resolutions, peaceful demonstrations, publications and policy briefs and focus group discussions. Specific communication methods can be used on their own or in combination depending on the context.

Strengthening ZAN secretariat for Advocacy

The ZAN secretariat will play a significant role in the implementation, promotion and coordination of the advocacy strategy at local, national and regional levels as well as supporting the advocacy activities of network members. In order to play an effective role, it is recommended that the ZAN Secretariat be strengthened in terms of governance structures, human resources and technical skills. The board and management for ZAN will need to be strengthened and the secretariat adequately staffed. The strengthening of ZAN is in line with civil society capacity building.

Technical partnerships and alliances on specific issues

Advocacy is centred on attaining results hence it may be necessary to partner other organisations on specific advocacy issues in areas they possess particular strengths. Nevertheless any health and HIV advocacy initiative would require the support and involvement of ZAN member organisations and institutions concerned. Technical working groups, networks and alliances will be established to support the implementation of specific advocacy efforts. Strong coordination of such efforts will be necessary to develop coherent responses.

Advocacy at National and Community Level

Many of the advocacy activities will be conducted through the network members and in partnership. A major role of ZAN will be to build capacity of ZAN members and to ensure that advocacy occurs at local, national and regional levels. Where necessary, ZAN will work directly with stakeholders and organisations operating at national level to conduct advocacy activities, particularly those related to government policy reforms.

Analysis of stakeholders and their roles

The framework recognises that advocacy, on issues that affect and concern HIV, SRH, and Health are broad. Various stakeholders will be targeted by the advocacy framework under one or more of the following categories:

- Duty bearers who have the obligation or responsibility to bring about change
- Partners (organisations or institutions) who advocate for change
- Potential users of the framework who will use the framework as a guide for their advocacy efforts

ZAN member organisations and institutions at different levels can play multiple complimentary roles in implementing the advocacy agenda, for example KP led organizations can be targeted to advocate for a legally enabling environment to implement programs for the LGBTIQ communities.

The interests of different stakeholders may converge, overlap or differ. Therefore it will be necessary to carefully define the roles for various stakeholders in implementing advocacy initiatives.

Stakeholder under this Strategy

Stakeholders will include, but are not limited to the following:

1. ZAN Secretariat and National Governing Board
2. ZAN member organizations
3. Relevant Government Ministries
4. Provincial and District Health Departments
5. Local Authorities
6. Development partners
7. Relevant CSOs (non-members)
8. Private Sector
9. Media Houses
10. National Assembly and Senate
11. Independent Commissions
12. Research institutions
13. Academia

All stakeholders are essential for the successful implementation of this Advocacy Strategy. Their role will include supporting co-operation, alliances and consortia by filling specific advocacy gaps with their expertise and competency, and assisting with implementation of various advocacy strategies. Relevant stakeholders shall be invited to various fora to monitor progress in the implementation of this Strategy.

Monitoring and evaluation of the framework

While this strategy has developed a detailed implementation framework for the identified objectives, it is expected that this plan will be reviewed and implemented in tandem with ZAN's other core plans - such as a thorough-going communications and engagement strategy. A monitoring and evaluation (M&E) agenda is central to the advocacy framework because:

- It will ensure that advocacy efforts are based on facts and monitored to identify strengths and weaknesses
- It will measure the extent to which the framework is implemented
- It will measure the relevance, reliability and validity of the framework over time
- It will develop tools for self-evaluation for those implementing advocacy activities
- It will provide information on the contribution of different stakeholders and will assist in redirecting the advocacy strategy if necessary

Process indicators should be developed to monitor how actions in support the strategy or initiative are proceeding. These indicators will determine whether the strategy is working or whether alternative approaches need to be adopted.

Outcome indicators will measure the extent to which efforts are contributing to the achievement of objectives and the goal. Based on the findings of the M&E agenda, the framework will be reviewed and improved on from time to time to respond to emerging issues and priorities.