

## **OBJECTIVES**

- Out line the situational analysis of HIV in Zimbabwe
- Show the effectiveness of advocacy by PLHIV at grass roots level
- Show how local level advocacy can influence outcomes at national and international level.
- Show gaps and challenges faced by advocacy teams.

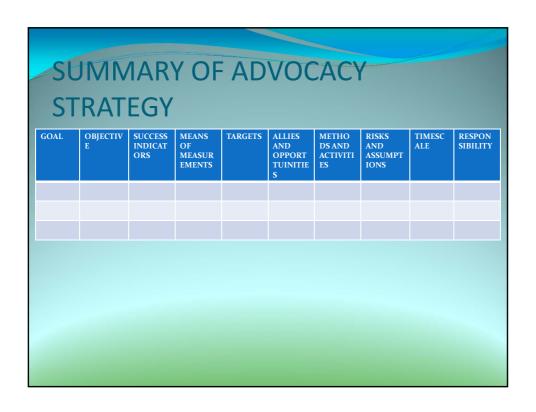
## SITUATION ANALYSIS: Getting to zero

- While the ZNASP II places rights as a guiding principle for the response to HIV, the reality is that the rights of people living with HIV are severely compromised and Zimbabwe stands way behind its neighbours in the region in terms of treatment, care and support available to PLHIV.
- Diagnostic services
- Long distances to access ART sites
- None availability of important drugs
- Shortage of human resources( doctors, lab technicians)
- Consultation fees and OI charges
- Government Social assistance(AMTO) not accepted with health institutions
- Maternal health care being charged

Discriminatory laws which do not promote HIV programming ( willful transmission, police and prison act)

Non availability of ECOSOC rights in the constitution

## Local level advocacy structure The structure of local level advocacy operates at five levels; Support group ward level, cluster level, district level, provincial level



ADVOCACY REPORT SHEET									
ADVOCAC Y ACTIVITY	WHAT WAS THE PROBLEM	EFFECT	OBJECTIV E	WHO DID YOU ADVOCAT E TO	ALLIES	WHAT METHOD S WERE USED	WHAT CHALLEN GES DID YOU FACE	WHAT WERE THE RESULTS OF THE ADVOCA CY	PARTICIF ANTS
Decentraliz ation	PLHIV travelling long distances to access refill and services	Defaulte r and lost to follow rates were increasi ng	To have PLHIV have services at local health centre	MOHCW NAC	ZNNP+	Research	MOHCW was hesitate due to the expenses to be encountere d	Decentrali zation is being done through mobile initiating sites	Support Groups ATs MSF MOHCW Business communit y Chiefs
Diagnostic services	PLHIV could not be done re-CD4 Counts and pathology fees are too high	PLHIV who qualify to be on ART not accessin g	To have more diagnostic machines and existing functional	MOHCW NAC	CHASAs PLW Disability	Health and rights Forum Petition	NAC felt challenged by PLHIV	More PIMA machines to come	ATs
Health care funding	Government had been allocating less than 15% to health	70% of Zimbab wean drugs are donor funded	To have a sustainable fund for Health to support NATF	Minister of Health Parliament arians	ZLHR ZNNP+	Seat in Petition March on WAD	Issue was politicized	Budget was increased to 345m from 150m	Harare AT Masvingo AT

## CONCLUSION

The strength of this approach lies in social investment in ordinary community members who feel they own the project.