



Zambia Civil Society Priorities Charter

An Advocacy Roadmap for the Global Fund to fight AIDS, Tuberculosis and Malaria
New Funding Model

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AIDSAccountability
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#1 Priority - Behaviour Change

Top Priority – Knowledge

Civil society in Zambia has identified knowledge around behaviour change as the top priority for the Global Fund New Funding Model in 2014. This is emphasized as a priority because it is a highly cost-effective intervention with high impact potential in terms of reducing new HIV infections. Civil society can implement activities around this priority in part through dialogue meetings with decision makers. The primary targets are decision makers and opinion leaders. This should be rolled out primarily in Line Ministries and in Parliament. The suggested timeline is initially 2014-2018 with a mid-term review, though civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include the United Nations Youth Association of Zambia (YUNA), Youth Development Foundation (YDF) (eastern province), Maternal Health Action Zambia, Youth Vision Zambia, AfriYAN Zambia and/or other relevant civil society organizations. It was also noted that there is a need for a youth-led Principal Recipient here, to make sure that the top priority for civil society in Zambia is rolled out effectively in order to maximize the return on investment of Global Fund resources.

Secondary Priority – Access to Behaviour Change Services

Evidence shows there is low condom use in Zambia. Civil society has identified that they have strategic and comparative advantage to help mitigate this through localized campaigns. These campaigns will primarily target adolescents as well as service providers. This should be rolled out primarily in schools, places of worship (churches, including mosques and synagogues) and mining areas, as key entry points. The suggested timeline is initially 2014-2018 with a mid-term review, though civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include Lifeline in Zambia, Zambia Health Community Initiative (ZHCI), Youth Alliance for Development, (YAD), (Solwezi, North-West province), Youth for Change (Y4C), Adolescent Reproductive Health Advocates (ARHA) and/or other relevant civil society organizations.

#2 Priority - Treatment, Care and Support

Top Priority – Community-Led Service Delivery

Clinics are congested and there is poor access to health facilities as a result of distance from point of care. There is also high loss to follow up for TB patients in particular. In response to this, civil society has identified a specific need here in relation to the high infection rate of TB and the problem of multi-drug resistant TB. There are also poor service linkages between HIV and TB integration, with a need for earlier detection of HIV/TB co-infection. This integration of HIV and TB services needs to permeate further than the clinical level, to also be integrated at the community level in terms of care and support. In light of this, civil society can implement training of community health workers and help create self-forming groups for more efficient collection of medicines. This will strategically target pregnant women, children (and their care givers) and key populations. This should be rolled out primarily in treatment centers, support groups, self-forming groups, markets and churches. The suggested timeline is initially 2014-2019 though civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include Bwafwano Integrated Services Organization (BISO), Zambia Tuberculosis and Leprosy Trust (ZATULET), Zambia Network of People Living with HIV and AIDS (NZP+), Zambia Network of ARV Users, National ARV Support Programme (ZNARVS), The Copperbelt Health Education Programme (CHEP), Children in Distress (CINDI) Kitwe, The Centre for Infectious Disease Research in Zambia (CIDRZ), Lifeline in Zambia and/or other relevant civil society organizations.

Secondary Priority – Treatment Literacy

Poor adherence, high co-infection rate of HIV/TB, low uptake of services, lack of information and high prevalence of misconceptions are all gaps identified by civil society. Civil society is critical to the response in this area, with strategic advantage to implement community awareness and treatment literacy through drama, media and distribution of IEC materials. This will primarily target pregnant women, children (and their care givers) and key populations. This should be rolled out primarily in ANC clinics, TB corners, ART clinics, integrated clinics with HIV antiretroviral treatment department (ART clinic) and non-HIV outpatient department (OPD clinic), and self-forming groups. The suggested timeline is initially 2014-2016 but civil society emphasizes that this needs to be ongoing. Organizations that are well placed to implement include NZP+, Treatment Advocacy and Literacy Campaign (TALC), Zambia Network of ARV Users, ZNARVS, Community Initiative for Tuberculosis, HIV/AIDS and Malaria plus related diseases (CITAM+), Lifeline in Zambia and/or other relevant civil society organizations.

#3 Priority - PMTCT

Top Priority – Family Mobilization

Looking at the family structure in Zambia, the cultural formation dictates that whenever the father comes into the sitting room, the children must go and sleep. Civil society has identified this is a barrier to family information exchange about health. A united family approach is needed. This will also help reduce the burden of care from the clinical side, and will have broader community reach, building family systems and enhancing care and support. Civil society is well placed to implement HIV workshops for families on PMTCT, family dialogues and work camps for families. To reach parents, this priority area will target schools and churches as family settings, as well as Christian organizations in schools. This should be rolled out primarily in churches and health centers. Family mobilization on PMTCT should be carried out as an annual general event. Organizations that are well placed to implement include TALC, Network of ARV Users and/or other relevant civil society organizations.

Secondary Priority – Awareness Creation

Church culture in Zambia does not allow civil society to engage with young people about these topics. There is a need for workshops for pastors so that PMTCT might be preached in the churches. Civil society has identified male involvement as well as adherence as a major gap where increased awareness through dialogue will help more women access PMTCT services. Civil society can implement activities around this priority in part through radio talk shows, focus group discussions at churches and identification of PMTCT ambassadors. In order to reach the necessary beneficiaries – all women of child bearing age – civil society suggests targeting community leaders as strategic entry points. Civil society has comparative advantage to implement this in churches, schools and markets. The suggested timeline for this priority should include quarterly workshops and work camps bi-annually. Organizations that are well placed to implement include TALC, AfriYAN Zambia, Youth Vision Zambia and/or other relevant civil society organizations.

#4 Priority - Condom Promotion

Top Priority – Supply and Distribution

Civil society has identified that there are problems of inadequate supply of condoms, as well as inaccessibility. This can be remedied in part through civil society lobbying government to simplify the supply and distribution systems of condoms. Targeted groups include the Ministry of Community Development and Mother and Child Health, as well as the Ministry of Health. CHAZ will also be targeted. The populations that need to be prioritized for this intervention are particularly young girls, sex workers and LGBTI people. The priority area should be bars and night clubs, lodges, hotels, schools, prisons and border areas, which have been highlighted as hot spots that are in greater need. Civil society suggests this be rolled out as soon as possible once Zambia enters the New Funding Model, but ideally before that, beginning in January 2014. Organizations that are well placed to implement include all civil society organizations that have existing advocacy inroads to the following: Ministry of Local Government and Housing, CHAZ, Truck Drivers Association, Taxi Drivers Association, bars, lodges and hotels. Society for Family Health and AfriYAN Zambia were identified as being particularly suited to implement.

Secondary Priority – Awareness Creation

The need for awareness about condoms and HIV is urgent since civil society knows that usage of condoms is very low in Zambia, and HIV prevalence and incidence are high. This Charter's value proposition is that civil society is strategically placed to implement site visits to communities, work with peer educators and implement mass media campaigns. The main beneficiaries will be women, especially married women, since in Zambia they are more at risk for HIV infection due to cultural practices where they are taught by the Alangizis (Traditional Counselors) to submit to their husbands whenever he wants to have sex with them - with or without a condom. Young girls, sex workers and LGBTI people will also be strategic populations targeted with this priority intervention. This should be rolled out in bars and night clubs, lodges, hotels, schools, work places, prisons and border areas. The suggested timeline is initially May 2014, though civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include Youth Vision Zambia, AfriYAN Zambia, Planned Parenthood Association of Zambia (PPAZ), Southern African AIDS Trust (SAT), International Community of Women Living With HIV, Zambia Chapter (ICWZAM), TALC, Tasitha Programme, NZP+, Society for Family Health and/or other relevant civil society organizations.

#5 Priority - Male Circumcision

Top Priority – Awareness Creation around Neonatal Circumcision

There is a need to dispel myths and misconceptions about neonatal male circumcision (MC) to improve easy acceptance and practice. Civil society has expertise in the area of using mass media and implementing community interventions such as drama and infection prevention and control (IPC) and IEC materials. The primary targets of these activities should be parents, government, youths, traditional leaders and church leaders. Civil society has identified Copperbelt province, Lusaka province and Southern province as target regions from a strategic impact perspective, since these areas have the highest prevalence. Specific places for the intervention include universities, markets, schools, under-5 clinics, antenatal clinics and churches. The suggested timeline is initially for 2014, but monitoring and evaluation must continue as measuring impact will only be visible in the long-term. Organizations that are well placed to implement include Youth Vision Zambia, One Thousand Hearts Foundation, Mansa Youth Forum, SFH, AfriYAN Zambia, NZP+, TALC, Youth Advocacy for Change and/or other relevant CSOs.

Secondary Priority – Clinical Neonatal Male Circumcision

As a cheap and cost-effective priority, civil society has selected this intervention to save donor funding, save time for medical staff and reduce rates of traditional MC (which is often unsafe). It will also reduce complications, such as phimosis, and is a good strategy for investing in future health. Civil society's role within this priority area is to lobby government and stakeholders to adopt neonatal MC policy and practice. It was emphasized that there is a need for specific budgeting for neonatal male circumcision by government, which would be a major point of civil society advocacy under this priority. Beneficiaries will be Infants, targeted through their parents. This intervention should be strategically implemented by civil society in community clinics and facilities of implementing stakeholders such as PPAZ, Marie Stopes, Jhpaigo and SFH. The suggested timeline is initially for 2014, though civil society recognizes that this is an ongoing need. Organizations that are well placed to implement include Jhpaigo (Southern Province), SFH, Marie Stopes, PPAZ, CIDRZ and/or other relevant civil society organizations.

#6 Priority - Key Populations

Top Priority – Legal and Policy Change

The law is a major barrier as criminalization prevents access to health services, which is a top priority for key populations. There is also a lack of data around what the effects of policies and laws are on interventions, however, it is clear that these laws and policies lead to violation of people's rights. Civil society is well-placed to coordinate community engagement to influence laws and policies, including panel discussions involving key stakeholders. Civil society can also create safe houses, identify champions, conduct situation analysis/research for advocacy and run advocacy campaigns. Targets include Members of Parliament, FBOs and traditional, religious and community leaders. The Ministry of Justice, Human Rights Commission, Law Development Commission and the cabinet will be targets later on. CBOs, chiefs, Y councilors and champions are also strategic targets. These targets should be reached through communities, interest groups and most importantly in religious institutions. In the short term, civil society can disseminate information, start dialogue, conduct situation analysis and assist with research dissemination. The long term objective is to refine and update the law. Doctor Manase Phiri, Bishop Joshua Banda and Reverend Petson Kabala are leaders but civil society organizations such as Human Rights Commission, IPPF, SFAIDS, SAT, YWCA the Law Development Commission should also play a role.

Secondary Priority – Media Reporting

There is a need to influence the way media reports on key populations in order to reduce and eliminate stigma and discrimination. Media has great influential power but is often not well informed about key populations' issues and frequently carries misleading and sensationalized headlines. There is also a need to unpack the term 'key populations', as it is often only understood to refer to men who have sex with men, yet other groups form part of key populations in the Zambian context (migrants, sex workers). Civil society can develop appropriate tools for training media, begin a media and civil society dialogue on key populations and provide data for better reporting. Targets for training will be media house/established radio, newspapers and TV proprietors, as well as reporters and journalists, editors, schools of journalism, bloggers and social media. This should be implemented in major print and electronic groups, state media, as well as places where civil society works with media. In the short-term, (2014-2015) civil society will develop a training tool and hold dialogue sessions to develop a code of ethics against hate speech and discrimination for media. In the medium-term (2014-2018) civil society will conduct advocacy and training. Panos, ZamCom, Media Institute of Southern Africa (MISA), Friends of RAINKA, PPAZ and the Youth Assembly are well placed to implement.

Partner Organizations

Adolescent Reproductive Health Advocates (ARHA)

African Community Advisory Board (AFROCAB)

African Youth and Adolescents Network on Population and Development (AfrriYAN)

Atukondwe Community Development Projects in Zambia

CCM Secretariat, Zambia

Consumer Action Forum (CAF)

Copperbelt Health Education Project (CHEP)

Coalition of Zambian Women Living with HIV/AIDS (COZWHA+)

Dynamic & United Youth Alliance (DUYA)

Engender Rights Centre for Justice

F.O.R. Zambia

Friends of RAINKA

Group Focused Consultation (GFC)

International Community of Women Living with HIV & AIDS, Zambia Chapter (ICWZAM)

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Lifeline in Zambia

Mansa Youth Forum

Marie Stopes

Maternal Health Action Zambia

Ndola Youth Resource Center

Network of ARV Users

One Thousand Hearts Foundation

Planned Parenthood Association of Zambia (PPAZ)

President's Emergency Plan For AIDS Relief (PEPFAR)

Southern African AIDS Trust (SAT)

The Centre for Infectious Disease Research in Zambia (CIDRZ)

United Nations Youth Association

University of Zambia School of Medicine (Department of Paediatrics and Child Health)

Young Women's Christian Organization (YWCA)

Youth Alliance for Development

Youth Assembly

Youth Development Foundation

Youth for Change

Youth Vision Zambia

Zambia Health Community Initiative

Zambia National AIDS Council

Zambia National Antiretroviral Support Programme (ZNARVS)

Zambia Network of People Living with HIV and AIDS (NZP+)

Zambia Social Forum

Zambia Tuberculosis and Leprosy Trust (ZATULET)

