

**END TERM REVIEW OF THE IMPLEMENTATION OF THE PLAN FOR THE NATIONWIDE
ROLLOUT OF ANTIRETROVIRAL THERAPY IN ZIMBABWE**

2013-2017

REPRESENTATIVE OF PLHIV



**AIDS & TB UNIT
MINISTRY OF HEALTH & CHILD CARE
REPUBLIC OF ZIMBABWE**

September 2017

Background

The Ministry of Health and Child Care introduced antiretroviral therapy into the public sector in 2004 with the aim of reducing HIV related morbidity and mortality as well as improving the quality of life for people living with HIV in Zimbabwe. Implementation was initially guided by the Rollout of ART 2004-2007 followed by the Plan for the Nationwide Rollout of Antiretroviral Therapy in Zimbabwe, 2008-2012 then subsequently the Plan for the Nationwide Rollout of Antiretroviral Therapy in Zimbabwe, 2013-2017. As a result of high commitment by government and its funding, technical and implementing partners at all levels, the programme has expanded rapidly over the years, from 5 sites in 2004 to nearly 1600 sites by end of 2016, including 1566 ART initiating sites. The number of people accessing ART has increased from 11,000 to over 975,567 adults and children over the same period.

During implementation of the Nationwide Rollout of Antiretroviral Therapy in Zimbabwe 2013 – 2017 it was noted that there were huge disparities between treatment coverage among children and adolescents when compared to adults. This realisation lead to the development of the Accelerated Action Plan for the scale up of Antiretroviral Treatment for Children and Adolescents, 2015 – 2018 which outlined interventions to help scale up access to ART care and treatment in this population. Through implementation of the scale up plan service delivery was rearranged to ensure identification of children living with HIV through various entry points as well as linkage to treatment and care and this initiative lead to an increase in CLHIV on treatment from 55,061 in 2014 to 66,159 by the end of 2016.

Against a background of the ambitious goals set by the country to achieve the MDGs by 2015 and subsequently the SDGs by 2030, the government also developed a strategic framework for public private partnerships for TB and HIV prevention, treatment, care and support (2014 – 2016), to galvanize the critical input that the private sector will play in the national response. Through this framework, several partnerships with the private sector were established during implementation of the HIV care and treatment strategy which resulted in further decentralization of services and increased ART coverage for both children and adults.

To address the following 3 key questions in terms of controlling the HIV epidemic:

- Has there been a significant change in outcomes and impact?
- Are these changes plausibly related to program impact?
- How can programs be better focused on impact going forward?

The country with support from the World Health Organization and the National AIDS Council commissioned an epi and impact review towards the end of 2016. The following were some of the key findings from the assessment undertaken:

- HIV prevalence had remarkably declined for the periods 2000-5' 2005-10 and this decline was extending up to 2015;
- HIV incidence had significantly reduced from 1.48 in 2011 to 0.98 in 2013 and then to 0.48 in 2016;
- HIV related mortality had significantly been reduced [66% reduction in adult (15 – 49) mortality since 2003] suggesting a major impact of HIV treatment on deaths and new TB notifications [were also significantly declining;

- Overall the treatment cascade was showing low leakage with strong referral to care (97%), enrolment in care (88%) and some gaps from enrolment to newly initiating on ART (27%);
- Viral load suppression among those on treatment was relatively high (86.5%) with gaps still prevalent in viral load testing coverage (17% by end of 2016) and VL suppression among men [which was still relatively lower compared to their female counterparts];
- HIV treatment cascades among key populations was showing high leakages in comparison to the general population with significant gaps noted in the younger casual sex workers (CSWs) less than 25 years.

Findings from the proposed programme review are therefore expected to inform the development processes and strategies that the national programme should take up to steer the country towards meeting the 2020 Global UNAIDS 90 90 90 targets as well as the BE FREE framework superfast targets for children, adolescents and young people which it is party to.

Scope of work

The main roles of the representative of PLWHIV will include the following:

- Contribute to the development of the tools to be used during the Review process focusing on PLWHIV and communities
- Participate in the following
 - Key consensus workshops
 - Key Informant interviews
 - Team meetings
 - Field visits
 - Feedback sessions
- Consolidates, develops and summarizes the write-up for the field visit report and power point presentation focusing on issues to do with PLWHIV and their communities and their involvement in HIV prevention, treatment, care and support and submit on time
- Be available to be contacted for clarification during report writing until finalization of the report and its submission to the MoHCC

Outputs /Deliverables

- **A comprehensive report** focusing on involvement of PLWHIV and communities in HIV prevention, treatment, care and support and their satisfaction with the services

- **A debrief power point presentation** focusing on involvement of PLWHIV and communities in HIV prevention, treatment, care and support and their satisfaction with the services

Time Frame

The person living with HIV will work with the review team for a total of twenty-one (21) working days.

PLWHIV with the following Qualifications/Criteria

- The expert needs to have a first degree in social sciences or equivalent.
- He/she should have management skills and must have been in a management position at one point in their career.
- He/she should be knowledgeable and experienced in the area of HIV and AIDS prevention, treatment, care and support, community systems, linkages between the health and community systems. Experience with carrying out similar exercises will be a distinct advantage.
 - Excellent writing and analytical skills and strong oral communication skills are required
- Fluent in English (speaking, reading and writing)

Supervision and Accountability

The PLWHIV will report to the Team Leader in charge of the review process.

Application

Interested candidates should submit Technical and Financial Proposals in sealed envelopes mark "Representative of PLWHIV" and send to:

UNDP Zimbabwe

GFATM Programme Management Unit

Block 9, Arundel Office Park,

Mt Pleasant, Harare

Zimbabwe

Att: PSM TEAM

or

Email: zw.bids.gfatm@undp.org

Deadline for applications is Friday 29th September 2017 at 12.00pm.

Only shortlisted candidates will be contacted.