



# Zimbabwe



Only the People can Liberate themselves from AIDS the Epidemic



**Humana People to People  
Total Control of the Epidemic**

People when equipped with knowledge and well mobilized are capable of acquiring a crucial impact on the proliferation and the process of transmission of any disease

It is only the people that who can liberate themselves from the threats of the AIDS epidemic



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# Introduction



HIV is 100% fatal but 100% preventable!

AIDS is not just a serious threat to our social and economic development, it is a real threat to our very existence, and every effort must be made to bring the problem under control.

It all starts with an individual decision. Prevention of HIV is a crucial component of the fight against HIV. TCE has, as its main focus, the idea that each individual can change the face of the epidemic if well informed. This is what the Humana People to People TCE program has shown over the years. People taking responsibility! People taking the struggle against HIV into their own hands, and preventing each other from HIV infection and fighting stigma and discrimination in the communities. This is what is needed.

With this booklet, TCE - Total Control of the epidemic would like to share lessons learnt and experiences gained over the years in fighting the epidemic alongside the people and the government of Zimbabwe. With this booklet we aim to invite all interested partners to join hands with us and together take the long march towards the fight against AIDS.

# Background



Zimbabwe has experienced one of the highest levels of HIV infections in the world. Already in 1990 estimated average HIV prevalence was above 10% and the rising trend continued over the 1990s. Prevalence among pregnant women has peaked in the late 1990s around 30%. Following the increase in HIV incidence and prevalence, the impacts arising from the illness began to affect the general population and all sectors. HIV & AIDS has strained the delivery health system, led to a surge in the incidence of other diseases such as TB, as well as placing intense pressure on health workers.

Economic impacts of HIV & AIDS have been severe on households as a result of loss of employment, leading to loss of household income, erosion of savings and increased health and funeral expenditures. The number of orphans has increased dramatically due to HIV & AIDS. Women are especially vulnerable to HIV infection.

However it is good to note that in Zimbabwe, much has been done to achieve change over the passed decades and recent reviews indicate that behavioral change has already started. The changes towards safer sexual behavior need to be maintained, and there is a strong feeling that a lot more needs to be done. Nearly everyone knows the major ways of transmission of HIV, but frequently people are still not talking entirely openly and freely about it. HIV in Zimbabwe is predominantly transmitted through sexual contact.

# The Concept of TCE

TCE—Total Control of the Epidemic is a Humana People to People program designed to reach each and every individual in a geographical area of 100.000 people. The program is based on the understanding that “Only the people can liberate themselves from AIDS—the Epidemic.”

The idea of TCE stems from the experience that people, when equipped with knowledge and well mobilized, are capable of acquiring a crucial impact on the proliferation and the process of transmission of any disease. 50 local people are employed to work as Field Officers for a period of 3 years—to walk from house-to-house, person-to-person mobilizing each and every individual to make a risk reduction plan thereby promoting HIV prevention throughout the entire TCE Area.

The TCE program leads its struggle against HIV & AIDS by systematically instilling knowledge and readiness in each and every individual to take control. Through the course of 3 years, the people get to know more about HIV & AIDS, how to prevent it and what it means to face the consequences. People get to know how to act individually as well as how to join hands in an all out war against the epidemic.

TCE sees every individual as an essential building block in collectively turning the tide against HIV & AIDS. The program equips every person in the targeted area with the knowledge and tools needed to take control of HIV & AIDS. By drawing upon local participation, TCE ensures that each community involved is able to eventually take ownership over the fight against AIDS.

By engaging each individual into a dialogue, TCE is not only addressing HIV & AIDS in general, but tackling the underlying root causes of risky behaviours.



# The Concept of TCE



The program was first launched in Zimbabwe, in the District of Bindura in year 2000, covering a total population of 100.000 people. Since then, TCE has reached more than 10 million people in Angola, Botswana, DRC, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe, India and China. In Zimbabwe TCE is currently operating in Zvimba District, Mashonaland West, covering a total population of 100,000.

Due to TCE's comprehensive and holistic approach, the program is harmonized with many of the strategic goals outlined in the Zimbabwe's National HIV & AIDS Strategic Plan 2006 -2010. Furthermore, the TCE program is an excellent fit to the key cross-cutting themes incorporated into the implementation.

TCE is a strong fit to the theme of community systems strengthening as it uses a one to one approach to mobilize all members of a community to engage in a large scale HIV & AIDS prevention, treatment and care strategies. TCE fosters networks of communities and individuals and links them to existing services. It also improves local coordination, encourage uptake and enhances the impact of health service delivery while addressing service gaps at the community level where they exist. TCE is a fundamentally community based program that uses available resources and equips communities to overcome stigma and addresses HIV & AIDS at all levels.

Over the period of ten years of TCE implementation, the holistic approach to the community is still the best because the Field Officers have been successful in hitting the hearts of many people who end up opening up about their sexual lives.

This is what the Provincial AIDS Coordinator for Mashonaland Central Province, Mr. Nyamurera, said about the TCE approach: "We accepted the door to door method because it enhances openness and fights stigma. We have seen TCE, through this method, mobilizing people to go for voluntary counseling and testing and other related services we work with such as access to treatment. TCE worked well with stakeholders like Ministry of Education, Youth and Employment Creation, Health and Child Welfare, Chiefs and Religious Groups. We wish TCE to continue providing such services that could probably lead us into a situation that will promote behavioral change, Community Home Based Care and Prevention of Mother to Child Transmission.'

# Community Participation

The TCE model in other countries is implemented by 50 Field Officers, each working with a total of 2,000 people over 3 years. In Zimbabwe, a model with only 25 Field Officers was successful in 3 of the 8 Areas that are now completed. The idea is that each Field Officer then works with a total population of 4,000 people. We have seen this model yielding the same results as in a country with 50 Field Officers per Area because of the active participation of Passionates who work side by side with the Field Officers. We can also see that the people of Zimbabwe have put themselves at the centre stage when it comes to the fight against HIV & AIDS. They take an active role and they have a high level of understanding of the power of mass mobilization.

In Guruve, Mashonaland Central Province, TCE was launched in January 2007 with the aim to reach a population of 100,000 people. The first step was to get approval from the Provincial Medical Director. Thereafter, National AIDS Council at provincial level and other stakeholders were part of making the plan of implementation. This was a real people's program as it involved all and linked the people to the services that are provided by the government like PMTCT, ARVs, VCT, etc.

## •Passion for People Movement

What made TCE Guruve successful was the collaboration with the community, all the heads of departments in the government system and other AIDS service providers who are in the fight against HIV & AIDS. Apart from the one to one interaction, a lot of activities were also carried out in the community.

TCE in Guruve employed several strategies aimed at achieving the intended goals with quality results in fighting the AIDS Epidemic. The program in Guruve was highly respected and everyone had enough room to explore and bring in other initiatives for the program to



# Community Participation

be effective. The Passionates performed their best and managed to mobilize many more people to go into action and initiate development within the district.

Through the training in lay counseling, income generation and how to provide care to the sick, the Passionates performed quite well throughout the 3 years of TCE. These training sessions helped to equip the Passionates with basic skills on how to perform different activities related to the fight against HIV.

The Passion for People Movement was well felt in Guruve, with more women participating in income generation, home based care, positive living clubs, and so on. There was regular coordination with Field Officers as the Passionates also attended Patrol and Troop meetings to enhance their activeness and voluntary participation. The Field Officers together with the Special Forces supported the community by sharing their experiences and mobilizing many people to join hands in the fight against AIDS. TCE provided good skills and brought effective networks among the people of Guruve and the service providers.

Passionates were in the forefront of organizing and carrying out big events together with the Field Officers and TCE commanders; for example, Open Sundays, mobile VCT, establishment of income generating projects and national events like the World AIDS Days. This partnership and networking became a vehicle for TCE to disseminate information to many people in a short period of time. The gained support from Passionates enabled TCE to perform and implement many activities.

Trained Passionates helped to make the work easier. They were also carrying out interpersonal discussions, visiting people from house to house and even at work places. People were mobilized for VCT, treatment of sexually transmitted infections, income generating activities, positive living, PMTCT, etc.

- **The local leadership**

The one on one approach remained effective in mobilizing the whole community in the Guruve district. TCE targeted the local leaders first and then everyone else in the district. Influential local leaders like the District Administrator, chiefs, pastors and village heads proved to have impact in mobilizing people in their own community. TCE Guruve established close relationship with them and they hardly performed their daily activities as leadership without the involvement of TCE.

The local leaders were mobilized, recruited and trained as Passionates (volunteers in TCE). Considering the influence they have and using their roles in mobilizing the community to support TCE activities, the local leaders took a bigger role and responsibility. The local leadership organized gatherings at the community level and TCE was officially introduced. This helped Field Officers to be accepted in the community.

The ward councilors and other authorities were given targets to mobilize and recruit at least five people per individual and all were gathered at one place and trained as Passionates. This made TCE to gain mileage and the implementation of the program became easy. Community ownership has been one crucial part of the whole program because of the

# Community Participation



involvement of the local leaders in the program activities.

The Village Head, Mr Ison Nhemachena said; 'I accepted the TCE program because I knew it was good for the people in my village. I was in the forefront to mobilize other village heads to be in the TCE program. I helped in the initiation of Income Generating Projects to support the less privileged around my community'.

One of the structures that have influence over the life styles of the people is the church. Its leadership also plays an important role in the mobilization of the community because the society respects it.

The Salvation Army Captain in Guruve, Captain Garikai Chinyani, said; 'Before TCE, the youths were ignoring HIV & AIDS issues thinking that it's only for the older people. We actually accepted the interaction with TCE. It was quite good as the youths, through lectures from TCE, have gained enough education and currently we do not have such challenges. The future looks bright if we continue having such programmes. I do not actually know how TCE is spread within the country. I am just hoping that they continue providing such services to other provinces.'

Apart from the efforts by the community, the TCE program had tools for planning and implementing the program. Manuals were available for each level from the Passionates to the Commanders. Field Officers went through different education systems that enabled them to perform their tasks fully. Planning sessions were carried out during Troop Meetings and the management utilized their weekly meetings for planning purposes as well. After every two weeks, the Field Officers would meet to discuss their goals and assist each other in finding solutions to challenges faced in the TCE field.

The goals were clearly defined for three years. The goals were supported by well drafted strategies which suited the practical implementation of the program. The targets, as a monitoring tool helped to have clear overview and focus for the project to achieve its goals.

# Community Participation

- **Strengthening the links between the people and the services**

TCE developed a good system of coordinating with other service providers in the area and created effective referrals to services. Every quarter, updates and progress reports of the program were handed in to the stakeholders at district and provincial levels.

TCE Guruve made the reporting systems to work at all levels. On monthly basis the district met in a forum to inform and update each other on the progress made in the fight against HIV & AIDS. TCE got a slot on the agenda for these council meetings to inform and report about the planned program activities.

TCE joined hands with other HIV & AIDS service providers in Guruve through the organization of big gatherings like open days. Other implementers were invited for facilitation, providing input to the Passionates and coordinating to complement each other.

Ministry of Health and Child Welfare through the district hospital and the decentralized rural health centers helped the program with VCT facilities, Prevention of Mother to Child Transmission and provided ARVs. Population Services International assisted with mobile VCT facilities and people easily gained access to the facilities because they were mobilized and counseled by TCE Field Officers.

TCE contributed to the District AIDS Council plans using the National Aids Council guidelines. At the end of the program, NAC and the Ministry of Health carried out a survey to evaluate the TCE program.



# The Effects of TCE

Field Officers in Guruve raised community awareness to government services during their one to one interaction. This was confirmed by the District Nursing Officer, Mr Francis Muvhiwa who said, “We deal with the epidemics as a ministry which TCE has complimented a lot. Before TCE, we had one testing centre which is Guruve Hospital but due to the efforts of TCE we are now having eighteen (18) centers across the district. We have also noticed a tremendous increase in the uptake of mothers under the PMTCT program. The rate of clients being treated for sexually transmitted infections has also declined due to the work done by TCE. Also we have an increase in the number of patients under the ART. Before TCE we had 300 clients but now as we speak, we have patients closer to 2000 on ARVs. TCE has trained patient’s relatives/family members to become treatment buddies because they must adhere to their treatment. Also we had a serious cholera outbreak, the worst in the province, but TCE through its one on one approach worked very well in preventing cholera.’

## •The one on one Approach

While media such as radio or newspapers may reach large numbers of people, the one-on-one approach is highly valued and effective. It is culturally appropriate and allows people to raise many questions and concerns they might have on issues surrounding HIV & AIDS. Going from house-to-house allows the Field Officers to get in contact with people who would otherwise not have interest in talking or discussing about sexual issues.

With the house -to- house program, TCE reaches to the far out corners of the areas they cover, areas that can only be reached on foot as they are not accessible by road. The Field Officer registers all households in the TCE Field in a household register and this is a very strong data capturing system that can be utilized by other institutions as they can extract important data for their own use e.g. the number of orphans, number of people who need Home Based Care, etc.

In Guruve, many people appreciated the efforts of TCE in reaching every household and talking to each individual. This gave the people a chance to discuss sexual issues that they would otherwise consider as taboo in their everyday life. This was especially appreciated by the people from different church formations who then found it easier to discuss such issues without becoming moralistic about them.



# The Effects of TCE

## •Uptake of VCT services

The key to living a healthy life with HIV is being diagnosed early. Getting tested for HIV and letting your partner, your family, or close friend know your status is an essential part of staying healthy. Knowing your status allows you to make informed decisions regarding your future and your life. Knowing you are HIV positive allows you to take steps to protect your unborn baby. Women living with HIV can have healthy uninfected babies.

TCE has, as its main objective, to mobilize every individual to get tested and know their HIV status. In many rural areas, the testing facilities are far and people, even if they want to get tested, might find it costly. TCE creates strong networks with other NGOs who provide testing services. Mobilization of many people for testing creates demands for adequate facilities.

When TCE started in Guruve District, only one hospital was providing testing facilities but by the end of the 3 years all 18 clinics were testing for HIV. This was clearly said by the District Nursing Officer of Guruve.

TCE in Guruve also managed to mobilize people for mobile HIV testing through Population Services International Zimbabwe as a collaborating partner. Bridget Muyotsha from the New Start Centre said; ‘TCE played a big role in mobilizing people for HIV testing with us providing testing facilities. We used to come for testing three or four times a month and testing at least 350 clients. I wish if TCE could spread its wings to other provinces to save lives.’

Mr Virimai from the New Start Centre (PSI) said, “We are witnessing a number of people advocating for TCE activities. TCE is a very good implementer of HIV & AIDS activities and it has brought a tremendous change in the number of clients going for voluntary counselling and testing and fighting stigma and discrimination”.

At the end of the 3 years that TCE has been in Guruve, 24,574 out of the target population of 100,000 people were mobilized and got tested for HIV.



# The Effects of TCE

## •PMTCT - Prevention of Mother to Child Transmission of HIV

Many pregnant women in Guruve did not want to go to the clinics for PMTCT program because of stigma attached to it. Most of them were afraid of what to do with the HIV test results as they did not have the courage to share with their spouses. Many women are afraid that if they test positive for HIV then they will be rejected by their husbands, and this can cause major problems if a woman becomes pregnant.

TCE involved the husbands when counselling the pregnant woman for PMTCT. This worked well although it was a struggle at first. Most men in Guruve believed that anything to do with ANC is for women only, but little by little, they started to understand.

Quote from the District AIDS Coordinator, Mr Claudius Musandaira, 'We have seen a tremendous positive uptake in PMTCT. Before TCE, we had about 20% and now with the efforts of TCE we are having an uptake of almost 90%.TCE has helped in fighting stigma and discrimination. Ministry of Health and Child Welfare is being overwhelmed by the efforts.'

5,268 pregnant women were informed about the PMTCT program during the TCE program period.



# The Effects of TCE



## •Access to Condoms

The condom is a critical element in a comprehensive, effective and sustainable approach to HIV prevention and treatment. The vast majority of HIV infections in Zimbabwe are sexually transmitted. Condoms are one of the most effective ways of prevention with dual protection against sexually transmitted infection and unwanted pregnancy. But condoms may become unavailable when health facilities are weak, supply lines are not constant or people are living far from the road networks. Condom provision must be accompanied by campaigns to raise awareness of their effectiveness in preventing sexually transmitted infection, their correct use, and where to obtain them.

TCE in Guruve trained the Field Officers and Passionates on what messages to give to the community; the main emphasis being on correct and consistent use of condoms. Each Field Officer in Guruve mapped out different places in the field to establish condom outlets. Bars, tuck shops, hair salons, and other places which are accessible to many people were used as condom outlets. The condom outlets were manned by Passionates and the Field Officers ensured the constant supply.

The Field Officers organised and carried through a lot of campaigns on the correct and consistent use of condoms. Many people were very happy with the supply of condoms and TCE managed to distribute 1.6 million condoms over 3 years.

# The Effects of TCE

## •ARVs and adherence to treatment

The aim of antiretroviral treatment is to keep the amount of HIV in the body at a low level. This stops any weakening of the immune system and allows it to recover from any damage that HIV might have caused already. The treatment consists of drugs that have to be taken every day for the rest of a person's life. Once treatment has begun it must be adhered to, in spite of side effects and other challenges.

TCE developed a system called TCE TRIO, aimed at assisting those on HIV treatment to adhere to treatment and gain support from family members and close friends.

The TCE TRIO program directly addresses the question of silence, stigma and discrimination as it seeks to mobilize those on ARV to open up to more people about their status. This is quite beneficial to the clients as they gain support from their family and friends.

The TCE TRIO is formed by three people - one on ARV and two supporters who are either family members or friends. The two supporters are also known as TRIO Passionates. The TRIO Passionates act as treatment supporters who make sure the client adhere to the treatment. They do that through reminding the clients when to collect the treatment from the clinics/hospitals, monitor the intake of medication, as well as helping the client to deal with side effects and related challenges. They provide spiritual, preventive and psychological support.

In Guruve, the Field Officers were responsible for forming TRIOs. They identified those who are on ARVs and mobilized them to join the TRIO program. This was done through the door to door campaign, the mobilization in the ARVT clinics and in Support Groups. The clinics and other local organizations were also referring the HIV positive clients to the Field Officers.

The client was the one to identify two people whom they wished should support them. The Field Officer then organized training for the TRIO Passionates. The training comprised of information like:- the basic facts on HIV & AIDS, understanding ARVs, nutrition, adherence counseling and disclosure. This was done to equip the TRIO Passionates with the information to be able to fully support the client.

The Field Officers worked together with the clinics and hospitals around their fields to be able to reduce the defaulter rate by getting to know the number of defaulters. The clinics also referred those who are taking ARVs to the Field Officers so that they could join the TRIO program. The TRIO program helped the clients to get the courage to disclose not only to the few family members and friends but to many more people since the level of understanding had improved.

The Field Officers visited the TRIOs to check if they were doing well and supported them during the three-year period of the TCE program. The Field Officers had the responsibility of securing that the TRIO Passionates received continuous training.

In Guruve, the Field Officers mobilized and trained 249 TRIOs. The community appreciated the training and the formation of TRIOs as another way of making people understand more about the importance of being open about their HIV status.

# The Effects of TCE

## Youth Involvement

The youth in Guruve had been a priority throughout the 3 years and were targeted in various types of activities. The program managed to break through into the lives of youths and brought a lot of changes by establishing Youth Clubs.

Headmaster, Mr Charles Matare had this to say about the TCE program; “TCE is educating pupils and the children are a vehicle of communication. Children, through TCE program, have disseminated HIV /AIDS information throughout the ward.”

A teacher from the same school, a TCE Passionate, Mr Kizito Mupungaso, commented about the school clubs which included orphans and vulnerable children which were established in the school and said; “Children are responding overwhelmingly and have joined clubs such that they help others like orphans and vulnerable children.”

Despite the challenges the Field Officers experienced in Guruve, they did not give up in challenging the youth in all their clubs about the big issues of behavior change. Mr Moses Nyenje from the Ministry of Youth and Employment Creation had this to say,

“We have seen a tremendous change. Before TCE, youths were contracting sexually transmitted infections without knowing necessary steps to take. But, due to the positive education from TCE, youths changed their behaviour.”

In Guruve, TCE established a good relationship with the Ministry of Education, Sports and Culture. TCE gave lessons in the schools together with teachers responsible for AIDS education. Some of the pupils were trained as Peer Educators and received lessons to increase their knowledge about HIV & AIDS. They were trained to disseminate correct information to their fellow students as well as the community. Teachers were recruited and trained as Passionates to assist the children to perform educative dramas, poems and choirs about HIV & AIDS during big events. This enhanced fast movement of information to the community. A total of 88 youth clubs were established

## Capacity Building

The Guruve community is well prepared for the fight against HIV & AIDS as a result of the mass mobilization by TCE. The Passionates who have been trained by TCE have the capacity to continue the activities in the Guruve District as they were linked to the different health services and are also under the guidance of their local leaders. Most of them have enough knowledge about HIV & AIDS that they can pass on to their community members. They know how to deal with the consequences of AIDS and where to go when help is needed.

The TCE Field officers themselves are local people most of whom were coming from school or had been unemployed for some time. TCE recruited and trained these locals to be in the centre of the fight against HIV & AIDS. They were under continuous training since day one until the end of the TCE period. The Field officers went through an initial training and thereafter counseling and how to be good community educators. They gained so many experiences through the community work and how to interact with many people throughout the three years.

Most of the Field Officers were absorbed by Development Aid from People to People to lead other project types and some will continue to work in the same community as Passionates. With the experiences they have gained, the Field officers can easily get employed in other sectors dealing with HIV or other health issues. 109 passionates were trained as lay counselors

# The Perpendicular Estimate System

During the first year of TCE Program, people in the community are being informed and educated. In the second year the FO's go back to the same 4,000 people in various fields to measure the knowledge and understanding of HIV & AIDS they impacted to the people. There is a tool they use to verify the level of knowledge and understanding and this is called the Perpendicular Estimate System (PES).

PES is used to measure the behavioural change from person to person as each individual has to make a risk reduction plan together with the Field Officer. PES also motivates the people to decide about knowing their HIV status and is a good platform for a client to open up as PES is treated as a counselling session.

PES has different prototypes with specific demands.

Prototype - under 15 years:

- Know all about it
- Know how to avoid being infected
- Decide about yourself
- First sexual contact
- Be part of the TCE Movement

Prototype - above 15 years:

- Know all about it
- Know how to avoid being infected
- Get tested
- Make sure not to spread the virus
- For you who are HIV negative
- For you who are HIV positive
- For you who do not know your HIV status
- Be part of the TCE Movement

Prototype - Pregnant woman answering on behalf of their unborn babies:

- Know your HIV status
- Protect the life in your womb
- Protect your infant against AIDS

Each of the prototypes has a score of 100 points. The people earn points as they respond to discussions about their risks to HIV infection.

Each person who earns 85 points and above is said to be TCE Compliant and therefore should declare themselves TCE COMPLIANT, sign the PES card and remain with it. If a person did not comply with the PES demands, a revisit is planned between the Field Officer and the person.



# TCE Compliance

When a person declares himself TCE compliant, it means they demonstrate a state of understanding their risks and decide to act upon them. It is the people who declare themselves TCE Compliant because of their knowledge, understanding as well as their decision about their sexual behaviour. It is the people who decide to maintain being compliant throughout their lives whether HIV negative or positive. Compliancy should also be carried from generation to generation after TCE to promote an AIDS free generation. In Guruve, 72.176 people made risk reduction plans (PES) and out of these 65.209 declared themselves TCE compliant. It means the people of Guruve readily accepted to change their risky behaviours and adopted safe sexual practices.

## Stigma and Discrimination

The TCE Field Officers worked hard to have more people tested for HIV and thereafter mobilized them to join support groups and the TRIO formations. In this way people were well informed about how they can live long and healthy lives with the virus. It also meant that more and more people became more relaxed and started to open up to others about their HIV status. The Field Officers created an enabling environment for the people living with the virus by involving the whole community in an all out action against stigma and discrimination.

People were free to engage into active discussions about HIV and how to deal with the people living with the virus and this encouraged more acceptance of the situation.

## Achievements in Figures

The TCE Guruve achievements in Figures:		
No	Indicator	Total Achieved
1	Number of people visited and registered 1st time	101.599
2	Total number of visits made in 3 years	352.208
3	Number of people mobilized for HIV testing	24.574
4	Number of people active as TCE Passionates	5.490
5	Number of people who made a risk reduction plan	72.176
6	Number of people who declare themselves TCE compliant	65.209
7	Number of lessons given	6.305
8	Number of people who received lessons in the community (people were counted each time they received a lesson)	170.143
9	Number of condoms distributed	1.605.712
10	Number of pregnant women informed and mobilized for PMTCT	5.268
11	Number of households registered	15.661
12	Number of TRIOs formed	249
13	Number of Positive Living Support Groups	76
14	Number of orphans registered and referred for support	7 253

# TCE Coverage 2000-2010



TCE Zimbabwe Coverage 2000 - 2010

No	District	No of Areas	People Reached	Period	Partner
1	Bindura	1	100,000	2000 - 2003	PSI
2	Shamva	1	100,000	2000 - 2003	DAPP in Denmark
3	Zhombe	1	100,000	2001 - 2004	DAPP in Denmark
4	Mt Darwin	2	200,000	2003 - 2006	UNICEF/DAPP in Demark
5	Mazowe	1	100,000	2004 - 2007	DAPP in Denmark
6	Mabvuku/ Tafara	1	100,000	2004 - 2007	JICA
7	Guruve	1	100,000	2007 - 2009	DAPP in Denmark
8	Zvimba	1	100,000	2010 - 2013	DAPP in Denmark
	Total	9	900,000		

# Continuous fight for total control

TCE Guruve as a three year program prepared the community to continue with the activities started by Field Officers in Guruve. The TCE leadership drafted an exit plan together with the Passionates. All the programs started in the community are run by the Passionates together with their local leaders. One of the community leaders, David Gundani said; “TCE has taken measures for its continuity as they have trained Passionates to continue the tasks.”

Passionates were occasionally invited to Troop and Patrol meetings for them to be together with the Field Officers and get familiar with the TCE systems and be ready to take over. The meetings were used as training ground for the Passionates to gain confidence in community work. TCE Guruve empowered the Passionates so that they are capable of taking over and handle the work of the Field Officers.

TCE initiated field visits so the Passionates could take note of what is on the ground and where the activities are located for them to continue.

A meeting was held, where HOPE project staff and the District Committee, were informed about all activities and what should be done to continue in Guruve. These two entities will provide continuous coordination, monitoring and evaluation of these activities. The program was officially phased out and all key stakeholders were invited to celebrate the progressive changes in the District.



# Results of Evaluations of TCE in Zimbabwe:

Here we share the findings of some TCE program evaluations:  
Conclusions of the JICA Study:

Terminal Evaluation of the Project for the Prevention of HIV & AIDS Transmission in the Mabvuku/Tafara Area in the City of Harare, Zimbabwe

The overall Project Purpose is to reduce HIV & AIDS transmission in Mabvuku/Tafara area. The results of the evaluation show that the project purpose is nearly achieved for the following reasons:

- At the time of the evaluation, almost everyone 98% knew different questions asked pertaining to HIV & AIDS issues. When DAPP carried out the initial baseline, about 75% knew about HIV issues.
- Moreso, an insignificant proportion of the population had visited the VCT centres in town to learn about their HIV status. At the time of the evaluation, more than 10,000 people had gone for HIV Testing- which is a key turning point to reduce transmission of HIV.
- At project inception, the Prevention of Parent to Child Transmission (PPTCT) issue was new in Mabvuku/Tafara and now PPTCT uptake was recorded as one of the highest in the MOHCW statistics.
- At evaluation period, it was found out that stigma and discrimination still exists but to a limited extend, and disclosure is now taking place in the community and this is an important aspect of HIV prevention.
- The fact that Commercial Sex Workers (CSWs) have abandoned their trade for vending and other activities shows that the project purpose was achieved.
- Though the number of female condoms distributed constituted only 12% of the total distributed, at least it is a sign that even women are now taking a leading role in trying to protect themselves from HIV.

Conclusions of the TCE Guruve study carried out by the National AIDS Council (NAC):

The study sought to establish the extend to which TCE achieved its objectives, during the three year period of implementation of the project in Guruve district. The study therefore established the following;

- That the TCE project managed to reach all the wards in the district, doing the door to door, one on one education on HIV & AIDS.
- Managed to mobilize community towards testing and counseling.
- The general knowledge that HIV had no cure, but people can be treated using ARV drugs.
- Managed to mobilize the local community towards positive living, promotion and participation in market and nutrition gardens for PLWHIV.
- That communities do welcome HIV & AIDS intervention projects and are participating in various ways including; awareness, peer education, HBC, advocacy and counseling among others.
- That the participation of local leadership in HIV & AIDS programming is not minimal.
- On number of sexual partners the study showed that the majority, especially men had had more than one sexual partner in the past one year but a significant number opted to use condoms.
- That the community of Guruve has knowledge on HIV & AIDS, and the various intervention activities being done in the area.
- That much more has to be done to promote program ownership and sustainability.

# The history of DAPP in Zimbabwe

Through almost 30 years of work, DAPP in Zimbabwe has developed a strong base as an organization in Zimbabwe. People and institutions have trust in the organization, its leadership and staff consider DAPP in Zimbabwe a permanent part of the development picture.

In the early years after Zimbabwe's Independence we were mainly involved in short term projects e.g. construction of schools and clinics and the establishment and forming of farming cooperatives on some of the commercial farms that were bought by the Government of Zimbabwe. These projects were implemented all over the country and gave us the opportunity to get a broad knowledge of the variety and diversity of the nature, the opportunities, the people and their needs and the culture in the new and free Zimbabwe.

In 1985 DAPP in Zimbabwe took a new approach to its work and started more long term development projects.

One such example is Ponesai Vanhu Technical College, which was constructed by DAPP in 1981. It has been training young Zimbabweans from all over the country in vocational skills and is still doing so. With the skills gained, the youth can fend for themselves through employment or by creating self-employment, and they become productive members of society.

In the early nineties, DAPP expanded its activities into farming, further work within education, child development and later also into the fight against HIV & AIDS.

During the nineties the HIV & AIDS epidemic became a threat to mankind, especially devastating to the peoples of southern Africa. DAPP Zimbabwe and other members of Humana People to People declared war on HIV & AIDS. HOPE Humana People to People started in 1998. Based in Bindura, the provincial capital of Mashonaland Central, HOPE carried out activities to deal with the consequences of HIV & AIDS and offer VCT services to the people in and around the town.

In year 2000 another HIV & AIDS program was developed based on the understanding that "only the people can liberate themselves from AIDS - the epidemic". There was need for a program that systematically reached out to each and every individual to take the fight to a new level in order to stop the spread of HIV. Total Control of the Epidemic, TCE, has since expanded not only in Zimbabwe, but to 10 other countries reaching close to 10 million people on a one to one basis. TCE has proven to be an efficient program because it mobilizes each and every person to take control of the HIV situation, in regard to stop the spread of the disease, caring for the sick or in other ways alleviating the consequences of the epidemic. TCE has also increased the experience and capacity of DAPP in Zimbabwe because of its systematic approach, its intensity and its outreach.

## Plans for more TCE in Zimbabwe

It is evident that TCE is needed in the other districts and provinces of Zimbabwe. The fight against HIV & AIDS continues even though there is a significant decline in the HIV prevalence rate in Zimbabwe.

With adequate funding through partnerships, TCE has the capacity to cover whole districts and provinces in Zimbabwe with intensive counseling for behavior change.

As the experiences of community mobilization for HIV prevention in Southern Africa grows, more and more governments and partners are willing to pay for the TCE Program.

It costs \$1.80 per person per Area to implement TCE in one year.

Currently, TCE is being implemented in Zvimba District, Mashonaland West Province covering 100.000 people funded by DAPP in Denmark.

HIV & AIDS is everyone's responsibility. It needs concerted efforts. All partners are welcome to join hands with DAPP in Zimbabwe and fight this scourge.



# Humana People to People Total Control of the Epidemic

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