



Newsletter

Autumn 2019

Almost a decade ago, UNAIDS set ambitious targets for ending the HIV & AIDS epidemic. If reached by 2020, these efforts would see the countries most heavily affected by the disease massively scaling up their testing, treatment and after-care regimes. Current progress indicates the targets will not be reached until 2035.

The sluggish pace is no doubt due to the increasingly difficult funding environment faced by those on the front-lines in the fight against AIDS. In 2018, global funding for the AIDS response stood at US\$19 billion: a billion dollars less than the previous year and continuing the trend of annual reductions. Across the region, governments are overwhelmingly dependent on international assistance: to test the tens of millions of people who may be infected; and ensure that the 15 million people currently enrolled on life-saving antiretroviral (ARV) drugs continue to receive treatment for the rest of their lives. The latest figures show that 63% of all costs associated with the AIDS response are met by international sources¹.

Yet, there is hope and it comes from an unexpected quarter: Zimbabwe. With an HIV prevalence rate of 14.6%, Zimbabwe is one of the countries most heavily affected by HIV & AIDS. Families across the country struggle to provide for the half a million children orphaned by AIDS - and the many more affected. This struggle is made all the more difficult by the frequent bouts of political turmoil and economic uncertainty. It is perhaps no surprise that Zimbabwe contains more Egmont partners than any other of our six countries of operation. However, the quiet dedication and resilience of a thriving civil society has ensured that Zimbabwe is one of the few countries on track to meet the 90-90-90 targets by 2020.

This tenacity was observed in all of our Zimbabwean partners during an extensive trip conducted by Egmont this year, as part of our ongoing

commitment to regularly assess and evaluate our partners' work. Each of the organisations visited employ unique approaches towards reducing the number of new infections. As with all of our partners, they also address the individual and personal impact of AIDS. Helping families to cope and care for the vulnerable children in their care; ensuring they are enrolled in school; assisting those infected to navigate the complex web of treatment options; and providing the resources and training so that families can provide for themselves.

Closing the book on AIDS goes beyond simply testing and treatment. For those living through the epidemic, reaching the 90-90-90 targets is simply the first step of many. With another generation set to grow up under the impact of HIV & AIDS, it is heartening to see that the cumulative efforts of the thousands of organisations - like our partners - across the region are having an effect. Not just on reducing the number of new infections but on improving the lives of the millions already affected.

Nomuhle Gola
Programme Manager



Country Report

Zimbabwe

Project Highlight

Wild4Life

Enrolled 2,516 HIV+ community members into ARV support groups, reducing costs associated with collecting prescriptions; and ensuring patients are monitored for adherence, reducing the chance of passing on the infection.

Project Highlight

Midlands AIDS Service Organisation

Supported 180 grandmothers caring for orphaned and vulnerable children to start goat farming. The grandmothers have grown their initial investment of 12 goats to 102. As a result, nearly three-quarters of the families supported are now reporting that they can feed their children at least twice a day.

Project Highlight

Matabeleland AIDS Council

Assisted 45 vulnerable children who were unable to afford the cost of school fees into primary and secondary school. In addition, MAC have begun working with these schools to generate an income through chicken rearing so the children's educational costs are provided for in the long-term.

Project Highlight

Pamuhacha

Established 138 child protection committees across the local area to protect young girls from early marriage, sexual abuse and removal from school. As a result, cases dealt with by local authorities have increased from 1 per quarter to 35, helping to create safer environments young women.

Project Highlight

Shamwari Yemwanasikana

Trained 40 women in poultry rearing and provided start-up capital. Cumulatively, this group has now realised \$7,326 in profit, which has been used to support out of school children and reinvested into the business.

Project Highlight

Nyanga Community Development Trust

14 savings and business support groups formed enabling 128 parents and caregivers to access credit and boost their businesses.

Project Highlight

AIDS Counselling Trust

Reached 1,498 community members across Chihota with behaviour change sessions, HIV & AIDS education and campaigns to change attitudes to the role and treatment of women in traditional and cultural practices.

Project Highlight

Community Based Aid Programme

Supported 5 schools to start income generating projects that provide school materials, uniforms, shoes and other essentials to vulnerable children.

Hope amongst hardship

During the time of this visit, the Zimbabwean government had recently banned the use of US dollars - the de facto currency - in favour of the new national currency: the RTGS dollar. The resultant turmoil, exacerbated by a country-wide shortage of fuel and erratic supplies of electricity, fomented in some civil unrest and reactions from the security forces. Despite this, all of our partners have continued to operate normally, and are carrying out their projects with minimal changes to implementation. Their passion, resilience and commitment was evident at each project site visited.

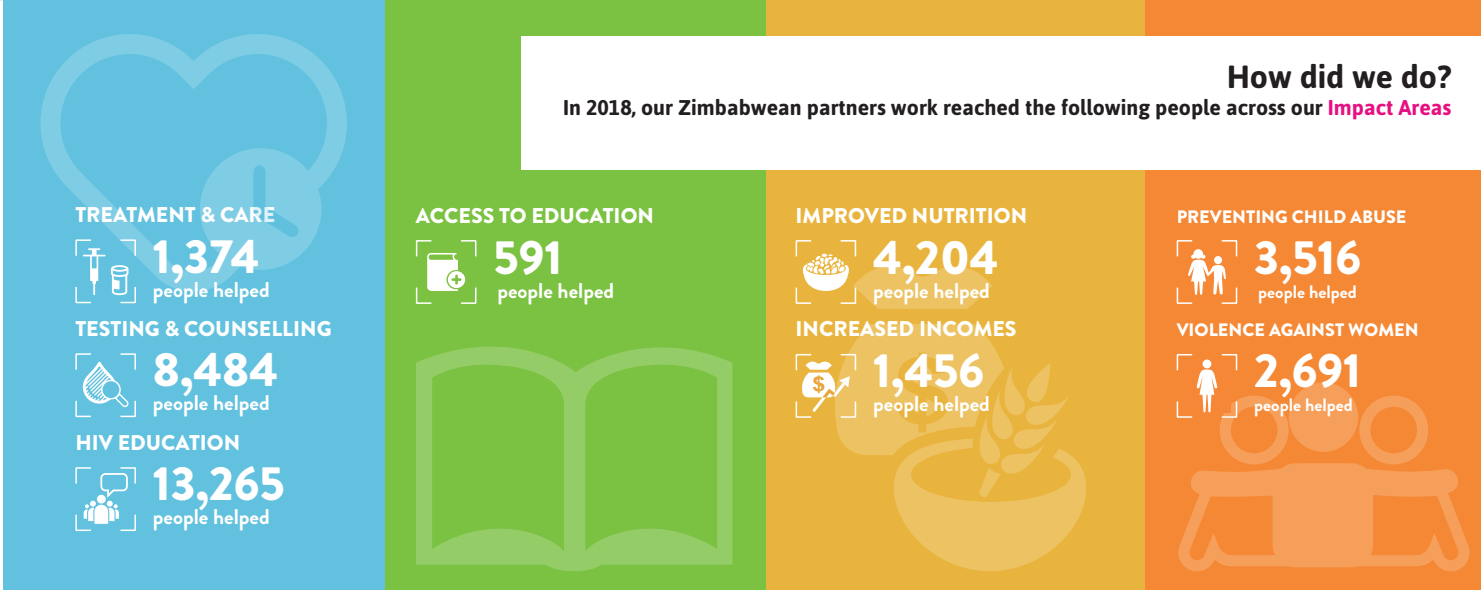
While HIV prevalence in Zimbabwe as a whole is 14.6%, it hides pockets where the number of HIV infections is considerably higher – particularly in the south and west of the country and in the informal settlements surrounding the capital, Harare. Just like many other developing countries, Zimbabwe is experiencing population growth and movements

of young people and families from rural areas to urban areas in search of work. The poor economic climate and overstretched public services leave them especially vulnerable to infection, particularly young women who are nearly twice as likely to contract HIV as their male counterparts. As such, Egmont's 16 partners in the country implement a range of responses to counteract these issues.

Helping Children

Some partners focus on providing immediate relief to families that are struggling under the impact of the epidemic. **Chiedza** is based in Mbare, an informal neighbourhood on the outskirts of the capital. **Chiedza** provides children who have slipped through the cracks of Zimbabwe's ailing education system with a second chance at education. The families of the children they support are unable to pay for school fees, so **Chiedza** – with Egmont's support - enrolls children in their informal primary and

In 2018, our Zimbabwean partners work reached the following people across our Impact Areas





secondary education programme. **Chiedza** also works with their families to start income generating businesses so that they can afford the cost of schooling and their children can be reintegrated back into the formal education system, freeing up space at the centre for more children in need. Just six months into their current project, **Chiedza** has already reintegrated 41 children back into school and begun working with 200 families to help them boost their incomes.

The **Child Protection Society (CPS)** identifies HIV+ children who have been unable to take their essential ARV drugs due to adverse reactions. As a result, their HIV infections have developed a resistance to the prescribed ARVs, meaning they must be enrolled on more difficult to get '2nd line' drugs, that are often only available at central hospitals. So far this year, they have helped 208 children to access this treatment. Like almost all of our partners who focus on young children; **CPS** works with their families, providing them with business training and helping them to identify opportunities to grow their incomes.

Helping Boost Incomes

The **Rafiki Girls Centre**, based in central Harare, and **Seke Rural Home Based Care**, that works with the semi-rural communities to the south of the capital, provide training and skills to boost the economic chances of young women and families caring for vulnerable children. Across the country, this approach is followed as it provides a sustainable improvement in the lives of those supported, ensuring that the money invested produces long term results and future projects can target new communities. Improving livelihoods is a significant component of the following partners projects: **Midlands AIDS Service Organisation (MASO)**; **Nyanga Community Development Trust (NCDT)**; **Pamuhacha**; **Shamwari Yemwanisikana (SYS)**; and **Talia Women's Network**. Together, their Egmont supported projects will help improve the lives of 3,420 AIDS-affected children and family members once they have finished implementation.

Preventing New Infections

All of our partners in Zimbabwe work to prevent new HIV infections by providing information on how HIV is transmitted and educating their communities on how to avoid infection. Some partners focus on bridging the gap between isolated or under-served communities and healthcare centres, ensuring those who are infected are enrolled on treatment or those who do not know their status can get tested. Like Egmont partner **Wild4Life**, which works with clinics throughout Binga District where the number of HIV infections is so high that 1 in 5 people are HIV+. Yet, clinics are so understaffed and poorly resourced that only 14.8% of people living with HIV are enrolled on treatment. **Wild4Life** provides training, equipment and monitoring tools to clinic staff across

the district and works with community volunteers to provide outreach services and run support groups for people living with HIV.

With the HIV epidemic likely to continue for decades to come, many of our partners target young people in their work. By helping to prevent new infections through behaviour change and the elimination of harmful cultural practices and traditions, their work aims to reduce the impact of AIDS on the next generation. The **AIDS Counselling Trust (ACT)** works in 5 communities in Chihota – about 80 kilometres outside Harare – with 3,450 young people in- and out-of-school. **ACT's** project aims to change the way these young people see gender roles and educate them on appropriate behaviours that reduce the chance of infection and lead to equal decision-making power between young men and women. Meanwhile **Youth Advocates Zimbabwe (YAZ)** operates a HIV hot-line and SMS service with Egmont's support. **YAZ** provides advice and answers to young people who phone up with questions about HIV and other STIs, and refers them to clinics for treatment if necessary. This innovative approach is especially needed for young people as traditional methods – campaigns and community outreach work – have not been as successful as with older generations

→ News & Updates

Farewell

After six years of service with Egmont, we are sorry to see Sophie Crooke, Egmont's Head of Fundraising & Communications, move on to pursue a career in child counselling. Sophie's dedication and passion for the work of Egmont and our partners will be sorely missed. Jake Westlake has been appointed as Egmont's new Fundraising and Communications Manager. Please direct any future correspondence to jake.westlake@egmonttrust.org

New Online Donations

Our new online donation system, powered by Stripe, is now live on our website: egmonttrust.org/get-involved. Stripe is an industry leading online payment facilitator and is certified to the highest compliance and security standards. So you can know that your online donations are 100% secure. We particularly encourage our supporters to sign up as monthly givers, which allows our partners the security to plan ahead and offer long-term solutions to the problems facing their communities.



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