ANGLICAN CHURCH ZIMBABWE

2016 - 2018

HIV Related Stigma and Discrimination Reduction Programme

LIST OF ABBREVIATIONS AND ACRONYMS

ACZ	Anglican Church Zimbabwe
ARDeZ	Anglican Relief and Development in Zimbabwe
BOT	Board of Trustees
MTCT	Mother To Child Transmission
HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
CSO	Civil Society Organization
PLHIV	People Living with HIV
PLWHA	People Living with HIV/AIDS
FGD	Focus Group Discussion
PMTCT	Prevention of Mother To Child Transmission
ZNNP+	Zimbabwe National Network PLHIV
ArDeZ	Anglican Relief Development of Zimbabwe
CCMP	Church and Community Mobilization Program
IEC	Information Education and Communication
VCT	Voluntary Counselling and Testing
LGBT	Lesbian Gay Bisexual Transgender
NGO	Non -Governmental Organization
FBO	Faith Based Organization
MSM	Men Sleeping with Men
ZNASP	Zimbabwe National AIDS Strategic Plan
CHBC	Community Home Based Care
OVC	Orphans and Vulnerable Children
NAC	National AIDA Coordination
FTE	Full Time Equivalent
M&E	Monitoring and Evaluation
PPR	Project Progress Report
KAP	Knowledge Attitude and Practice
IGA	Income Generation Activity

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Executive Summary

This HIV Stigma and Discrimination Anglican Church Zimbabwe three year programme plan (Business plan) is a result of business planning workshop held at Cresta Lodge involving representatives from the five diocese of Anglican Church Zimbabwe. The workshop was a follow up to a study on HIV Stigma Index led by ZNNP+ and the report was shared with participants who had the opportunity to appreciate key findings and recommendations from the report.

This Business plan is set out based on the workshop proceedings and mainly highlights issues on HIV based on context analysis, current church interventions as per diocese, shares highlights and recommendations from stigma index study and looks at the project design, implementation process and problem analysis. A problem statement is presented with the project overview which outlines goal, outcomes and outputs as well as proposed beneficiaries and is followed by options analysis. The final section covers project resources, benchmarks, M&E as well as log frame. Budget estimates are provided separately as an excel worksheet.

To actualize the goal of this Business Plan, ACZ, through ARDEZ and respective dioceses have the greatest challenge of bringing the vision of zero stigma and the promise of a better life for the infected and affected, into reality. This vision is possible to achieve given the capacity and goodwill the church brings into this intervention. The success of the church will not only contribute to national Zimbabwe government efforts but will also contribute to Sustainable Development Goal 3: ***Ensure healthy lives and promote well-being for all at all ages.***

Background and Context analysis

Zimbabwe is land locked with a surface area of approximately 400,000 square kilometers. It is bordered to the east by Mozambique, to the south by South Africa, Botswana in the west and Zambia on the north and northwest. Zimbabwe is divided into 10 administrative provinces of Harare, Bulawayo, Mashonaland West, Mashonaland East, Mashonaland Central, Matabeleland North, Matabeleland South, Masvingo, Midlands and Manicaland. The provinces are further subdivided into 62 administrative districts. For purposes of the national HIV and AIDS response the country has been divided into 85 operational districts.

The population of Zimbabwe is estimated to be 11,631,657 (CSO, 2000; Macro International1, 2007). The annual population growth rate is estimated at 2.6%. The literacy level for male and female is estimated at 92% (Index Mundi 20112). Life expectancy is estimated at 47.0 years at birth.

Zimbabwe is primarily an agriculture-based economy. Mining and tourism are the other major contributors to the national economy. From 2000 to 2009 the economic crisis impacted negatively on health (including HIV and AIDS) and social services delivery. Notwithstanding all these hardships Zimbabwe's HIV prevalence continued to decline. The implementation of this strategic plan is intended sustain the decline path and consolidate existing gains.

Adult HIV prevalence has declined from 27.2% (1998) to 14.26% in 2010 (HIV estimates, 2009). By 2010 the total number of adults and children living with HIV in Zimbabwe was estimated at 1,168,263. Of this 414,338 were men and 608,700 women. By 2015, the total number of PLHIV is projected to increase to 1,187,087.

It is estimated that 47,309 new adult infections occurred in 2010 with a projected increase to 54.053 in 2015. Similarly 14,152 new infections in children were estimated to have occurred in 2010. However the number of children infected by HIV annually is expected to decrease to 11,162 by 2015. Approximately 17,000 new infections were estimated to have come from children in 2009, as a result of Mother-to-child transmission (MTCT). MTCT is the second major HIV transmission route in Zimbabwe. Available data from the 2010 Estimates using EPP/Spectrum suggest that there has been a decline in annual HIV incidence from 1.14 in 2006 to 0.85 in 2009.

Overall Zimbabwe is among several countries in Southern Africa with a HIV epidemic showing a consistent decline in prevalence over the last decade. The decline is attributed partially to successful implementation of prevention strategies (i.e. significant changes in sexual behavior) and high mortality due to low ART coverage. Between 1999 and 2006 less than 5% of PLHIV had access to ART.

Zimbabwe has a generalized heterosexually driven HIV epidemic with adult prevalence of 15% and an incidence of 0.98%. The epidemic looks fairly homogenous with similar HIV prevalence levels across the ten provinces. However there are hot spots of HIV which are Border towns, mining areas, growth points and resettlement farms. The HIV prevalence is slightly higher in urban areas than in rural areas. HIV prevalence in 15-24 age group women is 1.5 times higher than in men of the same age.

ACZ Management Structure: Roles and Responsibilities

The Anglican Council of Zimbabwe is led by the Bishops that are responsible for policy formulation and oversight.Each diocese has a development department and at the national level, there is National Coordination unit, ARDEZ, which will provide management oversight for all the dioceses in the delivery of HIV related stigma and discrimination reduction intervention. While each diocese is independent, the National Coordination office will ensure prudent financial and resources management, monitoring and reporting on progress and as well as coordination with stakeholder and government agencies.

ARDEZ and Dioceses will participate in relevant stakeholder's meetings/forums both at the national and diocesan level and will engage the relevant government departments for resource sharing and technical backstopping

Current efforts by Church on HIV/AIDS: Status by each Diocese:

The Anglican Church of Zimbabwe is currently undertaking various activities on HIV/AIDS through its various dioceses. A brief summary for current activities each diocese is currently undertaking is present here below:

Masvingo Diocese: The diocese of Masvingo is currently implementing the following activities: Support groups; HIV testing and counselling at Diocesan clinics; building clinic in remote area of Chimvuri to provide ART; Nets For life malaria prevention, mainstreaming

PLWHIV; Nutrition gardens for the infected and affected and others; built maternity home at Daramombe Mission (PMTCT services being provided); HIV and AIDS literacy services being sought from ZNNP+. *What needs to be developed*? Full time HIV and Stigma reduction desk; working closely with other stakeholders; equip church leaders first; conduct workshops on HIV, Stigma and discrimination; encourage everyone to participate; provision of IEC materials; HIV Stigma and discrimination to be subject of discussion at every conference ; development Officer multi-tasked. *Other activities:* Mothers are involved in poultry, piggery, market gardening, skills training for the youth, especially those affected by HIV and AIDS. *Management of development projects in the dioceses:* Work is managed by a development officer, who works with the Bishop and priests. There is no development Committee.

Diocese of Matabeleland: Activities currently being implemented are: HIV and AIDS awareness campaign was done at guild level, invited speakers from various organizations to address people at Diocesan level. Literacy workshop for leadership, 20 trained on Stigma Index workshop for clergy and spouses. *What needs to be developed*: Create activities concerning HIV, Stigma and discrimination and other diseases. Establish HIV, stigma and discrimination desk. *Management of development projects:* Have a development officer who works with different staff in the field e.g. Malaria Project in Hwange Victoria Falls Cross Border Initiative (Zambia-Zimbabwe).

Diocese of Central Zimbabwe: The diocese has formed PATHAIDS (St. Patrick's HIV and AIDS Action Programme) in 2000, a diocesan Social Service arm to alleviate problems faced by people infected and affected by HIV and AIDS. PATHAIDS has Patron (Chaplain), Coordinator, Diocesan Executive Committee, Archdeaconry Committees and Parish Committees. PATHAIDS supports, orphans, the needy and vulnerable members with school fees, food, school uniforms, clothes, drugs. Fighting stigma through community training, commemorations, AIDS week, PATHAIDS Week1-7 November Annual PATHAIDS Week culminating in PATHAIDS Day. The diocese has St. Patrick Hospital construction Project underway, ART Centre, Care facilitators and data Collection person assigned to Hospital. PATHAID has individual membership of 147 people who contribute toward its activities. *What needs to be developed:* Develop more economic activities; dissemination of HIV related stigma information and resource mobilization.

Manicaland;the diocese has the following activities on HIV Stigma**:** Awareness campaigns in the Church, community facilitators for selected few churches on reduction of HIV related stigma, training of church leaders, home based care.*What have they done to-date and how have they done it?* Priests disseminate information through sermons, distribution of IEC materials and giving awareness at Conferences, ARDeZ through CCMP, supports sustainable livelihood initiatives like nutrition gardens. *What do they need to develop?* HIV Stigma and discrimination policy, mainstreaming HIV and AIDS in all activities and church, on-going information dissemination and develop networking strategies with other departments.

Harare dioceses: The diocese has incorporated HIV/AIDS into the Diocesan Strategic Plan and that has enhanced commitment to the Diocesan HIV Desk; training in One Body for all priests and distribution of resource materials; training of Focal persons from the parishes and schools on how to deal with HIV/AIDS issues; started and managed support groups, low input nutrition gardens for all especially the infected and affected, HIV treatment literacy training to the parish representatives, diocesan annual commemoration of World AIDS Day, parish and project site visits by the Bishop very encouraging to participants. *What do we need to develop?* Operational blueprint that will be shared with Parishes and Institutions for

implementation guidelines, monitoring tool that will be used to measure progress and correct where stalling is observed, financial resources for field follow up, strategic partnership with other stakeholders i.e., National AIDS Council, SafAIDS, ZNNP+.

HIV and Stigma Index study Report: Summary of key findings and recommendations

The research was undertaken with a view to understand the nature, experiences and rates of HIV–related stigma and discrimination at national level to provide evidence base to lead to implementation of more effective programmes aimed at reducing HIV-related stigma and discrimination. *Methodology*: Qualitative and quantitative, questionnaires, interviews and focus group discussions were used. *Coverage*: 10 Provinces were included: Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, Matabeleland South, Matabeleland North, Bulawayo and Harare.3 districts per Province were selected. *Sampling method*: Random, centered on PLWHIV, the disabled, commercial sex workers, MSM and prison inmates. The study took over 18 months starting February. *Findings*: 65.5% of the respondents said they had experienced one or more forms of stigma and discrimination; 51.4% had been subjected to gossip; 31.2% had been verbally abused, insulted, harassed and or threatened. Other forms of stigma and discrimination reported. Exclusion from social gatherings, from religious activities, from family activities, physical assault, sexual rejection, having been discriminated against by other PLWHIV.

Access to work, health, and education services:

Some respondents reported that they had been forced to change place of residence; Others had been denied accommodation; others had lost jobs, yet others denied work opportunities; some had their job descriptions/nature of work changed, and some denied promotion opportunities at their place of work; There were those who reported having been suspended or dismissed from work; there were respondents who reported of being prevented from attending educational institutions.

***Internalized stigma and fears*:**

Low self-esteem after knowing of one's own HIV status; being self-ashamed and self- blame were experienced; fear of being gossiped about; fear of sexual rejection; fear of being verbally insulted were reported as experiences.

Rights, laws and Policies and effecting change:

Some 30% had responded that they had heard of the "2001 Declaration of Commitment" which protects PLWHIV; 58% said they were aware of the National AIDS Policy; 75% knew about support organizations they can go to if they experience stigma and discrimination.

Testing and diagnosis:

50% reported that whilst they had undergone HIV testing, it was not voluntarily but that they had been coerced. However they said they underwent pre-test and post-test counselling when they were undergoing HIV testing.

Confidentiality:

It came out that most had disclosed their status themselves without interface from a third

person. *Treatment:* Overall, the majority of respondents said their health was good, a smaller portion said it was excellent and 4% said their heath was poor.
***Having children (female respondents*):**

85% said they bore children after receiving counselling on their reproductive options; almost half said they were advised not to have children by health personnel; 68% said they were coerced by health professionals to have caesarean section delivery; 48% reported they had been forced to terminate pregnancy. 89% reported they had been forced to adopt infant feeding practices by health personnel.

Selected recommendations from the study

Continuously raise awareness on the need for people to know their HIV status, and to also engage in community mobilization programmes through community dialogues, sensitization meetings and the use of edutainment (poetry, drama, music, sports etc.) to impart key messages that discourage HIV related stigma.

It is also important to engage in targeted interventions to address various sources of stigma especially with regards to key populations who suffer double stigma as a result of either being sex workers, prison inmates, people with disabilities and men having sex with men who are living with HIV. It may be necessary to raise awareness at all levels starting from Government, Parliament and to the person in the street that PLHIV no matter their status for example of being a sex worker still have a right to live and to access services equitably.

Promote and encourage disclosure of HIV status to spouse/partner and within families to foster forward planning.

Lobby for health strengthening systems which increases reach and availability of required services such as ART, VCT and PMTCT among others to the remotest parts of the country.

Educate and develop the capacity of health service providers to provide health services without discriminating against anyone on the basis of their HIV status, and provide the services equitably regardless of whether an individual is a sex worker or is LGBTI given that the laws of the country through the Public Health Act allows for the provision of services without discrimination.

There is need to promote workplace stigma reduction efforts through the development and implementation of HIV-Stigma free work policies, developing the capacity of managers, supervisors, workplace peer educators and counselors to provide accurate and adequate HIV information to their peers in the workplace.

Nationally, it is important that the Government of Zimbabwe relooks at the labor laws and recruitment procedures which require applicants to get tested for HIV first, after which they may be discriminated against in terms of getting the job.

The HIV epidemic has transformed, and it is important that at a national leve,l players such as the National AIDS Council, the Zimbabwe National Network of People Living with HIV,

The Zimbabwe AIDS Network among others transform the response to focus on availability, quality, and accessibility of services among other things. On the same note, it may be useful to consider supporting SRH and HIV linkages including integrating SRH issues for PLHIV into HIV programmes.

The CSOs (NGOs and FBOs) and Networks involved in HIV programming need to organize themselves and articulate their issues with one voice, especially if they are going to influence national policy. PLHIV who are members of Support Groups should be organized as well so as to raise critical policy issues, which seek to protect the interests of PLHIV.

The support group model has proven to be very useful in providing emotional support, HIV information and services to PLHIV, as such, it is key to continuously develop the capacity of the support groups, faith based organizations and other community based organizations to provide adequate counseling and other services.

Females appear to be experiencing more stigma and discrimination compared to their male counterparts, and as such there is need to integrate gender equity and equality issues in HIV programming, especially with a focus to reducing stigma and discrimination.

PROJECT DESIGN, IMPLEMENTATION PROCESS & PROBLEM ANALYSIS

Project Design

The HIV stigma and discrimination Project is a result of a series of consultative meetings which began with the International Programmes Manager engaging with the Bishops and agreeing to hold a business plan design workshop. The workshop, held from 26th to 31st October 2015 brought together representatives from the five Dioceses. During the workshop, the participants identified and agreed that the main problem is HIV related stigma and discrimination based on stigma index study report.

The design process also analyzed various issues including actors and factors analysis, internal and external factors, resource needs and estimate costs as well as implementation arrangements and project delivery approach. This process has largely informed this business plan.

Implementation process

This project will be implemented at the diocese level and will employ various approaches including participatory process and tried and proven development models to achieve the project goal. Key partners will be education institutions, mission hospitals, government departments, private sector and donor community. The project will operate at parish levels.

The role of the dioceses will be to oversee project technical operations in the project areas. ARDEZ will be responsible for coordinating national level activities, monitoring and reporting.

Problem Analysis Process

During the design workshop, participants discussed various processes of problem analysis and using problem and solution tree analysis process, the main problem, being the trunk of the tree was discussed both at group and at plenary level and agreed. A further analysis of root causes and effects was done with a further analysis on cause-effect relationship linking each cause to an effect. The problem tree was then turned into a solution tree, which has contributed to project goal, outcomes and outputs as well as indicators as summarized in the log frame.

This process was important as it helped participants not only appreciate the process of a business plan development but also to own the results of the process as this was only possible because of their efforts. The composition of the group, with different skills and experience of many years, from all parts of Zimbabwe was invaluable in informing the process.

Problem Statement

HIV Stigma and discrimination is still rife in Zimbabwe standing at 65.5%, a situation that seems to encourage non-disclosure among PLWHA. A further problem of double stigma faced by key population (sex workers, MSM, prisoners etc.) should they be diagnosed HIV+. There exists the issue of poor availability and access to HIV services such as Prevention, VCT, ART, and PMTCT, which becomes acute in the remotest parts of the country. The stigma index identified health personnel attitude as a major problem and although they contribute only 2% of stigma, given the central role they play in HIV management, it is a problem that can't be ignored especially with accusations ranging from forced cesarean, asking HIV+ clients not to have children and forced nutrition regimes instead of breastfeeding.

There is prevalence of work place stigma with reported demotions, job re-assignment or even termination and the labor laws still allow recruitment agencies to establish HIV status of a candidate which obviously leads to stigma should they turn out to be HIV+. Among the CSOs involved in HIV programming, there is inadequate coordination hence they have limitedopportunity to influence policy and effect any change. Although there exists Support Groups which provide emotional support, they are found in urban and peri-urban settings and have limited capacity to provide comprehensive psychosocial and emotional support to PLWHA. More females than males experience HIV stigma and as such there is gender inequality as far as stigma is concerned. The issue of self-stigma among PLWHA is prevalent but almost hidden but its effects are far reaching and include low self-esteem, suicidal tendencies, self-isolation, denial, and feeling of revenge, family disintegration, and non-adherence to treatment regimes among others.

HIV related stigma and discrimination is further compounded by barriers and drivers which create an environment for stigma and discrimination to thrive. This include culture and religion whereas culture limits women's ability to negotiate safe sex, religion on the other hand has seen rise in "miracle" churches with "prophets" who claim to heal all ailments and stop those on ART from taking medication at the expense of adherence. Poverty especially in rural areas, language barriers,church structure with traditional approaches to preaching and final say invested in the head of the church who can block whatever s/he deems in

appropriate for the followers.Fear of rejection and fear of status degradation are other barriers that fuel stigma.

The Anglican Church of Zimbabwe proposed intervention largely focusing on reduction of HIV prevalence and HIV related stigma and discrimination is aligned to Zimbabwe National Aids Strategic Plan II (ZNASP II 2011-2015) priorities. Although the priorities do not directly mention stigma and discrimination, under social and behavior change communication priority, issues of stigma and discrimination are envisaged.
Stigma and discrimination has undermined the ability of individuals, families and societies to protect themselves and provide support and reassurance to those affected and or living with HIV and AIDS. Stigma complicates the decision about testing, disclosure of status, and ability to negotiate prevention behaviors.

Project overview: Goal and outcomes

The HIV related stigma and discrimination project aims at achieving zero HIV related stigma by 2018 in Anglican Church operational areas in Zimbabwe. To achieve this, the intervention will employ different approaches that have been tried and proven to be cost effective in delivering results. These will include, though not limited to, participatory appraisal, Support Group Model, CCMP-Umoja, appropriate BCC models among others.

Project Goal: Reduce the level of HIV related stigma and discrimination in the operational areas of the Anglican Church Zimbabwe.

While the project ultimate aim is to achieve zero stigma and discrimination by 2018, we recognize that a number factors including risks and assumptions that may be beyond the control of the project may hinder the achievement of this desirable aim. However, significant reduction by half of the current prevalence of 65.5%, will be in itself a great contribution from the Anglican Church in HIV programming.

Outcome 1: Improved association and interaction with PLWHA at all levels among target population

To improve association and interaction with PLWH and the public the project will conduct campaigns and outreaches in institutions and public places. This will be complimented by audio visual materials and radio programs. The project will also support and facilitate Peer educators and community resources persons in their efforts to reach out to PLWHA while at the same time strengthening the Support Group model and Home Based Care for the critically ill clients. Sports events and World AIDS Day commemoration will also be used to enhance interaction and association

Outcome 2: Increased knowledge of basic facts on HIV/AIDS related stigma and discrimination among target groups

The project will increase knowledge about basic facts about HIV/AIDS such as modes of transmissions, misconceptions, retrogressive cultural practices, drivers of stigma and barriers to behavior change. The intervention will also use advocacy to lobby for policy changes especially work place HIV policy and recruitment agencies that demand candidates to

disclose their HIV status. The project team will also participate in HIV related technical forums including relevant technical working groups.

BENEFICIARIES

Target group –Direct and Indirect beneficiaries		
Direct	a) Description	PLWHA, their families, churches, Care Givers, health personnel, Peer Educators and Community Resource Persons
	b) Numbers	Total people to be reached, broken down per category to be determined by each Diocese Direct beneficiaries : X in all dioceses : No. Per each diocese Indirect beneficiaries : X all dioceses : No. per each diocese
Indirect	The general public who will benefit from awareness campaigns and stigma free environment	
Overall, the intervention aims to reduce stigma and discrimination from a high of 65.5% to 30% by 2018. Other associated benefits include at least 50% of PLWHA are supported to set up low in put nutrition gardens and/or are engaged in income generating activities. 80% of PLWHA report improved quality services in all ACZ facilities. At family level, cases of gossiping will reduce from an average of 27% to zero, verbal harassment from 12% to zero exclusion from family events from 7% to zero, exclusion from social events from 10% to zero and isolation from 5% to zero. The efforts will also be directed at stigma at religious settings, work place and health institutions. Self-stigma by PLWHA with its attendants components of suicidal feelings reduced from 5% to zero, feeling of guilt reduced from 19% to zero, decision not to have children 37% to zero, decision not to get married 15% and abstaining from sex 14% t zero.		

Project delivery: management and implementation plan

The Anglican Church Zimbabwe already implements a number of programs directly including HIV related programs. Each diocese has a development department and at the national level, there is National Coordination unit, ARDEZ, which will provide management oversight for all the dioceses in the delivery of HIV prevalence, stigma and discrimination

reduction intervention. While each diocese is independent, the National Coordination office will ensure prudent financial and resources management, monitoring and reporting on progress and as well as coordination with stakeholder and government agencies.

ACZ has been implementing both long term development and emergency relief services for the several years in the five dioceses and therefore have practical hands-on experience to deliver the intervention successfully. Besides, ACZ has a highly skilled staff portfolio with skills ranging from education specialists, accountancy, legal, administrators, health professionals, economists, planners among others. The existing infrastructure which includes a clear structure comprising of the synod, various departments, National coordination office and dioceses, facilities including schools and health facilities, good relationship with the governmentparticularly relevant line ministries and development approaches and models such as Umoja and CCMP will be deployed in the implementation of the HIV intervention.

This project will be implemented in collaboration with beneficiaries and relevant government departments primarily to ensure ownership and sustainability beyond project funding. The church is already involved in raising own resources through contribution by its members for various church activities and it is hoped that this can be scaled up to continue the benefits to those faced with HIV related stigma. There will be activities implemented at health facility level, community, diocese and national level activities. Delivery approaches may include campaigns, working through support groups, networking, advocacy, targeting, working through media and ensuring HIV prevalence and stigma reduction is part of the strategic plan of the church

Options Analysis

SR. No.	Section	Description
1.	Executive Summary	Based on the analysis below, it is recommended that option 3 as described in section 6 below be considered. The magnitude of problem identified (***14% HIV prevalence and 65.5% HIV related stigma and discrimination***) requires that the church plays a significant role in contributing to the reduction of HIV prevalence and HIV related stigma and discrimination.
2.	Service requirements	**Reduction of HIV related stigma and discrimination** Focus on zero stigma and discrimination by promoting association and interaction with PLWHA; Advocate on the rights of PLWHA and facilitate set up of policies of non-discrimination of PLWHA especially in work place; addressing all drivers of stigma and discrimination and removing all barriers to testing and disclosure
3.	Project functions, objectives and success factors	Increase in social mobilization of the public and association as well as interaction with PLWHA in

		ACZ operational area HIV related Stigma and discrimination of PLWHA is minimized in ACZ operational areas **Outcomes** Improved interaction and acceptance of PLWHA at all levels among the target population by December 2018; Increased knowledge of basic facts of HIV/AIDS related stigma and discrimination among target population by December 2018 **Success factors** Resources availability and appropriate utilization Availability of highly skilled staff Community ownership and support Support from Government and stakeholders Clearly defined partnerships Support by Bishops in all the dioceses Regular Planning and review Meetings Setting up benchmarks through baseline survey Use of Technology
4.	Alignment with strategic objectives	At the time of Business Plan development, it was stated that some ACZdioceses had a Strategic Plan though a copy was not availed for review. It would be prudent for ACZ to develop an overall Strategic Plan with clear strategic objectives on HIV programming including HIV related stigma and discrimination
5.	Stakeholder identification	During the workshop and through actors and factors analysis, key stakeholders and their roles were identified. However, a further analysis is recommended at each of the dioceses to clearly identify stakeholder who can contribute to this intervention.
6.	Options analysis	1) The **baseline scenario projection** where business as usual is maintained (some dioceses are already having small scale HIV interventions) depicts a situation where desired outcomes of reduction ofHIV prevalence and HIV related stigma and discrimination may not be achieved in good time. The **"Do Nothing**" scenario is definitely not an option for a church institution of Anglican standing and besides,

		something is already being done albeit not necessarily structured and aligned to a strategic plan. 2) The second option **"Do Minimum"**scenario is in itself attractive but can't bring about the desired change that can impact the lives of target beneficiaries. 3) The third option **"Do something"** is certainly desirable given the magnitude of the problem identified (***14% HIV prevalence and 65.5% HIV related stigma and discrimination***). Significant investment in terms of strategic planning, resources and manpower is needed if theory of change envisaged in the overall goal and proposed result areas is to be achieved. Zimbabwe is currently enjoying, favorable government HIV policy including the $3 HIV levy collected through Zimbabwe Revenue Authority. The environment is conducive for the intervention to be successful.
7.	Preliminary risk assessment	Uncoordinated implementation, human resources capacity and nepotism, business as usual attitude, high donor dependency, rigidity to change within ACZ, inadequate planning for sustainability after donor funding, high staff turn-over both at donor level and ACZ level that disrupts institutional memory
8.	Recommended option	"**Do Something**" option

Actors and factors analysis

Based on the actors and factors analysis of actors that would have influence on this project , they include but are not limited to the following: PLWHA, Church and it's various formations, CSOs directly involved in HIV programming, media, family, donors, government through MOH among others. In undertaking HIV prevalence and Stigma and discrimination reduction, these actors have a critical role to play

*PLWHIV- d*isclosure of own status, living testimonies: creation of support groups, taking up leading roles in leadership. In order to address HIV prevalence and self –stigma (internalized stigma), PLWHA are important actors and will form an important constituency in the reduction efforts of HIV prevalence and HIV related stigma and discrimination. To address issues to with suicidal tendencies, denial, feeling of rejection and isolation, low-self -esteem among others, PLWHA will need to be central actors in this intervention

Schools: The stigma index study identified education institutions as a place where stigma and discrimination occur: Starting with AC schools and expanding to cover all schools in operational areas, addressHIV related stigma especially where children become victims of stigma due to their parent's HIV status. Use prize giving days, Commemoration of World AIDS day, parents and teachers associations, and role plays. Accommodates every child, take HIV/AIDS related stigma and discrimination as a subject; teachers monitor children on ART.

*Church leaders: d*isclosure of own status, preach against stigma and discrimination, mutual support from the church, encourage people not to segregate in electing church leadership *Church Guilds - s*how warm welcome to all infected and affected, undertakecounseling and psychosocial support.

Employer–stigma and discrimination in form of job re-assignment, transfers, no promotions, and during recruitment. Promote stigma free policy work environment, treat employees equally, funding campaigns.

HIV/AIDS Organizations i.e. ZNNP+, NAC, FACT **–** funding, training, educating, counseling, emotional and psychosocial support, set up and capacity building for support groups and advocacy i.e., against labor laws that require disclosure of a candidates HIV status during recruitment process.

Media **-** Report positively on matters of HIV prevalence and carefully ensure that all reporting have no stigma and discrimination connotations; wide reach both locally and abroad; Also track responsible use of social media

*Men – t*heir participation will break the patriarchal society beliefs on stigma and discrimination-involvement in voluntary testing and counseling.

*Relatives - s*upporting the affected/infected, making sure that the families remain intact, maintains unity amongst the families, visiting and encouraging, family gatherings be inclusive, promote empathy, strengthen family nets. *Family/spouses - p*romote love, reduce violence, control tempers, promote testing for couples, share results, plan together (future, financial), have good communication and support each other. *Community- c*reate support groups for the infected and affected, plan community projects e.g. nutritional gardens, participate in awareness campaigns

Health Professionals and Policy makers–address service provider bias towards those who are HIV+, forced family planning, caesarian delivery against mothers will by heath professional. They should uphold the oath of their office andlead by example, flexible policy implementation, capacity building and refresher trainings on latest information.

Donors-involve implementing officers in the initial stages of the intended project, state clear indicators, funding period and programmer sustainability.

*Vol*unteers- to be incentivized by e.g. training, bags, hats, transport allowances, Refresher courses.

Sex workers: mobilize them into support groups; engage them into dialogue and economic empowerment.

Project Resources

To undertake this program successfully, a number of resources will be required some of which may already exist within ACZ but others which will be sought from donors and the government. In terms of existing resources and as established during internal and external factors analysis, ACZ already have staff across all the five dioceses and these include land, premises, and vehicles among others. However, Additional resources will be needed in form of funding, technical support, skilled human resources, motor bike, and equipment and supplies such computers, furniture among others.

ACZ has formed Anglican Relief and development in Zimbabwe (ARDeZ) which is the development arm of the church and is managed by a Coordinator. ARDeZ Coordinator will coordinate the Programme activities at national level whilst dioceses staffwill facilitateinception and implementation of the programe at diocesan level. ARDeZ Coordinator will spent 30% of his time, Programme Officer full time and an Accounts Assistant. A programme Officer and Accounts Assistant will be appointed for the programme.The Dioceses staff will work in partnership with parish priest, volunteers and mothers union. We will work in partnership with ARDeZ and the dioceses to implement HIV Stigma Reduction Programme.

ACZ/ARDeZ will work in collaboration with key players/stakeholders in HIV stigma related issues to share expertise and resources and seek additional resources for the programme.

Current HIV/AIDS Prevalence rate, Stigma & discrimination benchmarks (Stigma index study 2015)

The current HIV/AIDS prevalence at the national level is 14.2% while that of stigma and discrimination is 65.5%. The rates at the diocese level are not known. And where does stigma and discrimination occur? Family & Community level; Work place; Education institutions; Health institutions; Religious settings and at self (HIV+ Person-known as internalized stigma)

No.	Description	Baseline (Diocese rates may vary)	National	Target (operational areas)
1.	HIV Prevalence	?	14.2%	Single digit, but which digit?
2.	Overall stigma & discrimination prevalence	?	65.5%	30%
Stigma Index study Findings				
	Family and Community level	**Males**	**Females**	
1	PLWHA being gossiped about	22%	32%	
2	PLWHA being harassed & verbally assaulted	10%	14%	
3	Exclusion from family activities	7%	7%	
4	Exclusion from social events	8%	12%	
5	Isolation from social events & family activities	5%	5%	
	Work Place	**Males**	**Females**	

1.	Loss of employment/income	6%	9%	
2	Denied promotion at work	2%	2%	
3	Decision not to apply for a job due to perceived stigma	2%	2%	
4	Decision to stop working	2%	2%	
5	HIV status disclosure to employer	17%	17%	
6	HIV status to co-workers	27%	27%	
	Education Institutions			
1	Withdrawal from education facilities	2%	2%	
2	Children of HIV+ parents withdrawal from school	60%	65%	
	Health Institutions			
1	Denial of health services	2%	2%	
2	Denial of family planning services		0.1%	
	Religious settings			
1	Exclusion from religious activities	3%	4%	
2	Disclosure of status to religious leaders	26%	26%	
	Self-Stigma			
1	Suicidal tendencies	5%	5%	
2	Feelings of guilt and low self-esteem	19%	19%	
3	Decision not to have children	37%	37%	
4	Decision not to get married	15%	15%	
5	Abstaining from any sexual relations	14%	14%	

M&E framework

The M&E process is based on a simple framework which outlines output indicators to be tracked against baseline data and towards an overall target. Sources of verification and key assumptions are further analyzed. The M&E framework matrix is presented below for each result area and it is expected ACZ team will further in put current baseline basedon their current efforts on HIV programming and set out realistic targets for the three year period. ACZ will also be expected to work in collaboration with relevant government line ministries to ensure that indicators generally meet the SMART criteria, are clearly understood by the project staff and can be easily achieved based on the business plan outline. It is expected that this M&E framework and the final M&E Plan will benefit from insider knowledge and will be developed further by the Task Force mandated to follow up in refining some elements of the Business plan that could not be completed during the workshop due to time constraints.

Project Monitoring Processes:

The project will be monitored through the following:

Within the annual cycle

i. On a quarterly basis, supervisory visits will be done to assess progress towards the completion of key project outcomes.
ii. An issue log shall be developed and updated by the National Coordinator to facilitate tracking and resolution of potential problems or requests for change.
iii. Project situation analysis will be regularly reviewed to check on the project progress path and check the external environment that may affect the project implementation.
iv. Based on the above information a Programme Progress Reports (PPR) shall be submitted by the National coordinator to the ACZ and the donors.
v. A project Lesson-learned log shall be established and updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project
vi. A Monitoring Schedule Plan shall be developed and updated to track key management actions/events
vii. End of project evaluation will be conducted after 3 years

Annually

i. **Annual Review Report**. An Annual Review Report shall be prepared by the National coordinator and shared with ACZ and donors. The report will cover a summary of results achieved against pre-defined annual targets at the output level.

ii. **Annual Project Review**. Based on the above report, an annual project review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. This review may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.

Reduction in HIV prevalence and HIV related stigma and discrimination in operational areas of Anglican Church Zimbabwe

2016-2018 ACZ Log Frame

	Results	Indicators	Data Source	Assumption
Goal	Reduction in HIV related stigma and discrimination	% reduction in prevalence	National statistics	▪ No significant

		of HIV related stigma & discrimination	Evaluation report	economic upheavals ▪ Political stability
Outcome	1. Improved interaction and acceptance of PLWHA in church and community in X Parishes	% reduction in PLWH exclusion from religious activities; % increase in disclosure to religious leaders; % increase in disclosure of church leaders; % reduction of PLWH exclusion from social events and family activities; % increase of HIV Status disclosure to employer	Baseline reports Assessment reports Evaluations Annual reports	Funds are available Community support Commitment by church leadership and support by membership
	2. Increased knowledge about HIV FACTS on HIV , stigma and discrimination in X Parishes	% reduction in PLWHA being gossiped; % reduction in children of HIV+ parents withdrawn from school; % reduction in PLWHA feeling of quilt and low esteem	Baseline reports Assessment reports Evaluations Annual reports	Funds are available Community support Commitment by church leadership and support by membership
Outputs	1.1 Increased public support and engagement with PLWHA in X parishes	Number of people with accepting attitudes towards PLWH; No. Of public Engagements with PLWH	Newspaper/ TV reports Testimonies Photographs and v clips	Funds are available Community support Commitment by church leadership and support by membership

	1.2 Increased disclosure of HIV status by PLWHA	Number of people who disclose status increase each year Number of congregants' disclosing Status in churches.	Testimonials Role model publicity report	Funds are available Community support Commitment by church leadership and support by membership
	1.3 Improved self-esteem of PLWHA	Number of PLWHA who feel empowered Number of PLWHA spe openly about their status	Testimonials Project reports	Funds are available Community support Commitment by church leadership and support by membership
	1.4 HIV non-discrimination promoted in Xwork place and Xschools in X parishes	Number of institutions HIV Policy; Number of schools Protecting children with HIV and stigma.	Policy document Staff orientation reports	Funds are available Community support Commitment by church leadership and support by membership
	1.5Increased Church and Community response in addressing HIV related fear, gossip and stigma spearheaded by X Churches	Number of churches implementing action plans and leading on reducing stigma	Testimonials Case studies Project reports	Funds are available Community support Commitment by church leadership and support by membership
	2.1 Informed religious leaders and congregation about HIV related stigma and discrimination in X churches	Number of people in church able to state correct information on HIV and stigma	KAP survey reports FGD reports Meeting minutes	Funds are available Community support Commitment by church leadership and support by membership
	2.2 Improved access to PLWHA services and support in X Parishes	Number of PLWHA Accessing appropriate Services	Client satisfaction exit survey reports Health facility records	Funds are available Community support Commitment by church leadership and support by membership
	2.3 Increase in number of people attending VCT and know their status in X Parishes	Clients seen at VCT centres	Health facility reports	Funds are available Community support Commitment by

				church leadership and support by membership
	2.4 Low cases of misconceptions or practice of retrogressive cultural belief	Drop in reported cases of misconceptions or cultural beliefs/practices	Reports BCC Assessments reports KAP survey reports	Funds are available Community support Commitment by church leadership and support by membership
Output 1	Increased public support and engagement with PLWHA in X Parishes			
Activities	1.1.1 Conduct awareness campaigns 1.1.2 Organize media briefing and publicity events 1.1.3 Undertake outreaches 1.1.3 Mobilize church leaders and politicians	Inputs ○ Transport ○ Personnel time ○ Materials	○ Monthly reports ○ School records	Finance and human resources available
Output 1	Increased disclosure of HIV status by PLWHA			
Activities	1.2.1 Provide VCT services 1.2.2 Support PLWHA with IGAs 1.2.3 create opportunities for counselling and pastoral care 1.2.4 Advocate against stigma and discrimination 1.2.5 Engage PLWHA in social events	Inputs ○ Scholarships ○ Transport ○ School requirem	○ Monthly reports ○ School records	Local Community and community structures take Ownership.
Output 1	Improved self-esteem of PLWHA			
Activities	1.3.1 Support PLWHAs with inc through IGAs 1.3.2 Advocate for PLWHAs rig 1.3.3 Provide relevant life skills through training 1.3.4 Engage PLWHA in family social events	Inputs ○ Training materia ○ Soft loans	○ Training reports	Finance available Community willing to Support
Output 1	HIV non-discrimination promoted in X work places and inX ACZ supported schools			

Activities	1.4.1 Identify a lead expert to provide technical advice 1.4.2 Awareness creation at Xwork places 1.4.3 Facilitate development and implementation of ACZ Policy 1.4.4 Conduct meetings with school Committees , education officials and train teachers on stigma in X ACZ supported schools 1.4.5. Engage X schools in stigma reduction talks and events	Inputs Expert advice Training materials Time Transport	Policy documents	Finance available Local expertise willing to assist.
Output 1	Increased church and community response in addressing HIV related fear, gossip and stigma in X Parishes			
Activities	1.5.1 Training church leaders in stigma reduction 1.5.2 1.5.3 1.5.4 1.5.5 Development of IEC materials 1.5.6 Conduct Quarterly local radio Sessions on HIV and AIDs related Stigma.	Inputs ○ Funds ○ Stationery ○ Personnel time	○ Live d asses nt re ○ Loar ○ repay t rec	
Output 2	Informed religious leaders and congregation about HIV related stigma and discrimination in X churches			
Activities	2.1.1 Conduct training on HIV facts 2.1.2 Create awareness 2.1.3 Mass dissemination of correct HIV information 2.1.4 Engagement of experts and respected opinion leaders in stigma reduction	Inputs ○ Stationery ○ Transport ○ Personnel time ○ IEC materials	○ Training reports ○ KAP assessme reports	Funds remain available
Output 2	Improved access to PLWHA services and Support in X Parishes			
Activities	2.2.1 Provide VCT services 2.2.2 Train health care providers 2.2.3 Conduct Home Based Care 2.2. 4 Ensure availability of supplies	Inputs ○ Technical perso ○ Transport ○ Stationery	○ Repo ○ Trai repo	▪ Community support ownership ▪ Willingness and adoption of behaviour change by community
Output 2	Increased number of people attending VCT and know their status in X Parishes			

Activities	2.3.1 create awareness on importance of testing 2.3.2 Set up new testing centres 2.3..3 Train VCT counsellors 2.4.2 Mobilize parents, teachers and school management for zero stigma 2.4.3 Advocate for rights of PLWHA	Inputs Personnel , Transport Stationery	Reports	Funds available
Output 2	Low cases of misconceptions or practice of retrogressive cultural belief			
Activities	2.5.1 Address misconceptions through awareness raising 2.5.2 Mobilize role model for publicity 2.5.3 Advocate against retrogressive cultural belief and practices	Inputs Transport Personnel Role model	Reports photos	Finance Willingness of community to adopt new behaviour

ANNEXES- Diocese Budgets and work plans

1. *Diocese of Harare*

		YEAR 1	Targeted group	Number	Time frame	Resources needed	Estimated budget	Sustainability
	ACTIVITY	Production IEC materials				Banners 3 Flyers 1000 Brochures 1000 T-shirts 500 Hats 300 Scarves 1000 Stationery Transport	$400-00 $500-00 $750.00 $4500.00 $1500.00 $2000.00 $3000.00 $50.00	Create relationships with local printing houses Local corporates
		Sensitisation provide initial information about HIV/AIDS S&D -Talks -Power point presentations	Priests Church wardens Church Focal persons Headmasters School Focal Persons	72 40 40 20 20	1 day I day 1 day 1 day 1 day	Printed materials 200 copies Fuel (20chools & 20 parishes)	$10.00 $1000.00	
		Trainings -Roles of focal	-Church Focal persons	60	2 days stay-in	Flip charts 5	$35.00	Utilize

		persons -Ways of reducing HIV/AIDS R S&D -formation of support groups -monitoring & evaluation -Illustrations -power point presentation -group work	-School focal persons -Cluster focal persons	20 100	2 days stay-in 1 day	Markers 20 Pens 200 Notebooks 200 Projector (hired) Stikistuff 2 Post-it pads 10	$60.00 $25.00 $20.00 $60.00 $6.00 $5.00	local resources
		Awareness campaigns -drama -music -testimonies -Talks -poems	Schools Parishes	20 20	1 day 1 day	Transport	$1000.00	
		Follow-up Meetings Sharing experience and Feedback from Parishes and Schools Recommendations and Way-forward	School focal Persons Parish Focal Persons	20 40	3 times a year	Refreshments	$900.00	
		Support Mechanism – offer support to 20 Trained Churches Visits Meetings on Progress	Focal person Parishes	40 20	1 day 1 day			

		YEAR 3	Targeted group	Number	Time frame	Resources needed	Estimated budget	Sustainability
	ACTIVITY	Production IEC materials				Banners 3 Flyers 1000 Brochures 1000 T-shirts 500 Hats 300 Scarves 1000 Stationery Transport	$400-00 $500-00 $750.00 $4500.00 $1500.00 $2000.00 $3000.00 $50.00	Create relationships with local printing houses Local corporate
		Refresher Course for Priests about HIV/AIDS r S&D -Talks -Power point presentations	Priests Churchwardens Church Focal persons Headmasters School Focal Persons	72 40 40 20 20	1 day I day 1 day 1 day 1 day	Printed materials 200 copies Fuel (20chools & 20 parishes)	$10.00 $1000.00	
		Trainings -Roles of focal persons -Ways of reducing HIV/AIDS R S&D -formation of	-Church Focal persons -School focal persons -Cluster focal persons	60 20	2 days stay-in 2 days stay-in 1 day	Flip charts 5 Markers 20 Pens 200 Notebooks 200 Projector	$35.00 $60.00 $25.00 $20.00 $60.00 $6.00	Utilise lo resources

		support groups -monitoring &evaluation -Illustrations -power point presentation -group work		100		(hired) Stikistuff 2 Post-it pads 10	$5.00	
		Awareness campaigns -drama -music -testimonies -Talks -poems	Schools Parishes	20 20	1 day 1 day	Transport	$1000.00	
		Follow-up Meetings Sharing experience and Feedback from Parishes and Schools Recommendations and Way-forward	School focal Persons Parish Focal Persons	20 40	3 times a year	Refreshments	$900.00	
		Support Mechanism – offer support to 20 Trained Churches Visits Meetings on Progress	Focal person Parishes	40 20	1 day 1 day			

2. Diocese of Central Zimbabwe

Goal**:** reduce levels of HIV/AIDS related stigma and discrimination

Outcome1**.** Increase basic knowledge of facts on HIV/AIDS related stigma and discrimination

Activities		Period			Resources required	Estimated cost
		Year 1	Year 2	Year 3		US $
1	Train 50 clergy & spouses HIV/AIDS related stigma and discrimination				Accommodation at $20/couple Meals at $30/couple Transport at $20/couple	1000 1500 1000
2	Train 150 church wardens & treasurers on HIV/AIDS related stigma and discrimination				Meals & transport at $15/head	2250
3	Train 100 PATHAIDS executive members on HIV/AIDS related stigma and discrimination for 1 day				Transport & food Participants food & transport at $15/head	200 1500
4	Conduct 300 monitoring visits	100	100	100	Transport 100 visits/year 4 core team members	36000
5	Networking visits to stakeholders: health, ZNNP+,MASO, NAC, New Start Centre				Transport fuel	The above allocation will be used
6	Incorporate HIV/AIDS related stigma and discrimination in Commemoration events PATHAIDS week, National AIDS day…march, drama				Travel expenses Food materials	7050
7	Produce IEC materials				Printing &	

	Scarves T-shirts Caps Files/folders Flyers posters				purchase of 400 T-shirts 200 caps 5000 pens 2000 rulers Wrap overs 400 folders at $5 each	 4000 1000 1000 1000 3000 2000
8	Awareness campaigns at guild conferences ACM, MU, youth, child ministry, Lady Day once/year				Transport IEC materials Flyers, food 1500/year	4500
9	Notices through media Gweru Times				Advert cost 500/year	1500

Improved association and interaction with PLWHA

1	Engage PLWHA on conservation farming				Inputs t Travel expenses	7500
	Income generating projects (broiler, chicken)				Inputs Travel expenses	5000
	Low input gardens support (1 borehole and garden)					20000
						100000

Sustainability and exit plan
Local donors… churches and congregants
Projects when take-off will sustain

Action Plan

	Action	**When**	**Who**
1	Report back to Bishop		**Chaplain/Coordinator**
2	Report back to church leadership will be		**Chaplain/Coordinator**

	facilitated by Bishop clergy and church councils		
3	Circulate work plan		

On the question of coverage: They intend to spread out and seek for resources from within the Diocese.

3. Diocese of Masvingo

Goal: reduce levels of HIV/AIDS related stigma and discrimination

Activities	Period			Resources required	Estimated cost
	Year 1	Year 2	Year 3		US $
Train 45 clergy for 5days on HIV/AIDS related stigma and discrimination	X2	X1	X1	Stationery-pens, pencils	X 1 year 53520
Train177 leaders for 2 days on HIV/AIDS related stigma and discrimination		refresher	refresher	Accommodation, transport, allowance, Appreciation of facilitators	
Train support groups, school authorities		refresher	refresher	Food IEC materials	
Employ HIV/AIDS Coordinator Train HIV/AIDS Coordinator on HIV/AIDS related stigma and discrimination for 1 day	Salary 7200 1500	7200 500	7200 200	Salary, Office set-up motorcycle	X 1 year 12500
Monitor statistics	monthly	monthly	monthly	Fuel and subsistence	60 per month=720 720x3 years=2160
Associate with NAC, ZNNP+, ZAN	monthly	monthly	monthly	Transport for Coordinator	360 for 3 years
Printing and production of IEC material				T-shirts Caps Banners Pens	12000

				Folders	
Meetings 1 day	By 3 months 4500	Quarterly 4500	Quarterly 4500	Transport Allowance Food and refreshments Stationery	13500
					212380

Sustainability

- Utilize skilled personnel in churches
- Site visits for monitoring and evaluation
- Refresher course
- Work closely with other stakeholders ZNNP+, NAC, ZAN
- Have a reporting system, weekly, monthly, quarterly
- Have regular meetings with field staff

Action plan

- Feedback to the Bishop
- Have regular meetings 3 times a year
- Regular site visits monthly with statistics
- Set up a reporting system and follow-up

4. Diocese of Manicaland

Goal: reduced levels of HIV/AIDS related stigma and discrimination

	Activities	Work plan	Resources required	Estimated budget US $	Sustainability exit plan
Outcome 1 Improved association and interaction with PLWHA at all levels amongst the targeted population	-Training church leadership i.e. Bishop and Archdeacons -Training of focal persons in the Makoni West Archdeaconry	-Diocesan level -Archdeaconry -Chapelry -Archdeaconry Makoni West Quarter 1	-Skilled personnel -Financial support -Accommodation -Fuel & vehicle maintenance -Stationery -refreshments	6000	-Levying different Parishes to come up with resources for HIV/AIDS related stigma reduction work -coming up with livelihood projects at Archdeaconry level
	-Voluntary counselling and	Mobile VCT	-Transport	40000	-level for sustainability and

	testing -IEC material distribution of flyers brochures	centres in Makoni	-vehicle fuel and maintenance		exit plan starting in year one
Increased knowledge on basic facts related to HIV/AIDS stigma and discrimination Year 2	-Policy formulation -Awareness campaigns in Makoni West Archdeaconry -monitoring visits	Makoni Archdeaconry	Transport, T/S	2000	
	-Pastoral home visits -Counselling -Support groups (done at parish level)	Parish level	Transport	1500	
	-Commemoration of World AIDS Day, -networking meetings				
	Impact assessment		Accommodation Transport Fuel	5000	

5. Diocese Matabelend

Activities

1. Increased knowledge of basic facts on HIV/AIDS related stigma and discrimination

a) Set up a Diocesan HIV/AIDS desk
b) Identify a Diocesan Coordinator
c) Identify focal persons at Parish level
d) Identify focal persons at cell/section level

1. Trainings

Training refresher course for diocesan Coordinator and Chaplain (clergy)
Training of focal persons (Parish and Cell/section groups)

2. Awareness campaigns

-at Cell/section level
-campaigns at schools (Diocesan Institutions)

3. Distribution of IEC materials- Ministry of Health/ZZNP+
4. Diocesan Awareness Day (Annual event), provide T-shirts/hats/caps…bins with stickers
5. Production of IEC materials

6. Workshops/refresher courses for Coordinators, focal persons (new and old
7. M & E at Parish ad Cell/section levels

WORK PLAN January-December 2016

Objective: Increased knowledge and creation of a conducive environment for PLWHA

Activity	Date/month	Responsible person	Resources needed
Set a Diocesan Desk	January	Cresta Lodge team/Bishop	1.Human resources-skilled person to be a coordinator 2.Finance- stationery (Diocesan Desk) -Training(Refreshment, Accommodation -awareness campaign material -Production of IEC materials (T-shirts, pamphlets, hats) -Diocesan Awareness Day - Allowance for Diocesan Coordinator -Transport -for monitoring and evaluation
Identification of Coordinator	January	Diocesan Office	
Identify focal persons at Parish level	1st week of February	Parish Priests	
Identify focal persons at cell/section level	1st week of February	Sections	
Training of all Diocesan clergy and the Coordinator on HIV/AIDS related stigma and discrimination	Last week of February	ZNNP+ Diocesan Office	
Training of Parish focal persons	March	Diocesan Office	
Training of all Cell/section focal persons on HIV/AIDS related stigma and discrimination	Mid-March	Diocesan Coordinator Clergy	
Weekly section Distribution of IEC materials and explanations from the Focal Persons	Beginning April	Section focal persons	
Workshop/refresher course on HIV/AIDS related stigma and discrimination	June	Diocesan Coordinator ZNNP+	
Monitoring at Parish level	August September (weekly)	Diocesan HIV/AIDS desk	
Annual Diocesan Awareness	Mid-October	Diocesan	

Day T-shirts/posters/stickers/hats/ bins/still water		HIV/AIDS desk	

SUSTAINABILITY AND EXIT PLAN

Every Parishioner to contribute $1 monthly towards the HIV/AIDS Desk
Open for individual Donors…internal and eternal
Training of grassroots leaders helps in encouraging payment of subscriptions

ESTIMATED BUDGET

Estimated Income
70 stations/parishes = 60 members at $1 = US $ 4200
Working Budget Income
$3000 monthly = $36000
Contribution of $1 per person
Expenditure

		US $
1	Desk allowance	4800/year
2	Equipment/office…laptop/printer, flip chart stand, bond paper, toner	1000
3	stationery	600/year
4	3day Training Clergy, Coordinator Stationery 35 priests one coordinator refreshments, facilitator transport	 100 2000
5	Training 140 focal persons from Parishes…$10 each for food and transport	1400
6	Training of Parish focal persons…divided into Archdeaconries	4000
7	Production of IEC materials	10000

8	Monitoring and evaluation	4000
9	Networking visits ZNNP+, NAC	4000
		31900
	With contingency	41000