PARLIAMENT OF ZIMBABWE

FIRST SESSION – SIXTH PARLIAMENT

REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND CHILD WELFARE

ON

HIV AND AIDS PROGRAMMES IN MASVINGO PROVINCE

PRESENTED TO PARLIAMENT ON 31ST MAY 2006

S.C. 9, 2006

ANNOUNCED 19 July 2005

That the Committee consists of the following;

Mr. B. Chebundo, Mr J. Chandengenda
Mr T. S. Chipanga ,Mr E. Chindori-
Chininga,Ms N. Khumalo,Mr J. Madubeko,Mr P.
Madzore,Mr. L. Mupukuta, Mrs .E. Nyauchi, Mr. M Zwizwai

Mr. B. Chebundo to be Chairperson

Senators Appointed – 23 February 2006
Dr. D. T. Mombeshora
Dr. T. Mutinhiri
Dr.S.U Sakupwanya,
Ms. A.Mkhwebu

ORDERED **In terms of Standing Order No. 153**

At the commencement of every session, there shall be as many select committees to be designated according to government portfolios to examine expenditure, administration and policy of government departments and other matters falling under their jurisdictions as the House may be resolution determine and whose members shall be nominated by the Standing Rules and Orders Committee. Such nominations shall take into account the expressed interests, experience or expertise of the members and the political and gender composition of the House.

Terms of reference of Portfolio Committees S.O. 154

"Subject to these Standing Orders a Portfolio Committee shall:

a) consider and deal with all bills and statutory instruments or other matters which are referred to it by or under a resolution of the House or by the Speaker;

b) consider or deal with an appropriation or money bill or any aspect of an appropriation or money bill referred to it by these Standing Orders or by or under resolution of this House; and

c) monitor, investigate, enquire into and make recommendations relating to any aspect of the legislative programme, budget, nationalization, policy formulation or any other matter it may consider relevant of the government department falling within the category of affairs assigned to it, and may for that purpose consult and liaise with such a department.

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EXCECUTIVE SUMMARY

The Committee was concerned by the high HIV and AIDS prevalence for Masvingo Province. The statistics for all the districts are above the National average of 20.1%. The Committee resolved to visit the province to find out what programmes are in place to curb the spread of HIV and AIDS and the intervention strategies and responses for those affected.

Your Committee visited Zaka, Chiredzi, Ngundu(Chivi) and Masvingo Urban. The causes of HIV and AIDS were cited to be due to mainly constant migration within the province. Chiredzi is affected because of the large number of migrant workers in the Lowveld. The worst affected is Ngundu Growth Point which is a stopover of international truck drivers along the Masvingo-Beit bridge road. One of the busiest roads in the region. I n Masvingo Urban there are 8 Tertiary institutions and due to economic hardships, students engage in risky behavior.

There are in place various strategies to deal with HIV and AIDS in the province. The National AIDS Council Co-odinating the Programmes well. These include advocacy and awareness in the communities and schools and at growth points and high risk areas like beer halls. For those affected by AIDS, there are vibrant Home-based care programmes which are also supported by the donor communities . The National AIDS Council has also initiated the Zunde Ramambo project whereby chiefs are provided with farming inputs to grow crops to assist families and those living with AIDS as well as orphans and Child-Headed families.

The National AIDS Council has been very effective in ensuring that people living with AIDS and orphans benefit from the National AIDS Trust Funds. These groups are given food packs, blankets and school fees for children administered through BEAM.

The roll out of Anti Retroviral therapy is slow. There are very few people on ART compared with the demand. The numbers of people gong for VCT has been increasing but the statistics could be affected by the unavailability of ART. The number of patients on ART in the private sector as some companies is taking care of the welfare of their employees.

The Committee's recommendations are that the National AIDS Council needs to scale up efforts to look after people living with AIDS. The Zunde Ramambo project is commended and decentralized to other areas. NAC should be more effective in it's co-ordination role so that it harmonizes it's work with that of it's

partners and non-governmental organizations. Finally there is need to make ART available for all who need it like the free access of TB drugs from any institution in the Public Sector.

1. **Introduction**

Your Committee resolved to visit Masvingo Province. This was based on the evidence that the province has one of the highest HIV prevalence rates in the county. because according to the Zimbabwe Human Development Report(2005) the National AIDS Council and other research findings. The Committees objectives were to :

a) To assess impact of community-based HIV and AIDS activities for Home-Based Care, orphans and vulnerable children.
b) To follow up on the implementation the Ministry of Health and Child Welfare's discharge policy and guidelines.
c) Ascertain how the Zunde Ramambo programme assists HIV and AIDS affected families especially orphans and vulnerable children.
d) To find out the role played by livelihood programmes in providing nutrition for HIV and AIDS families.
e) To Find out the strategies in place for copying with the HIV and AIDS pandemic, given that Masvingo has one of the highest prevalence rate in the country.
f) To establish progress of the provision of anti-retroviral therapy in the Province.

2. Methodology

2.1 Your Committee conducted interviews with the Masvingo Provincial AIDS Council personnel, who accompanied the Committee throughout the visits. Mrs. M Dube, the Communications Manager based at the National AIDS Council Head Office was also part of the delegation.

2.2 At district level, the Committee gathered evidence from the National AIDS Council District Co-ordinators and District AIDS Action Committee

members to find out about the HIV/AIDS activities in Zaka, Chiredzi and Ngundu areas.

2.3 Your Committee also interviewed Chief Tshovani in Chiredzi and Chief Nyakunhuwa to establish progress on the implementation of the Zunde Ramambo programmes which are financed from the National AIDS Trust Funds. The Zunde Ramambo Projects were inspected by the Committee, together with other HIV/AIDS projects financed by non-government organizations.

3. Overview of HIV and AIDS in Masvingo

3.1. The Masvingo Provincial AIDS Co-ordinator, Mr Mhlanga, informed your Committee that Masvingo is one of the Provinces worst affected by HIV and AIDS. The Province has a population of 1 279 953 and out of that number 16 147 are living with HIV and AIDS. The number of AIDS orphans is 53 817, of the total number of HIV and AIDS affected people, only 1 955 are on anti-retroviral programs.

3.2. Your Committee was informed that the HIV and AIDS prevalence rates in the provinces districts were higher than the current National prevalence rate of 20.9% below is the table showing the prevalence rates based on voluntary counseling and testing.

Chivi	-	35,5%
Gutu	-	20,7%
Masvingo Rural	-	26,9%
Masvingo Urban	-	27,9%
Mwenezi	-	39,1%
Zaka	-	32,0%
Bikita	-	28,2%

Chiredzi - 23,9%

3.3 Your Committee established that the high prevalence rates are attributed to;

- Migrant workforce in the lowveld sugar estates Rampant commercial sex work along the Beitbridge highway, especially areas around Ngundu and Mwenezi.
- High unemployment rates which exposes the youth to engage in sex work for economic survival.
- Existence of five growth points which are high transmission areas.
- Presence of numerous gold panning sites especially in Chivi.
- People affected by closure of mines in Mashava.
- Economic hardships, especially high cost of food faced by students in the 8 tertiary institutions.

4. Findings

4.1. Your Committee found out that in all districts there are numerous programmes on HIV and AIDS. The main areas are

- Prevention
- Care and support
- Mitigation
- Advocacy
- Monitoring and evaluation
- Research

4.2. Your Committee noted that the co-ordination is being done in line with the national policy of having a "multisectoral response to HIV and AIDS". This was evidenced by the membership of the AIDS Action Committees which include representatives from local authorities, the

Ministries of Youth , Health and Child Welfare and Education, traditional leaders, the business community, women's organizations and people living with HIV and AIDS.

4.3. **Home Based Care**

4.3.1 Home Based care programmes seem to be one of the most common and effective care and support strategy for AIDS patients. The Committee was informed that the strategy ensures that "patients are cared for in familiar and comfortable home environment."

The Committee noted that communities have adopted a more supportive attitude towards the infected and that AIDS is a community burden.

4.3.2 The National AIDS Council in Masvingo funded the Home-Based Care Programmes by providing 2 931 patients with food packs which consist of 500g beans, 750ml cooking oil, kapenta and 10kg mealie meal, per patient, per month. The patients were also given soap and blankets. A total of 861 care givers were trained and provided with uniforms. Home Based Care kits were distributed to the districts through the health centers.

4.3.3. Your Committee was informed that the process of selection of home-based patients was done by the AIDS action Committee at ward level, in collaboration with the hospitals and clinics. Each beneficiary will be registered with the local clinic and the ward focal person and the NAC coordinator verifies the information.

4.3.4 Your Committee was informed that the funding for home based care in 2005 was inadequate. This was so because the demand for food packs grew due to the increasing number of patients.In addition, the shortage of commodities on the market resulted in incomplete food baskets being

distributed to patients. In some instances, there was no transport to ferry the food packs since the NAC district offices have no vehicles. On enquiring whether the food stuffs reached the intended beneficiaries, your Committee was informed in Zaka and Chiredzi that at times the patients are asked to produce clinic cards as proof of their status.

4.3.5 The nutritional programme for people living with AIDS benefited 14 148 patients. In addition, 4 205 people living with AIDS were assisted with hospital fees. The National AIDS Trust Funds also assisted with funding for the establishment of herbal gardens and conducting meetings on herbal use and co-ordination of support groups.

4.3.6 A strong sentiment that the Committee noted was that the care givers work on a voluntary basis. They do not receive any salaries. On the contrary, your Committee found out that some NGOs give home-based care givers allowances and incentives like bicycles.In some areas like in Chief Tshovani's area in Chiredzi, some areas have no public transport and care givers travel long distances to dispense their duties. The Committee's concern is that these people are looking after patients on behalf of the government according to the Ministry's discharge guidelines and yet they are not recognized formally in terms of remuneration.

5 **Orphans and Vulnerable Children**

5.1 Your Committee noted that in Masvingo Province a total of 3 458 orphans and vulnerable children benefited from the nutritional support programme. In addition, 2186 orphans were supported with blankets and 6 836 received school uniforms.

5.2 Your Committee noted that there was concern on the Best Education Assistance Module (BEAM). The NATF pays school fees for AIDS

orphans through BEAM. However, your Committee noted that most of the AIDS orphans are not benefiting. The selection criteria and disbursement methods are subject to abuse.

6. Co-ordination

6.1 Your Committee was concerned whether NAC structures were able to co-ordinate activities in the areas under their jurisdiction. The major concern was the conception that donor communities tend to concentrate on activities and areas of their choice. In Bikita, your Committee was informed that before donors can come into the district, the district coordination Committee carries out a mapping of the area so that pockets that are not covered will benefit. The same applies in Chiredzi. and in places visited by the Committee, it was evident that the Food and Agricultural Organization FACT Chiredzi, and other donors work closely with the National AIDS Council District Co-ordinator, the District Administrator's office as well the local Chiefs.

7 Advocacy and awareness

7.1 Your Committee noted that great strides in community awareness on HIV and AIDS have been made, there is still more to be done on the high risk groups. These are youths, tertiary education students, commercial sex workers and international truck drivers who ply the Masvingo-Beitbridge highway especially at Ngundu Growth Point, popularly known as "Jo'burg Highway."

7.2 At Ngundu Growth Point, your Committee was informed by Mr. Mashingaidze the District Coordinator that the advocacy programmes have been very difficult to implement and co-ordinate as the target groups are very mobile. The Commercial sex workers come from all corners of the district and the truck drivers will be on transit coming or going to

South Africa, Zambia, Malawi and the Democratic Republic of Cango. The Economic hardships, persistent droughts and high disposable incomes of gold panners and truck drivers provide a conducive environment for sexual activities thereby increasing the chances of HIV and AIDS transmission.

7.3 Your Committee was informed that despite the prevailing situation efforts are being made to reduce HIV and AIDS. The Chivi AIDS Action Committee has peer education programmes, which target the risky groups in beer halls, bars and at clinics. HIV and AIDS information has also been disseminated through production of materials with HIV and AIDS messages on car stickers, rulers and matches. The Committee observed that the situation could improve if these trucks could park at designated parking spaces, away from settlements like Growth Points.

7.4 Your Committee was impressed by the composition of the Chivi AIDS Committee. The membership does not include local Councilors. The move was meant to avoid political influence in the structures.

8 Prevention

8.1 At provincial level, various prevention programmes are in place.These are youth awareness programmes in all districts, which are held through dances, dramas, testimonials, poetry competitions, video and quiz shows. In addition YFCs were established in all districts. In order to build capacity in schools 2 326 teachers were trained as HIV and AIDS focal persons. The programme is not yet implemented in Zaka District.

8.2 Promotion of condoms and reduction of STIs Programmes are being carried out . Your Committee noted that there was low uptake of the blue condom and the female condom. HIV and AIDS workplace programmes

have been initiated in both the public and private sector. However , your Committee was informed that the pace of implementation of these programmes is slow since some employers are not prepared to meet the costs involved in work place programmes.

8.3 Your Committee was happy to note that the prevention programmes have yielded positive results. In some areas in Mashava and Masvingo rural some former commercial sex workers are now involved in income generating projects like dress making.

9. **Finance**

9.1 Your Committee was furnished with the performance report for Masvingo Province for 2005. The Committee noted that the Province received $11 280 507 500.00. The province also received an additional $793 250 000 to disburse to Chiefs for the Zunde Ramambo programmes. Your Committee was informed that the funds are disbursed on the basis of the number of wards per district and is done on a quarterly basis.

9.2 Your Committee enquired on the reason why at times the disbursements are late. The response given was that the disbursements can only be done after the district have successfully acquitted the previous disbursements. Each district has to account for the expenditure of funds disbursed and the District AIDS Action Committees at times take time to do the acquittals as they would await feed back from the wards and villages.

10. Zunde Ramambo

10.1 Your Committee intended to find out more about the Zunde Ramambo projects funded by the National AIDS Council. The Committee interviewed Chief Nyakunuwa in Zaka and Chief Tshovani in Chiredzi

the Committee also inspected the National AIDS Trust Fund projects in those areas.

10.2 Your Committee learnt that Zunde Ramambo is not a new concept. Traditionally, chiefs were supposed to be guardians of people under their jurisdiction and they were expected, among other things to feed people at meetings, courts as well as assisting the needy. The National AIDS Council decided to beef up the concept as a mitigation strategy to provide nutritional support for HIV and AIDS affected families as well as to assist child headed families . The programme was done as a pilot project.

10.3. Your Committee was informed that all Chiefs were given $20 million equivalent of inputs, maize seed, beans and fertilizer. In bikita all the 4 Chiefs equally received the following;

5 x 25kg maize seed, 12 x 50kg AN, 4 x 10kg maize seed, 3 x 50kg AN, and 100kg beans.

Orphans also benefited as 74 child headed families received 10kg maize seed as put received 10kg maize seed inputs.

10.4 In Chief Nyakunuwa's area, the Chief gave some of the inputs to some kraal heads. The Chief's fields had some big hectrage of good crop. In Chiredzi, all the inputs where planted in the Chief's fields. our Committee observed that in both areas, the Chiefs cited the constraint of storage space for the harvested crops.

10.5 Your Committee is of the opinion that the Zunde Ramambo project is noble but has some reservations. Some of the National AIDS Council's current programmes are outside its mandate as outlined in the policy. In addition, NATF is stretching its funds by implementing so many

programmes against limited funds .The Zunde Ramambo Programme is difficult to monitor, hence accountability of the funds is in question.

11 Provision of Anti-retroviral therapy

11.1 Your Committee noted that despite the huge number of people with AIDS there is a very little percentage of people on Anti-Retroviral Therapy is not only in Masvingo but in Zimbabwe. During an oral evidence session gathering with the Director of NAC Dr. T. Magure and the Permanent Secretary of Health and Child Welfare. Your Committee learnt that at the moment the country has only 26 000 patients on public and private ART against a demand of about 300 000.

11.2 During the Committee's visit to Masvingo Provincial Hospital's Opportunistic and Infectious clinic, your Committee learnt that provision of ART at the institution started in February 2005. There are 1002 clients registered and 788 are on ARVs while 830 on cotrimoxazole prophylaxis. Of that number, 39 members of staff in the province are on ARVs. So far 21 clients on ARVs have died and 3 of them are members of staff.

11.3 Your Committee was briefed on the entry and referral criteria for one to be on ART. The explanation was that the following criteria applies.

- Only persons know to be HIV positive are registered.
- HIV positive patients referred from primary care clinic (Public or private)
- HIV positive patients referred by support organizations or from out local VCT centers including prevention of parent to child transmission clinics

11.4 Your Committee noted that the mission and private hospitals are assisting in the provisions of ART as indicated on the table.

CENTRE	TOTAL	MALE	FEMALE
Gutu	35	9	26
Matibi	7	5	2
Silveira	9	5	4
Hippo Valley	187	122	61
Musiso(Jerera)	30	-	-
Chiredzi	151	-	-
Morgenster	24	9	15
Ndanga	2	1	1

11.5 Your Committee noted that besides the limited ARVs, the clinic is faced by a number of challenges. The clinic does not have a full time doctor for ART initiation and patients at times go for days before being seen by a GMO. Follow-up of clients outside Masvingo is constrained by resources, especially transport. There are no laboratory facilities and as a result;

- No liver function test has been done since the opening of the clinic.
- Only 15 CD4 counts can be done per week and due to the backlog the clinic is booking clients for September 2006.
- Most health personnel are not familiar with ART therefore compromising the quality of management of ART and opportunistic infections.
- There are no pediatric syrups inorder to come up with pediatric doses.
- There is no stationery for registration of clients and the unit is not computerized.

12. RECOMMENDATIONS

12.1 The Ministry of Health and Child Welfare's budget should be increased so that targets are met and institutions equipped with necessary implements such as laboratories and stationery

12.2 The Reserve Bank of Zimbabwe should prioritise the allocation of foreign currency to enable the Ministry of Health and Child Welfare to procure drugs, especially ARVs The number of patients on ART should be increased if the country is to achieve the goals set in Millenium Development Goals and the Universal access to treatment

12.3 The Zunde Ramambo programme should continue and be decentralized to Kraal Heads and Districts

12.4 The National AIDS Council Act needs to be amended so that it is in harmony with the new Strategic Framework and Policy

12.5 The National AIDS Council should reconsider it's priorities since it is now involved in implementing so many programmes rather than concentrating on coordination which is it's main mandate.

12.6 Home Based Care Givers should receive some incentives such as allowances as they are an extension of the health delivery system through looking after patients who are supposed to be taken care of in health institutions

12.7 The National AIDS Council should provide vehicles for District Coordinators to enable the distribution of food and commodities , as well as the monitoring programmes

12.8 AIDS Action Committee members are urged to exclude political figures in their structures

12.9 Grants for students in tertiary institutions should be increased so that students do not engage in risky behavior in a bid to feed themselves

12.10 Local Authorities are urged to designate special parking places for international truck drivers as a bid to minimize HIV and AIDS at growth points

13. Conclusion

13.1 Your Committee was impressed by the HIV and AIDS programmes being implemented by the Ministry of Health and Child Welfare, the National AIDS Council , the private sector and donor community. It is the Committee's desire that the efforts should be scaled up so that our prevalence rate keeps on declining.