

COMPASS

THE COALITION TO BUILD MOMENTUM, POWER, ACTIVISM, STRATEGY & SOLIDARITY IN AFRICA

COMPASS AFRICA NEWSLETTER

02

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MALAWI

Defeating Defaulting! Through
ART Groups, Now!

TANZANIA

Tanzanian advocates score big as the
government approves increase in Human
Resources for Health (HRH) to deliver
essential health services

ZIMBABWE

Advocating for Disability inclusion in
the SRHR, HIV and AIDS response in
Zimbabwe.



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commercial
distribution

Also in this issue:

*Meet our MERL
Champions! Plus
highlights from the
just ended Virtual
Strategy Lab.*

In the spotlight:
*Malawi's breakthrough in
getting approval to pilot
community ART groups.*

**"A PEEK INTO OUR ADVOCACY JOURNEY;
WINS, SETBACKS AND LESSONS"**

MALAWI

SPARC STORY

1. What did we change, and how?

The Coalition of Women Living with HIV and AIDS (COWLHA) through COMPASS has been advocating for the adoption of Community ART Groups (CAGs) as one of the Differentiated Service Delivery Models for HIV Treatment service delivery in Malawi because of the large numbers of ART defaulters due to long distances, congestion in facilities and long waiting hours.

From January 2021, petition forms were signed by women living with HIV, traditional leaders, and health facility personnel all in support of the campaign. A video documentary was developed and aired through different social media platforms to build momentum and elevate the community voice. Finally, we made a breakthrough and managed to get approval from the department of HIV to pilot community ART groups in Phalombe and Chiradzulu. This shift in behaviour is worth noting because the civil society has been advocating for years and this is a first positive response. The good thing about the pilot is that it will lessen the burden that people living with HIV face when accessing ART while at the same time generating evidence showing how effecting CAGs are and addressing the fears that government may have had towards adopting the CAGs.

2. What next?

COWLHA will continue generating evidence from the piloted CAGs in order to attain a full win. We have learned that collaboration in advocacy campaigns is key hence we will continue to work with stakeholders from community to national level.

3. Lessons learnt

- COWLHA managed to secure a partial win in the campaign and this was possible because the tactic changed along the way. The meeting with Department of DHA was not successful and thus COWLHA engaged Civil Society Advocacy Forum to organize a meeting with Ministry of Health and convinced district health offices of Phalombe and Chiradzulu to push the advocacy agenda, which paid off eventually. Finally, COWLHA learnt that change of tactic is sometimes key to overcoming barriers in advocacy and that teamwork and collaborations outside the COMPASS Coalition are also essential to achieve set targets.
- Ownership by communities affected is pivotal in advocacy campaigns for their effectiveness and sustainability. COWLHA managed to secure a win when the Directors of Health and Social Services (DHSS) from the districts took the lead role in the advocacy.

A shot of women and children waiting for Chitela health centre in Chiradzulu to start operating on 20th March, 2020 at 10am. Congestion at the health facility and facility operation hours are some of the reasons why we are advocating for CAGs. This picture was taken by Emily Kaliwo (MANA).



TANZANIA

SPARC STORY

1. What did we change, and how?

The Tanzania Ministry of Health reported that, as of July 2021, the HRH gap in Tanzania was at 52% of the required total of 208,282 health workers, resulting in a reduced capacity to deliver the National Essential Health Care Intervention Package (NEHCIP) and other health services. Benjamin Mkapa Foundation (BMF) campaigned for the launching of the National Health Workforce Volunteerism Guidelines (NHWVG) that will assist to address the critical HRH shortage in Tanzania. The guidelines will greatly assist in formalizing and standardizing the health volunteer practices by newly graduated healthcare workers who will be engaged into temporary contracts in areas that are highly underserved.

The Benjamin Mkapa Foundation managed to influence the launch of the National Health Workforce Volunteerism Guidelines by using media to advocate enhanced government commitment to increasing number of skilled workers and CHWs as a strategy to curb shortage of skilled health personnel in the country.

BMF conducted a one-day session with editors to raise awareness on the need to continue investing in HRH through operationalisation of the proposed National Health Workforce Volunteerism Guideline (NHWVG) in the country. The guidelines were well received and pitched into various media outlets by editors including a call for action to the government to act as part of addressing the HRH demand in the country.

Through BMF's advocacy and in response to the stakeholders' call, the launch of the guideline was conducted swiftly, about 2 months in advance of the set date. The use of the RMO and DMO Conference as a platform to launch and disseminate the guidelines was also a strategic tactic which propelled the campaign. The NHWVG were officially launched on 15th September 2021 in Dodoma during the Annual Conference for Regional Medical Officers (RMO) and District Medical Officers (DMO).

The event was attended by key stakeholders including officials from Ministry of Health, President's Office Regional and Local Government (PORALG) and Medical Officer In-charges from Regional Referral Hospitals in Tanzania. The guidelines were shared with attendants for further dissemination and implementation to health facilities at regional and district levels.

2. What's next?

- As a next step, BMF is planning the following:
- development of a Rollout Plan, in collaboration with Ministry of Health, Community Development, Gender, Elderly and Children, (MoHCDCGEC) and President's Office - Regional Administration and Local Government Authorities (PORALG), for implementation of the NHWVG, including a pilot in 3 regions, tentatively Geita, Mwanza and some southern areas of Tanzania),
- Dissemination of the NHWVG to other non-state actors and stakeholders for integration in programming.
- Continued advocacy to parliamentarians for budgetary support in the implementation of the NHWVG.
- Escalation of former advocacy campaign from endorsement of NHWVG (which has been achieved by 100%) to increasing government commitment at district and national level to implement the NHWVG.

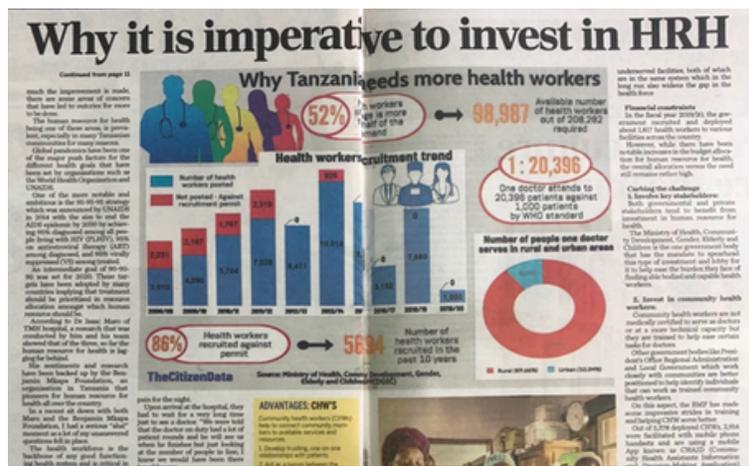


Fig 1: Newspaper Article on HRH investment written by editors after the Editors Breakfast Meeting (The Citizen – 6 September 2021)

TANZANIA

GALLERY



Tanzania Minister of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) Honorable Dr. Dorothy Gwajima with key stakeholders at the launch of the NHWVG in Dodoma.





ZIMBABWE

SPARC STORY

1. What did we do, and how did we do it?

My Age Zimbabwe conducted a campaign titled “Disability Inclusion-Starting and Arriving Together!” to ensure effective inclusion and prioritisation of persons with disability, particularly Adolescent Girls and Young Women (AGYW), in the national response to SRHR, HIV and AIDS. While there is a number of key national decision-making structures, effective disability inclusion is a critical gap that is reflected by inadequate resources and interventions directly targeting persons with disabilities. Furthermore, while anecdotal evidence reflects that persons with disabilities are adversely affected by negative SRHR outcomes, HIV and AIDS and now COVID-19, there is limited data being collected within government and development partners’ monitoring and evaluation systems to show the level of burden within the disability constituency.

In a quest to change this narrative, My Age Zimbabwe (MAZ) partnered with National AIDS Council (NAC) and the Young People’s Network on Sexual Reproductive Health, HIV and AIDS (YPNSRHHA) in April 2021 to conduct a national assessment on the status of Adolescents and Young People in relation to SGBV, SRHR, and HIV/AIDS in Zimbabwe since the emergence of the COVID-19 pandemic. Implementing partners and adolescents and young people consulted acknowledged that adolescents and young people with disabilities are not being effectively included in the response and the data collecting tools are not designed to profile how the disability constituency are affected by negative SRHR outcomes, HIV and AIDS. This was attributed largely to lack of capacity, lack of evidence to reflect need and lack of disability inclusive budgeting during planning. Findings from the assessment strengthened the evidence base for disability inclusion and were presented at 3 high-level platforms that are convened by Ministry of Health and Child Care and NAC. The assessment was followed up by MAZ continuing to work with NAC to push for effective disability inclusion through a Disability Taskforce meeting conducted in May 2021. Established in 2020, the Disability Taskforce was instrumental in developing disability responsive messages on COVID-19, SRHR and HIV/AIDS.

As a result of the work done by the taskforce, NAC began to realise the disability inclusion gap resulting in their acknowledgement of this gap and commitment to have the taskforce evolve into a National Technical Working Group for Persons with Disabilities. Following up on this commitment, MAZ and NAC convened a National Roundtable Meeting on Disability Inclusion in June 2021, which resulted in the development of Terms of References and appointment of a governance structure for the proposed Technical Working Group (TWG). The TWG’s scope of focus was agreed by stakeholders in attendance. As informed by the TORs, the mission of the TWG is to reduce negative outcomes, morbidity and mortality attributed to COVID-19, SGBV, SRHR and, HIV/AIDS among persons with disabilities in Zimbabwe.

The Co-chairs of the TWG who make up the Governance structure include the Disability Affairs Director in the Ministry of Public Service Labour and Social Welfare and the Health Promotions Director in the Ministry of Health and Child Care, with NAC’s National Youth Office and Communications and Advocacy Department as Secretariat. An inception meeting was held in October 2021 to formalise the TWG as a recognised structure among other already existing national Technical Working Groups. It is the first ever TWG that focuses on persons with disabilities in the history of the response. The argument has always been to mainstream disability within already existing TWGs which has not been effective as evidenced by results over the years. The platform is expected to facilitate disability inclusion within COVID-19, SGBV, SRHR, and HIV/AIDS initiatives focusing on coordination, accountability, technical guidance, knowledge management, disability responsive budgeting, monitoring and evaluation.

2. What next?

- The TWG will develop an operational plan for 2022 to ensure key partners integrate the interventions within their 2022 annual plans.
- The strengthened political will at national level on disability inclusion in the national response should be complemented with results at local level. The focus now is on ensuring that resources and interventions on COVID-19, SGBV, SRHR and HIV/AIDS directly reach persons with disabilities especially adolescent girls and young women.

ZIMBABWE GALLERY



95-95-95 by 2025

Telephone: +263(0242) 791171/2/8, 790575 Email: secretariat@nac.orz.zw
 Website: www.nac.orz.zw National AIDS Council of Zimbabwe @naczim



Co-ordinating the national multi-sectoral response to HIV and AIDS

NAC partners My Age in PWDs national taskforce drive

KENNEDY NYAVIRA

THE National Aids Council (NAC) in partnership with My Age Zimbabwe Trust, a local youth-led organisation, on Thursday held a preliminary consultative meeting to discuss the formation of a national disability technical working group towards addressing various issues affecting people with disabilities (PWDs).

The meeting, which marked the first of a scheduled series, was attended by stakeholders working with PWDs across the country who deliberated on problems faced by PWDs and made recommendations particularly following the advent of Covid-19.

In an interview, My Age programmes manager Joseph Njowa said the working group idea came as part of their efforts to make responses to Covid-19 and HIV and AIDS disability inclusive.

"Our work around disability started last year where we partnered with National Aids Council to figure out how we can make response to Covid-19 and HIV-AIDS more disability-inclusive," said Njowa.

"We realised that issues of persons with disabilities continue to fall through the cracks, mainly because most of the technical working groups or coordination structures within a lot of ministries and parastatals do not really include persons with disabilities."

According to Njowa, a fragmented approach to the constituency's issues was also affecting the effectiveness of solutions and that had pushed them to unite towards coming up with a more nationally-inclined taskforce.

"A lot of the work that is being



NAC participants at the My Age Trust workshop

done around disabilities is fragmented and even the civic organisations doing work around disabilities are also fragmented so there are no coordinated structures looking at what has to be done," said Njowa.

"Upon realising this, we thought let's brainstorm around what a technical working group would

look like at national level that will work as a shadow structure more or less in terms of agreeing on priorities for persons with disabilities and then feeding them

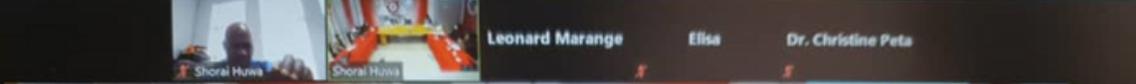
into mainstream coordination platforms."

NAC communications director Madeline Dube underscored the importance of a stand-alone disability working group as an urgent step in the wake of the pandemic.

"We have technical working groups in various departments and we have people with disabilities being attended to in them, but we do not have a disability technical working group. Us having it for the sector means that we are going to bring everyone who is working on issues to do with disability and be able to come up with our strategic document on how we are going to run with issues," said Dube.

Describing it as "an urgent matter", Dube said work towards a technical working group would continue as the year progresses in a bid to sensitise people that "in the spirit of leaving no one behind, let's ensure that we have included people with disabilities".

"From here we will work with My Age to identify the various departments of the ministries and organisations working with people with disabilities and then put them together, invite them for a meeting to then share their terms of reference and then from there on we move on," she said.



Newspaper Article on NAC partnering My Age during the Disability Taskforce Meeting

National Roundtable Meeting: Development of TORS for the TWG



STRATEGY LAB

VIRTUAL

2021-22 HIGHLIGHTS

Day 1: 16 December 2021

The Virtual Strategy Lab kicked off with COMPASS 2020-21 Key highlights. Both country and global partners made presentations on the Successes and Setbacks from Year 4.

Country partners shared their most significant campaign wins, most challenging setbacks, and lessons learned. Country coalitions selected 2/3 of their best campaigns to report on:

- Malawi – Cervical Cancer Campaign (JONEHA) and Adoption of Community ART Groups Campaign (COWLHA)
- Tanzania - Endorsement of NHWVG (BMF), Scaling up of MAT clinics (TanPUD), Establishment of AGYW Forum (TaYOA/DARE)
- Zimbabwe – Age of Consent campaign (ACT), and Health Financing (ZiCHIRe)

Global Partners including amfAR, mPACT, ICWEA, HealthGAP and AVAC made presentations on most significant COMPASS work, most challenging setbacks and lessons learned from successes and challenges.



Key components of the strategy lab were conducted virtually in order to connect the teams remotely, in light of covid-19 restrictions and precautionary measures.

Day 2: 12 January 2022

Day 2 of the Strategy Lab focused on COMPASS MERL Session which featured a presentation on the Second edition of the Coalition Health Scorecard. The scorecard findings were presented along 5 focus areas of Vision, Governance, Communications, Collaborations and Learning. Findings were evaluated against the 2020 Scorecard findings as baseline.

Key takeaways from the presentation were:

- Strong sense of understanding and agreement on the vision for the COMPASS coalition
- Coalition interactions generally characterized by respect and support, resulting in strengthened partnerships and improved advocacy efforts
 - More could still be done to continue to strengthen linkages between Country and Global partners, and between different country coalitions
- Accountability and conflict resolution mechanisms require further visibility and support to be effective
- Roles and responsibilities are well-defined and acceptable, but governance/ decision-making at the country and AVAC levels could be more transparent and inclusive
- Communication channels are available, appropriate, userfriendly and adequate
- Reflection and planning mechanisms are strong at the country level, but could be further strengthened at the cross-country and North/South level.



STRATEGY LAB

2021-22 HIGHLIGHTS

Day 2: Continued

The session was complemented by a reflective breakaway session wherein participants engaged in in-depth discussions on key issues from the presentation that are critical to deal with going forward into Year 5, and commitments to make to improve the COMPASS Coalition Health. Overall recommendations were made on the following:

1. Governance:

- Define and delineate accountability mechanisms

2. Communications:

- Outline conflict resolution mechanisms at both inter-agency and in-country levels

3. Partnerships:

- Assessing the impact of south-south collaborations

4. Learning:

- Strengthening South-South knowledge sharing and exchange, that is, creating platforms to share good practices and lessons learned within and across country coalitions

- Documentation and dissemination of good practices and lessons learned in the Transnational Activism Model for further strengthening, application and/or replication in other settings.

For instance, showcasing lessons from the sub-granting model which has been initiated with PZAT as an initial step towards Africa-based grant-making and management; and showcasing good practices that helped improve the coalition health outcomes over the year.



Day 3: 21 January 2022

Day 3 of the Strategy Lab was the “Wrap Up Session” focused on closing out Year 4 and preparing for take-off of COMPASS 2.0. The session was a culmination of Strategy Lab Day 1 and 2 sessions to chart the way forward for the coalition.

Core 2022 deliverables:

Deliverable 1: Winning Our Campaigns

Deliverable 2: Decolonising Global Health and Transition to Africa-Led Coalition

Deliverable 3: Implementation of Coalition Health Scorecard Recommendations

Deliverable 4: Capacity strengthening (organizational and programme management/MERL capacity)

Deliverable 5: Coordination

Deliverable 6: Communication – including COMPASS branding,

Deliverable 7: Baseline Briefs/Analysis on Key Campaign Focal Areas

Deliverable 8: High-level systematic visibility of Global Fund work and engagements with Governments, WHO, UNAIDS, etc.

2022 Roadmap

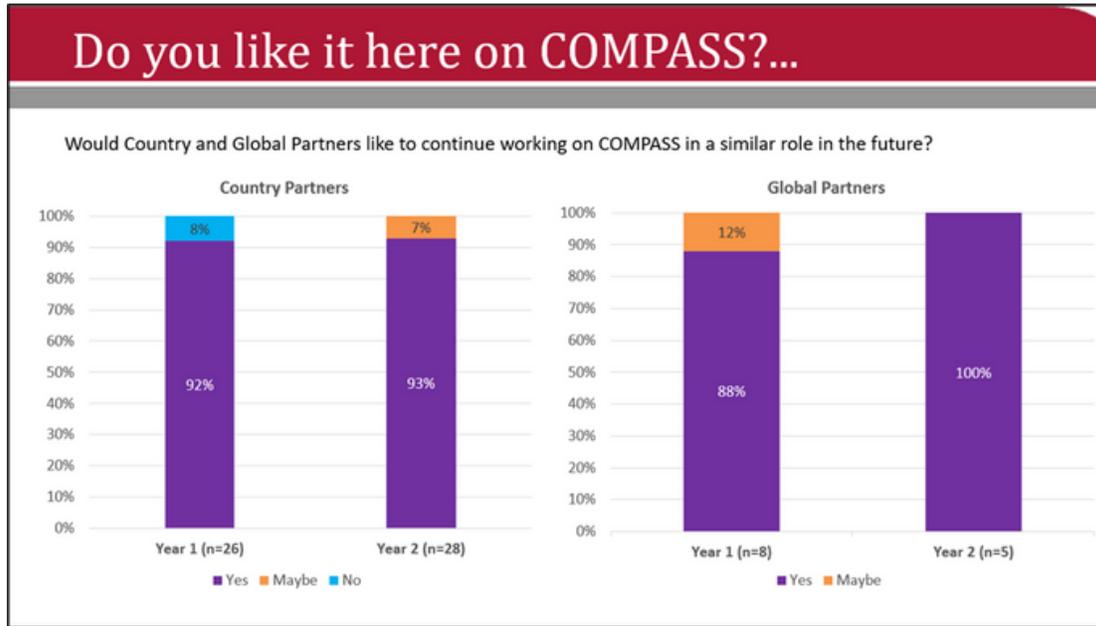
- Internal AVAC COMPASS team kickstarting the process to timely deliver on recommendations and outcomes in COMPASS 2.0 proposal of commitments
 - Call for new team to join the Governance Taskforce
 - Build up on prior conversations last year, regular Governance Task Team consultations, also ensuring engaging wider COMPASS on a regular basis
 - Series of meetings to unpack and finalise elements for discussions
 - Develop and review governance structure, tools/manuals – including sub-granting
 - Endorse structure and tools
 - Document the process

WHAT TO LOOK OUT FOR IN COMPASS 2.0

Feedback

What to expect:

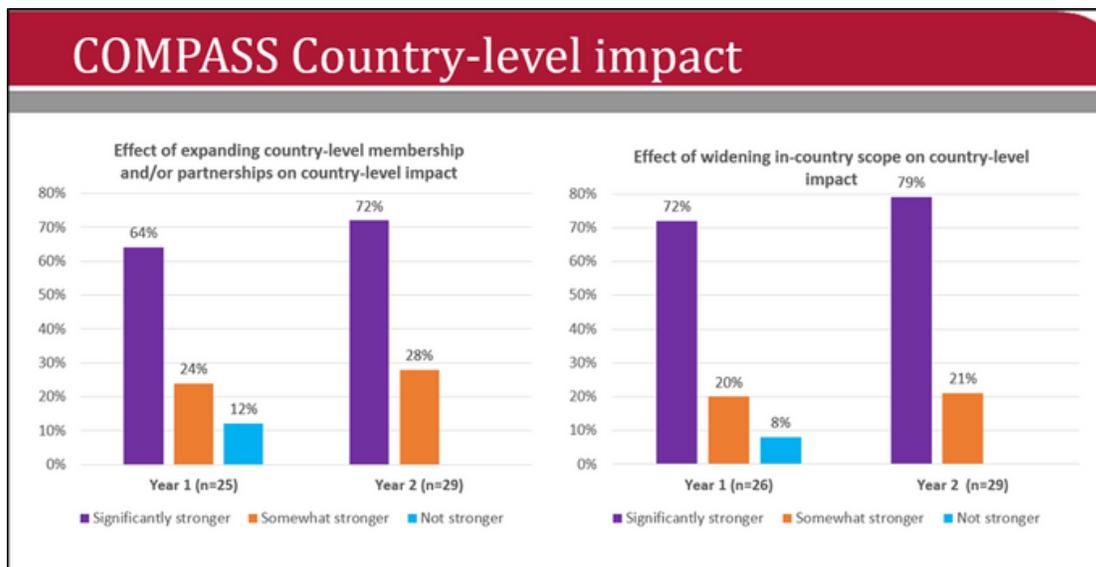
Do you like it here on COMPASS?...



- Africa-led Governance Technical Working Group
- Expanding Country-based MERL Champions membership
- In-country MERL Roadshows and Webinars.
- Launch of MERL for Advocacy Toolkit.
- Launch of Data Champions initiative .
- Initiation of PZAT Sub-granting process.

We asked COMPASS country partners to rate the effect of expanding country-level membership and widening the in-country scope on their country-level impact and this is what they said:

COMPASS Country-level impact



Expanding country-level membership has had a positive effect on country level impact in Y2 (72% reported significantly stronger impact), an improvement from 64% in Y1. The same effect is noted for widening the in-country scope, in which in Y2, most (79%) rated significantly stronger impact compared to 72% in Y1.

MERL CHAMPIONS



Mtisunge Mikaya - Malawi
"I want to be a voice for the voiceless! Being a MERL Champion will make me better understand the use of data in advocacy."



Hastings Mwanza - Malawi
"I realized that it is so easy to be preoccupied with many activities and miss the main thing. One can love the busy that comes with the implementation of a project and miss out on the impact it is supposed to bring. It is out of this realization that I decided to become a MERL champion. I realized that being a MERL champion will scale up my monitoring & evaluation skills, as well as benefit the sector I serve by boosting future initiatives with lessons learned."



David Kamkwamba - Malawi.
"I chose to volunteer as a MERL Champion because I want to promote effective campaign implementation at all levels from design to evaluation."



Joseph Njowa - Zimbabwe. *"I decided to be a champion because apart from the task being a learning opportunity, in my career I have always enjoyed volunteering to take up responsibilities that will contribute to the health and wellbeing of everyone especially adolescents and young people in their diversity. MERL is fundamental to the work undertaken by COMPASS, so it was an easy decision to make which comes with huge responsibilities."*



Francis Greyson Luwole - Tanzania.
"I want to contribute in ensuring that the beautiful campaigns by COMPASS partners in my country reach the desired goals, hence, become more impactful in responding to HIV."



Morgen Chinoona - Zimbabwe.
"I chose to volunteer as a MERL Champion to be part of the change story. It is an opportunity for me to contribute towards better sexual and reproductive health outcomes for All."



Beatrice Deusedit Mkani - Tanzania.
"I volunteered to be a MERL Champion to learn from others and contribute to improving project MEL practices."



Dr Lilian Benjamin Mwokyosi - Tanzania.
"I volunteered to become a MERL COMPASS Champion in order to add value to my country team by improving how we; monitor progress, generate evidence, apply lessons learnt and the overall quality of our programs and impact."



Ignatious Chiveso - Zimbabwe.
"Being a MERL Champion is an opportunity to learn, share and grow capacity with like-minded colleagues in a supportive workspace."



Prince Mikel Juao - Malawi. *"I advocate towards scale up of intervention that aim at removing barriers that affect uptake of biomedical prevention services. As a community representative for transgender persons in advocacy platforms, I need to have updated and reliable information to use in advocacy that I can use. The MERL champion is a gate way to achieve this."*

COMPASS AFRICA

IN ACTION

2021-22



COMPASS

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