DAPP Development Aid from People to People in Zimbabwe

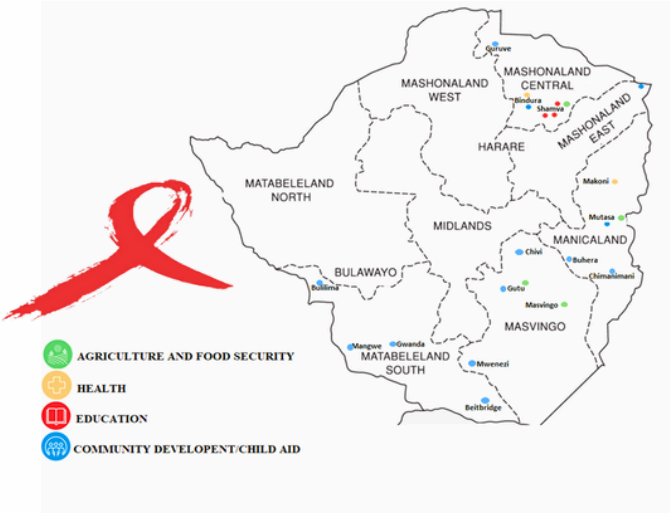
# TB CAPACITY STATEMENT

## 1. GENERAL ORGANIZATION BACKGROUND INFORMATION

Development Aid from People to People in Zimbabwe (DAPP) has a forty-three-year track record in community-led, people-centered development. DAPP is a locally registered Zimbabwean development organization (PVO 22/80) that manages comprehensive multi-sectoral development programs and community-led projects that empower people with the knowledge, skills, and tools they need to improve their own well-being. Our belief that "people are the driving force in their own development and that it is through collective efforts we create progress" shapes our approach to partnership and implementation.

DAPP's program portfolio encompasses health, education and training, community development, agriculture and food security, and emergencies. In programming, DAPP specifically targets vulnerable groups, such as orphans and vulnerable children, child-headed households, females, people living with HIV/AIDS (PLHIV) and TB (PwTB), people with disabilities, unemployed youth, refugees, smallholder farmers suffering the effects of climate change, and people in rural areas living on less than a dollar a day. DAPP partners with vulnerable communities in eight provinces in Zimbabwe on 14 projects. DAPP currently boasts more than 151 staff members and 400+ volunteers and implements projects benefiting nearly 400,000 people per annum.


DAPP has successfully implemented large-scale, high-impact health programs in HIV, tuberculosis (TB), elimination of malaria, maternal, neonatal and child health (MNCH), food security and nutrition, water, hygiene and sanitation (WASH). Co-developing and co-leading projects with communities since 1980, DAPP is well contextualized to local Zimbabwean health systems and community contexts and is acknowledged as a trusted leader in community-led, people-centered programming. DAPP Zimbabwe leverages strong and fruitful working relationships with diverse district stakeholders anchored by Memorandum of Understandings (MoUs) with district authorities; currently, DAPP has working MoUs with Bindura, Shamva, Guruve, Chivi, Gutu, Goromonzi, Makoni, Chimanimani, and Mutasa Districts.



DAPP is financially transparent, audited annually to international standards, and has an unqualified audit history since its inception. In 2021, Société Générale de Surveillance (SGS) awarded DAPP the SGS NGO Benchmarking Certificate for good governance and compliance with international best practices. DAPP's strong project management systems and internal controls are fully aligned and compliant with USG funding requirements, and financial statements are prepared in accordance with internationally accepted accounting principles. DAPP has successfully managed grants from various donors, including USAID, EU, Global Fund, PSI, GIZ, UNEP, UNICEF, CISU, DANIDA, and a broad range of foundations and businesses.

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DAPP is also a member of the Humana People to People (HPP) Federation, a global network of 29 organizations working in 43 countries in Africa, Asia, Latin America, Europe and United States. Through this affiliation, DAPP has access to collective experience and expertise from HPP sister organizations regionally and globally.

Humana People to People members are working in countries marked green


## 2. HIV & TB TECHNICAL CAPACITY

DAPP has strong HIV and TB technical capacity, deep roots in many vulnerable communities (see Section 4. Geographic Experience and Coverage), extensive experience in community-led development, and a portfolio of effective models for mobilization, prevention, care and treatment. DAPP is known for its capacity to identify and address critical gaps and weaknesses along the entire HIV and / or TB cascades, including implementing community programs that effectively reach those most vulnerable, leveraging existing community structures to their benefit, and facilitating bi-directional referrals to ramp up service utilization at health facilities and complementary service providers. DAPP's Total Control (TC) model is an innovative, integrated, holistic approach to working at both community- and facility levels to promote demand, utilization and effective coverage of HIV and TB services. These skills and networks allow DAPP to mobilize quickly to respond to health emergencies and outbreaks.


**2.1 Total Control of the Epidemic (TCE) / HOPE (1996-2009 / 2010- current)**

Over the past 30 years, DAPP has developed vast experience in implementing HIV interventions targeting AGYW in Zimbabwe using Total Control Epidemic (TCE), HOPE, and CHILD Aid models. Our multisectoral HIV interventions have reached over one million people, including children, adolescents, women and men with HTS, prevention, treatment and care, education, GBV, and economic empowerment. Through the TCE program that was implemented in Bindura, Guruve, Mazowe, Mabvuku/Tafara, Zhombe, Shamva, Zvimba and Mt Darwin districts, DAPP has contributed to improved HIV knowledge, access to condoms, treatment adherence, and uptake of HIV testing, PMTCT and other SRHR services. The TCE project has a strong gender focus and played a crucial role in empowering women to take the lead in development processes and to build assertive skills of girls and women. The Guruve TCE Project, for instance, mobilized 24,574 people for HIV testing and 5,268 pregnant women for PMTCT services; and formed 249 TRIOs (treatment buddies) and 76 Positive Living Support groups, and HIV knowledge increased by 23% in the district.


DAPP has also scaled up SRHR-related interventions for vulnerable AGYW and their male counterparts since 2011 through its HOPE model. The HOPE model works to increase knowledge and access to services and promotes the establishment of community centers that provide integrated HIV prevention, care and treatment services to key and priority populations such as sex workers and vulnerable AGYW. DAPP currently operates a HOPE facility in Bindura District and trains peer educators and community activists to conduct awareness campaigns in schools, social gatherings, and it operates women's and girls' clubs. To enhance sustainability, DAPP HOPE programs work closely with local leadership (such as village heads, councilors, village health workers, community child care workers), local clinics and hospitals, and the MoHCC.

Overall since its inception, DAPP has reached over 160,000 AGYW with behavior change information, HIV prevention and reproductive health services, SGBV information, and other social protection services across Mashonaland Central, Mashonaland East, Harare, Manicaland and Matabeleland South. Over the past five years, Hope Bindura has mobilized 126,129 people for HTS, tested 6% HIV positive and initiated them on ART on ART, and formed 1,460 TRIOs, three-person support groups, to support ART adherence.

## 2.2 Total Control of Tuberculosis (TC-TB) (2015 - Current)

DAPP is currently implementing the Total Control of TB (TC-TB) program in Makoni District. The project goal is to reduce the rate of new infections of TB and to provide appropriate packages of treatment, care and support to PLHIV and/or PwTB and their families. TC-TB aims to increase HIV and TB case finding and linkages to care at community and facility level. Main activities include: addressing TB and HIV related stigma; screening people for TB at the doorstep; collecting sputum at the doorstep; transporting sputum to the nearest diagnostic center; collecting test results and informing the clients; providing HIV counselling and referral during family visits; contact tracing; treatment adherence for TB and HIV; capacity building of TRIOs, TB Champions, Village Health Workers, Local leadership, and peer educators; and support for TB treatment completion, including assistance with setting up backyard- and community nutrition gardens.

To build local ownership and sustainability, DAPP's approach utilizes a network of community-based volunteers, HIV/TB support groups at the community level, and health workers at the community and clinic level.


## 3.DAPP's TB Implementation Approach

Figure 1 below is a diagrammatical presentation of TB Implementation Approach which DAPP uses to improve the health outcomes for TB patients and reduce TB related deaths.

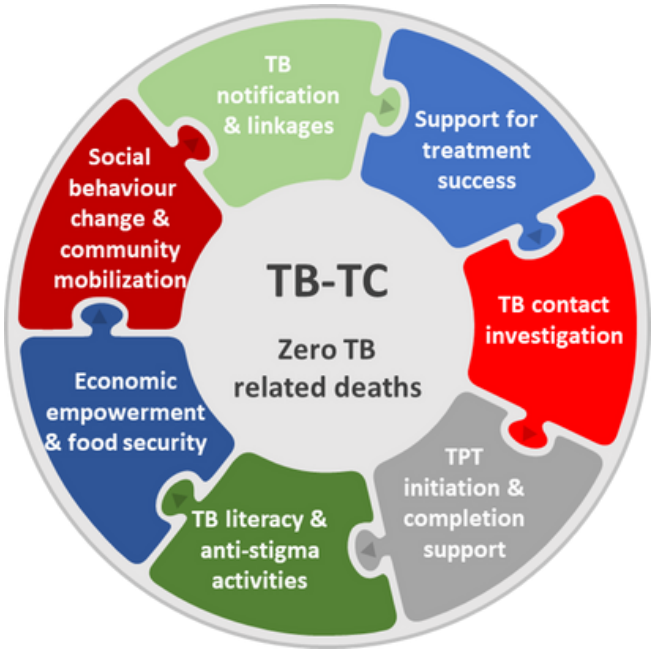



**Figure 1. DAPP's TB Implementation Approach**

1. Increase TB notification rates for all forms of TB. DAPP field officers engage confirmed TB patients in order to create support mechanisms which improve patients understanding of TB, its symptoms and treatment options. Such understanding will reduce stigma associated with TB at family level and in the communities. DAPP activates the TB Champions, Village Health Workers (VHWs), Community TB Committees, and Peer Educators so that they offer peer counselling and encourage patients to adhere to their treatment regimens. Screening is done within communities and referrals sent to the local health facilities in the district. A counter-referral system is established for systematic tracking, linkage to treatment and additional support by Field Officers. Cluster trainings for community opinion leaders like traditional, religious and duty bearers in Government Departments are conducted to reduce stigma and encourage openness regarding TB and related illnesses.

**2. Increase TB Contact Investigation (TBCI) for eligible social contacts and high-risk individuals.**

DAPP's Field Officers (FOs) conduct widespread awareness campaigns to educate people on TB and the importance of getting screened. The FOs conduct TBCI for all family members, children in the household and close associates of the identified TB patients as part of active case finding. A register of household contacts, including children and other close contacts is developed and all processes recorded. FOs visit each family and workplaces to provide comprehensive information about TB as well as TB screening and levels of exposure. Immediate referrals are made for clinical evaluations to nearby health centers or through mobile clinics.

3. **Increase TB patients' treatment success rate.**

DAPP supports existing and forms new support groups for people with TB. Monthly meetings are conducted where they share experiences and have education sessions. Local leaders, including village heads, religious leaders and traditional healers, are invited to the support groups so that they have an appreciation of TB and how it is treated medically. Immediately after notification of a patient, and referrals from health institutions, DAPP's Field Officers form a TRIO for each patient and train them. The TB patient is given the opportunity to select people who support him/her while taking medication, but TRIO primarily consist of family members (nucleus and extended) and community members where necessary. The TRIO is trained on treatment support and supporting patients to visit health facilities for reviews and ensure consistency in taking drugs. Peer counsellors in form of TB Champions and Village Health workers monitor progress and operations of TRIOs.

**4. Increase TPT initiation and completion for eligible contacts and high-risk individuals.**

DAPP offers counselling support to TB patients and their contacts especially families explaining TPT and its importance. This helps address the misconceptions and concerns that the families and other close contacts may have. TB contacts are screened for eligibility and referred for TPT initiation. TRIOs for contacts are formed so that contacts have support to complete the TPT course. Nutritional support packages are given to pregnant and lactating mothers, to improve the overall health and ability to adhere to TPT course. A monitoring framework for regular monitoring of those on TPT is established.

5. **Increase TB literacy and intervention acceptability among target populations.**

DAPP Field Officers organize comprehensive education awareness campaigns for hard-to-test population groups such as mining & farming communities, artisanal miners, PLHIV, diabetic patients, prisoners, people live in congregate settings, under 5 children, adults over 65 years, excessive alcohol takers, malnourished people, health workers, and migrant population. This entails the engagement of community opinion leaders like Village Heads, Chiefs, religious leaders and other duty bearers. DAPP Field Officers will work with existing Community TB committees to provide patients and communities with information about, TB, its symptoms, treatment options and prevention methods. DAPP engages one TB champion per health facility, who supports TB patients after notification. DAPP also organizes Health Fairs in congregate settings with TB as the central theme. The fairs address the integrated support that is needed to address TB within other conditions like HIV, Malaria, COVID-19 and MNCH and nutrition. Participants to the fairs include at-risk populations (groups).

**6. Empower TB patients and communities.**

DAPP engages the TB Champions to support identified TB patients through peer to peer counselling. In addition, families affected with TB are supported with livelihood projects such as backyard nutrition gardens to improve their income and food security and cushion themselves against economic constraints associated with TB.

**7. Improve perception about TB prevention and treatment efficacy/acceptability among clients.**

DAPP's FOs use campaigns mentioned above to disseminate educational materials that provide accurate information about TB prevention and treatment which are reproduced using material from the Ministry of Health. The same material is shared during cluster trainings with community leaders so that they influence positive perceptions on TB. DAPP supports the documentation of treatment success stories and patient testimonials which are shared in the district, nationally and internationally through social media and in conferences. Patients successfully treated for different forms of TB are encouraged to become TB champions, as a way to address stigma and improve treatment success rate for other TB patients. Public recognition of patients who successfully complete treatment is done at Health Fairs as a way to motivate others.


**8. Strengthen capacity of local organizations, communities, and Ministry of Health to lead, implement and sustain effective TB prevention, treatment, and related programs.**

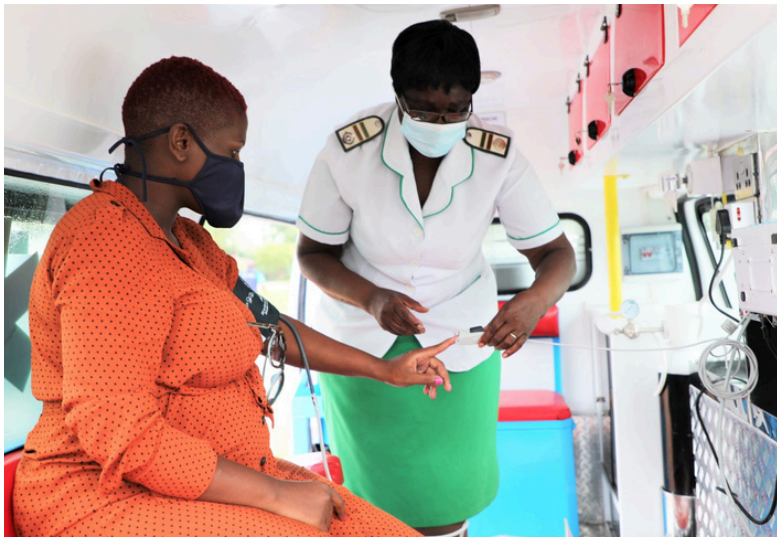
Capacity building cluster trainings with Community Health Committees, other organizations working on TB and the Ministry of Health and Child Care are conducted, and this helps integration of TB with other health services and improves the tracking of TB cases and treatment success. During the community awareness campaigns in hard-to-reach areas, DAPP assists analyzing policy gaps and create position papers.

**9. Improve use of data to plan, coordinate, monitor, adapt, and assure quality of community TB services**.

Regular assessments and evaluations are conducted to assess and facilitate accurate and timely data collection and analysis. Regular training activities with Community TB Committees, TB Champions, and District Coordinators are conducted to enhance their capacity in data management and utilization. Routine data audits and feedback mechanisms help ensure data accuracy and reliability. This promotes a culture of data-driven decision-making through workshops and collaboration with stakeholders.

**10. Ensure continuity of services through implementation of adaptations to mitigate against health emergencies, other pandemic challenges, or emergencies in the communities.**

To ensure the continuity of TB services during health emergencies, pandemics, or other community crises, DAPP collaborates with the Ministry of Health and Child Care to integrate telehealth such as video TRIOs and mobile health services.DAPP establishes groups for collection of medication where possible to curb the cost of accessing treatment.



**11. Increase development and use of new community tools, approaches, and technologies for TB control.**

DAPP, in its approach, is well positioned to test models, document evidence-based strategies, share good practices, and build the capacity of other local organizations in strengthening local systems for planning, coordinating and assuring quality TB services. DAPP also has capacity to conduct trainings to prepare community leaders and opinion shapers to reduce TB stigmatization, promote community buy-in, and create a strong supportive environment in communities.


**4. Geographic Experience and Coverage**

DAPP-Zimbabwe has much to offer from its geographic experience, relationships with key stakeholders and credibility in communities, and complementary projects at the local, provincial and central levels among government ministries and civil society organizations. DAPP Zimbabwe has a proven track record of working in various geographic regions of Zimbabwe, including overcrowded urban areas and hard-to-reach rural communities and border settlements. DAPP is currently operational in Mashonaland Central, Mashonaland East, Manicaland, Masvingo and Harare provinces.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