Introduction
Community treatment observatories (CTOs) provide a means for communities to collect data directly from health facilities and capture the experiences of recipients of care. With the support of ITPC and Bridging the Gaps, the Zimbabwe National Network of People Living with HIV (ZNNP+) and Zimbabwe Young Positives (ZYP+) showed that CTOs are a powerful platform for communities to identify existing gaps in service delivery, advocate for changes and ensure that available services are more accessible and meet their needs.

Problem
Despite declines in new HIV infections and AIDS-related deaths in Zimbabwe, current ART coverage rates of 80% require scaling up, in order to reach the 90-90-90 targets. Although many different ways to access ART, such as community refill groups and family member refill, have been approved by the Ministry of Health and Child Care, knowledge of these services remains low among communities. Long turnaround times in getting viral load results dissuades many adolescents living with HIV to get tested. People living with HIV are often given separate appointments for medical check-up, ART pick-up and viral load testing – leading to forfeiting of viral load testing for ART pick-up. Key populations and young people living with HIV still struggle to access care due to stigma and discrimination, shortage of healthcare workers, and inadequate resources for ARVs. Local organisations such as ZNNP+ and ZYP+ lacked evidence to guide their work to improve ART coverage and adherence.

Change
In order to address these issues, ITPC and Bridging the Gaps set up CTOs in four health facilities in Zimbabwe by training community representatives to collect service delivery data via tablets. Based on the findings, health facilities implemented more flexible operating hours to ensure that adolescents have access to viral load tests outside of school hours. The CTO teams successfully advocated for health facilities to make changes in how they schedule appointments to make them more convenient for patients, such as by combining multiple services within one visit. Subsequent in-depth interviews conducted in 2019 with 52 male and female youth aged 15-24 have revealed better access to routine viral load testing.

ZNNP+ and ZYP+ jointly conducted community awareness and demand creation sessions to introduce the community to the many ways to access ART. The CTO team advocated to the Ministry of Health during the February 2019 community

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1 Operational and Service Delivery Manual for the Prevention, Care and Treatment of HIV in Zimbabwe
2 PEPFAR 2018 Country Operational Plan

Bridging the Gaps is an international HIV programme with a focus on the health and rights for LGBT people, sex workers and people who use drugs, currently operating in fifteen countries. For more information on the programme, visit www.hivgaps.org.
A consultative group meeting was held to discuss the implementation of a more integrated transport system to accommodate blood samples transported to the lab for viral load testing. As a result, a reduction in turnaround time has been observed. 42% of viral load tests results were returned within 3 weeks between May and September 2019, compared to less than 5% between May and October 2018. Overall, across all health facilities, access to routine viral load testing increased by 21%.

**CONTRIBUTION**

Based on the success of the ITPC Regional Community Treatment Observatory in 11 West African countries, a CTO was set up in Zimbabwe in May 2017. ITPC conducted training in January 2018 on monitoring and evaluation principles and data collection. The use of tablets for data collection and database transfer was introduced. A community consultative group composed of representatives of ZNNP+, ZYP+, the target health facilities, the Ministry of Health and other implementing civil society organisations was formed. Two meetings were held to review the data analysed, identify advocacy priorities and make recommendations on future actions.

**ANALYSIS**

The use of data not only helped ZNNP+ and ZYP+ identify the issues, but was also instrumental in enabling communities to advocate to healthcare providers and district health officials to make site-level changes. As a result, PLHIV were enabled with the knowledge to make decisions about accessing ART in the way that best suits their needs and contexts. Additionally, increased access to viral load testing brought about better treatment and management of HIV, particularly among youth, as clinicians use the results to inform the regimens of patients attending the clinics.

**LOOKING AHEAD**

This change story shows that advocacy backed by data is very effective in systematically tackling health access gaps and bring about lasting change. In 2020, the CTO team will seek out additional funding to consolidate and build on the advocacy gains achieved in 2019 and pursue advocacy initiatives where change has not yet been achieved. Piloting the use of tablets provided insight into the efficiencies and challenges of using technology in data collection. The CTO model could also be used for tracking of access gaps for other health priorities such as tuberculosis, sexual and reproductive health and/or drug resistance.

**PERSONAL STORY**

Hazvinei is a 17-year old girl who lives in Mashonaland East in Zimbabwe, far from the closest ART centre. Hazvinei often missed her check-ups because she lacked the money for transport. She and her family had no knowledge of the available different ways to access ART, and she was often queuing at the hospital for hours. She would have her blood drawn for viral load testing and be given a date to collect her results but would often never receive them due to delays or the sample was spoiled or lost on the way to the testing centre. After finding out about the family refill model through the CTO team community awareness initiatives, Hazvinei’s mother, who is also HIV+, now collects the medications on behalf of the family. Hazvinei is now more willing to do routine viral load testing now that the results are reliably returned in 3 weeks.

"I go to the clinic for my viral load results and I am told to come back next week. When I get there the next week, still my results are not out. Ah! I will not go back because it’s taking a lot of my money and time."