



## REPORT AND ROAD MAP

### Mapping of Civil Society Organizations (CSOs) in Zimbabwe

With collaboration from:



National AIDS Council



Ministry of Health and Child Care

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## **Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
CBO	Community Based Organization
CSO	Civil Society Organization
GIS	Geographic Information System
LGBT	Lesbian, Gay Bisexual and Transgender
MOHCC	Ministry of Health and Child Care
MSM	Men Having Sex with Other Men
NAC	National Aids Council
PLHIV	People Living with HIV
PLWD	People Living with Disabilities
STI	Sexually Transmitted Infection
SRH	Sexual Reproductive Health
TB	Tuberculosis
UN	Umbrella Networks
UNDP	United Nations Development Programme
UNAIDS	United Nations Joint Programme on AIDS
UNICEF	United Nations Children's Fund
ZAN	Zimbabwe AIDS Network

## **Executive Summary of the Assessment**

This is the final report of the mapping of current and existing Civil Society Organizations and Community Based Organizations working on HIV/AIDS and Health in Zimbabwe.

### **Objective of the assignment**

The Objective of the assignment was to map current and existing Civil Society Organizations (CSOs) and Community Based Organizations (CBOs) working on HIV/AIDS and Health in Zimbabwe. It also included Organizations that are involved in integrated health services - including Tuberculosis (TB), Sexual Reproductive Health (SRH), cervical cancer and Sexually Transmitted Infections. The CSO and CBO mapping determined, among others, the geographical locations of organizations, their structure and ongoing programs being implemented by them. The information collected from the mapping will inform the development of the CSO and CBO database and website in Zimbabwe. The outputs from this exercise include a matrix with a database and Geographic Information System (GIS) maps with details of mapped organizations, their locations, areas of specialization and programming in Zimbabwe.

## **Overview of the Mapping of HIV/AIDS and Integrated Health Service Organizations**

### **Context of the assignment**

This CSO mapping exercise has been commissioned by the UNDP, in close collaboration with UNAIDS and the United Nations Joint Team to develop a CSO database for the HIV/AIDS and Integrated Health Service Organizations. It seeks to formalize the HIV/AIDS and Integrated Health Service Organizations CSO community in Zimbabwe. The mapping combines already identified and new CSOs/CBOs and Community groups in Zimbabwe. The resultant findings, lessons learned, report and annexes of datasets will be used to develop a database and website for HIV/AIDS and Integrated Health Service Organizations in Zimbabwe. This is a standalone and comprehensive baseline database for future improvement in the enrolment of new and more HIV/AIDS and Integrated Health Service Organizations in Zimbabwe. This database has been validated by participating organizations and triangulated with the GIS maps that show coordinates of where these organizations are located and operating in Zimbabwe.

This report is a third output in the process to profile and build the capacity of the HIV/AIDS and Integrated Health Service Organizations in Zimbabwe. Its origins come from a 3-year Health and HIV Civil Society Organization (CSO) Strategic Priorities Action Plan (2018-2020) for Zimbabwe. The plan has clear strategic areas of focus and it aims to help CSO groups to refocus their engagement along the national development agenda. It will also help CSOs to reposition themselves as a strong partner with government and other relevant stakeholders. One of the priority areas for the Health and HIV CSO Strategic Priorities Action Plan is a comprehensive mapping of CSOs in Zimbabwe.

Over the past few years the United Nations Joint Team has focussed on building capacities of the civil society in general, and HIV/AIDS and Integrated Health Service Organizations in particular. This assignment is yet another initiative to map current and existing CSOs and CBOs working on HIV/AIDS and Health in Zimbabwe. Organizations that are involved in integrated health services including Tuberculosis (TB), Sexual Reproductive Health (SRH), cervical cancer and Sexually Transmitted Infections (STIs) have also been included in this database. The mapping used inputs from various sources, including the review of current databases, and the ongoing mapping of civil society groups in ASRH supported by UNICEF. The GIS maps and matrix with the database produced provide details of location, what each organization specializes in and areas they operate in Zimbabwe.

### **Description of the Mapping Exercise**

The CSO mapping has determined and consolidated, among others, the geographical locations of all mapped civil society organizations, their structure and ongoing programs being implemented by them.

The information collected from the mapping has formed the basis for the development of the CSO and CBO database. Consequently, the database will be used to develop a standalone HIV/AIDS and Integrated Health Service Organizations website in Zimbabwe. In this regard, this CSO mapping assignment has been conducted in collaboration with the consultancy to develop the CSO website. Therefore, there has been a joint analysis of the requirements of the end users of the database to ensure the mapping and database, scope, fields and data will be usable on the website. This approach was designed to be relevant for the end users and establish an ongoing feedback loop even in future updates of the database and website. The collaboration identified the technical feasibility and specifications for the database and website, to ensure it leverages the relevant technologies. Early and constant consultations have taken place with the Zimbabwe AIDS Network which will host the database and website and the CSO Reference Group which provides oversight in the whole exercise.

### **The Process of CSO/CBO Mapping**

Sequentially the development of the Mapping exercise involved:

- ☐ Conducting a joint requirement analysis of the end users of the website and database to inform the design, technical specifications, development and use of the database and website;
- ☐ Conduct a mapping of existing CSOs and CBOs in Zimbabwe, particularly those with on-going activities in HIV and Health. This included collecting data on the organizational profiles and conducting three workshops with the CSOs and CBOs as part of capacity development in organisational profiling and governance reporting;
- ☐ Developing a matrix table of the CSOs and CBOs containing all the profiled data collected through the mapping. The matrix data is both presented at regional and national levels;
- ☐ Documenting all information on the CSOs and CBOs in the following areas: Contact details, geographical operational areas, governance, management, strategic plans, resource mobilizations plans and other relevant information pertaining to the CSOs and CBOs in Zimbabwe;
- ☐ Generating GIS data and reliable information that will be for the development of the database and website for the HIV/AIDS and Integrated Health Service Organizations in Zimbabwe.

The tangible outputs contained in this report include the organisational matrix and profile of each CSO/CBO mapped. The report also contains Geographic Information System Maps created to buttress the location and profile of each organization mapped. Also important is that this report has been creative and innovative in working with each mapped organization to develop and make available the following documents which qualifies and legitimises them to appear on the website: organizational profile with geographical location and contact details; organisational registration certificate; strategic plan; governance and management structures; current organizational programming operations; and resource mobilizational plans. All those documents will be uploaded on the website and constitute the baseline for future organizational profiles that will be updated when the next mapping will be conducted. Also, intangible, but very important was that each organization participated in a 2-day organizational profiling workshop in which they received capacity development which will be helpful next time there will be need for updating of the database and website.

### **Scope of the Assignment**

The scope of work for the CSO & CBO mapping exercise involved the following activities:

- ☐ A detailed comprehensive plan of action and roadmap with clear timelines to deliver HIV/AIDS and Integrated Health Service Organizations mapping;
- ☐ Designed appropriate tools to guide data collection, conducted field visits to the CSOs & CBO to collect the required information;
- ☐ Proposed an appropriate methodology (and got approval) to deliver a highly participatory CSO & CBO mapping exercise. The methodology was presented, discussed and agreed upon with UNDP, UNAIDS and the UN Joint Team;

- ☐ Prepared a matrix with detailed information on CSOs & CBOs with their contact details, registration certificates, geographical operational areas, governance, management, strategic plans and resource structures, and other relevant information including GIS maps;
- ☐ Conducted an analysis of the data collected and used it to prepare the final report;
- ☐ Presented to UNDP, UNAIDS, UN Joint Team and other partners the findings from the analysis for inputs before finalizing the final report.

## Methodology

The methodology for this assignment was proposed by the international consultant and approved by the UNDP and UNAIDS. Consultations were also held with the United Nations Joint Team before the mapping took place. The international consultant initially conducted a desk review of relevant documentation and existing CSO & CBO data bases on umbrella networks that informed the background and the design of highly participatory approach to deliver the assignment. The international consultant then designed 3 configurations of three regions of Zimbabwe and gave each organization an option to participate in one of the regions. The UNDP invited all participating organizations to congregate at one of the 3 regions for a 2-day workshop where 6 website documents<sup>1</sup> mentioned earlier were developed. The international consultant also made presentations and conducted coaching sessions to build capacity of participating organizations to understand why and how they develop their profile, increase collaboration, and develop capacity to participate in national dialogue to enhance national development. The International Consultant also collected critical GIS mapping data to accurately decode the applicable GIS Coordinates and Google maps for CSO & CBO locations. That was successfully concluded for the first time for all participating organizations. UNDP in collaboration with UNAIDS provided expert critical facilitation and relevant support to the international consultant to be able to deliver the mapping exercise in a timely manner.

## Process and Results of the Mapping Exercise

The assignment began with an inception meeting with the UNDP and UNAIDS and then the inception report by the international consultant. Once the inception report was reviewed a further meeting was held with the United Nations Joint Team.

To ensure wide buy-in by stakeholder a half day debriefing meeting was held with representative of the CSOs and CBOs, MOHCC, UNDP, UNAIDS and NAC to discuss and understand the scope of work in detail. At that debriefing meeting the roles of the Reference Group and Zimbabwe AIDS Network were affirmed. Both accompanied the consultant at the 3 subsequent workshops held in the 3 regions.

**Data Collection – Field Work:** The International Consultant prepared data collection instruments for the mapping exercise. These were shared with UNDP and UNAIDS for review and approval as part of the inception report. The international consultant then applied the approved tools to collect data for the CSO mapping exercise. Three 2-day workshops were held in Harare, Bulawayo and Mutare where data collection was conducted, and organizational profiling coaching was provided. Participating organizations validated each other, and data collected and analysed for an initial CSO/CBO Interim Mapping Report.

**Final Mapping Report:** After the review of the Interim Mapping Report, the international consultant developed the final report and came back for meetings with the United Nations Joint Team and the website consultant for final review of collected data. The international consultant also presented the

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<sup>1</sup> organizational profile with geographical location and contact details; organisational registration certificate; strategic plan; governance and management structures; current organizational programming operations; and resource mobilizational plans.

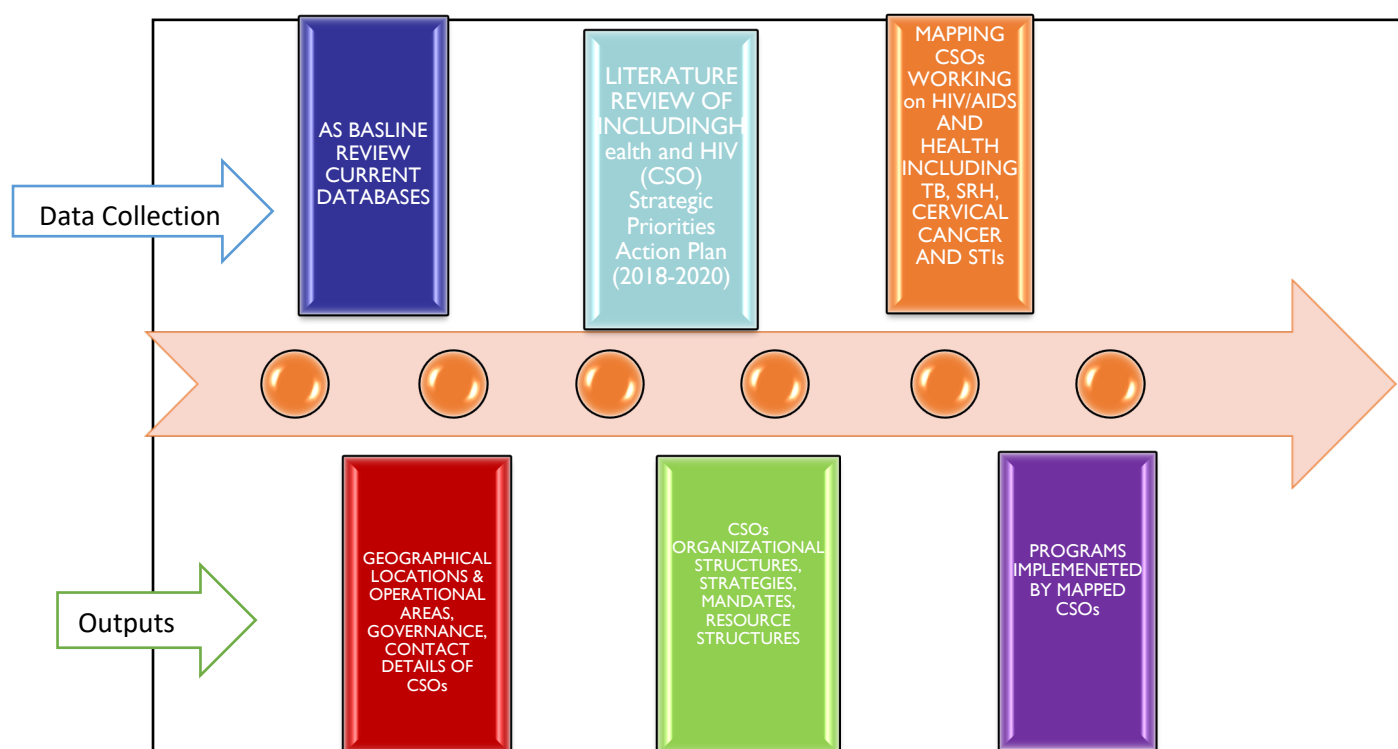
Final Report of the CSO Mapping Exercise to key stakeholders for final validation. In addition, the international consultant handed over database and matrix detailing CSO profiles.

The entire process of the CSO & CBO mapping generated the following results:

- 1) An inception report that detailed how the assignment would be delivered
- 2) A comprehensive CSO & CBO Matrix alongside the Final Report
- 3) Final Report of the CSO & CBO Mapping Exercise which comprising the following:
  - ☐ Executive Summary of the assignment
  - ☐ Methodology and Tools used
  - ☐ Overview of meetings and consultations held as part of the assignment
  - ☐ A matrix table of the organizations along with their profile data
  - ☐ CSO & CBO geographical and contact details (including contact persons, CSO email addresses, physical addresses, street address, website etc.)
  - ☐ Findings and Results
  - ☐ Lessons Learnt
  - ☐ Conclusions
  - ☐ Key Issues and Recommendations

The following diagram represents the logical flow of key data collection processes, activities and outputs from the assignment.

Figure 1: Flow of key data collection processes, activities and outputs



### Summary data analysis and results

The mapping was done in three regional configurations, that is, region one, region two and region three.



Region One comprised of 3 provinces, that is, Harare, Mashonaland West and Mashonaland Central. Region Two was made up of 4 provinces, Matebeleland South, Midlands, Bulawayo and Matebeleland North. Region three was constituted by three provinces - Mutare, Masvingo and Mashonaland East.

Across the three regional workshops, 327 organizations were originally invited. Of that list, 175 organizations participated in this study. That means there is a potential of about 200 CSOs and CBOs who may still need to be mapped in the future. Although there was initial show of interest at invitation, once the minimum set of requirements were made for organizations to be mapped, a big number dropped off. Despite repeated communication and facilitation to those organizations to participate, many could not just make the cut because they could not prove either that they are legal entities or that they could not provide traceable GIS coordinates through which GIS mapping could be ascertained. The level of participation at regional workshops was generally low. Overall, there was 53.5% turnout at the three regional workshops held with the CSOs, CBOs. Part of the organisations that attended the regional workshops were invited informally by their friends. Region three had the highest participation percentage at 68.8%, region two 56.1% and lastly region one hit the lowest with 37.5%. Several possible reasons for these differences were deduced. Region one workshop had the lowest number of organisations that attended the workshop probably because Harare province which has a number of CSOs head offices found in Zimbabwe was part of this group. While most of these organisations have their head offices in Harare their programs are run in the provinces outside Harare hence a good turnout in regions two and three. The highest response rate in region three could have been as a result of high number of CBOs operating in that region. Also, the region one participation was affected by short lead invitation time given for the regional workshop.

At the national level, the overall picture indicates that most organisations that participated in the CSO and CBO mapping exercise qualified to enter into the website as they were able to provide the required documents including their names, addresses and locations. Out of a total of 175 organizations that participated in all the three regional workshops, 81.7% satisfied the minimum condition of the selection and were qualified throughout the country. Region one had the highest percentage qualification at, 86.7% followed by region two at 81.8% and the least was recorded in region three at 78.7%. There were 32 organisations that participated who were left out and it was only those organisations that failed to submit the required documents or dropped out of the process after the regional workshops.

When considered separately, region one had the highest number of CSOs that were selected for the website at 76.9% and region two had the lowest number of CSOs that were selected at 42.2%.

Region two had highest percentage of the CBOs that were selected at 55.6% followed by region three with 54.2% and lastly region one with 17.9%. There were fewer COBs that participated in region one when compared with other region hence the lowest number of CBOs that were selected.

Out of the 175 organizations who participated, 142 organizations qualified with complete and quality data, and are recommended for the website, The study is confident that a baseline of 142 organizations with traceable registration certificates; governance and management structures; strategic plan; and GIS mapped office locations constitute a good beginning for developing a website of a fully validated set of HIV/AIDS and Integrated Health Service Organizations in Zimbabwe.

Summary tables are provided below to explain the above narrative.

### SUMMARY ANALYSIS

1	Country	Organisations Invited	Total Participant Orgs	% Turn Out
	Zimbabwe	327	175	53.5

2	Country	Total Participant Orgs	Total Qualified Orgs	% Qualified
	Zimbabwe	175	142	81.7

3	Region	Organisations Invited	Total Participant Orgs	% Turn out
	Region 1	120	45	37.5
	Region 2	98	55	56.1
	Region 3	109	75	68.8

4	Region	Total Turn out	Total Qualified	% Qualified
	Region 1	45	38	84.4
	Region 2	55	44	80.0
	Region 3	75	60	80.0

### Key Recommendations and Results

- 1) Since this is a baseline report, 12 months after the website will have been developed and all documentation uploaded, another comprehensive follow-up mapping exercise is highly recommended to add up new organizations and update data collected in this exercise.
- 2) Data collection and workshops revealed that continuous capacity development is recommended in the area of building organizational profile, strengthening programming and increasing networking, collaboration and synergies among participating organizations.
- 3) Capacity development and ongoing coaching support to Zimbabwe AIDS Network is recommended for them to be able to support this budding network of HIV/AIDS and Integrated Health Service Organizations as developed and recommended in this report.
- 4) Given that this baseline report showed a potential to enrol up the 327 organizations, and that only just more than half finally participated - resources already expended, lessons already learned, and the momentum now generated demands that an immediate follow-up be launched to enroll the remaining organizations. One lesson learned is that left alone, those organizations that failed to enrol cannot do it alone without further facilitation. This study recommends that

an immediate second wave mapping exercise be relaunched to bring onboard all the remaining organizations that failed to participate during this first round of mapping. Given the knowledge gained and experience learned, the remaining organizations can be enrolled in a follow-up 45-day mapping consultancy assignment, using similar implementation modalities.

- 5) If recommendation 4 above is accepted, it is recommended that as part of capacity building for Zimbabwe AIDS Network (and the Reference Group) - ZAN should be given the lead role to work with the consultant to facilitate the mapping exercise while the UNDP and UNAIDS provide backup coaching roles. This approach will pay 2 dividends: First, the Zimbabwe AIDS Network will get capacity building from the consultant on how to facilitate their future hosting role of organisational profiling, hosting of the website and facilitation of future work to build deeper collaboration and synergies in the CSO/CBO sector. Second, the second wave of the mapping exercise will enable more organizations to be on the website thus facilitating a more comprehensive database, while generating real data that will allow Zimbabwe AIDS Network opportunity to upload on the website and work with a truly nationally representative sector of the CSOs and CBOs currently in Zimbabwe.

## **1.0. Purpose of the CSO Mapping Exercise**

United Nations Development Programme (UNDP), in close collaboration with UNAIDS and the United Nations Joint Team<sup>2</sup> developed a 3-year Health and HIV Civil Society Organizations (CSOs) Strategic Priorities Action Plan (2018-2020) for Zimbabwe. The plan is a critical element of on-going efforts to strengthen CSOs and Community-Based Organizations (CBOs) to contribute meaningfully to the achievement of Agenda 90-90-90 and other emerging public health issues. Implementation of the Health and HIV CSO Strategic Priorities Action Plan will enhance coordination and the direction of CSOs in Zimbabwe. The plan has clear strategic areas of focus and it aims to help CSO groups to refocus their engagement along the national development agenda. It will also help CSOs to reposition themselves as a strong partner with government and other relevant stakeholders. One of the focus priority areas for the Health and HIV CSO Strategic Priorities Action Plan is a comprehensive mapping of CSOs in Zimbabwe. The findings from the CSO mapping have been used to develop a CSO database for the CSO community in Zimbabwe. The objective of this consultancy was to undertake a mapping exercise of existing and new CSOs and Community groups in Zimbabwe and use the findings to develop a database and website for CSOs.

## **2.0. Scope of the assignment**

CSOs in Zimbabwe have played a key role and continue to be a major partner contributing to the reduction of new infections as well as mobilising people to reach the 90-90-90 targets by 2020<sup>3</sup>. This assignment sought to map current and existing CSOs and CBOs working on HIV/AIDS and Health in Zimbabwe. Organizations that are involved in integrated health services including Tuberculosis (TB), Sexual Reproductive Health (SRH), cervical cancer and Sexually Transmitted Infections (STIs) were also included and are part of the new database. The key CSOs are those supporting accelerating the end of AIDS; building resilient and sustainable systems for health; and mobilizing increased resources, both domestically and internationally. These CSOs help to integrate resilient and sustainable systems for health across all the diseases and investments.

To support their efforts and streamline their strategic roles, this assignment mapped out current and existing CSOs and CBOs working on HIV/AIDS and Health in Zimbabwe. Organizations that are involved in integrated health services including Tuberculosis (TB), Sexual Reproductive Health (SRH), cervical cancer and Sexually Transmitted Infections (STIs) were also included in this mapping exercise. The assignment used inputs from various sources, including the review of current databases, and the ongoing mapping of civil society groups in ASRH supported by UNICEF. CSOs and CBOs were also allowed to use their own networks to invite other organizations to the mapping exercise. The CSO mapping confirmed, among others, the geographical locations of civil society organizations, their structure and ongoing programs being implemented by them. The information collected from the mapping informed

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<sup>2</sup> The Joint UN Team on AIDS has often been viewed as a clear mechanism for accounting to the host government. The inclusion of a Technical Support Plan and local adaptation of the UNAIDS Technical Support Division of Labour in the Joint UN Programme of Support provide a clear entry point for partners to access this kind of assistance. This has positioned the UN as a stronger provider of technical assistance.

<sup>3</sup> There has been global progress in accelerating towards the 90–90–90 targets—whereby, by 2020, 90% of people living with HIV will know their HIV status, 90% of people who know their HIV-positive status will be accessing treatment and 90% of people on treatment will have suppressed viral loads—since their launch at the International AIDS Conference in 2014 in Melbourne, Australia.

the development of the CSO and CBO database and the upcoming development of the website of CSOs and CBOs working on HIV/AIDS and Health in Zimbabwe.

The summary of the scope of the assignment included:

- ☐ A detailed comprehensive plan of action and roadmap with clear timelines to deliver HIV/AIDS and Integrated Health Service Organizations mapping;
- ☐ Designed appropriate tools to guide data collection, conducted field visits to the CSOs & CBO to collect the required information;
- ☐ Proposed an appropriate methodology (and got approval) to deliver a highly participatory CSO & CBO mapping exercise. The methodology was presented, discussed and agreed upon with UNDP, UNAIDS and the UN Joint Team;
- ☐ Prepared a matrix with detailed information on CSOs & CBOs with their contact details, registration certificates, geographical operational areas, governance, management, strategic plans and resource structures, and other relevant information including GIS maps;
- ☐ Conducted an analysis of the data collected and used it to prepare the final report;
- ☐ Presented to UNDP, UNAIDS, UN Joint Team and other partners the findings from the analysis for inputs before finalizing the final report.

### **3.0. Role and function of CSOs and CSOs in this assessment**

Mapping of Civil Society Organizations in Zimbabwe recognizes the important role civil society already plays in addressing the population's health problems, providing institutional vehicles to address community needs and expectations, while complementing government actions in implementing health programmes. CSOs provide frontline services; facilitate community interactions with services; influence policy development and; contribute in resource mobilization both domestically and internationally.

Mapping of CSOs in Zimbabwe aims to ensure systematic attention to the needs of the most marginalized and vulnerable populations so that no one is left behind - ensuring a participatory process and strong ownership from CSOs and improving coordination of service provision among CSOs and between them and the state. The development community recognizes CSOs as critical implementers and advocates for accountability, participatory planning and effective priority setting at national, sub-national and community levels. Community based organizations (CBOs) are different from CSOs- they are critical in bringing human rights, gender and key populations<sup>4</sup> issues into the strategic objectives. Together CSO and CBOs form the civil society sector in Zimbabwe. For the purpose of this assignment, while they were mapped distinctly in terms of database details– they are broadly considered as CSOs.

Collaboration between the state and CSOs through formation of strategic alliances offer opportunities for enhancing the legitimacy of health policies and programmes, improving public health outreach, advocacy of health goals, information exchange and increasing resource inputs to health programmes. The epidemics contain cross-cutting issues beyond health. Thus, coordination among the CSOs provide an opportunity for cross-sectoral collaboration and

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<sup>4</sup> UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs as the four main key population groups, but it acknowledges that prisoners and other incarcerated people also are particularly vulnerable to HIV and frequently lack adequate access to services.

development of multi-sectoral partnerships with key stakeholders. This CSO mapping exercise recommends more and ongoing capacity development for civil society profiling, building synergies among them and strengthening their coordination in health programming.

This CSO mapping exercise was conducted in collaboration with the consultancy that is developing the CSO website. This collaboration involved a joint analysis of the requirements of the end users of the database to ensure the mapping and database, scope, fields and data are designed to be relevant for the end users and establish an ongoing feedback loop. The collaboration identified the technical feasibility and specifications for the database and website, to ensure it leverages the relevant technologies.

#### **4.0. Methodology and CSOs Mapping Approach and Tools Used**

Broadly, the consultant initially conducted a desk review of relevant documentation and existing CSO & CBO data bases on umbrella networks that informed the background of the project design and the development of highly participatory approaches to deliver the assignment. The consultant then developed an inception report and facilitated a debriefing meeting from a cross section of CSOs and CBOs sampled from the 10 provinces in order to get buy-in and validation on how data would be collected, and report developed. To ensure nationwide participation the consultant conducted 3 regional workshops at which organizations gathered for a 2-day workshop each, for data collection, organizational profiling and general coaching on the importance of building alliances and coordination mechanisms to strengthen civil society working in health programming. The consultant also collected data and applied GIS mapping techniques to accurately decode the applicable GIS Coordinates and Google maps for CSO and CBO locations. UNDP in collaboration with UNAIDS provided critical and relevant support to the international consultant to be able to deliver the mapping exercise in a timely manner.

In collaboration with the database/website consultant, this assignment initially conducted a desk review of relevant documentation and existing CSO & CBO data bases on umbrella networks. Individual CSOs and CBOs were also mapped into the exercise separately. The study largely used qualitative methods of data collection including desk review<sup>5</sup>, three regional workshops, consultations and interviews with some CSOs & CBOs. The consultant also carried consultations with the Reference Group and Zimbabwe AIDS Network to determine further capacity building needs during and after the website gets launched. UNDP in collaboration with UNAIDS provided critical facilitative support by inviting, hosting and communicating with organizations for the consultant to be able to deliver the mapping exercise in a timely manner.

As an innovation, once it was observed that few organizations had been identified in existing data bases, quick decision was taken to open up this mapping exercise to organizations outside current data bases. Thus, the mapping exercise used census sampling – including all organizations that have thus far participated in the 3-year Health and HIV Civil Society Organizations (CSOs) Strategic Priorities Action Plan (2018-2020) for Zimbabwe. Secondly, census sampling frame also used NAC<sup>6</sup> HIV AIDS response coordination structures, which usually enable the participation of various stakeholders and harmonisation of the response,

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<sup>5</sup> The International Consultant received and review relevant documents available including any strategic plans, policies, concept notes, etc from relevant organizations including the UNDP & UNAIDS

<sup>6</sup> National AIDS Council (NAC) was established through an Act of Parliament (Chapter 14:15 of 1999) and is mandated to coordinate and lead a multi-sectoral response to HIV and AIDS.

amplifying the multi-sectoral approach. Recruitment of CSOs/CBOs from those structure was done from the NAC national Monitoring & Evaluation (M&E) system which is decentralized to district level and is linked to key sectoral systems including the MOHCC HIV M&E systems. Also, invited organizations were allowed to network and further invite any relevant organizations in their networks that are working in health programming. This way the study was sure to include all relevant organizations in the sample. The list of organizations included in the sample has been included in the annexes for the data base. The UNDP invited all these key informants to the study to complete surveys, attend interviews, and participate at one of the 3 Regional Workshops planned.

Using structures mentioned in the above paragraph, at national level NAC also selected representatives from technical working groups to participate. NAC provincial, district, village and ward committees were tasked with the recruitment of those representative participants. Recruitment of CSOs/CBOs was done through Provincial AIDS Action Committees (PAACs) which are in each of the 10 provinces. PAACs are tasked with multi-sectoral facilitation, coordination, promotion and monitoring implementation of HIV and AIDS activities. At lower levels, District AIDS Action Committees (DAACs) in 85 NAC districts were used to draw participating CSOs and CBOs. Further below, Village AIDS Action Committees (VAACs) and Ward AIDS Action Committee (WAACs) were used. CBOs who operate at district, village and ward levels were the platforms for the recruitment of CBOs.

Census sampling implied that participating organizations to this mapping exercise allowed self-recruitment and snowball recruitment where organizations were allowed to also recruit other organizations in their networks. Analysis in later sections of this report gives details of how and how many organizations finally participated in the mapping exercise.

Three regional workshops were designed to gather all sampled organizations at one of the workshops for data collection, organizational profiling and coaching. At the regional workshop (of CSOs/CBOs), representatives of people living with HIV, public sector partners, cooperating partners, civil society organizations, private sector organizations were invited to help with the triangulation and validation of data presented and discussed at those workshops. All together civil society, faith-based organisations, networks of people living with HIV and key populations; private sector, UN family and development partners were sampled and represented at the consultative meetings and provided their perspectives and mapping data.

#### **4.1. Inception meeting**

UNDP and UNAIDS facilitated the inception meeting where they briefed the consultant of the objectives, scope and importance of the assignment. They also provided the consultant with literature and background information which enabled the consultant to design the mapping exercise. Thereafter the consultant developed the inception report.

#### **4.2. Debriefing meeting**

Before fieldwork to collect data, a debriefing meeting with representative of the CSO<sup>7</sup>s and CBOs<sup>8</sup>, MOHCC, UNDP, UNAIDS and NAC was held on May 7, 2019 in Harare to discuss and

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<sup>7</sup> These were senior level representatives, advocacy core teams and CSO representatives selected from 10 provinces.

<sup>8</sup> CBOs ensured that all key populations are included - SW, PLHIV, LGBTI, MSM, PWD, Prisoners, Artisanal miners, people living and working in the street, fishers, drug users, internally displaced populations.

understand the scope of work in detail. Among some of the issues discussed included criteria of selecting participating CSOs; what would constitute a qualifying organization to be added on the database and consequently the website; required data to be collected; and correlation between the two consultancies taking place at the same time. Other key decisions taken at the debriefing meeting firmed up the expanded census sample as follows:

- ☐ Organizations already mapped into the 3-year Health and HIV Civil Society Organization (CSO) Strategic Priorities Action Plan (2018-2020) for Zimbabwe;
- ☐ CSOs with shared assessment of Health and HIV/AIDS priority interventions needed for Zimbabwe to achieve 90-90-90 by 2020 and who are agreed to identify barriers and challenges that are standing in the way;
- ☐ CSOs with a discernible 'action plan' containing priority tasks with timelines describing what civil society needs to do, by when, to secure implementation of the priorities identified to achieve 90-90-90 by 2020;
- ☐ Organizations working on HIV/AIDS and Integrated Health Services who show up at the workshop and willing to provide required data and be validated by other organizations;
- ☐ Ensuring a highly participatory mapping exercise which will receive positive buy-in by all health sector stakeholders, CSOs and CBOs. This included credible sampling of CSO/CBOs, data collection methods, data analysis and report validation processes that meet both internal and external validity tests;
- ☐ Mapping clear linkages between the two assignments and agree on the structure and content of the final products for the assignment.

These design decisions helped to increase the number of organizations that participated. It helped participants, especially key populations to feel comfortable and protected in the process. Both the consultant and UNDP/UNAIDS promised that all data provided will be stored in the confidence and further protocols will be developed as to what/how data will be uploaded on the website.

#### **4.3. Data collection methodology and tools**

The CSO mapping methodological approach was largely a public mapping exercise. That means data collection was a CSO and CBO face-to-face and plenary based consultative approach that delivered a highly participatory mapping exercise by providing a 360-degree view of information, knowledge, programming and priorities of all organizations in one place and at the same time. A public 360-degree mapping exercise was a quick, effective and open harvesting of information that could be reviewed, confirmed and consolidated quickly. This approach proceeded by public workshop formats, triangulated by secondary data and GIS Mapping data.

This public mapping exercise provided workshop plenary sessions in which each CSO, or umbrella CSO network representatives were able in quick succession, to articulate clear strategic areas of focus and how they are refocusing their engagement along the national development agenda. Through this facilitated engagement CSOs also explained how they have been repositioning themselves as a strong partner with government and other relevant stakeholders in accordance with the Health and HIV CSO Strategic Priorities Action Plan. To collect this data CSOs made short presentations with targeted responses to questions that



were pre-developed by the Consultant in a pre-determined template<sup>9</sup>. Umbrella networks and national organizations were required to be represented only at one of the 3 regional workshops that were conducted. National CSOs and community-based organizations with one office chose only one workshop closest to them. CSOs located in a ward, district, or province attended the workshop conducted in one of the 3 regional workshops planned. All information was presented and recorded real-time and triangulated by follow-up clarification questions in plenary. Each presentation highlighted contact details, geographical operational areas, governance, management and resource mobilization plans, and other relevant information as enlisted by GIS Mapping. The consultant developed questions which each key informant answered publicly at the workshop. All answers were validated real time by all participants. The findings from the CSO mapping firmed up the database and will be used to develop a CSO website for the CSO community in Zimbabwe.

At the final session at each public workshop, the Consultant presented summary initial findings and received real-time feedback from all CSOs presentations before report writing. The consultant attempted to confirm all mapping data from CSOs, test-out thematic conclusions from the collected data, and firmed-up any logistical data including contact details, geographical operational areas, governance, management and resource structures – in real time. This public mapping exercise provided critical opportunity for the consultant to present a quick turn around presentation of the critical themes, and content analysis from the CSO presentations for their validation. The approach guaranteed that no data was missed since there would not be a second chance to collect it if it was missed in surveys or workshops. The public mapping exercise was then triangulated with desk review which incorporated inputs from various sources, including the review of current databases, and the ongoing mapping of civil society groups in ASRH supported by UNICEF.

For those who could attend the regional workshops, a survey tool was sent by e-mail, to be completed and returned to the Consultant for processing before final report writing. In the final analysis, any organization that did not participate at a workshop was not able to respond to surveys virtually. So that approach was abandoned in favour of the public mapping exercise. Therefore, all organizations that appear in the database were present at one of the 3 workshops. They were qualified and validated by their peers. They provided 6 sets of data.

The Final Report of the Mapping of CSOs in Zimbabwe met internal and external validity criteria because it was done through a highly participatory data harvesting, sharing, consolidation and validation approach. The mapping was done in regional configurations as follows:

- I. **Region One (3 provinces):** Harare, Mashonaland West and Mashonaland Central. The mapping exercise was conducted in Harare on May 8 and 9, 2019.
- II. **Region Two (4 provinces):** Matebeleland South, Midlands, Bulawayo and Matebeleland North provinces. The mapping exercise was conducted in Bulawayo on May 13 and 17, 2019.
- III. **Region Three (3 provinces):** Mutare, Masvingo and Mashonaland East provinces. The mapping exercise was conducted in Mutare on May 16 and 17, 2019.

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<sup>9</sup> CSOs providing integrated health services including Tuberculosis (TB), Sexual Reproductive Health (SRH), cervical cancer and Sexually Transmitted Infections (STIs) will also be considered.

The public workshop format enlisted the excitement and effective participation of CSOs/CBOs. This approach helped:

- ☐ To ensure CSO/CBO consensus on data collected;
- ☐ To validate and consolidate data from all levels of engagement in individual and consortium organizations;
- ☐ To make the Mapping process highly consultative;
- ☐ Fostered strengthened civic society collaboration and socialise them on the upcoming website;
- ☐ Identified committed leadership and confirm contact persons to be included in final profiles;
- ☐ Ensured inclusivity and that Civil Society is well represented;
- ☐ Ensured transparency and utilizing country evidence.

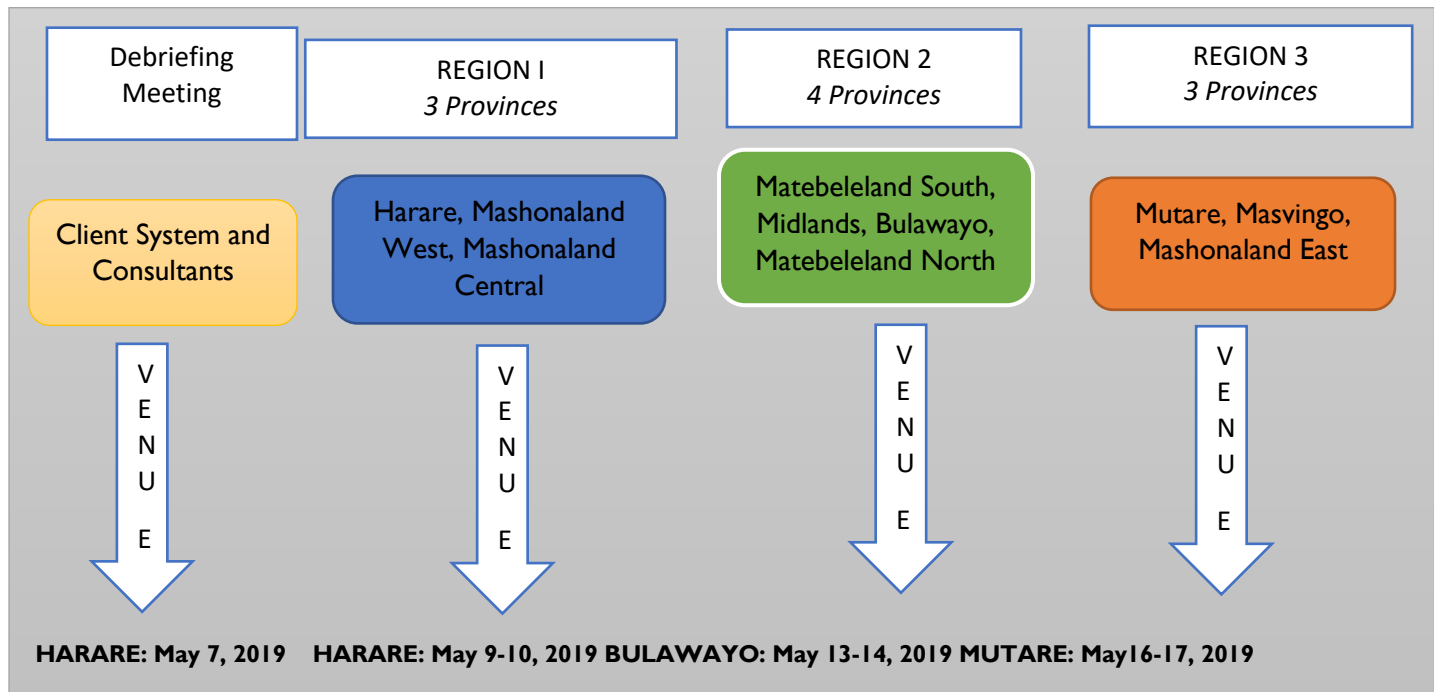
#### **4.4. Sampling frame**

The mapping exercise adopted a census approach to this study. That meant all current and existing CSOs and CBOs working on HIV/AIDS and Health in Zimbabwe were included in the study. The census was all organizations involved in the Health and HIV Civil Society Organizations (CSOs) Strategic Priorities Action Plan (2018-2020) for Zimbabwe. Organizations that are involved in integrated health services including Tuberculosis (TB), Sexual Reproductive Health (SRH), cervical cancer and Sexually Transmitted Infections (STIs) were also included. Initial participants were invited from current United Nations Joint Team data bases. Additional participant lists were developed from a rolling recruitment process from desk review and other sources as the information became available before each regional workshop was conducted. Any organization was also allowed to invite any relevant participants who met the set criteria in civil society in health programming.

Once CSOs/CBOs were recruited the consultant then classified all participants according to initial available data based on geographical locations and operational areas, thematic sectors, their structure and ongoing programs, governance, management and resource structures. This classification constituted the baseline data for the Geographic Information System (GIS) mapping exercise.

Before proceeding to data collection, debriefing meeting was held where the consultant presented field work plans with representative of CSOs and CBOs, MOHCC, UNDP, UNAIDS and NAC. Main data collection was then conducted and consolidated at the regional workshops where all CSOs were invited for a 2-day workshop (in each region) as follows:

Figure 2: Regionalization of Zimbabwe CSO/CBO Mapping Exercise



## 4.5. Analysis of meetings and consultations held as part of the assignment

### 4.5.1. CSO and CBO Mapping Data Presentation and analysis

This section discusses the manner in which data for CSO and CBOs mapping was collected and analyzed in order to produce comprehensive and reliable results. The consultant started with conducting a desk review in order to compile the list of CSO and CBOs operating in Zimbabwe. A list of these organisations was compiled, and the organisations grouped according to regions, namely; region 1, Region 2 and Region 3. Region 1 comprised of Harare, Mashonaland Central, Mashonaland West and Mashonaland Central provinces. Region 2 was made up of four Provinces that include Bulawayo, Matabeleland North, Matabeleland South and Midlands while Region 3 comprised of three provinces which were Mutare, Masvingo and Mashonaland East. To further consolidate data the organizations that were involved in the management and prevention of HI/AIDS, TB, Cancer and other diseases were categorized into CSOs, CBOs and Umbrella Network and data was segregated under these major categories. In order to classify these organisations correctly working definitions of CSOs and CBOs were developed and adopted together with the organizations that were in attendance at the inception workshop meeting held in Harare on the 07 May 2019. Soon after the inception meeting the six-day regional data collection tour commenced running from 09 May 2019 to 17th of May 2019. See figure 2 above.

### 4.5.2. How CSOs and CBOs were invited to take part in the study

**Procedure:** To solicit the second set of data the list of previously identified organizations was sent via email together with the data collection tool to the prospective participating

organizations and were asked to complete and return it together with other related documents. They were specifically asked to provide a copy corporate registration certificates, copy of management structure, copy of governance structure, copy of organizational structure, current organizational strategy, operating or implementation plan and resource structure. These documents were later used to select qualifying organizations. Organizations that failed to provide these documents were left out in the final selection. However, this exercise proved to be unfruitful and slow as most organizations did not complete the questionnaire and those who did could not finish completing the questionnaire. What was useful was that it was clear by the time of each workshop what problems participants had in providing required data.

To speed up the process a census data collection technique was adopted. It was census in the sense that three regional 2-day workshops were convened one (1) per each region, that is Harare, Bulawayo and Mutare. Representatives of the selected participant organizations were invited to these workshops in order to come and provide, update and approve data which was then triangulated with desk study data already collected about their organizations. These workshops were conducted between 09 May and 17 May 2019. The first workshop was held in Harare, 09-10 May, 2019, for regions 1, region 2 workshop was held in Bulawayo on the 13th and 14th of May 2019 and the last one was held on the 16th and 17th of May 2019 in Mutare. The total list of organizations had 327 organizations which were previously classified either as CSOs, CBOs, NGO and private organizations. Their common denominator was that they all had done some work on HIV, TBP, malaria or cancer. The sample of 327 was made up as follows: Region 1 list had 120 organizations; Region 2 had 98 while Region 3 list had 109 organisations

Upon arrival at the workshops, participants were asked to personally classify their organisations under either CSO, CBOs or Umbrella Network organisations. In order for the participants to classify their organisations correctly the adopted working definition was explained to them by the consultant. To speed up the process the two processes had to run concurrently, that of data capturing and specific organisations details and validation of the participant organisations. An assistant had to physically bring in laptop and complete the spreadsheet on behalf of the participant organisations while they took turns to provide or proofread their organisations information. Each participating organization provided and approved their dataset.

Below is the analysis of participating organizations at the 3 regional workshops.

a) **National level of participation**

Out of the original list of organizations of 327 organizations sourced from various data bases, there was 53.5% overall (organisations) turnout at the three regional workshops held with the CSOs, CBOs and Umbrella Networks in Zimbabwe as shown in figure below.

Out of 327 organisations invited, 175 organisations attended the three workshops, representing 53.5%. However, it should be mentioned that this figure includes those organisations which did not receive the formal invitations from UNDP but were invited by their own networks or sister organisations although those cases were not fully traceable and confirmed. Participation level was measured based on those organisations who appeared and presented their credentials at the regional workshops.

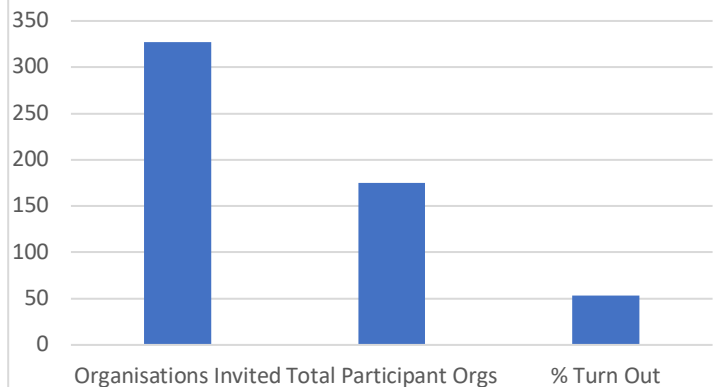


Figure 3: National level of participation

#### b) Regional level of Participation

Participation by organisations was further analysed regionally, it was noted that region three had the highest participation percentage of 68.8% and region one had the lowest, with 37.5%. Participation was further analysed according the three regions based on the three types of organisations that took part and the following pattern was observed as shown in the figure below.

These differences are understood and reasonable, the low percentage turnout for region one could be explained by the fact that Harare mainly houses head offices of the umbrella and CSOs who have their programmes running in the provinces outside Harare hence the good turn in the other two regions.

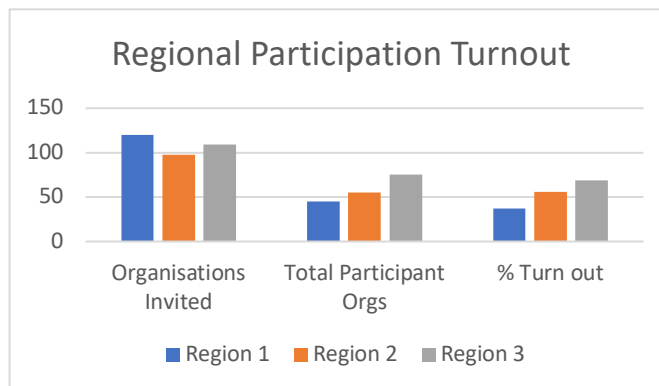


Figure 4: Regional Participation

Region three had the highest number of participants and this could be as a result of the fact that most organisations coming from region are CBOs who have local office. Popularity of workshops increased over time and more organizations arrived at the last region 3 workshop as work went around. Another reason for low turnout in Harare is that senior officials of these organisations mainly based in Harare had attended the previously conducted inception meetings and their organisations were exonerated from attending the workshops. All they needed was to submit their documents for them to qualify for final selection. This observation could be buttressed by the pattern followed by the CSOs, CBOs and Umbrella Networks (UN) in the three regions under consideration as shown in the figure below.

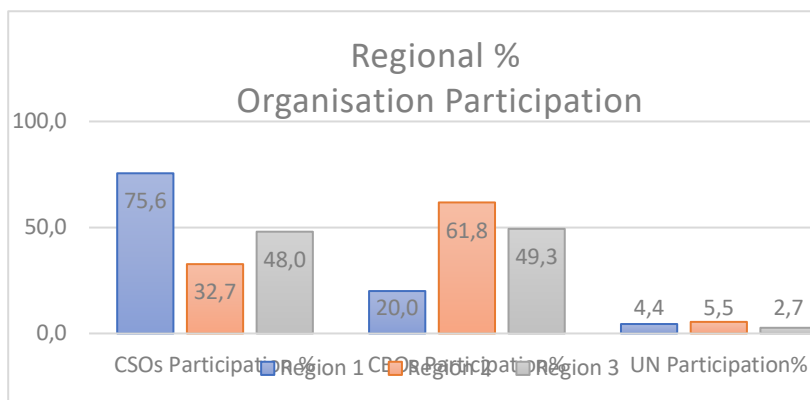


Figure 5: Organization Participation

The figure five above indicates that in region one CSOs had a high participation percentage of 75.6% whilst regions two and three had the lower concentration of CSOs at 32.7% and 48% respectively. On the other hand, region one had the minimum percentage turnout of CBOs at 20% when compared to regions two and three which had the higher number of CBOs at 61.8% and 49.3% respectively.

All the three regional workshops had low percentage turnout of the umbrella networks owing to the possibility that there are limited umbrella network organisations working in HIV AIDS and other diseases in the country. Zimbabwe AIDS Network and the National AIDS Council are the two main umbrella organisations that were present in the three regional workshops. Though not significant, suffice to mention that there was one political organization, non-HIV/AIDS service organization and one non-integrated health CSO who got lost and attended the first day workshops in regions two and three, however, they moved out upon discovering that they had been lost. Those were left out in this analysis. There were two organisations that operate in region three which registered participated in region two.

**c) Organisations that qualified in CSO, CBO and Umbrella Network (UN) Selection**

**Qualification at national and regional levels**

The overall picture shows that most organisations that participated in the CSO and CBO mapping exercise qualified. Out of a of 175 organisations that participated in all the three regional workshops, 81.7% satisfied the minimum condition of the selection and were selected throughout the country. Region one had the highest percentage qualification at, 84.4% followed by region two and region three both with 80.0%. A total of 30 organisations that participated in the three workshops were disqualified on the grounds that they had failed to provide the necessary documents, especially the registration certificate. Despite being given an additional chance they still failed to produce document. Those organizations could also not be able to produce their governance structure nor coordinates of their office location. Some cited challenges in getting those documents as there was need to follow internal organizational procedure. In the process they abandoned the exercise. The figure on the right shows the percentage qualification of all the organisations in the three regions.

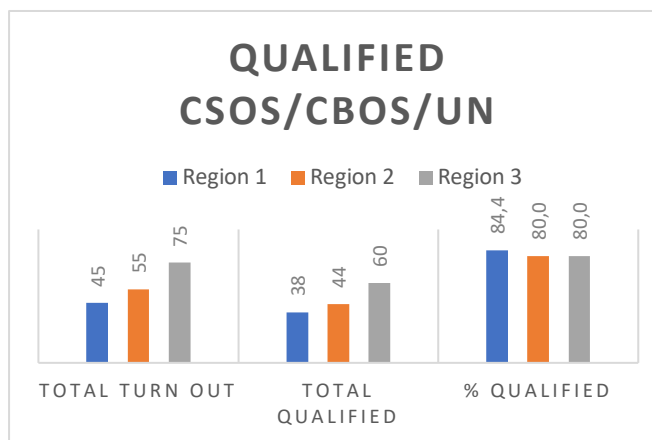


Figure 6: Qualified Organizations

However, it should be mentioned that though the outward picture is looking good, these organizational qualification percentages were calculated based on the sample that participated in each of the three regions. If compared to all the organisations that were invited the qualification percentage is low because it was affected by low

turnout rate, an average of 53.5. The figure 7 given to the right reflects this pattern. This exercise recommends that another similar exercise be conducted in another 12 months after the website is launched to recruit more organizations.

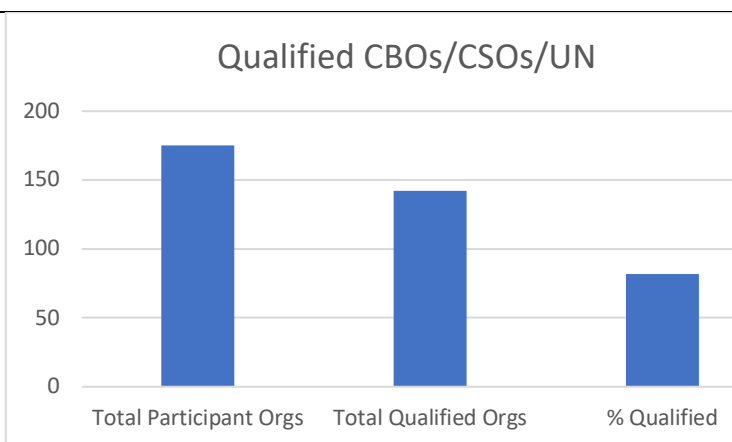


Figure 7: Qualified CBOs/CSOs/UN

Despite a low participation rate of 53.5% this mapping exercise concluded that data collected was of good quality in terms of traceable registration certificates; governance and management structures; strategic plan; and GIS approved office locations. Out of the 175 organizations who participated, 142 organizations qualified with complete and quality data (consisting of the above-mentioned parameters) and are recommended for the website. The study is confident that a baseline of 142 organizations is a good beginning for developing a website of a fully capacitated HIV/AIDS and Integrated Health Service Organizations.

#### d) Qualification at umbrella (organizational) versus regional level

Of the total CSOs that participated, the highest percentage of 71.1% was recorded in region one while region two had the lowest number of CSOs that qualified, 45.5%. There was a very low level of qualification in the three regions among the Umbrella Networks lying in the margins of between 5.3% in region one and 0% in region three. Although the two umbrella networks (NAC and ZAN) attended all the three regional workshops, they only submitted their documents in the regions where they belonged hence a 0% mark in region three. Regions two and three had the higher percentages of the CBOs that qualified, 52.3% and 51.7% respectively. This was as a result of the significant number of CBOs that participated in these regions when compared with region one which was dominated by CSOs.

#### Conclusion

The highest number of CBOs are located in region three. Many CSOs are found in region one and less concentrated in other regions. However, this could be as a result of the fact that even most of the CSOs though they



operate outside Harare, their head offices are found in Harare - hence the distribution pattern.

Over half the organizations that participated in the regional workshops were committed to go through the final selection process as indicated by the high qualification percentage in the three regions. Even for the 32 organizations that could not supply all their data, with additional facilitation next round they should be able to be enrolled on the website.

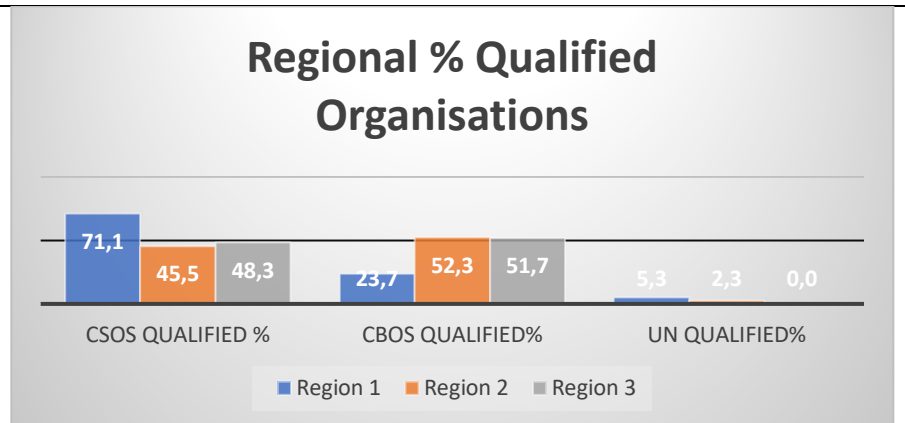


Figure 8: Regional % Qualified Organizations

## 5.0. CSO Mapping assignment and Road Map

- ✓ The CSO mapping exercise delivered on its objectives. A credible data collection process which was validated by all participating organizations was developed and implemented. It is being recommended for future mapping exercises.
- ✓ Data analysis was able to produce 142 validated organizations with all required profile, matrix and GIS maps – ready to be uploaded on the website.
- ✓ The study was able to develop insights on why some organizations could not qualify and what type of support they will require in the next rounds for them to be successful.
- ✓ Invaluable lessons were learned and provided in this report. Those lessons will be useful in future mapping exercises and ongoing capacity development initiatives.

## 6.0. Key Deliverables and Results

The results of the CSO Mapping Exercise had the following tangible outputs which were delivered:

- I. For each qualified organization 6 documents have been developed and a file created for each organization. The file contains: registration certificate, organizational matrix data; strategic plan; governance and management structure; resource mobilization plan; and programming profile. Those will be uploaded on the website;
- II. Organizational Matrix and Profile with full organizational details including contact persons, email and physical addresses, street address, website;
- III. GIS Maps with additional coordinates contact persons, email and physical addresses, street address, website;

- IV. Lessons learnt for future CSO Mapping and capacity development initiatives;
- V. Recommendations on what next and how to conduct future similar exercises.

### **6.1. Matrix of CSO, CBO and Umbrella Organizations addresses and profile**

- VI. A matrix of CSO, CBO and Umbrella organizations has been created and validated. It is attached to this report.

## **6.2. Geographic Information System Mapping**

### **Zimbabwe CSOs, CBOs and Umbrella Network Organisations' Distribution Maps**

#### **6.2.1. An Overview**

The location of current and existing CSOs, CBOs and umbrella network Organisations working on HIV/AIDS and health in Zimbabwe including those that are involved in integrated health services including Tuberculosis (TB), Sexual Reproductive Health (SRH), cervical cancer and Sexually Transmitted Infections (STIs) that participated in the mapping exercise are presented in the three regional maps in this report. The purpose of producing the maps for the organisations under study was to transform and visualize the dataset in different projections. To produce the maps, figures 1 to 4, the GIS mapping of the CSO, CBOs and Umbrella Network organisations was conducted to determine their geographical locations in Zimbabwe. Secondary and primary data was used to produce the three regional maps. The subdivision of the CSOs, CBOs and umbrella network maps followed the pattern that was adopted in this study, that of categorising CSO, CBOs and umbrella network organisations into regional categories. The three categories of the organisations that participated in the study were plotted and segregated using different colours as shown in the legend in figure 1 below. For the purposes of this study the map of Zimbabwe showing the CBOs, CSOs and umbrella networks was divided into three separate regional maps. That was done to decongest the CSO, CBO and Umbrella Network map of Zimbabwe so as to reduce noise on it. Also, colour coding was used to segregate the organisations under study as shown in the legend given in figure 1. GIS mapping allowed the creation of spatial distribution maps that can be printed or published.

#### **Approach to GIS mapping of CSOs, CBOs and Umbrella Network organisations**

To create a map of Zimbabwe's civil society organizations with standard map elements like map inset, grids, north arrow, scale bar and labels, the researcher relied on data collection tools that were easily accessible and easy to manipulate. It should be mentioned in this report that with all things being equal, the researcher should have gone out to the field to pick the coordinates of the organisations that participated using a GPS to increase the reliability of data. However, because of the nature of this study that was almost impossible given the financial and time constraints, the consultant could not conduct field trips to the specific locations of the individual organisations. The study relied mainly on the coordinates that were provided by the participating organisations and the desk study that was undertaken to verify and validate the truthfulness and correctness of the coordinates by exploring the locations of individual organisation using the Google map facility on the internet. For the purposes of this exercise, participating organisations were allowed to improvise and pick their coordinates using smart phones. The objective of the CSO and CBO mapping exercise was to apply GIS mapping

techniques to accurately decode the applicable GIS Coordinates and Google maps for CSO and CBO locations and the methodology adopted in the study meets this objective.

#### **Data sources**

1. **Desktop review:** The Natural Earth dataset and Google maps were downloaded and map layers that provided the adequate data frame properties. These were downloaded to the ArGis Software that was used to process the data.
2. **Field work by participant organisations:** Representatives of the participating organisations collected Vector Data using the GPS/smart phones from their stations.

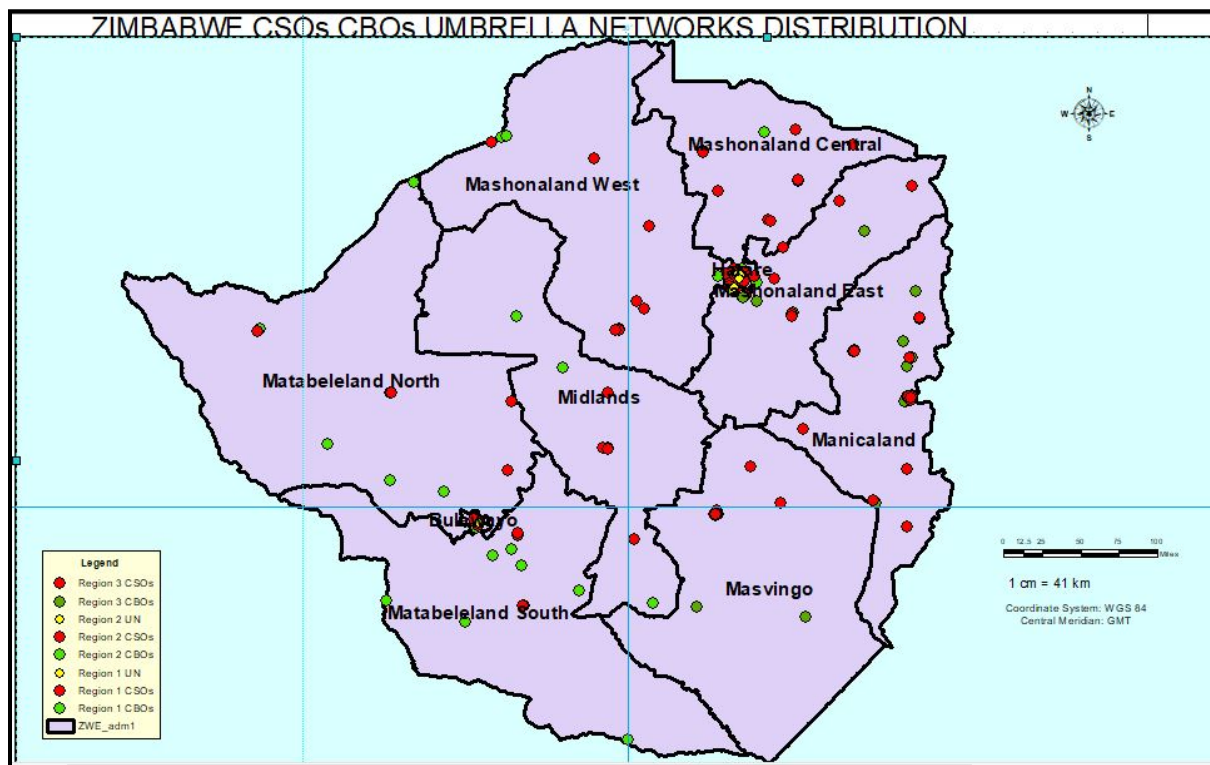
#### **6.2.2. Application of the GIS Mapping Techniques and the Procedures**

In this assignment the the ArcGIS Softwares which has powerful print composer tools that allow to take GIS layers and package them to create maps was used. The softwares was used to accurately decode the applicable GPS coordinates for CSOs, CBOs and Umbrella Network organisations in Zimbabwe and the following procedure was followed to obtain the coordinates:

1. At the two regional workshops; region two and region three workshops, a power presentantation with the instrucutions was done in order to educate the participants on the procedure that they needed to follow when picking the cordinates when at their work stations. NB: The same exercise was ommitted at the region one workshop due to logistical contraints. However, a Powerpoint Presentation with clear examples was given to the group so they could follow. It should be mentioned that this exercise proved to be helpful as region one group was able to send their coordinates within a given short period of time.
3. Both the GPS and the smart phones were used to pick up the geographical coordinates of the current and existing CSOs, CBOs and Umbrella networks that participated at this mapping exercise. Participants were allowed to use their smart phones in order to reduce the financial burden and stress on them as the GPS gadget is not readily available with many people in Zimbabwe. Vector Data was picked using the GPS or smart cell phones in the form of points represented by Coordinates on the ground that represented the actual positions of the CSOs, CBOs and umbrella network organisations
2. To obtain the accurate coordinates the representatives of the different organisations physical picked the specific coordinates of their locations and sent them to the consultant via the email. Others took the screenshots of their coordinates and forwarded to the consultant as previously agreed.
3. This exercise was meant to pick the actual positions accurately as well as to facilitate the plotting of the exact geographical locations of the CSOs and CBOs in relation to their spatial distribution in and around Zimbabwe.
4. An excel file was created for the Coordinates that were received from different organisations that were picked using the GPS or the smart cell phones. This was an

attribute table that contained an array of data attributes about the CSOs, CBOs and Umbrella Network organisations.

5. After the data was cleaned the excel files were loaded on the ArcGIS and layers generated as well as shapefiles. The layers can easily be manipulated. A zoom in zoom out button could be used to zoom to the area of interest. Some unnecessary layers were turned off from the table of contents.
6. An appropriate map projection for Zimbabwe was used and the data of CSOs, CBOs and Umbrella network organisations was plotted and a map produced as shown in figures below.



**Figure 9: Zimbabwe CSOs, CBOs and Umbrella Networks**

**On the Key;** Red- CSOs, Green-CBOs and Yellow- Umbrella Networks.

The dataset (Google Map) comes in Geographic Coordinate System (GCS) where the units are in degrees, the GPS coordinates were converted to the correct Datum for Zimbabwe to map such a large area that covers several kilometers in expanse. A Projected Coordinate System that minimizes distortions for Zimbabwe was used and the units were in meters. The Zimbabwe CSOs, CBOs and Umbrella Network given above in Figure 9 were put together and mapped in the manner they show. At the time of submission of this report, most of

organisations are appearing on the map. Those not appearing did not submit their coordinates. If there is any organisation that will submit their coordinates, they will be included in the final report.

The above given map, figure 9, was produced to show the different locational positions of CSOs, CBOs and umbrella Networks in Zimbabwe. Each organisation was assigned a different colour code to distinguish its line of engagement within the Zimbabwean community.

### 6.2.3. Regional Maps

For easy handling of data, three regional maps and two maps for the two major cities are showing the CBOs, CSOs and Umbrella networks presented individually as shown in the following figures 9 to 12.

#### a) Region One CSOs, CBOs and Umbrella Network organisations

The map given below illustrates the distribution of CSOs, CBOs and Umbrella Network organisations in region one. Region I included the Harare, Mashonaland West and Mashonaland Central Provinces.

Contained in the map are all the organisations that participated in region one workshop and provided their full addresses. The organisations on the map are segregated according to their line of engagement. A total of eleven (11) CBOs, fifty-five (55) CSOs and six (6) umbrella network organisations are shown in this map. It should be noted that the total figure of the captured organisation includes even those that did not qualify or who failed to submit the required documents. Some organisations also provided the coordinates of their satellite offices and are represented on the map as well.

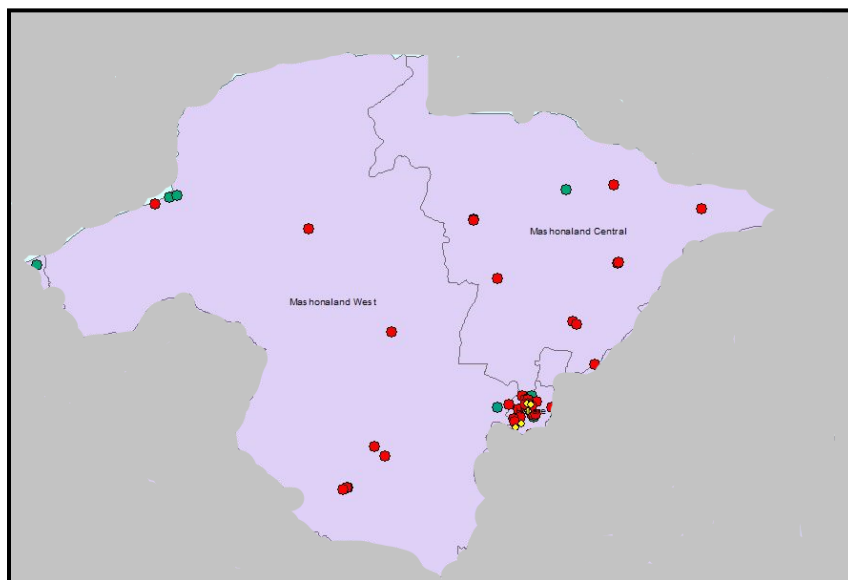


Figure 10: Region One CSOs, CBOs and Umbrella Networks

Harare Province has the highest number of the CSOs and this could be alluded to the fact that the province houses most head offices of the CSOs that operate in Zimbabwe.

Most of the organisations especially the Umbrella Networks are nucleated in Harare as indicated in the Diagram below

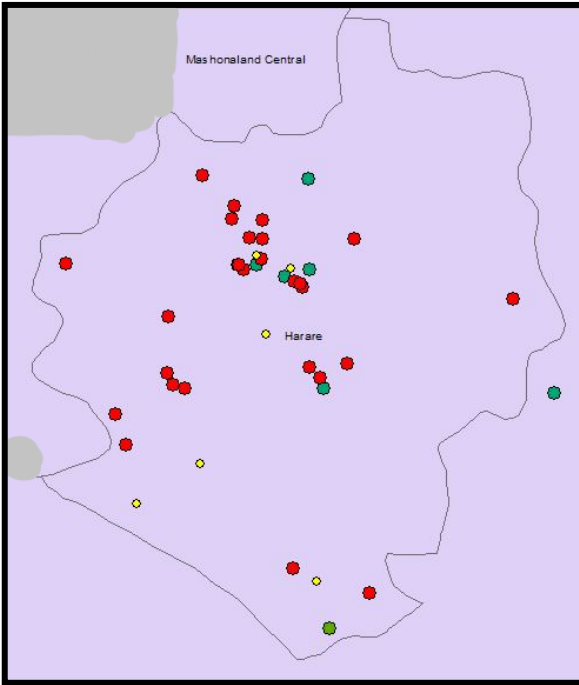


Figure 11: Harare Province

Harare province on the left has been set aside to allow for the spatial distribution to be visible as most organisations are clustered in the Capital city. The scale has been made to show a small area to increase detail.

Figure 12: Bulawayo Province

**b) Region Two CSOs, CBOs and Umbrella Network organisations**

Figure 12 on the left is an outline of CBO, CSO and Umbrella Network organisation that are found in region two. Region 2 constituted Bulawayo, Matabeleland North and South as well as Midlands. The distribution pattern shows that there are twenty one (21) CBOs, twenty five (25) CSOs and one (1) umbrella network organisations located in region two. The map shows all those organisations that took part in the mapping exercise and some of their satellite offices

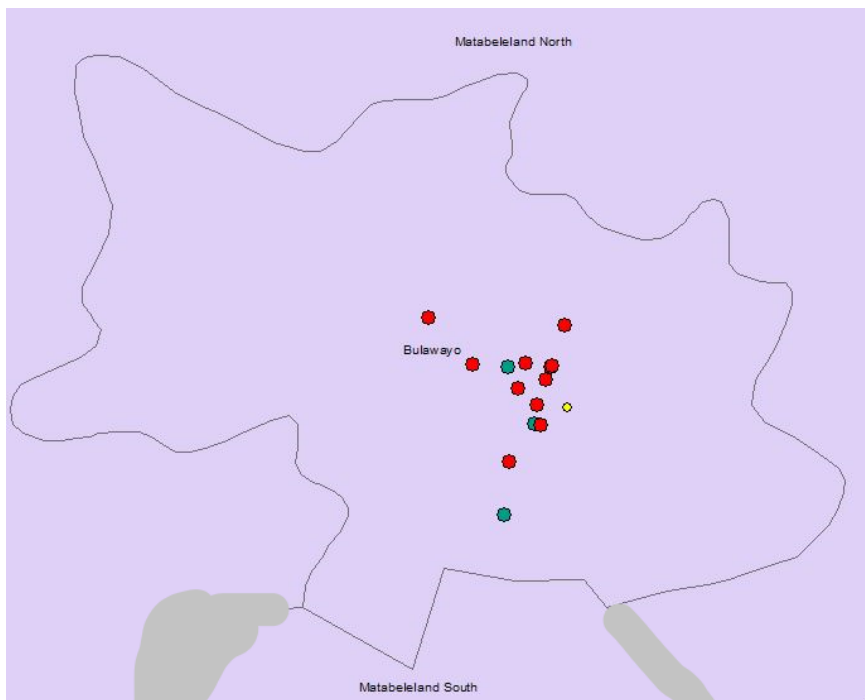
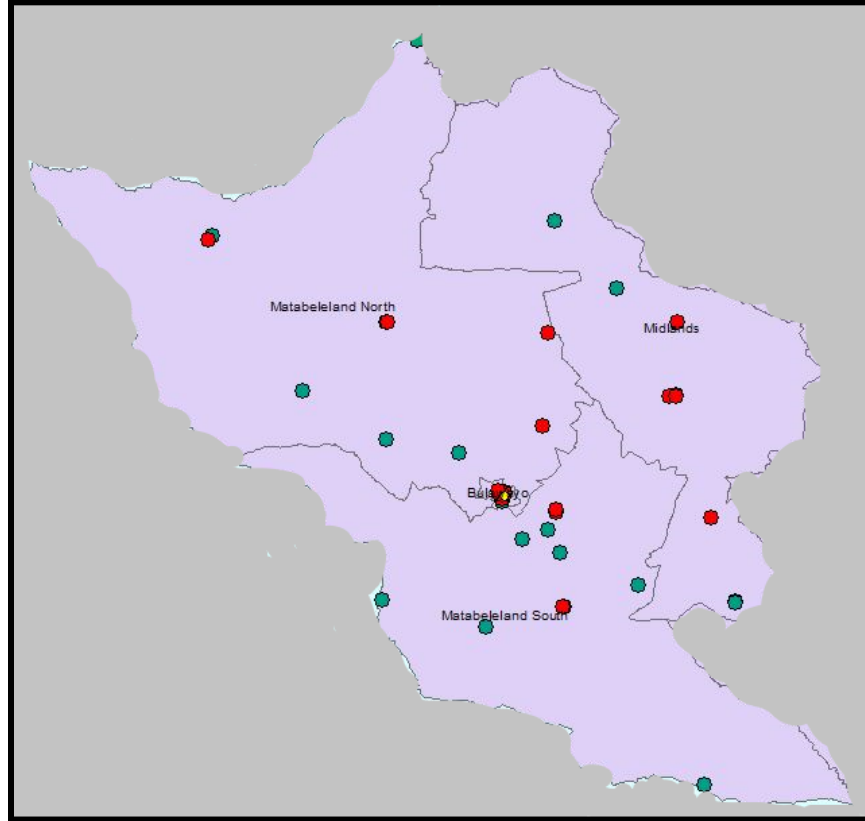
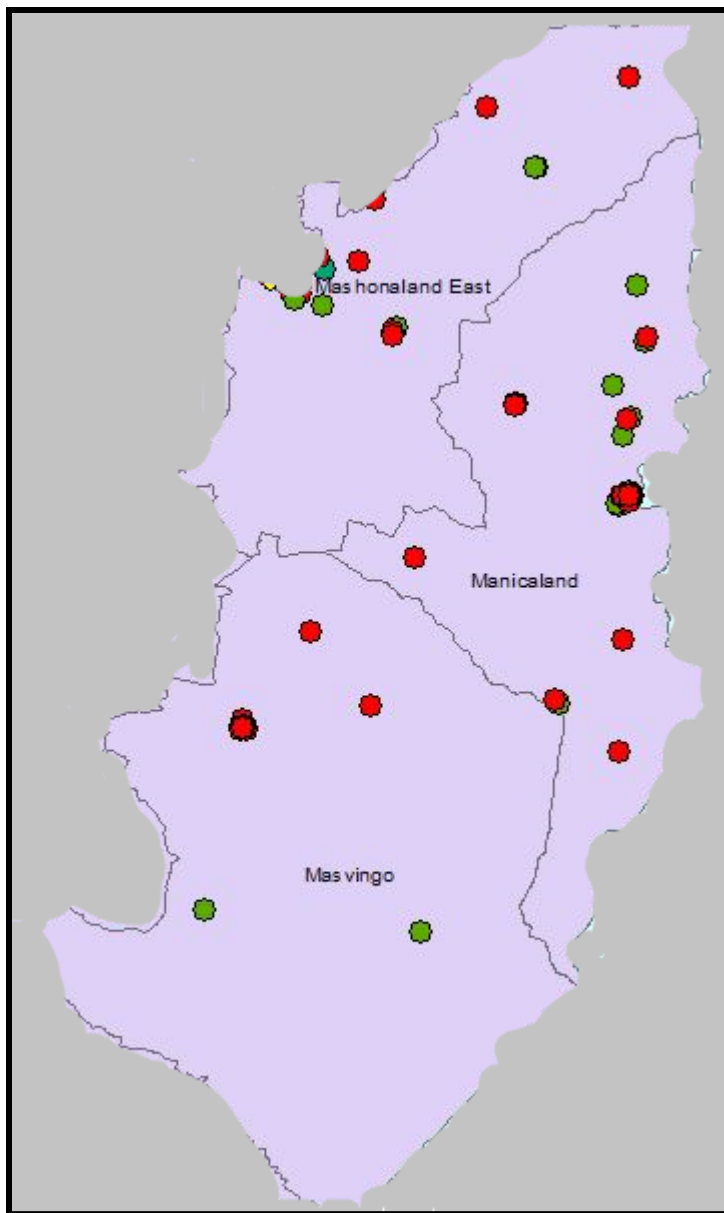


Figure 13: Bulawayo Province on the left; the Second largest city in the country has also been set aside to improve on the analysis of organisations in the Metropolitan Province.



**Figure 112 and 13:**  
Region Two: CSOs, CBOs  
and Umbrella Networks



### c) Region Three CSOs, CBOs and Umbrella Network organisations

The map given below, Figure 4, is an outline of CBO, CSO and umbrella network organisation that are found in region two. The distribution pattern shows that there are thirty (30) CBOs, thirty six (36) CSOs and zero umbrella network organisations located in region two. The map consist of all those organisations that took part in the mapping exercise and some of their satellite offices.

Manicaland, Mashonaland East and Masvingo Provinces on the left.

## **Figure 14: Region Three CSOs, CBOs and Umbrella Networks**

Region 3 constituted of Manicaland, Mashonaland East and Masvingo provinces.

### **6.3. Lessons Learnt**

There were number of issues that were raised in this baseline study which brought critical lessons both to the program participants and the United Nations Joint Team. The lessons learned vary and they are grouped into those that affected the implementation and operations of the individual organisations and those that affected the CSO and CBO mapping process. The ones that affected the organisations range from resource mobilization, coordination, joint programming and collaboration, marginalization, local community involvement and working with the government among others. The challenges that faced this process include delay in sending invitations to the organisations that were invited, failure to receive feedback on time, failure by some organisations to provide required documents and lack of technical skills on picking up the coordinates and lack of appreciation of the GIS by the program, inability by some participants to use the laptop and let alone capturing their details on the questionnaire, conflicts amongst some participant organisations and misplaced interests. These issues are discussed in detail in this section.

#### **6.3.1. Lessons Learnt by the participating organisations**

Apart from conducting CSO and CBO mapping, the consultant also collected baseline data, information on issues that have affected the individual organisations in terms of financing, implementation, monitoring evaluations of the programs and the lessons learnt was also gathered. Pertinent issues were raised by the participating organisations and the manner in which they overcame those challenges they faced. Such issues were a potential threat to the success, effectiveness, efficiency, impact and sustainability of the organizations' programs and operations. It emerged from this study that it was a formidable task to penetrate the communities where they are working, initially some organisations faced rejection or were subjected under serious scrutiny by either by the government, local leadership or some other sections of the beneficiary communities. As a result, program implementation was almost difficult in such cases. To overcome these challenges the organisations penetrated those hostile environments through involving and working with the local existing structures and this worked for them to produce results. They have learnt that for their programs to be effective and sustainable it is critical to get community involvement and participation. Recruitment of mobilisers from the same targeted community makes project implementation easier and the community can easily identify with their peers. They have also learnt working with the government and local structures tend to yield more results.

It also emerged from this study that joint programming is key for those organisations that joint programming is key for the organisations working in the same communities or dealing with the same issues. Failure to work together and disunity amongst CSOs and CBOs tend to promote double dipping of resources and unnecessary replication of processes. For small and emerging COBs and CSOs joint programming and forming partnerships especially with already



established organisations tend to improve their visibility, impact and effectiveness. Joint programming has proved to be a sustainable measure among many organisations as they are able to share resources, experiences, knowledge and information as well. Thus, joint programming is critical from the program planning, fund raising, implementation and, monitoring and evaluation of the programs. Joint programming and partnerships can come in many forms including working with the government, other organisations or other local existing structures.

Closely linked to the challenges of being accepted, some organisations that when they first penetrated the communities that they work in there was low level of participation by some key sections of the society. Most men felt it for example, it was the responsibility of women to attend meetings and participate in program activities hence their low participation and support. Similarly, some women because of cultural background could not participate actively as they believed their place was in the kitchen. Most organisations indicated that their programs were fraught with marginalization of women, disabled people, children and the sick. Thus, they started on mainstreaming such gender mainstreaming and introducing programs that promoted participation and acceptance of the marginalized, excluded and stigmatized groups like the HIV positive, sick people and the disabled persons. The marginalized groups are now playing active roles as well in the implementation of the programs. Mainstreaming of gender has impacted positively on the success of the programs as there is now a shift in the manner in which women are perceived or perceive themselves. Women are now allowed to participate in decision making can lead. Over the years organisations have learnt that emphasize on social inclusion and mainstreaming of gender issues in their programs as this increases the impact and success of their programs ultimately.

Resource mobilization and financing of projects emerged has been another obstacle for many organisations and those suffer the most are the small organisations especially CBOs. Some do not know how to write winning proposals for funding and those that used to get enough funding now complain of limited budgets. This has impacted negatively on the program implementation. To remain operational and existing most organisations have learnt and adopted survival skills. Those that used to offer material support have shifted their focus to offer non-material support like education, advocacy and awareness campaigns. They have learnt over the years that there is a lot that they can offer to beneficiary communities including psychosocial support, emotional support, education and empowerment among other things. Again, these organisations have learnt empowering beneficiaries and removing material support and aid eliminates dependency syndrome and promotes innovation among the beneficiaries. Thus, their existence is not defined by financial resources as there is a lot that they can offer and be successful.

Another pertinent issues that was raised by the individual COBs and CSOs is that of the problem of lack of continuity of the program after they withdrew from most communities. They noted most of their programs were unsustainable, they become white elephants once the donor is gone. Consequently, many organisations have come up with measures to promote sustainability of their programs and these include promoting beneficiary involvement in the whole process from planning, implementation to monitoring and evaluation of the projects, formation of committees and groups in order to promote ownership. Also, Government involvement in the whole project cycle is key to project success and sustainability. It is critical

to involve community gatekeepers and program drivers as well. Volunteers need motivation to participate through incentives otherwise failure to motivate them can lead to the collapse of the project. Participatory methodologies are critical to ensure ownership of interventions and results to commitment by the beneficiary and stakeholders. Where there is ownership Projects do not die with the ending of Funding Cycle or termination of the projects.

### **6.3.2. Lessons learnt during the process and implementation of the assignment**

This assignment presented a lot of learning both to the consultant, participating organisations and UNDP and partners. There some challenges that needed to be overcome for the assignment to be a success in terms of the program design and the implementation process.

Firstly, the participating organisations learned that it was possible for them come together under one roof, overlook their differences and work towards achieving a common goal. Initially, there were those organisations that looked down upon others and there those that felt disrespected and despised by their counterparts, although they attended the data collection process with such mindsets, it was noted that every board was happy and satisfied. At the end of the project participating organisations confirmed the workshops had impacted them positively and they will never be the same.

It is critical to be flexible and be adaptive to the presenting situations when working on an assignment of this nature. Some of the assumptions failed to yield results hence to produce the result, the consultant had to redesign his approach to the assignment and fit into the new settings. There was poor return of the questionnaires that were sent out to the participating organisations. More than half the participants in all the three workshops failed to complete and return the questionnaires for many reasons ranging from delay in receiving invitations to inability by some participants to use the laptop and let alone capturing their details on the questionnaire. To address the problem data was collected physically during the workshops. The assistant had to sit in the room and complete the CSO and CBO mapping spreadsheet while they sat by the side to give their details. Also, those organisations that failed by some organisations to provide required documents were given an extended period to fix their paper.

It is critical when carrying out an assignment of this nature to explain clearly the objective and purpose of the assignment otherwise one risk running into problems with them because most of them always carry wrong motives and lack understanding of this kind of the assignment hence misplaced interests were exhibited during the workshop. Most CBOs and CSOs are used to getting funding and financial support and when UNDP invited, they misread the purpose of the workshops, they saw that as an opportunity to receive financial support from UNDP. UNDP and the consultant had to correct that by explaining and clarifying the objective and purpose of the assignment.

Another critical challenge experience in this assignment was that of obtaining some GIS coordinates for the locations of the CBOs and CSOs operating in remote rural areas. The initial planning was that individual organisations coordinates would be retrieved from google map. However, it turned that some of the locations of sub offices of the participating organisations were found in areas that are not yet on google map. To be able to plot all the organisations and their sub offices the consultant had to ask individual organisations to provided

the coordinates of their offices. This was not going to be an easy task due to lack of technical skills on picking up the coordinates. Together the consultant and the participants came up with the idea of using the cell phone to pick those coordinates which worked in the end. It was therefore learnt that one has to look ahead the whole assignment process, anticipate challenges that might arise and plan to resolve them well ahead.

Since the mapping was largely a self reporting exercise one limitation of the study was that the consultant could not verify some of the reported data including details of operational plans and programmes organizations said they were currently implementing. Some organizations delayed in submitting their google map coordinates and this had a limiting effect of producing incomplete GIS maps. Also, organizations that participated at the 3 workshops had different reporting capacities. Thus, more established organizations were more visible and were able to supply data faster and more efficiently than others. Smaller and newer organizations felt intimidated and even exuded less confidence during their plenary presentations.

#### **6.4. Key Recommendations and Road Map**

1. To build capacity and strengthen the Zimbabwe AIDS Network, it should host both the Website and the Data Base for SCOs and CBOs rather than ending at coordination level.
2. The website should be utilization friendly and should include the set of 6 documents that were put together during the mapping exercise.
3. Regular updating of data including organizational functions and capabilities in line with changes in programme scope and coverage is critical by individual organisations is critical.
4. The website should be continuously updated and portray different prevailing contexts of regions as well as issues of convergence.
5. The website should also be user friendly for the basic user e.g. like and accessible using simple gadgets like mobile phones.
6. Structured tools should be used to collect required information that can easily be populated on specific key result areas.
7. The website should group organisations with similar interest together for continued partnership building since it has been observed that to contribute meaningfully to the achievement of Agenda 90-90-90 there is need for CBOs and CSOs to work together.
8. The website should amplify visibility of the poorly resourced CSOS and CBOs in all the corners of the country.
9. The website should magnify the activities of COs and CSOs to promote strengthening and documentation of good practices for the benefit of other organisations and beneficiaries.
10. The mapping of CBO, CSOs and umbrella network organisation should be an ongoing exercise. It should also include an interactive section for ongoing engagement. Is should include organisations profiles and best practices, calendar events of organisations and weekly updates of activities to encourage sharing and fund raising.

## **6.5. Conclusions**

This mapping exercise provides impetus to the United Nations Joint Team's capacity development efforts for CBOs and CSOs. First, the mapped organizations now have a database and can easily be located. Second, all mapped organizations now have same set of data to be uploaded on the website and that has a positive effect of easily identifying the civil society community using the same parameters. Finally, this exercise showed that while the United Nations Joint Team now has credible data on about 150 organizations, still the same number of organizations are still not mapped, and another similar exercise can help bring more organizations into this data, since there is now a credible way of mapping these organizations.

With the CSO Mapping exercise completed, the next critical work will be to provide resources and on-going coaching and senior management support to Zimbabwe AIDS Network which will be coordinating this budding initiative and host the website and organizational matrix.

## 7.0. Project Mapping Tools and Annexes

This section contains outputs of the study. They are annexes that are attached to this report. To access the attachments please double click on the buttons below. Separate, standalone documents are also attached with this report. The individual files for each organization are transferred under separate cover to the UNDP.

### 7.1. A matrix table of the organizations along with their profile data

Matrix of CSOs and CBOs Mapping in Region 1- Qualified organizations



Completed CSO  
and CBOs Mapping

Matrix of CSOs and CBOs Mapping in Region 2- Qualified organizations



Completed CSO  
and CBOs Mapping

Matrix of CSOs and CBOs Mapping in Region 3- Qualified organizations



Completed CSO  
and CBOs Mapping

### 7.2. CSO & CBO Geographical Information Systems details and contact details



Region 1 CBOs  
Distribution.xls



Region 1 CSOs  
Distribution.xls



Region 1 Umbrella  
Networks.xls



Region 2 CBOs  
Distribution.xls



Region 2 CSOs  
Distribution.xls



Region 2 Umbrella  
Networks.xls



Region 3 CBOs  
Distribution.xls



Consolidated GIS  
Mapping Files for Tr

### 7.3. CSO Matrix (contact persons, email and physical addresses, street address, website)



Consolidated CSO  
and CBOs Mapping