

Barotse Royal Establishment Against HIV/AIDS (BAA) Campaign

DESIGN AND ACTION PLAN

To Promote HIV/AIDS Risk Avoidance
Behaviour in the Western Province of Zambia



BAROTSE ROYAL ESTABLISHMENT AGAINST HIV/AIDS (BAA) CAMPAIGN



Acknowledgements

Strengthening the capacity of communities to identify, plan and implement activities directed at addressing priority health and social issues; and the mobilization of local leadership to take action to influence and advocate for positive change in health and social norms, are two strategic objectives among others, the Health Communication Partnership project aims at achieving.

Mobilizing the *Barotse Royal Establishment* to plan to take action in promoting HIV and AIDS care and support in the Western Province is one of the many community and leadership mobilization activities being promoted by the HCP throughout Zambia towards the realization of the above objectives.

We acknowledge with gratitude the significant roles played by various people in bringing this effort to fruition, particularly the development of the *BRE Against AIDS Campaign Design and Action Plan*.

Of first mention is the Ngambella Manyando Mukela and his team of Chiefs/Indunas whose desire to lead this process led to the development of the program. Their efforts in reading through the draft of this document and offering useful suggestions is also highly acknowledged.

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for their cooperation and collaboration in organizing the design workshop.

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To all who read through this document and offered various suggestions, Lynn Lederer, Uttara Barath Kumar, Grace Sinyangwe, Josephine Nyambe and Paul Chungu, we are very grateful.

A special "thank you" to the Presidents Emergency Fund for AIDS Relief (PEPFAR) and USAID for providing the funds for the production of the *BRE Against HIV/AIDS Campaign Design and Action Plan*.

Robert Sichone formatted and designed this document while Porto Kabwe designed the BAA logo. Their artistic effort is highly recognized and appreciated.

Emmanuel Fiagbey
Deputy Chief of Party

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Preface

The Barotse Royal Establishment Against AIDS Campaign Design and Action Plan is a demonstration of the willingness of the chiefs and other traditional leaders of the Western Province of Zambia, to examine their society and take action to review traditional practices considered inimical to the success of the fight against HIV and AIDS in the entire Barotse Kingdom.

The future existence of our societies and the individual lives of our people depend on the decisions we take today about what we could do to reverse the prevailing high HIV prevalence in our land. It is our resolve that together we should fight and conquer this disease and restore hope to our communities where HIV and AIDS and other related health problems have brought suffering, pain and despair to many families.

We are fully aware that HIV and AIDS even though has no cure yet is preventable and we can prevent it if we are determined to do so. The first and fundamental step we wish to take is to examine our own traditional systems and lifestyles which serve as barriers to our prevention and care efforts. The traditional practices thus outlined in this document and the activities planned mark the start of our efforts to vigorously promote individual

behaviour change as well as changes in our social organization required for effectively managing the issue of HIV and AIDS.

I therefore wish to call on all Indunas and the entire citizenry of the Barotse Kingdom, our friends and all other people living with us in the Western Province to support us in this effort.

I wish to put on record my sincere thanks to the Permanent Secretary of the Western Province Patrick Kashinka, the Provincial Health Director Dr. Sitali, the Chief of Party of HCP Zambia Lynn Lederer and the Deputy Emmanuel Fiagbey, the Chief of Party of SHARe Ken Ofose Barko and the Deputies Mutinta Nyumbu and Peter Mijere for planning and executing the program that gave birth to this design document and action plan.

Most especially however, I wish on behalf of my people to thank the USAID for providing the funds for this activity altogether.

Together we should sweep HIV and AIDS out of our communities.



Ngambela Manyando Mukela

**On behalf of
HRH Lubosi Imwiko II
The Litunga**

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Glossary

BRE:	Barotse Royal Establishment	PATF:	Provincial AIDS Task Force
BAA:	Barotse Royal Establishment Against HIV and AIDS	SFH:	Society for Family Health
CIDRZ:	Center for Infectious Disease Research in Zambia	SHARe:	Support for HIV and AIDS Response
CCZ:	Council of Churches in Zambia	Silalo:	Sub-District
DCOP:	Deputy Chief of Party	Matokwani:	Local name for cannabis also called 'dagga'
DEC:	Drug Enforcement Commission		
DATF:	District AIDS Task Force		
DHMT:	District Health Management Team		
FAWEZA:	Forum for Women Educationalists of Zambia		
HCP:	Health Communication Partnership		
JHPIEGO:	Johns Hopkins Program for International Education Gaenecology and Obstetrics.		
Kuta:	Traditional court or meeting of chiefs		
Kuomboka:	Traditional ceremony of the Lozi people celebrated annually to mark the movement of the Litunga from the flooded Zambezi plains to Limulunga.		
Limulunga:	The traditional capital settlement where the BRE is located.		
Litunga:	The Royal title of the king of the Lozi people of the Western Province.		
MOE:	Ministry of Education		
MOH:	Ministry of Health		
Namuso:	BRE Central Kuta comprising senior Indunas and princes and princesses		
Ngambela:	The Prime Minister of the Barotse Royal Establishment; the Litunga's spokesperson		



Participants of the Workshop

BAROTSE ROYAL ESTABLISHMENT (BRE) AGAINST HIV/AIDS (BAA) PROGRAM DESIGN AND ACTION PLAN

The BRE Against HIV and AIDS Campaign design document is the result of a three-day workshop held at Limulunga the seat of His Royal Highness the Litunga, Lubosi Imwiko II the King of the Barotse Kingdom of the Western Province of Zambia from the 26th to the 28th of February 2006. Thirty-eight Indunas/chiefs, 12 officials from the Ministry of Health including the Provincial Health Director, District Health Directors, District Health Planning Managers, a representative of the Provincial AIDS Task Force and other key officials leading HIV and AIDS programs in the province participated in the workshop. A team of seven HIV and AIDS and Behaviour Change Communication Specialists from the Health Communication Partnership (HCP) Zambia and the Support to the HIV and AIDS Response (SHARE) projects facilitated the workshop. A total of 62 persons altogether participated in the workshop. (Full list in Appendix)

The Permanent Secretary of the Western Province Mr. Patrick Kashinka opened the workshop while the Ngambela "Prime Minister" Hon. Manyando Mukela on behalf of HRH Lubosi Imwiko II, the Litunga welcomed participants to the Barotse kingdom. An official of USAID in Zambia, the agency which funded the workshop Ms. Jeannie Friedmann at the opening ceremony, exhorted the traditional leaders to remain committed to the cause of fighting HIV and AIDS in the province.

During the workshop resource persons provided opportunities to the traditional leaders to learn more about the HIV and AIDS situation in the Western Province, the causes of infection, modes of prevention using the ABC approach, counseling and testing, availability of treatment and the importance

of ARVs, care and support for the infected and the affected and the need to address issues concerning social stigma and discrimination. A presentation on the role of traditional leadership in the fight against HIV and AIDS by Emmanuel Fiagbey (DCOP) enabled participants to examine the United Nations General Assembly Special Session (UNGASS) 2001 recommendations for leaders in managing the HIV and AIDS pandemic and the UN Secretary General's call to action;

"All of us must recognize AIDS as our problem. All of us must make it our priority. We cannot deal with AIDS by making moral judgments, or refusing to face unpleasant facts- and still less by stigmatizing those who are infected, and making out that it is all their fault. We can only do it by speaking clearly and plainly about the ways that people become infected, and about what they can do to avoid infection". (Kofi Annan, UNGASS 2001 Report)

During many hours of discussions in groups and in plenary, participants examined the fundamental issues within the traditional life of the people affecting efforts directed at reducing the HIV and AIDS prevalence of the Western Province.

It was the conviction of traditional leaders at this workshop that, the BRE with its well organized traditional structure

and widely respected authority system has the capacity to influence the attitude of individuals and groups in the province and therefore induce behaviour change required for HIV prevention, care and support activities in the communities.

Even though poverty is widespread in the province, leadership of the BRE believes it should not distract them from performing their roles as custodians and protectors of life. As one Induna observed,

"Poverty does not prevent us from advising our children to behave well sexually and avoid being infected by HIV."
(Induna Nalishuwa Imwangala)

The desire of the BRE to rise up to the challenges HIV and AIDS poses to life and development of the people of the Western Province is further expressed in the following statements made by the Ngambela.

"The load HIV brings is too heavy for our communities. If we do not do anything about it now it will crush us. We have to work on the attitudes of our people. They must change now otherwise we perish"

"...we must break the cultural barriers to our communication to enable us develop constructive ways of reducing the burden of HIV and AIDS."

"...reaching the unreached people in the very remote communities is critical; information about ARVs, Counseling and Testing and information about prevention, these are all necessary for our fight to succeed."
(Ngambela Manyando Mukela)

It is these sentiments expressed by the leadership of the BRE and the desire to do something about the situation that urged the participants on to produce the ideas that contributed to development of this document.

The BRE Against AIDS Campaign Design and Action Plan thus developed is directed at serving as the starting point for the development and implementation of present and future activities, which will in the next five years help the BRE achieve its goal of reducing the HIV and AIDS burden of the Western Province and therefore the Barotse Kingdom.



Participants in a Plenary Session



Four Senior Indunas Discuss the Issues



Presentation in a Plenary Session

Rationale for the BAA Campaign



HRH Litunga Lubosi Imwiko II in full royal regalia disembarks from the Royal Barge at the annual Kuomboka Festival

Chiefs/ Indunas, village headmen, family heads, other community leaders and their organizational structures provide an organized system of leadership, which has remained strong in most communities in Zambia. The strength of this system lies in the moral leadership and guidance it provides to the community and individuals in times of crises such as floods, wildfires, crop failures and epidemic situations.

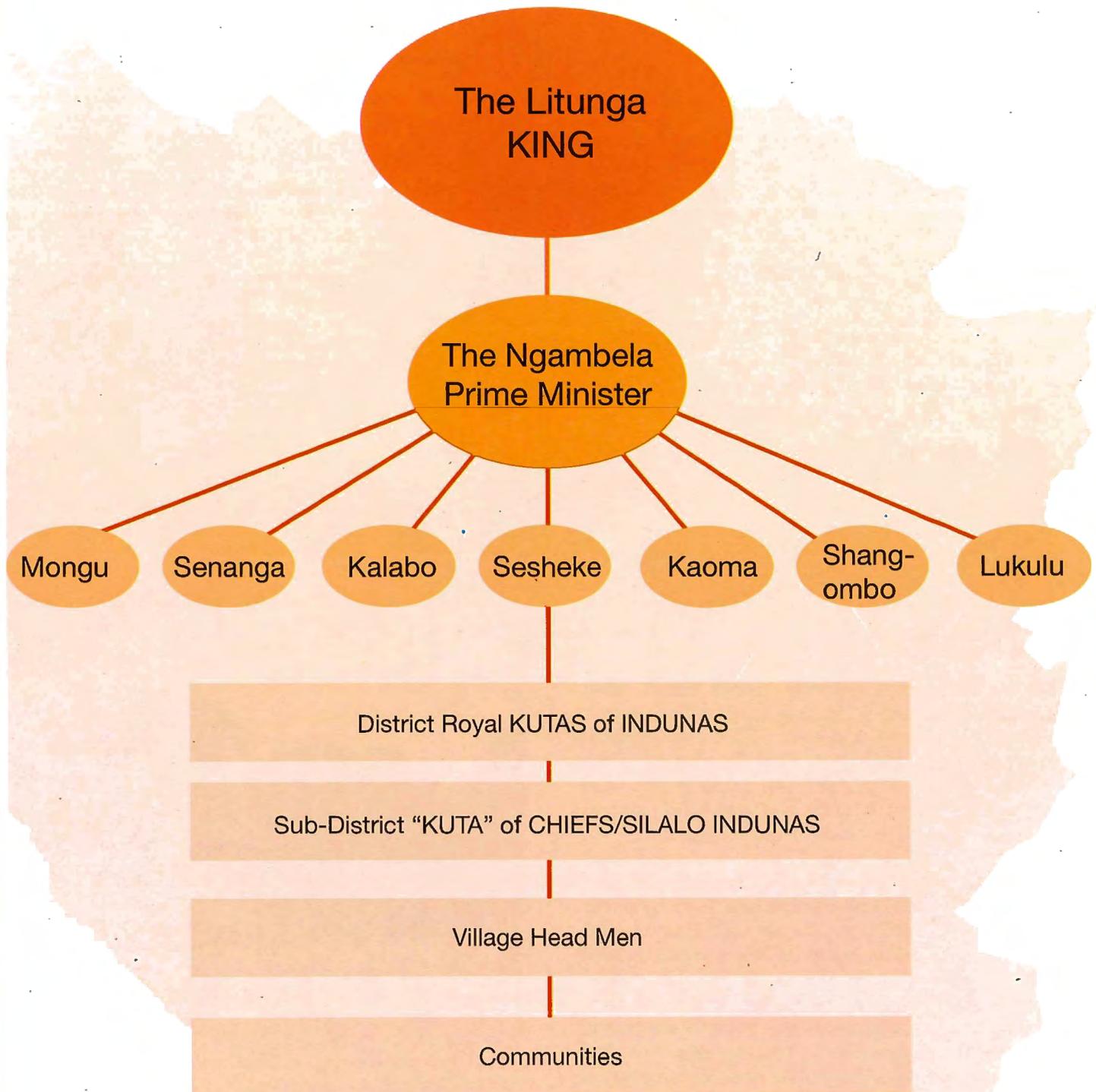
The Western province has one of the most organized and highly respected traditional leadership structures in Zambia. This structure referred to as the Barotse Royal Establishment (BRE) has a neatly laid down organization which runs through various key functionaries, from the village headmen (Silalos) through the chiefs (Indunas), and the District Royal Kutas to the administrative head of the Barotse Royal Establishment, the Prime Minister (Ngambela) the king's spokesperson. The head of the Barotse Royal Establishment is the (Litunga) His Royal Highness the king who wields supreme authority over the entire land of the Lozi speaking people of the Western Province of Zambia.



The Indunas greet their King before the start of the BAA Design Workshop

Traditional Organisation

Western Province



The BRE and its community organizational structure therefore stands out as a potential instrument, which could be deployed in generating an effective response to the health needs of the province, particularly the HIV and AIDS pandemic.

in promoting HIV and AIDS prevention, care and support activities among the entire citizenry in collaboration with the relevant public institutions and private sector operatives engaged in health promotion.

In this vein, the Barotse Royal Establishment pledges to assume the position of leadership in mobilizing all communities

The Vision of the Barotse Royal Establishment

HIV and AIDS - The Provincial Situation

The Western Province has one of the highest HIV and AIDS prevalence situations in Zambia. Even though the provincial average prevalence rate of 13.1% falls a little below the national average of 16.5%, the situation is still unacceptable. A study of sentinel survey data from 1994 – 2004 reveals that out of 23 sites all over the country, five sites obtained prevalence estimates of 40% or higher among certain age groups. Mongu the capital district of the Western Province falls into this group with a prevalence estimate of 48.2%, among the 35-39 age group.

Estimated HIV prevalence among the seven districts of the province projected to 2010 show that Kalabo, Shangombo, Kaoma, Lukulu and Senanga districts will still be experiencing high prevalence rates of up to 10% while Sesheke district will be experiencing a prevalence rate of 15% and Mongu 20% by 2010.

The economic and social consequences of this situation will be:

- decreased child survival;
- increasing numbers of orphans and street kids;
- reduced life expectancy among the population;
- increased demand on formal health care services and communities; and
- decreased productivity leading to economic losses due to ill health and death among the productive age group of the province, 20 – 49 years.

This is the situation that has generated great concern for the entire membership of the Barotse Royal Establishment, the Ministry of Health and other concerned institutions and organizations in the Western Province to act. In this view, a new vision of coming together as one people and arming themselves to sweep HIV and AIDS out of the Western Province was created.

The Vision of the Barotse Royal Establishment

One of the critical exercises undertaken by the traditional leaders was to create their own vision of the new Barotse Kingdom and therefore the Western Province. Considering the totality of life and development in the Western Province vis-à-vis the harmful impact of HIV and AIDS and other health issues they created the following as their vision.

“A healthy, socially empowered and economically strengthened Western Province in which the burden of diseases especially HIV and AIDS is drastically reduced and adequate care and support is offered to persons living with the disease through:

- Enhancing the capacity of the BRE and other levels of leadership to exercise appropriate control and direction over the social and traditional structures that promote healthy lifestyles for all the people;
- Modification of cultural and traditional practices that promote high risk sexual behaviour and practices among youth and adults;
- Promotion and communication of modern values at the community level towards a reduction in harmful social and traditional norms; and
- ensuring traditional family structures and values that promote healthy lifestyles and practices of non risk behaviours are highlighted and promoted”.

Out of this vision the following logo was created to symbolize their commitment to act.



**TOGETHER WE SWEEP HIV AND AIDS
OUT OF THE WESTERN PROVINCE**

The BAA Campaign Goal and Objective

The BAA Campaign Goal and Objective

The Goal:

The goal of the *BRE Against HIV and AIDS Campaign* is to enhance the capacity of community leaders at all levels in the mobilization and organization of their community members to carry out effective education and communication for promoting HIV and AIDS prevention, care and support activities. This is directed towards turning leadership in the Western Province into an institution that is capable of accessing the reality of the HIV and AIDS problem, analyzing the specific factors that place them at risk and developing their own strategies and activities to address the risk promotion factors.

Behavioural Objectives:

The behavioural objectives are:

- to increase the power of leadership of the Indunas/chiefs, and village headmen and family heads in the promotion of HIV and AIDS prevention, care and support activities;
- to increase the proportion of the population of the Western Province adopting HIV and AIDS risk avoidance behaviours; and
- to increase the number of community level institutions and families providing care and support for individuals and families infected and or affected by HIV and AIDS.

Barriers to HIV and AIDS Prevention

Evidence from many African societies underscores the need for identification and removal of traditional community norms and values as well as environmental factors that hinder large scale community participation in HIV and AIDS activities. The meeting of members of the BRE leadership and the Provincial and District Directorates of health identified the following barriers to effective community participation in HIV and AIDS prevention, care and support activities in the Western Province.

Cultural and Traditional Factors:

1. Traditional ceremonies and other social gatherings that promote high levels of alcohol consumption among young men and women. Alcoholism and getting drunk has been proved to be a significant source of indulging in risky sexual behaviour in most parts of the southern region of Africa where HIV and AIDS prevalence is highest. (Kilmarx Peter, CDC, DHHS, OGHG 2005)
2. Early initiation ceremonies for young girls and boys which exposes them to information on sexual activities at very early age when they are not capable of managing that information.
3. Negative traditional practices such as abuse of women by traditional healers under the guise of providing healing for various ailments including infertility e.g. 'Mutuso.'
4. Multiple sexual partners particularly among the men and polygamous marriages.
5. Early marriages of young girls under 18 years, which prevents them from continuing their education and acquiring skills for future economic self-sufficiency.
6. Breakdown in family structures and support systems as a result of which youth no more seek counsel on their sexual behaviours from parents let alone uncles, aunties and other family members. This has led to the loss of traditional systems of family consultations before marriages were contracted which enables partners to know the background of each other; and close family ties and support which enables family members to be responsible for the discipline and proper upbringing of teenagers.
7. Laxity among parents in controlling the sexual behaviour of their youthful daughters and sons.
8. Loss of helpful cultural norms and values due to the upsurge in access to modern media – television, radio and video houses disseminating foreign values and behaviour which the youth find more attractive.
9. Absence of the teaching of useful traditional norms



Young mothers at a Child Health Week Celebration

Barriers to HIV and AIDS Prevention

and values in the school curriculum, thus youth are gradually losing touch with their own culture.

10. Loss of control and the application of local laws by the BRE through which the BRE could enforce the useful traditional norms and values and discard the negative ones.

each other and out of tune with useful information on risk avoidance practices.

The above barriers have been identified as the fundamental factors fuelling risky behaviour and therefore hampering HIV prevention efforts from influencing behaviour change in the Western Province.

Environmental and Economic Factors

1. Mushrooming of shanty compounds in various districts in which traditional norms and values are often overlooked and great laxity in sexual behaviour of both youth and adults persists.
2. Mushrooming or uncontrolled growth in fishing camps and cattle buying communities along rivers and cattle rearing villages where exchange of sex for commodities and money persists.



The Mongu Port Fishing & Trading Camp

3. Peer pressure among youth as well as adults to engage in risky sexual behaviour.
4. Uncontrolled growth in local beer (kachasu) brewing and consumption in many communities; and drug abuse e.g. cannabis locally known as 'imatokwani or dagga' smoking among youth and adults, all of which promote illicit and risky sex.
5. Unavailability of social systems of support for young people whose parents or guardians have no capacity to provide the needed support to pursue their education which causes them to resort to commercial sex to raise funds for their education.
6. Inadequate capacity of traditional authority to mobilize youth to undertake meaningful economic activities.
7. Poor road networks and inaccessibility of many communities thus rendering them too isolated from

Strategic Approaches to Campaign Implementation

Strategic Approaches To Campaign Implementation

Two main strategic approaches will be adopted by the BRE and its partners in the implementation of the BRE Against HIV and AIDS Campaign. These are:

- **Solution Oriented Advocacy; and**
- **Community and Individual Empowerment for Action.**

Strategic Approach One: Solution Oriented Advocacy

Being advocates implies being visionaries and strategic communicators who talk about possible solutions to the HIV and AIDS situation and raise commitment to the course of HIV/AIDS prevention, care and support in the minds of decision makers and implementers. Advocates are equally cultural activists who link HIV and AIDS programmes to powerful traditional structures and lead in modifying cultural systems to promote program delivery and sustainability of activities.

Under the *Solution Oriented Advocacy* approach the BRE will not only provide important knowledge and understanding of key issues, they will also develop and implement specific action plans to help promote prevention and care activities. This will involve the adoption of two methodologies; *Coalition and Partnership Building for Action and Improvement of Knowledge for Action*.

Coalition and Partnership Building for Action will involve the institution of the Barotse Royal Establishment opening up itself to greater partnership and collaboration with both public and private sector institutions in spite of its traditional and conservative nature. The public institutions will include the Ministries of Health, Education, Community Development and Social Services, Information and the Ministry of Sports Youth and Child Development while the private institutions will include the NGO community and private business enterprises operating in the Western Province.

In this respect, the Central (Namusu) Kuta headed by the Ngambela will promote collaboration with the Provincial Health Directorate and other line Ministries, the Provincial AIDS Task Force (PATF) as well as the leadership of the NGOs. In the same vein, each of the seven District Royal Kutas will work closely with the DHMTs and the District AIDS Task Forces (DATFs) in developing, implementing and supporting all activities directed at HIV and AIDS prevention, care and support in the districts.

Improvement of Knowledge for Action will involve the Barotse

Royal Establishment at all levels accepting to learn and master information and knowledge relevant to implementing HIV and AIDS activities. This will involve leading the campaign to review and modify traditional and cultural systems, which hinder adoption of modern and positive practices supporting HIV and AIDS prevention and care efforts. In the same vein, members of the various District Royal Kutas will link up with various institutions and organizations to address current social practices and systems that prevent long proven traditional systems from exercising authority in influencing health behaviour change among both adults and youth.

Strategic Approach Two: Community and Individual Empowerment for Action

The BRE will perceive empowerment as a social process of recognizing, promoting and enhancing the abilities of its people to meet their own health needs and that of their communities, solve the health problems and mobilize the necessary resources in order to own and control their own activities. In this period of high HIV and AIDS prevalence in all the districts of the province, the need for community action in developing community level institutions to strengthen care and support for PLHAs, caregivers, and orphans is of prime importance.

Within the laid down traditional structure of the Western Province various positions and individuals have been identified who should play leadership roles in mobilizing the communities for action against HIV and AIDS. These include Silalo Indunas/chiefs, village headmen, traditional healers, heads of individual families, leaders of Neighbourhood Watch Committees, church leaders, civic leaders, heads of government departments, NGO and CBO leaders, local level political leaders etc.

BRE collaboration and partnership with the District AIDS Task Forces and the District Health Management Teams should lead to greater awareness of the above leaders on their roles and also their empowerment with greater knowledge about HIV and AIDS to act. Individual empowerment has a focus on personal efficacy and competence in practicing risk avoidance life styles. It also takes into account the individual's sense of mastery and or control over the HIV and AIDS situation.

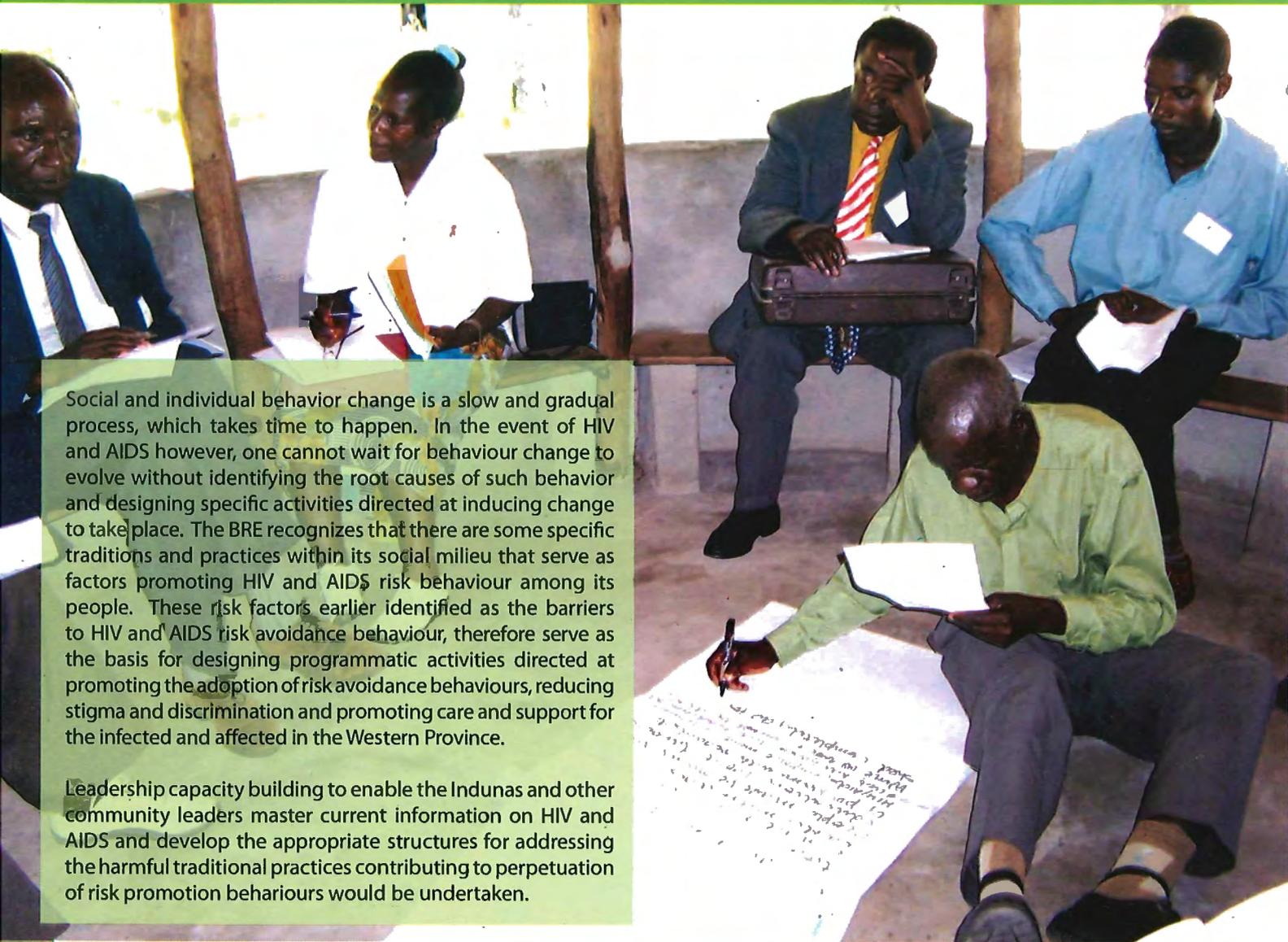
The critical question facing the BRE therefore is how to overcome issues of denial, misinformation, social stigma and discrimination among the people so as to enable them gain control of the HIV and AIDS situation. In this respect, the BRE and the various levels of the Kuta will work with existing program implementing organizations and institutions; the DHMTs, Health Communication Partnership (HCP), Support

for HIV and AIDS Response (SHARE), Society for Family Health (SFH), Center of Infectious Diseases Research in Zambia (CIDRZ), Catholic Relief Services (CRS), World Vision etc. in creating greater awareness of the HIV and AIDS issues among youth groups, farmers groups, fishermen and fish traders, drinking bar operators, artisans, etc.

In all these groups and others voluntary counseling and

testing activities will be promoted to empower people with greater knowledge about their status and the practice of positive life styles. Dissemination of information on access to ARVs and the use of Persons Living with HIV and AIDS (PLHA) support groups and their members as agents of community level education for stigma reduction and addressing misinformation on HIV and AIDS will be supported.

The BAA Campaign Action Plan



Social and individual behavior change is a slow and gradual process, which takes time to happen. In the event of HIV and AIDS however, one cannot wait for behaviour change to evolve without identifying the root causes of such behavior and designing specific activities directed at inducing change to take place. The BRE recognizes that there are some specific traditions and practices within its social milieu that serve as factors promoting HIV and AIDS risk behaviour among its people. These risk factors earlier identified as the barriers to HIV and AIDS risk avoidance behaviour, therefore serve as the basis for designing programmatic activities directed at promoting the adoption of risk avoidance behaviours, reducing stigma and discrimination and promoting care and support for the infected and affected in the Western Province.

Leadership capacity building to enable the Indunas and other community leaders master current information on HIV and AIDS and develop the appropriate structures for addressing the harmful traditional practices contributing to perpetuation of risk promotion behaviours would be undertaken.

The Chiefs/ Indunas develop their Action Plan

Capacity building for Leadership Workshop

"Indunas go to school"

Key subjects to be discussed include:

- Being an advocate for HIV and AIDS and a custodian of HIV and AIDS programs;
- Mobilizing communities for HIV and AIDS activities;
- Developing and supporting community level institutions and systems for HIV and AIDS prevention, care and support promotion;
- Current prevention and care practices.

Target Population:

Namuso and Royal District Kuta members

Responsible Institution:

SHARe and HCP Zambia.

Partner:

Ministry of Health and the Provincial Administration.

Community Level Activities

1

Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Early initiation of boys & girls into adulthood through traditional ceremonies.

Review of traditional curriculum of initiation ceremonies to include:

- Adolescent sexuality issues;
- Basic information on HIV and AIDS and VCT.

Chingezi/Chilombola - custodians of these ceremonies, youth groups and parents

Indunas/chiefs, teachers and the chingezi/chilombola.

Provincial & District Directorates of Education, youth development NGOs e.g. HCP & SFH.

2

Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Early marriages of girls under 18 years of age,

Formulation/implementation of laws; Review of Education Act to forbid withdrawal of girls from schools to marry.

Parents, Indunas.

BRE Namuso and District Royal Kutas.

Ministry of Justice, Provincial and District, Directorates of Education.

3

Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

High levels of illiteracy and lack of employable skills.

Literacy education for out of school youth
Promotion of vocational and trade learning for youths.

Parents, out of school youth.

BRE Central and District Royal Kutas, Indunas, community leaders, village headmen.

Ministry of Community Development and Social Services, Ministry of Education, Dept of Community Development, Ministry of Sports, Youth and Child Development, Churches Council of Zambia (CCZ), Zambia Episcopal Council (ZEC) and relevant NGOs.

4

Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Multiple sexual partnerships especially polygamous marriages.

- Sensitization meetings in the communities;
- Public education through screening of HIV education films in the communities, eg. Living with AIDS, Tikambe, Mwana Wanga, etc.

Farmers, fishermen and cattle owners groups, young adult clubs and associations and workers – the general population.

BRE Namuso Kuta, District Royal Kutas, Indunas, Church & other religious group leaders.

Dept of Social Welfare, DHMTs, DATFs, NGOs, HCP, SFH, SHARE.

5

Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

High alcohol consumption and indiscriminate sex.

Develop and implement byelaws on operation of drinking bars in the communities. Laws to include: Licensing and operation of bars, operation hours, brewing of "kachasu", age of admissibility, etc.

Drinking bar operators, "kachasu" brewers, parents, youth associations.

BRE Namuso and District Kutas, Provincial Administration - Permanent Secretary's Office.

Dept of Justice, District Councils, Police Service.

6

Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Circumcision and use of unsafe equipment.

Sensitization of traditional circumcisers.

Parents and community leaders.

BRE Namuso and District Royal Kutas.

DHMTs, JHPIEGO, HCP.

7

Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Negative traditional practices involving the abuse of women under the guise of healing e.g. "Mutuso".

Sensitization of traditional healers on basic information about HIV and AIDS.

Traditional Healers, Community Leaders, Women.

BRE Namuso and District Royal Kutas, DHMTs, Department of Community Development.

District Councils, Justice Department, CIDRZ, HCP, SFH, SHARe.

8

Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Breakdown of family structures and reduction in support for sick family members.

- Community level awareness education through screening Tikambe, Mwana Wanga and other films;
- Community meetings on stigma reduction;
- Promotion of PHLA support groups.

Family heads, village & community headmen and women and community at large.

BRE Namuso and District Royal Kutas, Religious leaders.

Department of Community Development & Social Services, CCZ, ZEC, HCP, SHARe.



A Women's Leader Facilitating Discussions at the Design Workshop

9 Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Laxity among parents in controlling their adolescent children.

- Awareness meetings with parents on their parental responsibilities;
- Awareness meetings with youth groups on youth responsibility.

Parents and youth.

BRE Namuso and District Royal Kutas, Dept. of Community Development and Social Services.

Ministry of Sports, Youth and Child Development, District Councils, Police Service, Community Watch Committees, Youth Development NGOs eg. SFH, HCP.

10 Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Women's lack of power to promote their own interest.

Sensitization meetings with women's groups and other community leaders on women's rights and responsibilities.

Women counselors, church and community women's clubs, women farmers and fish traders.

BRE Namuso and District Royal Kutas, women counselors, BRE Queen, (The King's wife)

District Councils, FAWEZA.

11 Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Peer pressure among youth and adults to engage in risky sexual behaviours.

- Orientation and sensitization of community peer leaders and operators of youth clubs and youth friendly corners in basic information about HIV and AIDS.
- Promotion of VCT services.

Community Youth Club Members and youths in general in the communities

District Royal Kutas, Community leaders, Religious Leaders,

District Council, Youth Centers, MOE, MOH, MOYSCD, YMCA, YWCA, SFH, HCP.

12 Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Drug abuse, 'dagga' smoking among youth and adults.

Sensitization of community leaders, youth leaders and youths at large on dangers of drugs.

Parents, youth and other adults.

BRE Namuso and District Royal Kutas. Drug Enforcement Commission (DEC)

District Councils, Police Service, SFH.

13 Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Mushrooming of fish camps, cattle buying communities and shanty compounds in which money and other commodities are exchanged for sex.

- Re-organization of shanty communities;
- Discuss with appropriate ministries and dismantle fish camps and integrate fishermen into communities;
- Re-establishment of formal centers for marketing cattle – cattle markets;
- Carry out HIV and AIDS sensitization activities in these communities;
- Promotion of VCT in these communities.

Fishermen and fish traders, cattle owners and traders.

BRE Namuso and District Royal Kutas.

District Councils, Ministry of Agriculture, Ministry of Health/ DHMT, Ministry of Home Affairs, Chamber of Commerce, HCP, CIDRZ, SHARE.

14 Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Failure of educational system to include teaching of useful cultural norms and values to youth in schools and colleges.

Meetings with District Directorates of the Ministry of Education to promote incorporation of useful norms and values into school curriculum.

District Education Board Secretary (DEBS) and Head Teachers.

BRE Namuso and District Royal Kutas

Ministry of Education, Ministry of Community Development and Social Services, Ministry of Sports, Youth and Child Development and churches.

15 Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Lack of capacity of traditional authority to mobilize youth to undertake meaningful traditional, recreational, sports and economic activities.

- Lobby government institutions, NGOs and individual benefactors to support youth development activities;
- Promote setting up of youth centers and skill learning centers.

Chiefs and other community leaders; youth of the province.

BRE Namuso and District Royal Kutas.

Ministry of Education, Ministry of Youth Sports and Child Development, NGOs, ZEC, CCZ.

16 Risk Factor:

Actions to be taken

Target Population:

Responsible Institutions:

Partners:

Unavailability of financial resources for youth to pursue further education; Engagement in commercial sex and other risky sexual behaviours.

- Establish local scholarship scheme to support bright but needy students;
- Seek support for scheme from wealthy Barotse citizens at home and abroad; and also from NGOs and Private Companies.

Wealthy Barotse citizens, NGOs and private companies.

BRE Namuso and District Royal Kutas.

Ministry of Education, Ministry of Community Development and Social Services, Ministry of Sports, Youth and Child Development, Churches, NGOs, ZEC, CCZ.

17 Risk Factor:

Actions to be taken:

Target Population:

Responsible Institutions:

Partners:

Lack of political will on the part of leaders to declare open support for HIV and AIDS prevention and care activities.

- DATF to organize HIV and AIDS sensitization meetings for departmental heads and councilors to strengthen advocacy;
- Promote VCT among workers and heads of departments.

Departmental Heads and Councilors.

BRE Namuso and District Royal Kutas, Office of the Permanent Secretary, DHMTs.

SHARe, CIDRZ, HCP.

Key Outputs

1. Provincial and District level BAA campaign implementation committees formed and functioning at all levels.
2. Kuta members- chiefs at provincial and district levels trained to become advocates in the districts and communities.
3. MOH-NGOs- Chiefs collaboration and partnership in HIV and AIDS prevention and care activities strengthened.
4. Promotion of HIV and AIDS risk avoidance behaviours intensified in all communities.
5. Community level care and support groups formed and existing ones strengthened and functioning.

The BAA Campaign Implementation



The Chiefs/ Indunas discuss their Action Plan

The implementation of the *Barotse Royal Establishment Against HIV and AIDS (BAA) Campaign Action Plan* will be managed by a special committee to be set up by His Royal Highness the Litunga. This committee shall be under the Chairmanship of the Ngambela and shall comprise of a membership of between 9 and 11 Indunas representing each of the seven District Kutas and some selected Senior Princes from the Ngambela's Court (Namuso Kuta).

The Provincial Director of Health, the Chairman of the Provincial AIDS Task Force and the Permanent Secretary of the Western Province shall be co-opted to support the work of the committee as and when needed.

The responsibilities of the BAA campaign committee shall include:

- Implementation of the BRE Against AIDS Campaign Action Plan.
- Formulation of program activities in consultation with the identified partners.

- Resource mobilization to support programs and activities of the various District Royal Kutas.
- Providing support and authorization to the District Royal Kutas in the development and implementation of district level action plans.
- Coordination of district programs and promoting linkages among District Royal Kuta programs.
- Monitoring and evaluation of all campaign activities in collaboration with partners such as the Ministry of Health, Health Communication Partnership (HCP) Zambia and the Support for HIV and AIDS Response (SHARE).

List of Participants

	NAME	TITLE	ADDRESS	
Traditional Leaders				
1	Manyando Mukela	Ngambela (BRE)	P.O. Box 910284	Mongu
2	F. Kamona	Induna Muyumbana	P.O. Box 910284	Mongu
3	Lisimbani Lubinda	Induna Inḡanda	P.O. Box 910284	Mongu
4	Mubiana Mutakela	Induna Nooyo	P.O. Box K. 025	Mongu
5	Muimui E.S. Njekwa	Retired Nurse	P.O. Box K. 025	Mongu
6	Leonard Shebo	Induna Inyundwana	P.O. Box 910143	Mongu
7	Kwalombota Situmbeko	Chief's Returner	015 Yuka-Limulunga	Mongu
8	Mubuka Sinyinda	Induna Namunda	P.O. Box 910284	Mongu
9	S.N. Wamuwi	Induna Kalonga	P.O. Box 910284	Mongu
10	Lubinda L. Mushala	Induna Ilubonda	P.O. Box 910284	Mongu
11	Lubasi Nalishuwa	Induna Imwangala	P.O. Box 910284	Mongu
12	Dr. Ngombala Lubita	Induna Iwakatili	P.O. Box 930077	Kalabo
13	Mbuywana Nawina	Princess	P.O. Box 910111	Mongu
14	Irene S. Wamuwi	Princess	P.O. Box 24	Limulunga Mongu
15	Florence I. Akapelwa	Induna Libonda	P.O. Box 930077	Mongu
16	Gertrude M. Mubita	Teacher	P.O. Box 1	Limulunga Mongu
17	Notulu Precious	Secretary (Ngulu)	P.O. Box 1	Limulunga Mongu
18	Akabiwa M. Mando	Mwana Mulena	P.O. Box 50	Limulunga Mongu
19	Nasilele Mushiko	Mwabange BRE	P.O. Box 950039	Namayala Lukulu
20	E.S. Muimui Namabanda	Mwabange (Prince)	P.O. Box K. 025	Mongu
21	J Mayondi Anasambala	Induna Anasambala	P.O. Box 950050	Lukulu
22	S. Mwenda	Induna Ilumbela	P.O. Box 920079	Shang'ombo
23	G.M. Nakwambwa	Induna Yutanga	P.O. Box 940227	Kaoma
24	T.S. Nang'alelwa	Induna Imangambwa	P.O. Box 940227	Kaoma
25	Simalumba Mwilima	Induna Kabalana	P.O. Box 44	Limulunga Mongu

	NAME	TITLE	ADDRESS	
26	Allan Kambichi	Induna Mwanashihemi	P.O. Box 940034	Kaoma
27	Siyunda Simakando	Induna Mubonda	P.O. Box 49	Limulung Mongu
28	Brenda Silumesi	Coordinator HIV and AIDS Club	P.O. Box 910095	Mongu
29	Maria M. Sinkambi	Women's Group Secretary	P.O. Box 910095	Limulunga Mongu
30	Sibeso Sioka	Induna Shilamba	P.O Box 94034	Kaoma
31	A.S. Samwemba	Induna Saywa	P.O Box K 145	Mongu
32	Sibeso Anaba	Induna Anaba	P.O Box P6	Mongu
33	Sekeli Lubinda	Mwana Mulena	P.O Box 920079	Kaoma
34	Lubinda Nyaywa	Induna Amukuteile	P.O Box 32	Sesheke
35	Dominic Sandema	Induna Anasambala	P.O Box 1	Sesheke
36	Imasiku Lyamunga	Induna Mukulwakashiko	P.O Box 910284	Mongu
37	Nyambe Mukelabai	Induna Imuwana	P.O Box 910284	Mongu
38	Simon Ndenda	Induna Luyanga	P.O Box 910284	Mongu

The Provincial Health Team (MOH)

1	Dr. A.M. Sitali	PHD	P.O Box 910022	Mongu
2	Mulonda Mulonda	Provincial Admin	P.O Box 90021	Mongu
3	Sindele S. Kyanamina	DDH	P.O Box 29	Sesheke
4	Humphrey Sitali	DDH	P.O Box 920060	Senanga
5	Dr Franceis Liywalii	DDH	P.O Box 910022	Mongu
6	Dr S.C Aspha	DDH	P.O Box 93005	Kalabo
7	Emmanuel Phiri	DDH	P.O Box 940009	Kaoma
8	Kapalu Ndulindga	Manager Planning	P.O Box 920068	Senanga
9	Mubiana Edwin	Manager Planning	P.O Box 950048	Lukulu
10	S.M.Nawa	PATF	P.O Box 910031	Mongu
11	Monde N. Eyempe	Nurse MOH	P.O. Box 910449	Mongu

12	Jaarsma Simone	Senior Health Adviser MOH	P. O Box 910449	Mongu
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NAME

TITLE

ADDRESS

The HCP Western Province Team

1	Anne Mutinda	PTL	HCP	Mongu
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2	Maureen Lungwebungu	DPO	HCP	Mongu
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3	Kamuti L. Douglas	DPO	HCP	Kalabo
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4	C. Lilembalemba	DPO	HCP	Senanga
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THE HCP AND SHARe/ USAID TEAM

1	Emmanuel Fiagbey	Dep. Chief of Party	HCP	Lusaka
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2	Uttara Bharath-Kumar	Regional Advisor	HCP/JHU	Lusaka
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	Jeannie Friedmann	Dep. Director Health	USAID	Lusaka
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3	Dr Peter Mijere	Dep. Chief of Party	SHARe	Lusaka
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4	Mutinta Nyumbu	Dep. Chief of Party	SHARe	Lusaka
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5	Bruce Mukwatu	Community Emp. Manager	HCP	
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6	Josphine Nyambe	Program Officer	HCP	Lusaka
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7	Grace Sinyangwe	BCC Specialist	HCP	Lusaka
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8	Paul Chungu	Program Officer	HCP	Lusaka
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The Facilitation Team

