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LESSONS FROM ZAMBIA

*Responses to HIV/AIDS,
Orphans,
and Vulnerable Children*



CENTRAL BOARD OF HEALTH

Impact

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Table of Contents

ACKNOWLEDGMENT	3
PREFACE	5
HOW TO USE THIS HANDBOOK	7
1 THE CONTINUUM OF CARE	9
VOICES OF EXPERIENCE	13
<i>Creative Solution Dealing with Competition from Similar Groups</i>	15
<i>Creative Solution DOTS for TB</i>	18
<i>Home Based Care Ndola Model Referral System</i>	22
ADDITIONAL NOTES	23
2 PREVENTION INTERVENTIONS	25
VOICES OF EXPERIENCE	27
ADDITIONAL NOTES	35
3 FINANCIAL BLUES	37
VOICES OF EXPERIENCE	39
<i>Creative Solution Raising Funds the Right Way</i>	41
ADDITIONAL NOTES	47
4 ORPHANS, VULNERABLE CHILDREN AND YOUTH	49
VOICES OF EXPERIENCE	51
<i>Creative Solution A Special Place for Young People</i>	52
<i>Creative Solution Helping Children Deal with</i>	

<i>Emotions</i>	57
<i>Creative Solution Youth making decisions</i>	59
ADDITIONAL NOTES	61
5 WOMEN'S RIGHTS, HUMAN RIGHTS	63
VOICES OF EXPERIENCE	66
<i>Creative Solution A Comprehensive Approach for Widows</i>	68
ADDITIONAL NOTES	71
6 INVOLVING THE COMMUNITY	73
VOICES OF EXPERIENCE	74
<i>Creative Solution Community Involvement</i>	75
<i>Creative Solution Community and Fund Raising</i>	78
ADDITIONAL NOTES	79
7 JOINT RESPONSIBILITY--JOINT RESPONSE	81
VOICES OF EXPERIENCE	83
<i>Creative Solution Networking</i>	89
ADDITIONAL NOTES	91
8 MONITORING AND EVALUATION	93
VOICES OF EXPERIENCE	95
<i>Creative Solution Participatory Evaluation</i>	97
ADDITIONAL NOTES	99
9 REFLECTIONS	101
<i>Thoughts about Situation Assessment</i>	101
<i>Thoughts about your human material and financial resources</i>	103
<i>Thoughts about planning and management</i>	103
<i>Thoughts about programme sustainability</i>	104
10 SUGGESTED RESOURCES	105

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Karen Doll and Mulenga Kapwepwe were charged with designing the innovative format of the workshop. Their research to discover the most urgent and compelling themes, and their diligence in organizing all the details of the undertaking are both admired and greatly appreciated. With the creative facilitation of Pam Foster, the participants were able to listen, learn and share their rich and diverse visions and experiences. Through USAID's IMPACT project, the messages from the workshop have been put in this practical handbook form by Donna Flanagan.

Our thanks to all

Preface

At the time of this writing, the HIV prevalence rate among Zambian adults was nearly 20%. There was clear recognition of the need to

- 1) encourage social norms that make risky behaviour less likely,
- 2) ensure a supportive environment with education, STD management and condoms, and
- 3) support communities to develop resources with which to care for and support families and individuals affected by HIV/AIDS

Although HIV/AIDS/STDs is the focus and catalyst for our concerns, it is inevitably linked to a host of other conditions--poverty, gender inequality, scant resources, etc. Consequently both the workshop and this handbook look beyond disease prevention to deal with related issues. The reader will find examples and lessons dealing with orphans and vulnerable children, young people, women and children's rights, community care and support, prevention interventions, financial sustainability and multisectoral collaboration.

The handbook attempts to consolidate the richness of the workshop discussions in order to make participants' lessons and suggestions for better programming available to a wider audience. The handbook is not exhaustive--but it does reflect some current thinking of the highly experienced participants. The handbook is a response to their desire to reach out-- to network, to mobilize, and to inspire others in their daily struggle to work with individuals and families affected by HIV/AIDS.

How to Use This Handbook

Read this handbook to get fresh ideas. It is a compilation of lessons, hints and suggestions put forward by experienced Zambians. You will find lessons and innovative examples grouped, for easy reference, by specific topics. The “Voices of Experience” portion of each section represents consensus from the expert participants. It is their voices of wisdom borne of their experience.

As you read through this handbook, you may wish to keep the following suggestions in mind:

- Prioritise topic areas most relevant to your programme

- Determine a proper forum and time to review and discuss suggestions with colleagues, partners and co-implementers

- Discuss those suggestions from the manual that are already in use. Elaborate on your implementation strategy and outcome

- Think about the entry point for integrating new suggestions into existing programmes

- Make contact with some of the organizations referenced in this manual for more information

USE the handbook as an inspiration. Check off those suggestions that you may be able to use. Add your own suggestions to those already there. Make it your handbook. It is a work in progress!

1 The Continuum of Care

What Is It and How Can It Help?

Overview

More than 80% of individuals in Zambia have a close relative who has died of AIDS. The need for care and prevention is obvious. Equally obvious is the need for different levels of care--from medical care at a hospital to support from the community and basic care in the home. A continuum of care with links and coordination between clinic services and community and home services is best for the patient and best for the nation.¹

Experience shows that in a community where needs are great, resources are few and potential stigmatization of people living with HIV/AIDS (PLWHA) is great, home-based care is very effective in helping families cope. Studies also show that cost

¹ Information about the continuum of care is taken from a presentation entitled "The Continuum of Care Lessons from Zambia" by Dr. Simon Mphuka of the Churches Medical Association of Zambia (CMAZ).

saving and community acceptance is greatest where existing community-based organizations such as churches initially implement home care services

Today in Zambia home based care services have evolved from mobile hospital-based teams to community-based care and prevention teams (CPTs). Community health workers, members of village development teams, traditional birth attendants, traditional health practitioners, farmers, business persons and others make up the CPT. The hospital team no longer implements. It now has a supervisory, training and facilitating role.

The work of the CPTs goes beyond provision of health needs. They address other care, support and prevention needs of people affected by HIV/AIDS. For example:

- emotional needs (e.g. encouraging a safe and supportive environment in the home and/or community, decreasing stigma, giving counseling, forming support groups)

- spiritual needs (e.g. organizing prayer groups, promoting home visits by religious leaders)

- nutritional needs e.g. helping families improve their gardens teaching about nutritional foods and preparation ensuring safe drinking water providing food)

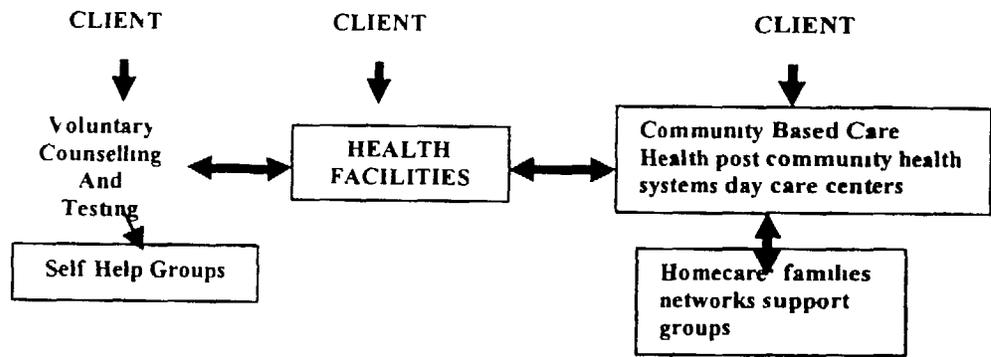
- social needs e.g. helping people overcome their fear of visiting and supporting PLWHA)

- day to day needs helping with child care feeding and tending livestock going to the market and other household chores)

- financial needs helping families of PLWHA by providing school uniforms or fees seeds and fertilizers house rent etc)

It is clear Zambia has much to teach the world about an effective and feasible continuum of care

The HIV/AIDS Continuum of Care



Voices of Experience

The following observations come from people who have experience working with community and home based care. Often they represent the "ideal circumstances and thus may not be appropriate advice for all. Check those that are useful suggestions for your project and then discuss how to incorporate them in your work.

- **Remember** People with HIV are important partners in prevention--the virus can only be transmitted through them. If they feel abandoned by health workers and caregivers, they are less likely to understand and heed prevention measures.

- Community based care should
 - ◆ Create awareness and reduce the impact of HIV
 - ◆ Provide holistic, sustainable care by community members and family of the chronically ill
 - ◆ Create interventions to support and empower caretakers of the chronically ill
 - ◆ Foster a sense of ownership on the part of

the community

- ❑ The range of community based services include
 - ◆ Basic medical care
 - ◆ Treatment of opportunistic infections
 - ◆ Counseling and support to patients and families
 - ◆ DOTS (TB) monitoring
 - ◆ Health Education
 - ◆ Food and clothing distribution
 - ◆ Drug distribution
 - ◆ IEC
 - ◆ Patient referral

- ❑ Link care programmes with prevention programmes in order to reach persons already infected with HIV People infected with HIV can help stop the spread of the epidemic, but we need to work with them

- ❑ There is good evidence for the impact of counseling (as a component of care) on sustained condom use among infected individuals

Creative Solution Dealing with Competition from Similar Groups

Many Community Based Care (CBC) organisations exist and sometimes your 'territory' overlaps. Most CBC programmes originate because a concerned member of a community identified a need and began to organise people to respond. However, during a time of limited donor funds and increased stress, as the effects of the epidemic mount, competition arises between the best intentioned people and programmes. During this type of stressful situation, it is important to remember that all of you are addressing the same urgent need in your community and therein lies room for negotiation and working together. Also, rarely can one organisation do it all. Many CBC providers discovered that when they openly discussed the conflict with their competitors, they were able to identify gaps that needed to be filled. There is plenty of work for everyone!

CBC providers have identified the following tips to help foster collaboration and decrease conflict

- Conduct cross visits with the aim of sharing information about objectives, activities and target groups within the catchment area
- Convene general meetings to discuss issues openly
- Conduct joint planning to build complementary service packages
- Identify areas where service delivery can be made uniform
- Avoid working in isolation

- ❑ Plan special activities that will actively reduce stigma towards PLWHA and their families. This is one of the most important tasks of care and support interventions. Address stigma issues at personal, family, community and institutional levels.

- ❑ Learn to discuss HIV/AIDS frankly and openly with clients, patients and family members. Silence breeds shame and misunderstanding.

- ❑ In order to better serve PLWHA, improve the referral systems between hospital, clinic and community health care workers.

- ❑ Focus attention not only on the patient--but also on the children and other family members. The family is a unit and when one member is sick, the entire unit has special needs.

- ❑ A care giver can help the PLWHA by listening, understanding, loving and accepting the person.

- ❑ Do not stop care when a patient dies Remember the needs of the family members who may (or may not) be infected with the virus, but are certainly affected by the epidemic through the loss of a loved one, a financial and emotional provider and countless other means

- ❑ Continue to help the family cope with the pressures brought on by the loss

- ❑ The collaboration between health centre and community which characterises this approach to care of TB patients is a clear example of what can be accomplished with careful planning, good training, and generosity and concern of community volunteers

Creative Solution DOTS for TB

The spread of HIV infection is often accompanied by the spread of Tuberculosis (TB). TB, as an air-borne disease can infect anyone who comes into contact with the germ. Consequently, the importance of treating TB can not be underestimated. In Zambia, TB control is being accepted as a community responsibility. Neighbours are helping neighbours, and volunteers are helping strangers. A partnership among hospitals, community health centres and volunteers called TB supporters is increasing the rate of TB cure and decreasing the spread of TB.

A patient, who may or may not have been referred by a TB supporter, is diagnosed at the health centre. The health worker then refers the patient to a TB supporter in her/his community. Direct Observed Treatment System (DOTS) is a method of ensuring that TB patients complete the two-month course of treatment. TB supporters visit homes daily, bringing the appropriate medication and observing the patient take it. The programme relies on trained volunteers who work with professional health care workers to identify patients in the community, to educate them and their families, and to meet sometimes as many as 20 patients in their homes each day.

- Possible training needs of community based care providers include
 - ◆ Basic nursing skills
 - ◆ Programme management
 - ◆ Counseling
 - ◆ Provision of welfare services
 - ◆ Information on nutrition and affordable foods that contain necessary vitamins, minerals and proteins
 - ◆ Water and sanitation

- Give incentives and appreciation to community and home-based care givers Their work makes them subject to depression, anger, sadness and exhaustion This need not come in the form of money Assistance with food, umbrellas recognition, acknowledgement and knowledge are all important incentives to let people know they are needed and their efforts are appreciated

- Train community and home-based care givers in simple nursing skills such as personal hygiene, treating simple infections and recognizing when referral to a professional health care worker is necessary Also help them develop counseling skills and knowledge of legal matters--e g, writing wills

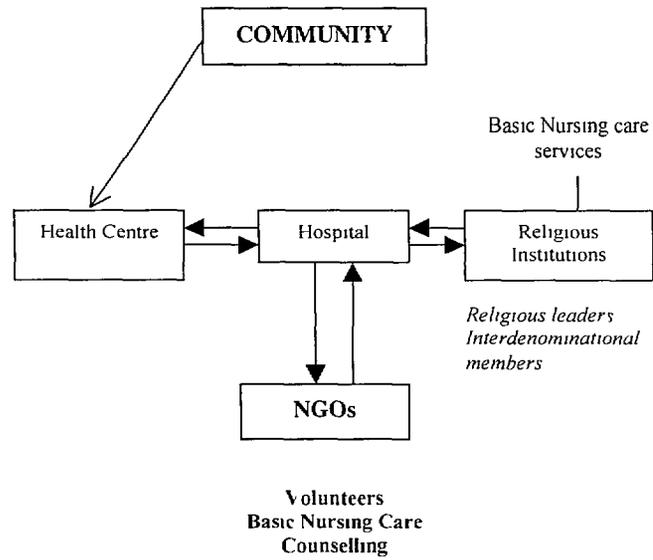
- ❑ Tuberculosis affects many PLWHA. Community health workers can effectively slow the spread of TB by supervising and administering Direct Observed Therapy (DOTS) to people with TB.

- ❑ Teach syndromic management of STDs to all health care workers. Even volunteer workers should be alert to opportunities to educate and motivate people about the serious dangers of untreated STDs.

- ❑ HIV antibody testing is often the entry point to the continuum of care. Encourage early voluntary testing of people who suspect that they may be HIV positive. The earlier people discover their status, the earlier they can begin taking care and prevention precautions. Always link test results to prevention (and if necessary, care) interventions.

- Partners in the continuum of care include
 - ◆ Volunteers
 - ◆ Village Headmen/Chiefs
 - ◆ Training and medical institutions
 - ◆ Medical staff at institutions and clinics
 - ◆ Media
 - ◆ Churches
 - ◆ NGOs
 - ◆ Neighborhood health committees
 - ◆ Care and Prevention Teams
 - ◆ AIDS Task Force Members and DHMTs
 - ◆ Orphans and Vulnerable Children Task Force Members
 - ◆ Umbrella organizations
 - ◆ Private sector
 - ◆ Department of Social Welfare
 - ◆ Donors

Home Based Care Ndola Model Referral System



Additional Notes

*This handbook is a tool. In the following is space
add notes and ideas that will help you and your
partners design and implement effective HIV/AIDS
care and support programmes*

2. Prevention Interventions

Beyond Awareness to Behaviour Change

Overview

Studies show that most Zambians know the facts about HIV infection. They can recite how it is transmitted and know some ways to avoid it. Nevertheless, it is thought that 300 Zambians are infected each day.

We have learned a lot about prevention approaches in the past decade. We know that proper and early treatment of STDs can dramatically reduce the opportunity for infection. We know that correct and consistent use of male or female condoms is nearly 100% effective in stopping the spread of STDs, including HIV. We know that although knowledge alone rarely persuades people to change their very private sexual behaviours, there are communication strategies that are effective in encouraging and supporting behaviour change.

Prevention strategies must be designed to respond to the particular needs, concerns, fears, beliefs and practices of the target community. We have seen that it is almost impossible for individuals to change a behaviour unless their peers and their society support that change. Thus, we know that in 1998, prevention efforts must

- ✓ ensure access to STD treatment and condoms,
- ✓ create and/or support existing social norms that promote safer sexual behaviour,
- ✓ reduce stigma toward people affected by HIV, and
- ✓ advocate for policies that make prevention and care possible

Voices of Experience

The following observations come from people who have experience working with prevention interventions. Often they represent the ideal circumstances and thus may not be appropriate for all. Check those that are useful suggestions for your project and then discuss how to incorporate them in your work.

- ❑ In prevention education, always explain that there are three prevention options
 - 1 avoiding sex completely,
 - 2 sticking to only one uninfected partner, or
 - 3 correct and consistent use of condoms

- ❑ Strive to create environmental conditions that make practice of safer sex easier. For example, make condoms and STD treatment accessible and affordable for your target community.

- ❑ Do not focus your prevention intervention only on disease. Place activities in the larger context of healthy living.

- ❑ Plan behaviour change interventions with other groups so that you cover all levels of intervention
For example, design interventions that work with
 - ◆ individuals to make accurate risk assessments of their own behavior,
 - ◆ couples to discuss safer sex options,
 - ◆ institutions (clinics, schools, workplaces) to upgrade HIV prevention and education skills (e g , of outreach workers and peer educators),
 - ◆ communities to encourage positive community values and discourage dangerous ones (e g , by supporting local dramas that illustrate people successfully avoiding risky behaviors),
 - ◆ policies and laws to remove barriers to change (e g , by enforcing laws against rape, sexual abuse of women and children, etc)

- ❑ Plan prevention interventions at workplaces, churches and schools where the audience is already organized and a meeting place is usually available

- ❑ To help people make and sustain a behaviour change, you will need a long-term commitment and a variety of approaches

- ❑ Use radio dramas, folk theater, written stories, school plays, public debates, posters, billboards, music contests, etc to create a commonly accepted view of safer sexual behavior. It is easier for people to change their risky behavior if society actively supports the behavior. Peer and community support are necessary to help a person sustain a new behavior.

- ❑ Targeting only the primary audience (the group at risk) is not enough. Secondary audiences (those people who influence the primary audience) are also important. For example, parents, traditional leaders and healers, teachers, spiritual leaders are all critical players.

- ❑ **Don't forget** to include PLWHA and widows/widowers in prevention interventions.

- ❑ **Remember** to do two things
 - 1 help people understand and recognize their own vulnerability to HIV infection, and
 - 2 teach them the skills to practice safer sex e.g., condom purchase and use, recognition of STD symptoms, ability to access proper treatment

- ❑ Develop alternative activities to help people change behaviour patterns. Whenever possible, provide activities such as IGA (Income Generation Activities) for sex workers, sports and volunteer opportunities for out of school youth, support groups or discussion opportunities for adolescents, etc

- ❑ Use a variety of sources for behaviour change messages--radio, health workers, peer educators, teachers, community leaders, posters, brochures, etc. Use of local languages is usually most effective

- ❑ Change IEC (Information Education and Communication) messages when the knowledge and attitudes of your target audience change. New messages are needed at different stages of behaviour change

- ❑ Popular theater and folk dramas are a good method for educating communities and for creating supportive social norms. Entertainment can convey serious behaviour change messages

- Involve members of the target population when designing HIV prevention messages and approaches

- Don't forget** about stigma AIDS is still highly stigmatised in Zambia and some of your prevention and care messages should focus on "de-stigmatising" HIV infection

- If you treat STDs, use your time with patients as an opportunity for HIV/AIDS prevention education

- Focus IEC messages on STD prevention When STDs are treated, transmission of HIV is less likely

- Reach young people with messages about STDs because they often fear STDs (e g , pain) more than they fear the thought of death from HIV

- Use youth educators to teach their peers about the prevention and treatment of STDs including HIV infection

- ❑ Work with chemists/pharmacists and traditional healers to improve their recognition and treatment of STDs

- ❑ Comprehensive STD services² should include programmes to
 - ✓ promote condom use
 - ✓ provide HIV counseling (and perhaps testing)
 - ✓ improve STD symptom recognition
 - ✓ promote better treatment-seeking behaviour among patients and their partners

- ❑ STD treatment works¹ These examples from around the world illustrate successful interventions
 - ◆ In Tanzania, a two-year controlled trial showed that improved STD case management decreased HIV incidence by 40%
 - ◆ In South Africa a STD intervention targeted to female sex workers in a gold mining community resulted¹ in a 79% decrease in

² Some of the information about STD prevention strategies is taken from a presentation entitled 'The Global STD/HIV Epidemic: Epidemiology and Containment Strategies' which was presented at the workshop by Richard Steen

- genital ulcer disease among male miners
 - ◆ There were dramatic decreases in STD incidence and also reduced HIV transmission in Thailand after the government enforced a 100% condom policy for sex workers and their clients

- Consider ways to overcome barriers to the use of STD services For example, sex workers may be discouraged from using STD services because of their illegal status, the attitudes of health care workers, and/or inconvenient clinic hours

- Well-planned IEC can promote many positive behaviours--e g , care and concern for people affected by HIV/AIDS, prompt treatment for STDs, community sharing of responsibilities, etc Don't restrict your messages to simple slogans about AIDS

- Peer education is not just for young people For example, families can counsel other families, employees can educate other employees, sex workers can give peer education to their colleagues and their clients, and military personnel can be peer educators for others in the service

- Train peer educators to do more than give awareness education. With proper training they can actually influence behaviour change.

- Be sure that your IEC materials are gender sensitive. For example, avoid materials that portray women and girl children as house cleaners while men and boys are portrayed as intelligent and adventurous.

- Condom use prevents the spread of STDs including HIV. One way to get condoms to the people who need them is to develop sales agents in communities. These community-based distributors can make a small profit while at the same time providing a real community service.

- NGOs/CBOs can be strong partners with a social marketing group for the social marketing of condoms.

Additional Notes

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add notes and ideas that will help you and your
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care and support programmes*

3. Financial Blues

How Can We Expand Our Resources?

Overview

Even a very well planned and implemented project will have little effect if, lacking money, it does not exist long enough to have an impact

The HIV epidemic has required implementers-- government, community and NGOs--to become creative and skilled in generating income Rather than beg for funds, successful organizations are approaching donors and private sector organizations with thoughtful proposals and professional approaches They are learning to think in business terms, to approach donors strategically, and to market their projects expertly

Successful income generation goes well beyond raffles, car washes, and simple letters asking for donations Fund raising must be seen as a business activity In today's economy, the projects that enjoy a long life are those which have expanded their expertise to include the fine art of fund raising--

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whether through income generating activities or through donor support

The resource development suggestions that are given here come from small and large, new and established organizations. They are useful for anyone who is sincerely committed to raising funds in a successful and professional manner.

Voices of Experience

The following observations come from people who have experience in raising funds for HIV care and prevention projects. Often they represent the ideal circumstances and thus may not be appropriate advice for all. Check those that are useful suggestions for your project and then discuss how to incorporate them in your work.

- When thinking about donors, consider organizations such as Rotary Clubs and private commercial firms that do business in your community

- “Market” your organization by showing your competence. Donors will provide funds only if they are confident that your organization has the capacity and the commitment to provide services

- Develop a scheme for sustainability of a project. Demonstrate that your proposal is well planned and show how you intend to counter problems/hurdles, etc

- ❑ **Never** use the funds for anything other than what you asked for them to be used for. Don't try to minimize on the use of funds for one donor-sponsored project in order to use the remaining funds for another project or administration.

- ❑ Private business people are more likely to donate funds if you can show them benefits that they will receive if they contribute. Show people what they will get in return for their donation. For example, put their name on your brochure or make sure that you thank the business owners publicly.

- ❑ Establish and nurture personal contacts with donor agencies and business houses. Invite them to attend all special events. This gives them a sense of ownership of the project.

- ❑ Make face to face contact with potential donors. Letters do not make much of an impression for your first contact. Win their hearts personally--not through letters.

- ❑ Consider this advice when approaching a donor
 - ✓ Before you begin, be clear about what activities you want the donor to fund and how much funding you need
 - ✓ Learn about the company's business before you arrange a meeting
 - ✓ If someone on your staff is personally acquainted with a member of senior management, ask that person to make an appointment for you
 - ✓ Arrange for a face-to-face meeting with a member of top management during which you "market" your organization and outline your objectives
 - ✓ Write and submit a project proposal based on 1) your needs and 2) what you have learned about the company's funding preferences
 - ✓ In the proposal, include information such as
 - 1 your organization's contribution to the project,
 - 2 the benefit the company will receive from their contribution,
 - 3 your staff capacity to manage the activity you intend to undertake,
 - 4 your plans for sustaining the activity

Creative Solution Raising Funds the Right Way

In March 1998 CINDI-Kitwe was assisting 9,210 orphans. Some were in residential care where they board with care givers. Others, in non-residential care, live on their own but are supported and monitored by a designated care giver. CINDI volunteers and field workers monitor the status and progress of the orphans carefully and keep detailed records of the support given. CINDI management uses these records to identify and monitor needs and plan for the coming year.

Since most project costs come from membership fees and donations, CINDI-Kitwe has put time and effort into perfecting their fund-raising strategy. The public relations brochure provides information about CINDI itself. It gives a bit of history, tells of its goals and activities, and explains its management structure. Members of the fund-raising committee always arrange face to face meetings with donors and they find that leaving behind an information-full brochure is a useful technique. Even more useful perhaps is their habit of inviting donors to go with them to see the CINDI project at work. They have discovered that when potential donors actually see the needs of the orphans and realize that CINDI funds are carefully and wisely spent, they are much more likely to get involved.

In one particularly successful case, the fund raising committee arranged a meeting with the head of the local Ackerman's clothing store. After 1) learning about the needs of orphans in the community, 2) hearing of the CINDI approach, and 3) seeing for himself how well

money was being used for orphan care, Ackerman's donated K20,000,000

The lesson is twofold. First, be sure that your project can take the scrutiny of donors. Make sure that money is being wisely spent and the project is well managed. Second, have a clear and professional strategy before you approach a donor.

- After you have received funds, share project information with your donors periodically. Keep them informed about how their funds are being spent.
- You may have to train certain staff members to specialize in the skills of fund raising.
- Training in financial management is important for NGO leadership. But every member should have skills in handling finances.
- Be sure that you have thought of and costed all aspects of a project (including monitoring and evaluation!) before approaching a donor for funds.

- Create a relationship of mutual respect with the donor by being completely accountable for funds donated. Never divert funds towards other activities.

- You may be able to solicit products or services as an alternative to money. For example, food and clothing, school fees, radio and television air time, space in newspapers, drugs, transportation, etc.

- Consider soliciting support for fundraising endeavors from influential leaders.

- Managing and Income Generation Activity (IGA) requires special business skills. If you do not have the expertise to run an IGA, either get training to help you learn to run a business or find someone with the skills to run it for you.

- ❑ You might wish to solicit the in-kind support from local business leaders to help plan your business strategy write your business proposal and provide advice on running a business

- ❑ Start small Accountability is easier if the IGA is very small at the beginning Also when you begin small you have more room to work out the pitfalls and difficulties of running a business and a greater chance of turning it into a successful money earning enterprise

- ⌋ Choose your IGA carefully Do a market survey to discover what services are in demand Then look at the initial investment required the skills involved, the time required and the number of people who must be involved

- ❑ Before you begin be sure that there is a profit to be made! Studies show that many IGA and small businesses make very little profit. For example, beverage products average a profit only 12 Kwacha per hour. Also experience shows that dressmaking and tailoring IGAs are rarely successful because people prefer second hand clothing. Raising and selling chickens and eggs may also be risky because the hens are subject to infections.

- ❑ In a rural setting do not start an IGA without informing the chief who can then mobilise his people if necessary.

- ❑ Consider these income generating ideas
 - ✓ producing dramas and charging admission
 - ✓ establishing an expertise and training others-
-e g , proposal writing work place training, counselor training, training of trainers, HBC training, nutrition classes etc

Additional Notes

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add notes and ideas that will help you and your
partners design and implement effective HIV/AIDS
care and support programmes*

4. Orphans, Vulnerable Children and Youth What Can We Do?

Overview

Young people are at risk of HIV infection Whether orphans or not, Zambians under the age of 18 are vulnerable Many have insufficient and inadequate information about sexual health because neither parents nor teachers are comfortable addressing young people's sexuality Others live on the streets--sleeping in the open air and eating from garbage cans Sexual abuse, physical abuse and child labor may be part of their past and their present Still others live quietly with their grief and confusion in the financially stretched homes of extended family members And, sadly, most young people believe themselves to be immortal, immune and infertile

What is to be done? We are told that neither children nor communities are educated to understand and respect children's rights We are told that social safety nets don't cover vulnerable children

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We hear that fewer households are prepared to take in orphans. We know that girl children especially leave school for lack of fees. We fear that children who have suffered loss and grief and abuse will not grow into the responsible adults that our nation needs.

The situation is difficult--but not hopeless. We know, for example, that young people have energy and vision and hope. We know that youth peer educators can be successful role models for other youth. We also know that communities can respond to the plight of vulnerable children.

Zambia will save its young people.

Voices of Experience

The following observations come from people who have experience working with young people. Often they represent "ideal" circumstances and thus may not be appropriate advice for all. Check those that are useful suggestions for your project and then discuss how to incorporate them in your work.

- Do not take over the role of the family in your effort to help vulnerable children. External agencies should only be catalysts and/or supporters of solutions which families themselves initiate.

- Teach young people about HIV/STDs before they become sexually active. At the same time, address the fears and concerns of their parents and other adults who may not understand the need for young people to know about sexuality.

- Give adolescents factual information about their sexuality, physiology, anatomy and fertility. This is part of HIV/AIDS prevention.

Creative Solution: A Special Place for Young People

Family Life Movement (FLM) has spearheaded the creation of a much needed service for young people. The "Youth Friendly Health Services Initiative" (YFHS) brings together young peer educators and professional health staff as partners in order to provide youth with information and services for sexual and reproductive health. The initiative is a response to the fact that many youth avoid health clinics because they fear lectures from unfriendly and uncooperative clinic staff. Consequently, they do not seek help for STDs, pregnancy and family planning needs.

At present the YFHS initiative exists only in Lusaka. However, FLM believes that it can and should be extended to all parts of the country. The programme requires a group of well trained peer educators who are available in the clinic three days a week to respond to the questions of youth. FLM also recommends that any group wanting to set up a similar programme to link with existing NGOs/CBOs and the Ministry of Health to select suitable peer educators and a suitable clinic to house the youth friendly services. They further recommend that you

- 1 Ask the District Health Management Team to guide the development of the initiative
- 2 Train the clinic staff first so they will accept the presence of young peer health educators
- 3 Involve all clinic departments--so the entire health centre will be "youth friendly"
- 4 Have plenty of educational materials available for young people

- 5 Plan for frequent refresher courses for both the peer educators and clinic staff
- 6 Let the peer educators form their own coordinating and monitoring committee

The major lesson that FLM wants readers to remember is “Young people and health workers can work together as partners ”

- Provide parents with information training and encouragement so they can talk to their children about matters of sexual and reproductive health and STD prevention If parents remain uncomfortable discussing sexual, look to other adults, such as an auntie or uncle who may be able to assist the parents in this matter

- Meet and work with young people where they are Do not ask them to come to you It is better to meet them at their hangouts

- Greater youth involvement in youth programming does not mean total exclusion of adults But it does mean that you listen to and respond to the youth’s needs--not to the needs of the adults

- ❑ Let youth develop their own ideas and messages for HIV/AIDS prevention. Adult implementers only need to provide technical assistance

- ❑ Young people are not likely to change risky sexual behaviour if their peers do not support that change. Make it “trendy” to practice safer sexual behaviour

- ❑ Effective youth programs can include
 - ✓ drama competitions
 - ✓ distribution of Risk Assessment Tools through schools, PTAs and religious organizations
 - ✓ fundraising for HIV-affected families (e.g., musical events) organized and performed by young people
 - ✓ peer education at sporting events and other popular youth places
 - ✓ youth friendly health services

- ❑ Youth organizations and clubs can provide social support and a safe space for young girls and boys to 1) discuss their anxieties, 2) become conscious of gender issues and 3) talk about HIV prevention

- ❑ When designing programmes for children, give special consideration to the girl child

- ❑ Develop HIV prevention programmes for young people that include opportunities to build “life skills” in communication, decision making, negotiation and abstinence

- ❑ Prevent HIV infection among street youths through peer counseling, distribution of condoms and use of educational materials that reflect their special situation

- ❑ Use well trained and supervised peer educators
They can be credible role models and sources of HIV/AIDS information for other young people

- Let the community, through its leaders, define and identify who is a vulnerable child

- Let the community reach consensus on its definition of abuse. Child labor for example is not considered abusive in all cultures

- Do research through household surveys and community workshops
 - ✓ to determine the number of vulnerable children in your community
 - ✓ to better understand the challenges facing households caring for orphans, and
 - ✓ to learn about the community's responses to children's needs

- This data will also help policy makers and donors understand the situation

- Ask community volunteers to manage an orphan enumeration and monitoring system in the communities

Creative Solution Helping Children Deal with Emotions

Children grieve and children-fear. But often, adults do not recognise or know how to deal with these powerful emotions in children. Zambia Open Community Schools (ZOCS) has initiated two different programmes which attempt to help children deal with their grief and their fear. In the first, a representative from the School Liaison Unit of the Police Force speaks to children about abuse. He develops a level of comfort with the children by talking to them about sports and music. Then he slowly enters into a discussion about the various forms of abuse, educates the children about acceptable and unacceptable adult behavior and teaches the children what they can do about it. The police unit also works with community members to help them overcome the fear of reporting abuse.

In the second programme, ZOCS helps children deal with the grief process after the loss of a family member. Teachers encourage children to tell or write stories or draw pictures dealing with the death. For example, a teacher might say, "Tell me about the day your mother died. Where were you when you heard the news? What were you doing?" Eventually, the children begin to talk about their feelings related to the loss. The healing process has begun.

ZOCS also learned that it was important to educate teachers and other adults about the grief process so that they could appropriately deal with a child's emotional behavior. Teachers have welcomed the training and appreciate a better understanding of child psychology.

- ❑ Sexual abuse of children may not be reported because of cultural values Physical abuse may not be reported if it is done in the name of discipline Educate and empower communities to reject such abuse

- ❑ The Schools Liaison Unit of the Police Force has trained members who can help educate children and communities on the rights of a child-- including sexual abuse Call on them

- ❑ Conduct training in counseling skills for teachers to help them reach out effectively to vulnerable young students

- ❑ Young people may need to express fear, grief, anxiety, anger, etc Give training to adult caregivers to help them learn to identify and address these psycho-social needs

- ❑ When a child is orphaned, the goal should be to keep him/her in the family Do this by supporting a family financially so that the child can stay Strengthen the safety net by helping the family

Creative Solution Youth making decisions

Anti-AIDS clubs have evolved from adult-designed organizations of the late 1980s to today's vibrant, energetic youth-led organizations. Family Health Trust (FHT) which has worked with many young people in these clubs recognizes and supports the enthusiasm and ability of young people to develop their own activities and strategies for helping other young people avoid HIV infection.

In today's clubs, young people choose their own leaders and determine their own activities. Adults offer back-up support when asked. FHT supports the clubs by providing a rigorous leadership training program for youth leaders. The Anti-AIDS clubs have a broader mandate than earlier ones and often become a virtual school without walls--where peers help each other build life skills, make responsible decisions, manage programmes and finances, and reach out to their communities.

Anti-AIDS club members and FHT have determined peer education is a cornerstone of their programmes. Consequently, training continues to be a key activity. The curriculum reflects the broad range of topics and skills that are necessary to help young people maneuver safely through this time of their lives. Peer educators learn to discuss such things as

- physical and emotional changes during adolescence
- love and sex
- talking to parents about sexual issues
- activities that are risky for HIV infection
- your right to protect yourself

- feelings and facts about AIDS
- sugar daddies and child wives
- alcohol and drugs

Clearly, helping young people remain free from HIV infection is a big job. Just as clearly, Zambian youth can do it!

- Also consider other alternatives for care of vulnerable children
 - ✓ family members and volunteers,
 - ✓ non-residential custody by specified community members,
 - ✓ CBOs who provide food, shelter and love in their own setting, and
 - ✓ foster homes or in some cases, orphanages

- Help vulnerable children get some education
Setting up voluntary open community schools help these children get basic education and prepares them for their future

- Projects should aim to ensure that all children have food, shelter, security, love, education, health care, leisure, and freedom from fear and abuse

Additional Notes

*This handbook is a tool. In the following is space
add notes and ideas that will help you and your
partners design and implement effective HIV/AIDS
care and support programmes*

5. *Women's Rights, Human Rights*

Let's Move Ahead

“Chigololo ndiwa mkazi”³
“Ubuchende bwa mwaume ta bu onaula chupo”⁴
**“Mukala wambala wekombo chadi
wamwenenamo”⁵**

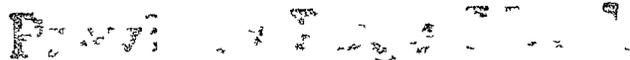
Overview

Women's vulnerability to HIV/STD infection stems in large part from centuries-old roles. When women are viewed primarily as men's servants, child-bearers, economic providers and sexual objects, they are less likely to have education or basic legal rights--both of which can help protect them from sexual transmission of HIV. The HIV/AIDS epidemic

³ A common Chewa adage which implies that adultery can not happen without a woman's agreement. Also implies that women can be blamed for ensuing STDs.

⁴ A Chibemba saying that implies that a man's promiscuity does not do harm to his marriage.

⁵ A Lunda saying that implies that like a hen, a woman has no say in the house. The rooster rules!



also affects women in other ways. Although wives have to care for their husbands when sick, a study shows that three quarters of them are abandoned by their husbands and families when they themselves are sick.

In Zambia, some women still struggle to attain basic human rights—for example, the rights to own property and land, to have credit facilities, and to have rights of inheritance, choice, speech, association free movement, protection and religion. Additionally women deserve access to health care, legal aid, and the right to family planning services. They should have the right to choose their own partner, the right to say ‘yes’ or ‘no’ to sex and the right to decide to marry or remain single.

Where governments and organizations work to equalize rights between women and men, HIV infection is reduced. In Zambia, there are some positive signs of increased awareness and attention to these gender inequalities. For example, in 1994 the Zambia Police reform programme developed a community service programme with a victim support unit. One of their mandates is to ensure that female abuse and neglect is charged as both criminal and civil cases. As more and more women learn of their

legal rights, we may see fewer widows losing their property and more domestic violence and rape cases being prosecuted. We may also see a decrease in HIV infection.

Voices of Experience

The following observations come from people who have experience working with women. Often they represent "ideal" circumstances and thus may not be appropriate advice for all. Check those that are useful suggestions for your project and then discuss how to incorporate them in your work.

- Provide formal training about gender to policy makers and managers of HIV/AIDS prevention programmes so they can identify and address gender issues in programmes

- Learn to be an advocacy organization. Take up advocacy activities to look at the role of gender in inheritance laws, early marriage, divorce laws, education accessibility, and employment opportunities. Also look at societal values related to monogamy, reduction in numbers of sexual partners and condom use.

- ❑ Mobilize women's groups to encourage women to adopt HIV/AIDS prevention behaviours. Such groups can provide women with opportunities for education about their bodies and opportunities to rehearse new sexual negotiation skills

- ❑ In some people's minds, women are responsible for the spread of HIV/AIDS. Work to develop programmes and educational materials that encourage an atmosphere of individual responsibility for actions and behaviour

- ❑ HIV prevention interventions need to focus on the behaviour of both partners in a relationship, but particularly the partner who has the most control

- ❑ The culture of silence surrounding incest, sexual abuse and rape must be broken. Help communities look at cultural and traditional practices that put girls at risk. Also look at cultural norms which allow men multiple partners and prevent women from protecting themselves

Creative Solution A Comprehensive Approach for Widows

The Zambia Orphans and Widows Association (ZOWA) does not shy away from difficulties. They openly and directly attack the property grabbing and psychological confusion that often befall a new widow. ZOWA works with the Victim Support Unit of the Zambia Police who ensure that the Succession Act Law is enforced. This Act of 1989 states, 'Household items belong to the widow and children and no other person has a right to grab them.'

Despite their great success in helping widows retrieve property from their late spouses' relatives, ZOWA officials admit that there are obstacles. For example, because of illiteracy, many people cannot understand the law of succession. Consequently, ZOWA interprets the law into simple terms and concentrates on the media, churches and various association meetings to deliver the message far and wide.

The ZOWA programme attempts to offer comprehensive help to widows. In addition to helping them retain material and financial property, the group recognizes that many recently widowed women may need psycho-social counseling and information about safe sex. Having gone through the trauma of a husband's illness and death and the accompanying economic and emotional upheavals, women are ideal peer educators for other new widows. One of the messages of these peer educators is that of an old Zambian traditional norm--that widows are not allowed to have sexual intercourse. This, of course, is contrary to the norm.

that requires sexual cleansing. Aiming to reduce sexual transmission of HIV, the widow-educators proclaim their adherence to the older norm.

Always eager for more ways to support women, ZOWA is now working with influential village headmen in Ndola Rural to pass a decree that will ban property grabbing and sexual cleansing.

- ❑ As part of your HIV/STD prevention interventions, provide information about women's rights to all sectors of society including women, men, young people, community leaders, school teachers, police, religious leaders, policy makers, informal decision makers and traditional leaders.

- ❑ Women may have poor negotiation and assertiveness skills and therefore succumb to unwanted sexual advances. Help women develop these skills.

- ❑ Link with other organizations if necessary to provide interventions which protect women from HIV infection. Examples of Zambian interventions are
 - ✓ provision of women's drop in centers and shelters,
 - ✓ protection of rights through the police and court system, and
 - ✓ ensuring access to health facilities, to legal aid, to health care, to female and male condoms, to credit facilities and business opportunities and law enforcement

- ❑ Provide training to all people who work in HIV/AIDS prevention so that they can recognize and be more effective in preserving women's and children's rights

Additional Notes

This handbook is a tool. In the following is space, add notes and ideas that will help you and your partners design and implement effective HIV/AIDS care and support programmes.

6. Involving the Community

Whose Project is This Anyway?

Overview

No one person, one government or one non-government organization can stop the spread of HIV. Nor can the tragic consequences of AIDS be alleviated by individual efforts. Given today's economic realities, we all share the responsibility for care and prevention.

The response of communities in Zambia is an example to the world. Throughout this nation, people are coming together to help their neighbors, their work mates, their friends and their relatives. Children are nurtured, PLWHA are cared for and survivors are consoled. The AIDS pandemic demands great sacrifices and Zambians are responding with great hearts.

The lessons that follow are suggestions from experienced community workers. Since communities differ from one another, these suggestions may not be appropriate for your situation. As you will read, the "voices of experience" make clear that each community must make its own decisions and shape its own response to HIV/AIDS.

Previous Page ⁻⁷³⁻ **Next Page**

Voices of Experience

The following observations come from people who have experience in community-based HIV care and prevention projects. Often they represent the ideal circumstances and thus may not be appropriate advice for all. Check those that are useful suggestions for your project and then discuss how to incorporate them in your work.

- Zambia has many various and dynamic traditions. Design interventions that honour those traditions.

- When thinking about your community, include the churches, the schools, the police, the traditional and civil leaders, organizations, and all members of the society.

- Involve the beneficiaries of a programme in the planning stage of the project. This is the only way you can identify and prioritise their needs.

Creative Solution Community Involvement

It is noisy at the Family Support Home in Mtendere Community. Pre-schoolers are enthusiastically chanting their numbers and colors, carpenters' saws are buzzing through wood, a drama troupe is rehearsing, and a few community members are meeting in the resource center room.

In 1994, before there was an actual Family Support Home, there was a group of unemployed but talented young people. With assistance from the YWCA and SWAAZ, they used their dramatic talents to educate the community about how to avoid HIV infection. They performed their dramas at clinics and at the market place, wherever they went, questions and discussions followed. As they educated, they also learned. They learned that there were many young people with time on their hands, they learned people thirsted for health education. They also learned that other people in the community were eager to help with the responsibility of HIV/AIDS prevention.

Working with churches, business people, teachers and other influential people, they invited all interested community members to attend public meetings. They found that people know their problems--and when given a chance can also provide solutions. The Family Support Home with all its activities is a result of such meetings. Orphan care in the pre-school, skills training for young men and women, income generation from carpentry and tailoring programmes, provision of HIV/AIDS educational materials and condoms, dramas--all exist because community

members decided that they were needed and volunteered their time and talents to make them happen

As the HIV/AIDS epidemic changes so will the needs of the community and so will the activities of the Family Support Home. It is certain however, that it will be a home for the needs and the solutions of the community

- Use participatory methodologies to identify the community's needs/problems and to find solutions to those problems
- Train the neighborhood health committees to take surveys. Use the results of this research as the basis for community action
- Share the latest HIV/AIDS/STD information with the community to get their support and involvement. The community must "own" the project if it is to be effective and sustainable
- Target influential people (traditional rulers, headmen, teachers, etc.) to get their help in educating people about prevention and care needs

- ❑ Use drama to engage the community about an issue
- ❑ Communities may have more capacity to look after orphans than they realize. Help community leaders identify and enlist community resources
- ❑ Advocacy work is an important intervention. Encourage the community to become an advocacy body. It can be a powerful force for enforcement of laws that protect their women and children
- ❑ If community members are volunteers in your project, don't forget their benefits or incentives. For example, if you have ten bags of mealie meal for orphans, share some with the volunteers who help those orphans. Other incentives for community volunteers can be such things as a percentage of profits from an IGA, bicycles, uniforms, free medical care, certificates after training, and participation in meetings or trainings

Creative Solution Community and Fund Raising

Chikuni Mission Hospital conducted a survey of community needs and skills. Care givers decided to embark on an income generating project to raise Kwacha for material assistance. The chief provided his consent and they trained community members to produce goods. They were able to generate produce and handicrafts, but experienced difficulty in getting the items to market. Community leaders asked for transport from local businesses and donors, but continued to experience difficulties selling their goods. Vending places were scattered and small. Eventually, the community leaders approached the chief who organised a central selling place and the income generation project is doing well.

Additional Notes

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7. Joint Responsibility--Joint Response

Government Multisectoral Collaboration and NGO/CBO Networking

**“Umunwe umo tausala inda ⁶”
“Kopano ki maata ⁷”**

Overview

In 1995 the National AIDS Prevention and Control Programme developed a strategic plan requiring all government ministries to plan, coordinate and carry out HIV/AIDS activities. Because AIDS is a problem not only for the Ministry of Health, each sector must develop its own response. Thus, for example, the Ministry of Communications and Transport provides HIV messages on public transport, telephone bill stamps, etc., and the Ministry of Labor and Social Security looks at HIV/AIDS as related to employment practices and work force. Additionally, each ministry

⁶ A common Chibemba saying loosely translated as “one finger cannot select lice.”

⁷ A common Silozi saying “unity is strength.”

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has a focal point person (FFP) to spearhead and oversee HIV/AIDS activities

NGOs and CBOs also recognize the value of collaboration. In keeping with long-standing Zambian tradition, people and organizations are working together to enhance their services to the community. They realize that they need each other-- that real progress will only come through collaboration.

Voices of Experience

The following observations come from people who have experience in various collaborative efforts. Often they represent the 'ideal' circumstances and thus may not be appropriate advice for all. Check those that are useful suggestions for your project and then discuss how to incorporate them in your work.

- ❑ All services and sectors should incorporate HIV/AIDS prevention messages into their daily work. This can be done through messages in salary envelopes, advertising, special events, work place education programmes, HIV prevention posters and information in the work place, etc.

- ❑ Line ministries can collaborate with NGO programmes. For example, in Kitwe, the Ministry of Education waived or reduced some school fees for orphans after CINDI intervened.

- ❑ The Ndola District Health Management Team, which is a link to central government, also has close links with the Ndola District Task Force (DTF) that represents 48 local organizations. The goal is to secure a "multi-sectoral, holistic and

comprehensive approach to the epidemic

- ❑ Don't hesitate to reach out to government agencies in your area. The Ndola Urban HIV/AIDS Task Force, for example, established links with Ministry of Education, Department of Social Welfare and the Ndola City Council.

- ❑ Talk with other agencies to identify areas of mutual concern. These examples illustrate activities where collaboration is useful:
 - ✓ Joint advocacy initiatives
 - ✓ Reaching policy makers
 - ✓ Training of peer educators at all levels
 - ✓ Training of care givers
 - ✓ Provision of support-- food, clothes, etc
 - ✓ Care and support for PLWHA
 - ✓ Behaviour change activities
 - ✓ Male focused behaviour change programmes
 - ✓ Membership directory
 - ✓ Information dissemination

- ❑ Consider the following hints to establish a formal collaboration:
 - ✓ Gain consensus on the leadership
 - ✓ Identify and develop shared goals and vision
 - ✓ Agree on the type and amount of pooled

-
- resources
 - ✓ Agree on a schedule of meetings and joint activities
 - ✓ Agree on who will attend meetings
 - ✓ Establish a communication channel
 - ✓ Agree on a monitoring and evaluation process for joint activities
 - ✓ Identify common needs for capacity building
 - ✓ Establish Memoranda of Understanding where necessary
 - ✓ Document agreements and activities
- Policy does not belong just to policy makers. NGOs, networks, and many other groups can play a crucial role in documenting problems and bringing them to the attention of the public and policy makers. Policy work is an important kind of HIV/STD prevention work. Examples of some activities follow:
- ✓ Encourage **local leaders** to vocally support HIV/STD prevention
 - ✓ Work with **labor unions and employers' associations** to encourage employers to develop supportive HIV policies in the work place
 - ✓ Develop a campaign to encourage **health professionals** to speak out openly about HIV

- ❑ NGOs report that when they work alone they can be overwhelmed. Collaborating with other groups helps them share the responsibility, the stress and the burden

- ❑ In some cases, working with others may, at first, lead to a slowing down of activities. It takes time to develop trust, to gain consensus and to develop a framework for working together. However, most organisations, which have entered into a collaborative effort, agree that the long-term benefits far outweigh the short-term disadvantages

- ❑ Benefits of membership in a formal network are
 - ✓ information sharing
 - ✓ combining training programmes
 - ✓ linking organizations with other like-minded groups
 - ✓ gaining advocacy power through strength of numbers
 - ✓ sharing resources (including premises) effectively
 - ✓ avoiding duplication of programmes

- ❑ Keep networks alive by such things as
 - ✓ newsletters

-
- ✓ experience-sharing meetings
 - ✓ retreats
 - ✓ study visits
- Sometimes it is easier for external agents to help set up collaborative activities. They have the time and they can avoid some conflicts
- HIV/AIDS education and sensitisation efforts may be more acceptable and less likely to cause partisan bickering when they are seen as part of a network's programme
- These suggestions will help you get started with networking
- ✓ Work with the District Development Coordinating Committee to identify groups doing similar work
 - ✓ Approach the groups you have identified
 - ✓ Share information and experiences
 - ✓ Agree on how often to meet and where
 - ✓ Exchange addresses and contact information
 - ✓ Keep minutes of meetings
 - ✓ Draw up a programme of activities that will strengthen networking--e.g., training
 - ✓ Maintain regular contact with one another
 - ✓ Determine areas of mutual concern and explore opportunities to work together on

advocacy issues

- ❑ Be aware of potential problems in networking
 - ✓ Some groups fear losing their autonomy if they join a network. They want to protect their territory
 - ✓ Some groups mistrust others in the network
 - ✓ Financial differences can cause conflict
 - ✓ Poaching of good employees from one group to another can occur
 - ✓ Volunteers who do not receive incentives may be demoralized if other volunteers in the network do

Creative Solution Networking

In 1997, Vision for Life, a non-sectarian NGO recognized the need for a network of organizations concerned with home based care in Lusaka. After contacting and discussing the idea with NGOs and CBOs, it facilitated the development of "The Lusaka Interfaith Home Based Care Community Development Project", a network closely linked with the District Health Management Team

The project divides Lusaka into three operational zones and covers 18 compounds, 8 schools, 4 health centers, one hospital, a police station and 4 clubs. Enthusiastic members say that the major benefit of belonging to the network is the weekly opportunity to share experiences and solve problems--to discuss what works and doesn't work--to feel the sense of unity that comes when people all work together. Members also report that the network provides an opportunity for the smaller or newer groups to learn from the more experienced members. Such informal training has resulted in an increase in the quality of home based care services. There has also been an increase in the number of people served--because community members are more aware of the network than they were of the individual organizations.

In addition to providing care and support of PLWHA, the network hopes to conduct prevention education and counseling training for community members.

- ❑ Examples of networks that may be useful partners include
 - ✓ HIV/AIDS District Task Forces (Livingstone, Nchelenge, Kitwe, Ndola, Lusaka)
 - ✓ CHIN (Children in Need)
 - ✓ Community Development Committee in Chipulukusu
 - ✓ Resident Development Committees
 - ✓ District Development Coordinating Committees
 - ✓ Provincial Development Coordinating Committees
 - ✓ CMAZ (Churches Medical Association of Zambia)
 - ✓ SWAAZ (Society of Women Against AIDS in Zambia)
 - ✓ NGOCC (NGO Coordinating Committee)
 - ✓ NGO Consultative Group
 - ✓ ZACCI (Zambia Association of Chambers of Commerce and Industry)
 - ✓ ZFE (Zambian Federation of Employers)
 - ✓ ZCTU (Zambian Congress of Trade Unions)
 - ✓ ZNFU (Zambian National Farmer's Union)

Additional Notes

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care and support programmes*

8. Monitoring and Evaluation

*Where Are We Going and How Do We
Know When We Get There?*

Overview

Are you meeting your goals? Are you accomplishing what you intend? Is the money being spent wisely?

Monitoring is a way to look at a programme's progress. It alerts you to the need to make adjustments if the programme is not advancing as planned. In order to monitor effectively, note your objective and watch for signs (indicators) that show achievement of that objective. Examples of indicators are

- * whether the planned activities are being carried out in a timely fashion,
- * whether the staff skills are advancing as anticipated,
- * whether the number of beneficiaries attended to is equal to the number predicted in the

programme plan,

- * whether the number of peer educators trained is equal to what was planned

Evaluation is often a more formal process to determine if the overall objective(s) have been achieved. It also allows examination of the factors that were helpful and those that were harmful to the programme. Rigorous experimental designs are not needed for program evaluations. However, rigorous collection of the data is necessary to draw valid conclusions from the evaluation.

Evaluators may be people from outside the programme or they may be members of the implementing organization. Participatory evaluation in which the beneficiaries of the project, the project staff and community members all participate is perhaps the most useful type of evaluation.

Voices of Experience

The following observations come from people who have experience with monitoring and evaluation in Zambia. Often they represent the 'ideal' circumstances and thus may not be appropriate advice for all. Check those that are useful suggestions for your project and then discuss how to incorporate them in your work.

- Identify objectives in the planning phase of a project. Then you can measure your progress against them. Also identify indicators that are relevant to the objectives.

- Be sure to budget for monitoring and evaluation costs.

- Gather monitoring information from
 - ✓ community meetings
 - ✓ observations
 - ✓ reports
 - ✓ supervisory visits
 - ✓ informal talks with beneficiaries
 - ✓ records, e.g., condoms distributed, home visits made, school presentations conducted, peer educators trained, leaflets distributed, STDs treated, etc

- ❑ When doing qualitative research use two or more of the above data gathering methods

- ❑ Interventions that use already-proven strategies should be monitored to assure that they are progressing as planned. But they do not necessarily have to be formally evaluated

- ❑ Indicators need to be realistic. Some projects ask the beneficiaries themselves to identify signs that they believe indicate success

- ❑ One programme can not always take credit for behaviour changes in the target audience. There are many other organizations and many other factors that contribute to the target audience's behaviour change

- ❑ It is difficult to measure behaviour change. However, some useful indicators are
 - ✓ target audience ability to recognise STD symptoms
 - ✓ increased condom sales
 - ✓ self-reported increases (from the target audience) in abstinence, faithfulness or the ability to discuss safer sex options with partners

Creative Solution Participatory Evaluation

Working with its district partners to strengthen their capacity to respond to HIV/AIDS is one of the objectives of Project Concern International (PCI). Capacity development can be difficult to evaluate so PCI designed indicators that they expected would be signs of increased capacity. They also proposed ways to measure those indicators. Then they went to Nchelenge to conduct a participatory evaluation.

The District partners, while acknowledging the objectives and agreeing that the indicators were useful, rejected the proposed measures. As is appropriate in a participatory evaluation, they wanted them to be more appropriate for the situation in Nchelenge. For example, one of PCI's objectives was

To build the capacity of district partners to plan, finance, and implement HIV/AIDS interventions

PCI felt that an indicator illustrating achievement of this objective would be

Effective and sustainable collaborative working relations established or strengthened among key stakeholders

PCI proposed to measure these collaborative working relations by looking at the proportion of key district stakeholders engaged in collaborative, effective and sustainable working relationships.

The district partners disagreed. They proposed that the only suitable measures in their district would be

- ***proportion of members attending Task Force meetings***

- *proportion of agencies sharing programme information*
- *proportion of agencies sharing programme information*

PCI agreed to this and other changes. The evaluation proceeded and all 24 participants actively participated and learned from the evaluation exercise. Findings from the evaluation pointed to both strengths and weaknesses that can now be addressed.

- Include all stakeholders--internal and external--as participants in the evaluation process
- Include beneficiaries and other members of the community in a participatory evaluation. This will not only give you a valid evaluation, but it will also develop their monitoring and evaluation capacity
- If you are the evaluator provide feedback about the intervention to the implementers, the collaborators, and the community
- Use evaluation findings as the basis for making new plans, activities and strategies
- Train your staff to gather and use monitoring and evaluation data. The effectiveness of programmes will be increased

Additional Notes

This handbook is a tool. In the following is space, add notes and ideas that will help you and your partners design and implement effective HIV/AIDS care and support programmes.

9. Reflections

Questions To Guide New Programmes

The participants in the Lessons From The Field workshop reflected on their successes and failures and developed a list of issues that should be considered before a new activity or project is implemented. These issues are listed below in the form of questions to remind you of items which have contributed to failure and success of earlier programmes.

Thoughts about Situation Assessment

- 1 Have you done a needs assessment?
- 2 Do you really understand the situation of the target group? For example
 - What do you know about their knowledge, their attitudes and their practices regarding sexual matters, health seeking behaviour, women's and children's rights, etc ?
 - Do you know if they have access to friendly health facilities? to condoms? to counseling? to media?
 - What are the cultural practices that may be

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-
- important for HIV/AIDS prevention or care?
- Have you considered the population density in the area and your ability to reach all people within that area?
 - Do you know the local language? What is the literacy rate?
- 3 What are the existing services in the community that would enhance or support the goals of your project?
 - 4 Are there gaps in the services currently being provided? Can you fill those gaps?
 - 5 What are the problems/needs in the community?
 - 6 How are people coping with those needs at present?
 - 7 How could those coping mechanisms be strengthened?
 - 8 Is anyone else addressing these needs? Can you support or complement that group?
 - 9 What are the priorities in the community?
 - 10 Is the community ready to benefit from the project?
 - 11 What are the experiences and recommendations of others who work in the area?
 - 12 How can you get reliable information?

Thoughts about your human, material and financial resources

- 1 Does your staff have the skills to undertake the management, implementation, supervision and evaluation of the activity(ies)? If not, have you planned and budgeted for an initial period of capacity building?
- 2 Will you need to provide supportive supervision? What facilities and materials will be needed for your first year of operation? Do you have them? Will you have them for your second and third years? Will they have to be replaced in following years? Have you made a budget? Does it include possible inflation? donor cuts? increasing numbers of clients?

Thoughts about planning and management

- 1 What do you want to achieve?
- 2 Does your plan include measurable objectives?
- 3 What will be the indicators of achievement?
- 4 How and how often do you plan to monitor your progress?

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- 5 Have you budgeted for monitoring and evaluation?
 - 6 Do you have an implementation plan showing activities, targets, dates, and implementers?
 - 7 How will the community participate?

Thoughts about programme sustainability

- 1 Does your organization have a written constitution and/or a mission statement?
- 2 Do you have an office?
- 3 Do you have a minimum of two professional staff members?
- 4 Have you had prior experience in implementing this kind of programme?
- 5 Do you have management and planning skills? record keeping skills? financial and accounting skills? supervision skills?
- 6 Are you willing to conduct evaluation of your interventions?
- 7 Are you willing to formally incorporate beneficiaries into your decision making process?
- 8 Do you display gender sensitivity and awareness in all your programming?

10. Suggested Resources

The following is a list of suggested resources where you can find additional information and contacts. The list is not exhaustive, there are certainly more organizations. Add to this list, share it with others.

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Ministry of Agriculture Food and Fisheries
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Ministry of Education
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Ministry of Home Affairs
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Dr Jelita Chinyonga
Livingstone HIV/AIDS Task Force
C/O Livingstone DHMT
P O Box 60796
Livingstone
Tel 03-324-170 Fax 03-324-016

Mr Dickson Tsamwa
Nchelenge HIV/AIDS Task Force
P O Box 740037
Nchelenge
Tel 02-972-077/78 Fax 02-972-077

Dr Earnest Muyunda
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P O Box 71943
Ndola
Tel 02-615-026 Fax 02 640-668

Community Development Committee In Chipulukusu
C/o Mrs Ronah Maambo
Ndola HIV/AIDS Task Force
Ndola
Tel 02-611-889 Fax 02-640-668

Mrs Rose Zambezi
Care International
P O Box 36238
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Tel 01-265-901-8 Fax 01-265-060

Fr Andrew Reut
Catholic Archdiocese
P O Box 32754
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Tel 01-239-353 Fax 01-237-008

Sr Pereka Nyirenda
National Coordinator for Development Education
Catholic Secretariat
P O Box 31965
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Tel 01-227-844/238-678-9 Fax 01-225-289

Mr Louis Mwewa
Children In Need -CHIN
P O Box 30118
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Tel 01-231-298 Fax 01-224-267

Mr Chitukwi
Acting Director
Christian Children Fund
P O Box 32682
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Reverend V Bredt
Executive General Secretary
Christian Council of Zambia
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Dr Simon Mphuka
Churches Medical Association Of Zambia-CMAZ
P O Box 34511
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Tel 01-237-328 Fax 01-223-292

Mrs Elizabeth Mataka
Family Health Trust -FHT
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Tel 01-222-834 Fax 01-222-834

Mr Webby Mwape
National TB and Chronically Ill Monitoring Organisation
P O Box 35776
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Ms Freda Luhila
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Mr Friday Mulenga
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Grace Mumba
Society for Women and AIDS In Zambia -SWAAZ
P O Box 5027
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Mrs M M Yeta
Women s Finance Trust
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Mrs Theresa C Kambobe
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Mr Guy Scott
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Mrs Bernadette Olowo-Freers

UNAIDS

PO Box 32346

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Dr Doreen Mulenga

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Mr Mark White

USAID

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