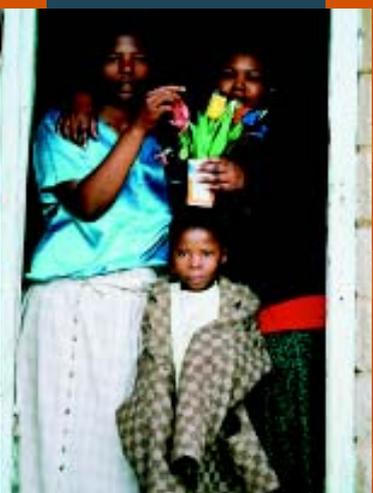


USAID REGIONAL HIV/AIDS PROGRAM
Southern Africa



2002

“The greatest success has been the way we have taken the project to the target groups. People are able to identify with the peer educators. They are starting to acknowledge their vulnerability and that they are at risk. We also have a structure, where before there was none. Initially there was some frustration because the challenges are so great, but we have been able to build morale. We have also developed tools for monitoring to measure our success.”

Robert Clay, Team Leader, Health, USAID, Zambia

Acknowledgements

This publication has been compiled for the USAID Regional HIV/AIDS Program Southern Africa's biannual meeting held in Zimbabwe, September 2002. This first project report aims to give observers a view into the lives and experiences of the beneficiaries as well as those involved in the implementation of the program.

Our thanks to all our local implementing partners at the cross-border sites and those in the non-presence countries, Futures Group International/POLICY Project (PP), Family Health International (FHI), Population Services International (PSI) and MEASURE *Evaluation*, as well as the USAID Missions and Embassies within the region, without whom none of this work would be possible.

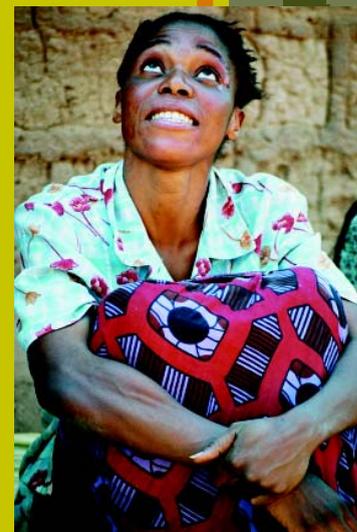
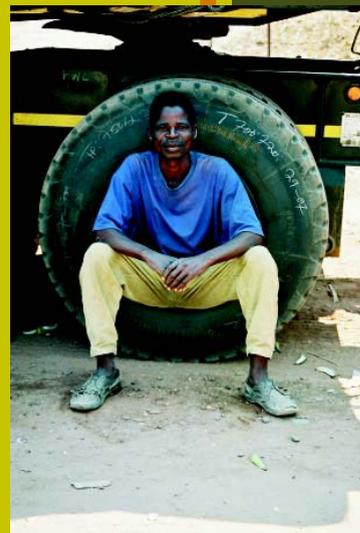
Compilation, design and layout by ITL Communication and Design.

Photographs by Bonny Jennings all photographs were shot on location during the compilation of this report (except Botswana; Kerry Irish and US Embassadors initiative).

All statistics cited in the context boxes for each country have been sourced from the UNAIDS Global HIV/AIDS and STD Surveillance 2002

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OVERVIEW

Programs are successful when people begin to value their lives and change their behavior, when we assist people to start making the right choices

Michele Russell,
Regional Coordinator, RHAP-SA

The USAID Regional HIV/AIDS Program (RHAP) Southern Africa was launched in February 2000, after consultations with USAID Mission Directors, Health Population and Nutrition Officers (HPNOs) and American Ambassadors within the region. The program covers: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Building on the strength of partnerships with USAID bilateral Missions, US Embassies, and existing HIV/AIDS programs, USAID RHAP has three main objectives.



To work with high risk cross-border populations



To support the development of national policies



To expand access to the information generated by the project

Corridors of Hope Initiative

The focal activity of this program is the Corridors of Hope (COH) Initiative. The well-developed road corridors in Southern Africa have facilitated migration, travel, movement of labor and, with devastating consequences, the spread of HIV/AIDS. Unlike HIV/AIDS prevention and mitigation programs supported by USAID Missions that focus on country-specific issues, this program effectively addresses the problem on a regional basis. COH, initiated in three countries with four program sites in September 2000, has expanded to 6 countries with 21 program sites in 2002.

TRUCKERS

high risk communities

SEX WORKERS



CORE ACTIVITIES

STI interventions and activities



Condom social marketing



Promoting behavior change



Implementation

varies from country to country



Lesotho

In Maseru and Maputsoe commercial sex workers have been successfully trained to sell condoms, which allows them to supplement their income. 10 000 condoms were distributed between March and June 2002.

Malawi

Behavior change is promoted through increasing the capacity of local school groups, community-based organisations and care givers.

Namibia

The program is under development here, and will focus on sex workers, truckers and traders.

South Africa

Commercial sexworkers are peer educators in marketplaces, school yards and other public places where people gather, using edu-theatre to change attitudes and promote behavior change. In Messina which has a population of 19 000, peer educators distributed over 132 634 condoms between January and March 2002.

Swaziland

Peer educators target sex workers and taxi drivers to change their behavior and raise their awareness of HIV/AIDS.

Zambia

Drop-in centers (soon they will all be blue houses) offer education, recreational activities and STI treatment. In Nakonde, due to efforts by peer educators and strong outreach strategies, 252 sex workers were treated for STIs between April - June 2002 (100 more cases were identified than in the previous quarter).

Zimbabwe

Peer educators increase awareness of HIV/AIDS amongst the truckers and commercial sex workers at key border sites. Access to condoms is key to this program and 372 790 male condoms and 7 940 female condoms were sold between January and March 2002.

"Even in communities hardest hit by HIV/AIDS, poverty, unemployment, malnutrition, sickness, political instability and war the triumph of the human spirit is phenomenal. The ability of communities to rise above these circumstances, to take action, to live their lives and to laugh, when it would seem impossible to carry on, is remarkable."

Robert Clay, Team Leader,
Health, USAID, Zambia



USAID RHAP - SA

Implementing Partners

Family Health
International (FHI)

Population Services
International (PSI)

The Futures Group
International/
The POLICY Project (PP)

In turn FHI and PSI fund local NGOs and CBOs to implement the activities of the Corridors of Hope program on the ground

This strategy is important as USAID RHAP is committed to developing local capacity to respond to HIV/AIDS. Local NGOs best understand, and can develop more effective strategies for their home communities. RHAP provides technical assistance and resources to enable them to address their communities' needs efficiently, effectively and with long-term sustainability the goal.

In turn The POLICY Project supports the Ambassador's Initiative in Botswana, Lesotho and Swaziland

This initiative includes a capacity building program with small grant awards. It has focused on developing the capacity of NGOs, women's organizations, journalists and university students. The intention is to develop leadership, which can advocate for progressive HIV/AIDS policies and programs. In FY01 six NGOs received small grants in Swaziland and seven in Lesotho with activities ranging from prevention to care and support. These organizations train community residents to provide home based care, train "gogos" (grannies) to care for orphans, the disabled, the undereducated and recognize the risk of HIV/AIDS, challenge stigma in multiple communities by opening the dialogue on HIV in the home, workplace and at church.

USAID RHAP has also partnered The POLICY Project, working closely with the Southern African Development Community (SADC) to:

- develop a database of regional HIV/AIDS policies
- print & disseminate the *Code of Conduct on HIV/AIDS and Employment*
- identify key policy gaps and develop template policies in the areas of voluntary counseling and testing (VCT) and Human Capacity Development for use by countries within the region

Networking and Information Sharing

There are many lessons learned and successful interventions in the region of which countries are unaware. USAID RHAP shares information with a broad audience through the internet, where information and tools are posted. Regional meetings are hosted on key topics including capacity building of PLWHAs in program management, monitoring and evaluation for local researchers, and capacity building of faith-based communities in program management and counseling and support.

In addition, RHAP acts as a liaison identifying needs in the sub-region and then collaborates with others such as the Centers for Disease Control (CDC) to address those needs. For example, USAID RHAP received funding from CDC to conduct behavioral surveillance surveys in Lesotho and Swaziland.

Monitoring and Evaluation

In order to understand whether and what type of impact RHAP is having, and to identify the particular strengths and weaknesses, of the program, MEASURE Evaluation from Tulane University is developing and implementing an evaluation of the entire program. This ongoing evaluation will serve as a model for other regional initiatives.

Program Management and Funding

Although day-to-day activities of the program are implemented by a coordinator, a critical strength of the program is the input and support from other USAID bilaterals and US Embassies in the region, and the ongoing consultation with the technical team. This team is comprised of USAID health officers from four countries in the region who assist the coordinator in making key decisions.

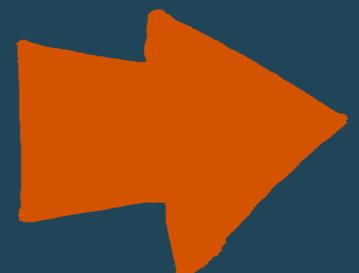
RHAP received:
FY99 – \$750 000
FY00 – \$1.5 million
FY01 & 02 – \$4 million/year

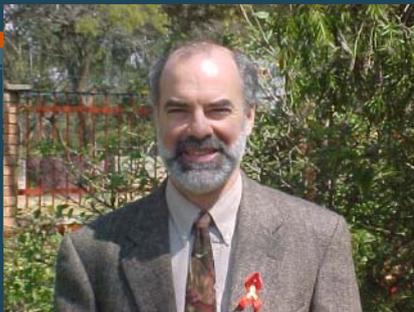
The bulk of the funding is allocated to the Corridors of Hope Initiative (77%), the remaining funds are shared among the Ambassador's Initiative, policy activities and regional networking meetings(23%).

FROM HERE ON

Assessments have been made of the areas where the program has worked, how the objectives have been realised and the goals achieved. Important lessons have been learned.

Looking forward to the next year, the emphasis of USAID RHAP will be to increase the number of sites where the program is implemented, broaden the activities in each site and ensure the quality of services is maintained.





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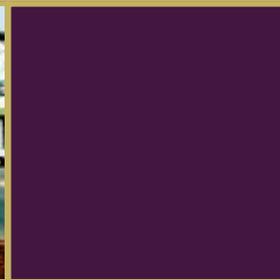
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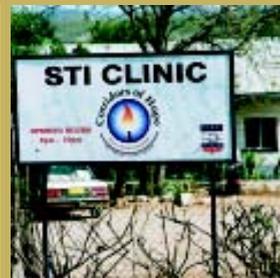
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O



USAID CORRIDORS OF HOPE...
 ... sites are recognizable by the billboards situated at all RHAP-funded border sites. RHAP coordinates cross-border programs in Lesotho, Malawi, South Africa, Zambia and Zimbabwe. (The program is currently under development in Swaziland and Namibia)



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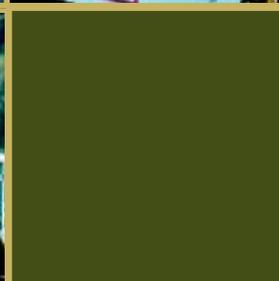


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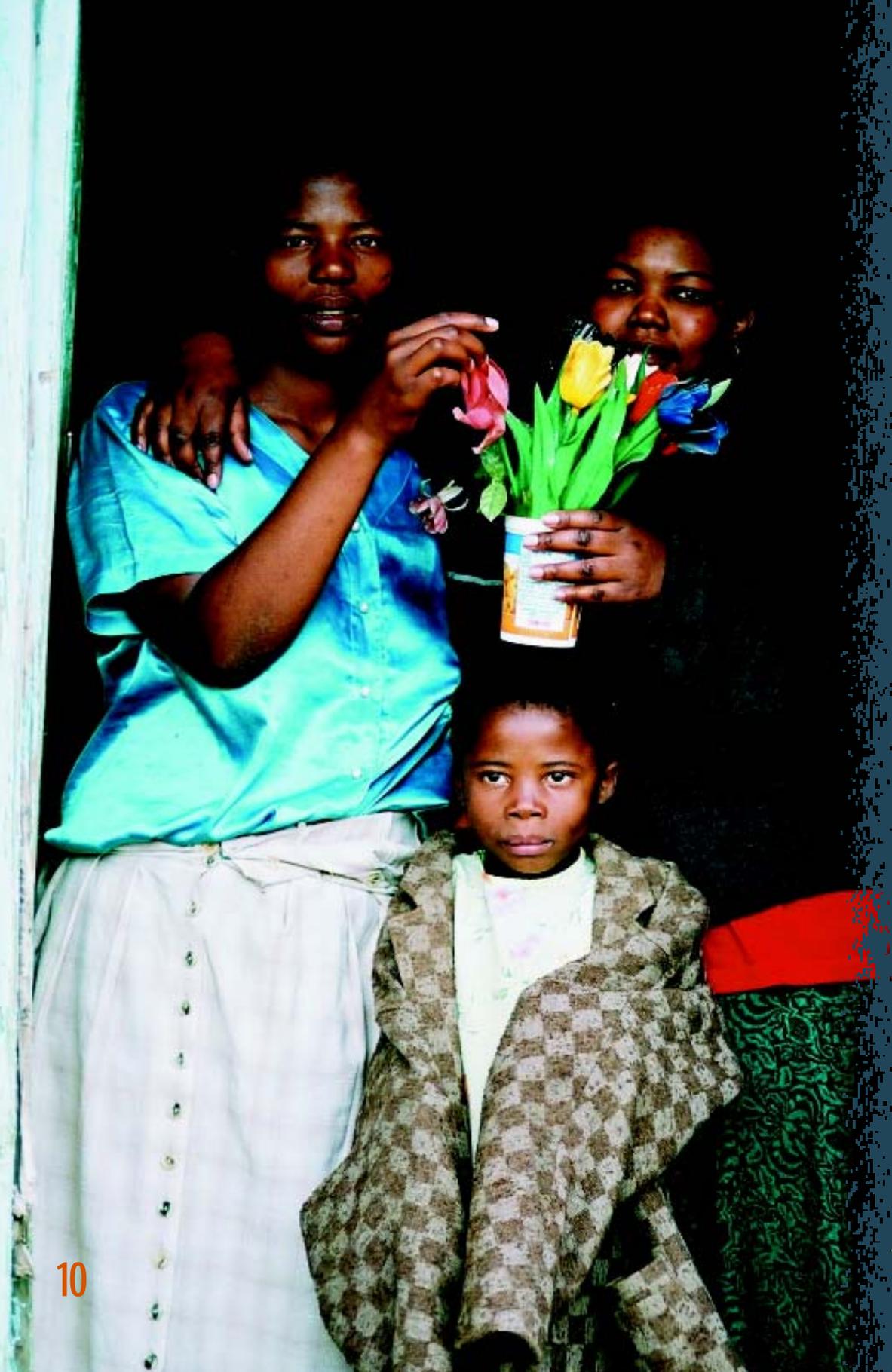


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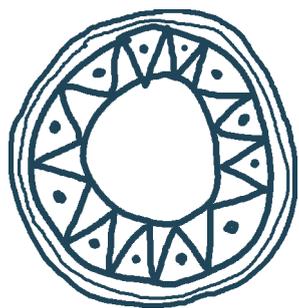


Corridors of Hope





"I came to this place out of hunger when I was 13 - I'm still looking for a job. I'm scared my daughter will end up like me."



LESOTHO

CONTEXT

- Most of the economically active people in Lesotho are migrant workers in South Africa (money sent home by workers at one time accounted for 30% of Lesotho's GNP).
- The unemployment rate stands at 41%, exacerbated by the retrenchments in the mining industry in South Africa.

Story of Hope # 1

Building on existing structures

Wrapped in his traditional Basotho blanket to fend off the icy mountain air, Chief Ntate Intonga sits in his hut, thoughtfully paging through the book that tells the story of the ravages of HIV/AIDS in this village. This register documents a significant number of deaths for such a small village. The chief decided to do something about the catastrophe, so when he was approached by USAID SHARPI/Corridors of Hope (COH) he encouraged the project to begin working in his village. Chief Ntate Intonga says, "As a chief I had to listen when AIDS was talked."

He saw that the most appropriate vehicle for the fight against AIDS was his community committee. Ntate Mabeleng, a village elder agrees: "The way COH came into the community was perfect... through the chief, who then brought it to an *imbizo* (meeting)."

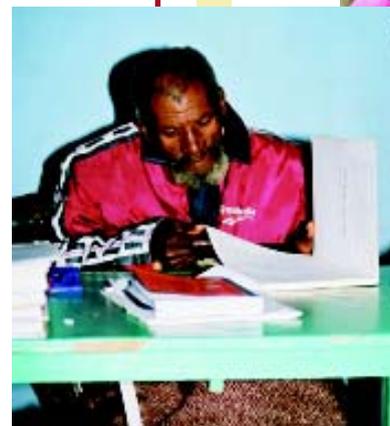
The community committee became a dedicated team of peer educators, whose mission is to educate neighbors and friends. For example, at funerals peer educators raise issues about HIV/AIDS, a subject that is usually taboo.

"SHARPI/Corridors of Hope has made a great difference to the community... people can talk about HIV/AIDS to the community committee and the peer educators."

The success of the approach in Chief Ntate Intonga's village is undoubtedly due to the involvement of peer educators from the community. Peer education in the village is successful because the learning and teaching methods used by the COH-trained educators are strongly participatory, helping to alleviate feelings of alienation and powerlessness. People are able to express their feelings and this encourages a sense of responsibility, which is fundamental to lifestyle changes.

Says an NGO director: "The peer educators are critical because they know how to create the right environment. They are more likely to induce open communication about sex. The use of peer education is the key to the success of our strategy because this form of communication is both entertaining and educational. In contrast to one-sided strategies, this approach encourages ownership and interaction with the knowledge."

Ntate Legowa, another elder, agrees: "It was difficult for us to accept that AIDS exists. Before Corridors of Hope came in we didn't understand why we were burying the young. Through the programme and the peer educators, we were able to accept HIV/AIDS."



The way RHAP came into the community was perfect – through the chief, who then brought it to an *imbizo*

ACHIEVEMENTS

- Improving sexual and reproductive health structures through building service capacity in the border towns of Maseru and Maputsoe
- Development of relationships with local community and stakeholders
- Training of 78 peer educators to facilitate behavior change
- Distribution of 10 000 condoms between March and June 2002
- Using local events such as football games and beauty pageants to build awareness
- Success of the peer educator approach amongst high risk groups such as sex workers, migrant laborers, youth, low-income women, long distance truck and taxi drivers
- The development of a resource center in the community which will be a central location housing information about HIV/AIDS



“One of our greatest successes has been the difference we’ve made in the lives of our peer educators — they are our greatest strength”

Mamelo Moledi, CARE Lesotho

Partners

CARE Lesotho is USAID RHAP’s local partner implementing the SHARP!/Corridors of Hope Program
Sechaba Consulting was contracted to undertake a Behavior Surveillance Survey in Lesotho.

Context

- Population: 2.1 million (1999)
- Sero-prevalence in pregnant women: 42,2%
- Orphans: 35 000 children
- Infection rate in young women: 51%
- Infection rate in young men: 23%
- Number of people living with HIV/AIDS: 240 000 (1999)

Main exacerbating factors

- Poverty
- Looming famine
- Low health status of population
- Worker migration
- High levels of unemployment
- Low status of women
- Large construction projects (workers at the Katse Dam construction site were found to have sero-prevalence rates nearly seven times as high as people in nearby villages)



Moving people, moving the message: Afribike's involvement in RHAP ensures peer educators are mobile.



Indicators of success: A programme is successful when activities on the ground and projects are moving forward and starting to impact on the community.



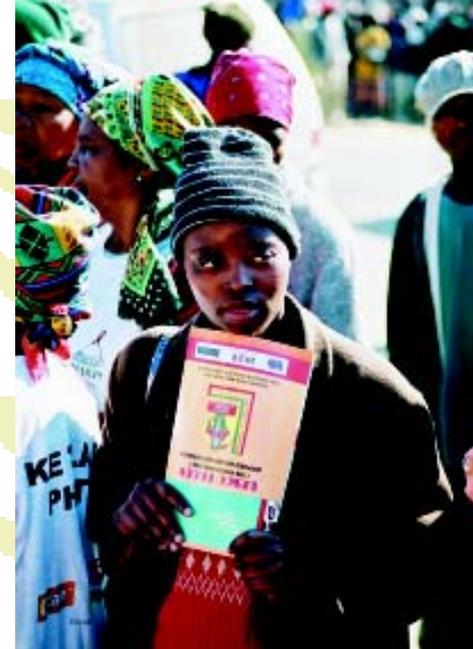
Boithatelo, a commercial sex worker gives her clients a choice, "male or female". For her the choice is not whether to use a condom, but rather which one.



Community enthusiasm: "It may be rubber but it's designed to keep us AIDS-free".



Commandeering the pavement: Condom promotions are becoming a familiar sight on the streets of this border town. You will hear, "with it" DJs eliciting excited responses from the gathering crowd as they intersperse the music with positive HIV/AIDS messages.



Reaching a high risk community: factory peer education

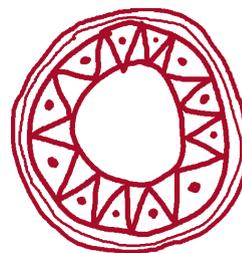
Unemployment is around 40% in Lesotho and this explains why so many people gather daily outside the Thetsane factory in the industrial area of Maseru. The work seekers who wait for the factory owner to emerge and offer jobs have often been there for days.

Little groups gather and suddenly the conversation becomes animated. Peer educators are moving amongst the crowd. The enthusiastic discussion is generated by the material that the educators use: cards with pictures that depict a real life situation, such as an older man hugging a younger girl. What is happening in the picture? What should the young girl say? What are the man's responsibilities? The crowd is asked to explore potential scenarios and say what they would do if they were in that position.

"Hunger will kill me faster than AIDS." What can you answer to that?



RHAP recognizes the complexities posed by the moral, cultural and religious issues around sexuality and AIDS education in a community



malawi

Story of Hope # 2

Meeting local challenges

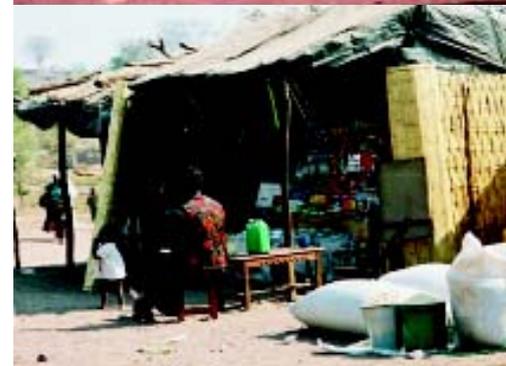
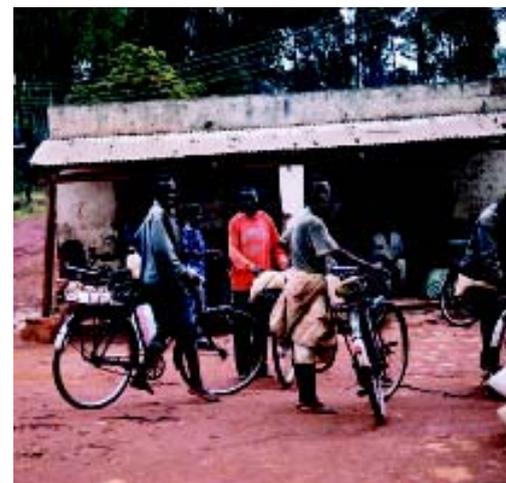
The village of Limbodi lies in the shadows of the Mulange Mountain, at the Mozambique border. The USAID Corridors of Hope (COH) program is still fairly new here and USAID RHAP, through Project Hope, tailors its activities to fit the Malawian context. Regional coordinator, Michele Russell, emphasizes the importance of the program's ability to adapt to meet local needs and challenges. "Integrating a program across different countries is critical to the success of our activities. As an outsider you can't come in and impose your solutions. The community has to be a part of that solution." Michele's observations are given credence when you spend time here. It becomes clear that only promoting condoms or abstinence is often an inappropriate and problematic first response.

Most people are employed as seasonal tea pickers earning less than US\$20 per week. The villagers also trade in small produce, which they purchase from outlying farms. But this year, many are empty-handed. A crippling drought has impacted severely on Limbodi's food security. Villagers have been forced to eat into their seed supplies, leaving little for planting and harvesting. Many women are forced into sex work to put food on the table and there is certainly little money for condoms.

Certain factors unique to each country make flexibility within the program essential. Preaching a message solely of abstinence or condom use in some contexts is problematic. In some parts of the country religious or cultural beliefs are often a barrier to condom education and use. A peer educator for Project Hope concurs: "Project Hope has taught us that young people are most at risk and we even see people at school who have the virus. But it is difficult to speak to people. Some believe that condoms lead to promiscuity."

COH recognizes the complexities posed by the moral, cultural and religious issues around sexuality and AIDS education in a community. "Understanding these issues is crucial in deciding on appropriate and innovative AIDS education programs which are both realistic and culturally sensitive," emphasizes Timothy Kachule, the director of Project Hope. In order to remove barriers to AIDS education and behavior change, the strategy is to foster relationships based on trust, friendship and respect.

The border experiences relatively low trucking traffic. Instead, bicycle-riding young men between the ages of 18 and 30 travel back and forth transporting grain from Mozambique or taxiing passengers across the border, earning around US\$4 per day. USAID RHAP identifies the most vulnerable and at-risk sectors of cross-border populations. For the program here, the transport riders on bikes and not in trucks represent an important target group and so the program has been adapted accordingly.





A crippling drought has impacted severely on Limbodi's food security. Villagers have eaten into their seed supplies and grain has to be purchased from a nearby village in Mocimboa. The reality is that sex work puts food on the table and there is little money left for condoms. These are some of the challenges facing RHAP in Malawi.



Context

- Population: 11.2 million (2002)
- Seroprevalence in pregnant women: 16.0%
- Orphans: 470 000
- Number of people living with HIV/AIDS: 760 000
- 10 times as many girls as boys are living with HIV
- Life expectancy has fallen from 44 to 39 in ten years

Main exacerbating factors

- Poverty
- Famine
- Low status of women
- Cultural practices
- Conservative religious beliefs against condom usage

STIs

"If you have a disease spread by sex, go to the clinic right away. Remember, diseases caused by sex make it easier for the AIDS germ to enter your body. Don't try to treat yourself and tell your partner to go for treatment too."

This advice appears on a RHAP-supported NGO's pamphlet. Crucial advice it is, as one reason why Southern Africa has the world's most severe HIV/AIDS epidemic is the high prevalence of other sexually transmitted infections (STIs) in the region and the inconsistent quality of STI services. The World Health Organisation has stated that the presence of an STI increases the risk of HIV transmission during unprotected sex as much as tenfold, as the virus enters through sores and lesions. Mulange, Malawi has one of the highest STI levels in that country and also high HIV/AIDS levels, showing the correlation between HIV infection and STIs.

The Corridors of Hope initiative emphasises STI control and community STI education, and this initiative has seen improved management of STIs at all their border intervention sites.

"You can see that people are beginning to change their behavior because the number of STIs is beginning to drop" explains a RHAP-trained peer educator at a border site.

"Now that I have been trained by the peer educator I would always have the light on if I'm having sex with a client to check if he has an STI and that he's using the condom properly" says a young sex worker who believes that the program has benefited her.

ACHIEVEMENTS

Improving sexual and reproductive health education structures and building service capacity in the Mulange region through:

- Training youth peer educators, who use devices like storytelling, oral history and African dance to communicate with their friends about HIV/AIDS in their own idiom
- Assisting the local school Anti-AIDS club to facilitate education about HIV/AIDS, STIs and drugs
- Targeting commercial sex workers, informal traders and bicycle-riding youth as well as communities around the border and providing assistance in managing STIs
- Using local events such as a community open day to provide a platform where sex workers and youth demonstrated their program
- Increasing the capacity of community-based organizations by providing training for village health counselors, community leaders, laboratory technicians and home-based care givers
- Promoting increased condom use in the community

Michele Russell, Regional Coordinator, RHAP sums up the achievements here when she says:

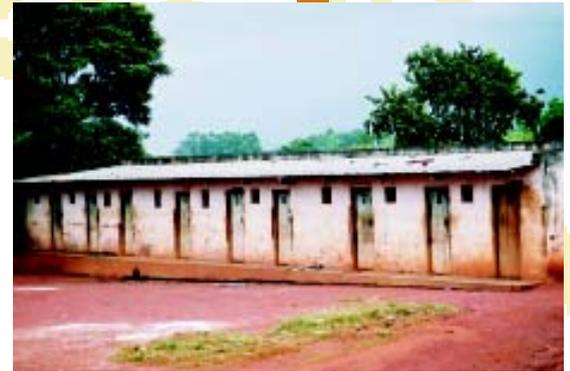
"RHAP fills a gap at border towns in Southern Africa where there was no intervention before. Cross-border sites are often ignored by traditional sources of donor funding and RHAP has been largely responsible for the introduction of condoms and access to condoms at most of its border sites."

Developing an appropriate strategy for the program in Mulange:

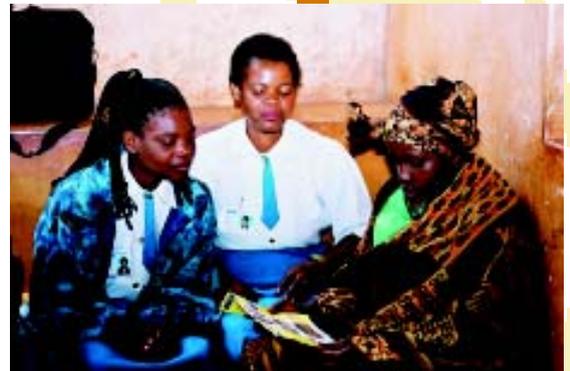
RHAP's local implementing NGO in Malawi has consulted over 60 commercial sex workers. "In order to be effective, our interventions are developed in close consultation with target communities, examining their attitudes towards HIV/AIDS, how they communicate about sex and the gender relations," concludes Michele Russell.



Promoting condoms: Mokolokoto's is one of many truckers' rest-houses which exist on the roadside along the main truck route through Mulange. "With some 24 rooms this house is always fully booked in the evenings. Clients pay between 70 and 150 kwacha per night. The women who work here are part of Corridor's of Hope's program, all insisting on the use of condoms. I support them by promoting and making sure condoms are available and keeping a record of condom sales," emphasizes owner, Mr Mokolokota.



Insistent: With the assistance of Project Hope's peer educators the commercial sex workers at Mulange's Vumuzi Tavern have banded together, agreeing to adopt a "no-condom-no-sex" approach to their work... "We won't do it without a condom - not even for 2000 kwacha," explains eighteen year old Dorothy. "I have been using condoms for two years and have never contracted a sexually transmitted infection," she adds vehemently.



A vulnerable group: Brightly clad women and even young children line the streets of this border town selling their wares. Jobs are scarce and the majority of villagers engage in some form of informal trading to generate a small income.

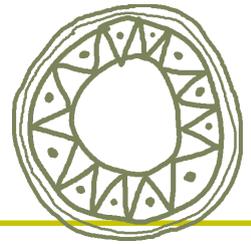
Partners

Project Hope implements the RHAP program in Malawi





Knowing
your status
can have
complex
implications
for having
a family –
there are no
simple
solutions



Story of Hope # 3

“I found out I was positive in August 2001. In September I went to see the support group for people affected by and infected with HIV/AIDS. At first I was very shocked but in time with their support, I have learnt to cope. They have also told me how to stay healthy by eating well and exercising. The most important thing is that they played a key role in my decision to reveal my HIV status. I believed that I would start to heal once I started talking about it — and its working.”

Puleng, peer educator living with HIV

Supporting people who are living with HIV/AIDS

Puleng’s testimony highlights the importance of support organizations for people living with HIV/AIDS (PLWHAs). These community organizations help individuals prepare for disclosure and deal with any feelings of shame and guilt. Support groups provide emotional and psychological counseling for people living with the disease and help them live “positively” with HIV through practical and technical assistance.

How does it feel - finding out that you are positive? Lilian sits up straight, raising her tone of voice slightly and speaking deliberately: “I feel as each and everyone feels! I am Lilian and will always be Lilian. While I know this I will be myself, and I will remain myself, unless I deny myself, that is where I will have problems, and then I will die.”

Lilian lives with AIDS. She makes a powerful point: she is and remains the person she always was. Yet, for many PLWHAs, self-stigmatization is common. Often, after diagnosis, a PLWHA comes to believe that she or he is truly inferior to others in society and consequently separates him or herself from the community, so reinforcing the stigmatization and social exclusion while battling with feelings of shame, guilt and isolation. Lilian’s sense of self worth is profound, and a result of her exposure to COH.

People like Puleng and Lilian face a difficult task when they decide to declare their HIV status. Stigmatization is a huge problem and yet, the more the community comes into contact with PLWHAs, the faster the stigma disappears. Disclosure, first to the family and then the community at large, gives a face to the disease. Disclosure can also end feelings of isolation, especially if the person with HIV is able to connect with other PLWHAs. Without the help of support groups, especially those formed by PLWHAs, disclosure would be so much more problematic.

Lilian continues: “In Musina people are very poor. There are many people who can’t or won’t support family members who are positive. Often people who are positive are scared to tell their families because they fear being a burden to them. Corridors of Hope started a support group. This is made up of people who are positive, as well as those who are support-givers to those living with AIDS. We are there as a support to those *infected* and those *affected* by HIV/AIDS.”

Groups like this one try to help members to live with HIV/AIDS by maintaining a positive attitude towards others and themselves. Groups give counseling on: disclosing HIV status; living without feeling guilty or ashamed; following medical advice; prolonging life through healthy living; accepting both emotional and physical affection; socializing with friends, family and relatives; using condoms and avoiding pregnancy.



Partners

USAID Corridors of Hope implements its program through the Centre for Positive Care (CPC) in Musina and CARE South Africa in Ficksburg and Ladybrand

PSI/Society for Family Health

But the most important role played by the support groups is that of helping PLWHAs to know that they are not alone



“Community involvement is the key to success. You have to do community mobilization – be careful when you bring in people from other areas who don’t know the situation on the ground.” says Albert Mmbidi, Assistant Co-ordinator for RHAP in Musina. For him the success of the program here is the way that community members have become involved and own the initiative. Gogo Elsideya is now concerned about the health of her fellow community members. She takes note of, and recounts with pride, stories of change in peoples behaviour.

“It’s not a problem to get hold of condoms – the government supplies them free” says Mashudu Madahdzi, Director of CPC Musina. The South African Government has purchased the highest number of condoms in SADC – a total of 1/2 billion this year.



Groups of children hunch excitedly over a board game. Using coins and stones, they play a version of snakes and ladders. A correct answer about HIV/AIDS allows a player to climb the ladder whilst an incorrect answer takes the player down the snake. Here are two examples of the questions asked:

- Name two ways in which a person can prevent themselves from getting HIV?
- What does a person who is HIV positive look like?

A successful approach: “I think that the peer education strategy is the success of our program. Different groupings in society respond most positively to a message that is conveyed by someone with whom they identify” Masentle Semela, Coordinator, CARE South Africa.



- Population: 43 792 000
- Sero-prevalence in pregnant women: 24.8%
- Orphans: 880 000
- Infection rate in young women: 30.8%
- Infection rate in young men: 12.8%
- Number of people living with HIV/AIDS: 4.7 million
- South Africa has the world’s fastest growing HIV/AIDS epidemic: there are an estimated 2000 new infections every day.
- The highest number of PLWHAs in any one country live in South Africa.

Main exacerbating factors

- High unemployment rate with women constituting the most deprived sector
- The migrant labor system
- The excellent transport infrastructure
- High prevalence of other STIs
- Within each province, rates are highest along highways, at borders, on mines, plantations and areas of migrant and informal settlement



Peer educators need to be where the people are: “Peer educators cover the bars, taverns, pool halls and stadiums. We always have activities on during the football matches. The highlight of our success has been reaching youth in the 18 to 24 age group”

Masentla Semela,
Coordinator, CARE South Africa.



“I feel sure that people are beginning to change their behavior: they will even wake me up at night for condoms” says Barure, Site Coordinator on three farms. Low income levels and harsh working conditions make farm workers a high risk group.



Peer education is strongly participatory allowing people to express their feelings and participate in discussions. It encourages a sense of responsibility rather than simply the transfer of knowledge about HIV/AIDS.



Got the condom, let's go: A young couple is negotiating sex. She says ‘no condom no sex’. He says ‘flesh on flesh’. The actors freeze and ask the audience to decide how the story will end... Role plays are an interactive way to generate debate.



Ernest and Andries first heard about SHARPI COH at school. They are now peer educators for the Program. “Through SHARPI we have learnt how to protect ourselves from HIV and also how to be assertive,” says Ernest. “I have talked to my parents about HIV and I also talk about it at school,” says Andries.

ACHIEVEMENTS

Improving sexual and reproductive health education structures and building service capacity in Musina (Limpopo province) and Ficksburg and Ladybrand (Free State) through:

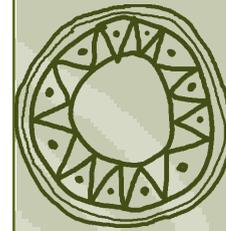
- the successful running of peer education programs which target high risk groups (for example, the Musina Peer Education Project reached more than 44 000 people)
- assisting local health care staff to promote referrals and treatment of STIs (between January and March 2002, 392 men and women were referred in Musina)
- developing relations with the local communities and increasing the capacity of community-based organizations
- using community events to increase awareness (for example, a symbolic bicycle ride was held along the Johannesburg – Beitbridge route, and the participation of important officials, including the Deputy President, secured intensive publicity)
- increasing access to clients who previously were too far away through the Afribike program
- generating income through repair of bicycles and the sale of condoms in Musina

“The program is successful mainly because it targets different groups very specifically. The mobile men and sex workers are vital targets, but the fact that the general community is also being educated is important.” says Mashudu Madahdzi.



A place of entertainment and companionship, treatment for STIs, education and awareness training: this is Zambia's Blue House — a haven for truckers, commercial sex workers and orphans

Zambia



Story of Hope # 4

Making a difference

The border town of Chirundu, Zambia, has the country's largest commercial sex industry, a direct consequence of the juxtaposition of a busy border site and surrounding local poverty. Sex workers mostly come from the adjacent rural area, but also from as far afield as Lusaka and Zimbabwe. "If there were no truckers here there would be no huts or people here," observes a driver, highlighting the extent to which the transport industry dominates the town and its economy. The commercial sex work industry in Chirundu was born out of this reality. For the sex workers, the truckers are the clients of choice. They have more money than local men and they bring coveted goods, like cosmetics.

"I'm here because of what is here and I need to do it to make a living" says Jenny. After her husband abandoned her, Jenny found herself a single parent with three young children and no job. She struggled for months to provide for her family. A friend told her about Chirundu – that there are always plenty of men at the border town who are willing to pay for sex. Her family warned her that the work is dangerous – she could get sick and die. But there are no jobs in Lundazi, where she lives. Her decision to go to Chirundu was made more difficult when she realized that she would be ostracized by her community at home and would not be able to return. She wishes that people could try to understand why she is a sex worker, and not always condemn her.

Her life is a struggle on many fronts, which perhaps explains her enthusiasm for the USAID/Corridors Of Hope program (COH). The program has provided her with practical knowledge and support on STIs and HIV/AIDS related issues. Jenny's colleagues, Eunice and Hilda agree. "COH gives us real help. They provide us with free condoms and useful advice. We have changed our behavior. At first we were doing sex work without condoms. We no longer do this and always use a condom," says Eunice.

The Blue House is much more than an HIV/AIDS and STI treatment center - although that is its key function. This diversity probably explains its success, as the center is not labeled as an HIV/AIDS facility and so a place to be regarded with suspicion. The activities are informative but there is a lot of space for pure fun. There are frequent truckers evenings, with games of pool, which take place alongside information and education sessions about HIV/AIDS. (A game of pool only cost 50 cents at the Blue House, but \$1 at local bars and taverns!) It's an ideal place where people can meet friends and relax. There is karate, boxing, and the sex workers have formed a football team. A vegetable garden provides income and the basis for discussions on nutrition. The COH peer educators meet here to report on their activities. It's a very productive place. As Jenny says, "It's a place where we can find out about STIs and HIV/AIDS away from the public eye. If we go to a clinic, people talk."

"We have encountered an openness in the community about issues of sex and sexuality. There has been a decrease in the STI rates but we can still improve," says Charity, a peer educator, highlighting the focus of the RHAP program in this border town.



"This is the second busiest border in Africa – at night the streets are flooded with young girls. Some trucks stay for up to two weeks. Before COH there was nothing in Chirundu, but we still need as much assistance as we can get to help prevent the spread of HIV/AIDS."

Officer-in-charge, border, Chirundu



The program has provided Jenny with practical knowledge and support on STIs and HIV/AIDS related issues

Achievements

- Targeting high risk populations at the border sites of Chirundu, Nakonde, Chipata and Livingstone through peer education, STI treatment and condom social marketing.
- Achieving great success in taking the project to the target groups, implementing structures where none existed and developing tools for monitoring the program.
- Working closely with District Health Management and encouraging them to use the peer educators.
- Partnership with the Japanese International Cooperation Agency (JICA) who provides drugs for STI treatment.
- Increasing access to quality condoms — 18 million distributed free at clinics, 10 million socially marketed condoms sold at bars, stores and taverns.

“I think that RHAP has added a lot of value to the work being done by the different partners in the region. It has allowed us to share ideas across countries and has been very motivating, especially important because it is really easy to get demotivated working in an area such as HIV/AIDS. The program facilitates information sharing and allows us to explore what has worked. It has been amazing to see how similar the problems are and it has been valuable to share strategies at our regional meetings and workshops”.

Robert Clay, Team Leader, Health, USAID, Zambia

The Blue House has become something of a legend in Zambia. Now we have to paint all our drop-in centers blue — because people have come to associate the colour with the Corridors of Hope program.

Josephine Mulomba, Site Coordinator, World Vision, Chirundu

Partners

World Vision International and
PSI/Society for Family Health.



C O N T E X T

- Population: 10 649 000
- Sero-prevalence in urban pregnant women: 27% (UNAIDS figure for nationwide sero-prevalence in pregnant women not available at time of publication)
- Orphans: 570 000
- Infection rate in young women: 25.2%
- Infection rate in young men: 9.7%
- Number of people living with HIV/AIDS: 1 200 000

Main exacerbating factors

- High levels of unemployment due to large scale retrenchments in the copper mining industry
- Multiple partners due to migrant labour
- Early age of sexual activity (around 17 years, according to the Zambia Sexual Behavior Survey, 2000)
- Transport routes with mobile populations



“You ask why I became a peer educator. I want to save the lives of the people – that’s my aim!” exclaims a peer educator of a CSW compound outside Chirundu.



“Oh yes, there is behavior change. The truckers come to our homes at night to ask for condoms, they come to the Blue House for treatment and are eager to ask our advice” says Charity, a peer educator in Chirundu.



“I receive free treatment, free information and free condoms from the Blue House. The peer educators are very supportive – they are like our sisters” explains Jenni.



“We go into the field on our Afribikes. Before we had the bikes we had to walk a very long distance to talk to the people but now it is much easier.” These are the words of a peer educator outside the Blue House in Chirundu.



“I never used to believe in HIV/AIDS but now I understand and I know that condoms don’t carry the virus” says Teddy, a Zambian truck driver.

“There was a time when accidents claimed the most lives of truckers. Now it is AIDS”, says Barnabus Gamanya, a customs official whose job it is to give customs clearance to the thousands of trucks that pass through the border post each month. The trucks bring goods all the way from South Africa and can wait for days for clearance. The border posts are places of acute HIV/AIDS vulnerability, given the presence of a poor female population of traders and sex workers and a highly mobile male population of truckers with money.

Sex workers and truckers have a symbiotic relationship at border sites. Sex workers often provide the only affordable source of accommodation during the long wait for clearance. Truckers provide transport for sex workers and also bring smuggled gifts of coveted beauty products. The monotony and loneliness of a trucker’s life, the absence of family and friends and the all-male working environment make the sex workers at border posts an important source of comfort.

Truckers face incredible hazards on the roads – a high accident rate, malaria and cholera on many routes, political and criminal violence – and these experiences make HIV/AIDS seem a distant threat. Consequently, truckers have high rates of infection and a lifestyle that makes it difficult for them to access hospitals and clinics.

But Barnabus also tells a story of hope. He says that since the intervention of Corridors of Hope, HIV/AIDS awareness has increased as has the use of condoms. “We have to tell someone what is happening because if you teach someone here you may be saving someone you love somewhere down the line”. He adds that there is a need to provide follow-up as the truckers head away from the borders and suggests that information and condoms need to be made available along the highways, perhaps from the storekeepers en route.



"If you want to have a program that works it must be community based and owned by the people"



Zimbabwe

Story of Hope # 5

Miss Hope - For an AIDS-Free Future

Without doubt, the Victoria Falls is one of the most spectacular natural wonders of the world. Locals know it as the place of 'the smoke that thunders' referring to the breathtaking spray hovering over the valley which separates Zambia from Zimbabwe. The town of Victoria Falls nestles in the Zambezi valley below the world's largest sheet of falling water.

On 29 June 2002 a different type of beauty was celebrated here though. Over three hundred visitors gathered at a local nightclub for the crowning of *Miss Hope Vic Falls*. Eighteen young Zimbabwean women from the area were transformed as they donned their slinky evening gowns, sporting slick hair-dos and shimmering make-up. Corridors of Hope organized the contest in an effort to increase the visibility, awareness and acceptance of condoms, particularly the female condom, Care. Under the banner 'Hope for an AIDS-free future,' the contest offered the young people from the community an evening of entertainment, which also increased awareness and knowledge about HIV/AIDS and safe sex practices – breaking the silence around HIV/AIDS. In particular the contest was aimed at educating young women – the most vulnerable members of a society adversely affected by poverty, unemployment and unequal access to education. But events such as this also raise awareness amongst adolescent men. Miss Hope competitions have been held in Beitbridge, Mutare, Maseru and Livingstone.

The winner serves as a beacon of knowledge, a role model and a spokesperson about AIDS in the community, so contestants were judged on their ability to communicate confidently, persuasively and effectively about HIV/AIDS. "It is the first time I have done anything like this," said one of the contestants. "I am eighteen years old and my name, Nokuthula, means someone who is quiet. I am quiet but I speak out when it comes to HIV/AIDS. I use Care and recommend it to my friends. I decided to enter because I want to give others a chance to protect themselves against HIV/AIDS."

Miss Hope is a beauty contest with a difference – entrance to the contest was secured by producing a pack of female condoms and the three hundred or so revelers duly arrived with condom in hand. In his speech, the Mayor pointed out that you can't buy much with Z\$5 but you can buy life. He emphasized that female condoms provide women with an important mechanism to control their reproductive health and protect themselves from HIV/AIDS. He said that he hoped the contest represented the beginning of "a safer future for us all. Enjoy the evening but don't enjoy it without a condom."



Miss Hope competitions increase awareness through entertainment, breaking the silence around sex and HIV/AIDS





A typical week in the life of a peer educator

Monday morning: Community educators attend planning meetings where they report on the previous week's activities and plan for the week ahead. "We strategise about weather conditions, seating arrangements as well as potential target locations like bottle stores, spaza shops and clinics." Peer educators become experts on their zone and know where to find their target audiences.

Midweek activities: Home-based education takes place on Tuesdays and Wednesdays. "Firstly I must do my household chores and then I put on my uniform and take up my peer educator's bag. This contains my tools: condoms, pamphlets and my diary where I record my meetings, people I've seen, conditions at meetings and numbers of condoms distributed as well as questions asked by the audience."

"Meetings are organized in advance. Before the meeting we approach community members and request their permission to hold a peer educators' meeting in their home. When the peer educators arrive on the day there is already a crowd of between 20 and 60 waiting for us, including married women, sex workers and young people from the community." After greetings and introductions the group begin to sing, attracting even more people.

Sessions begin with a role play depicting a real-life scenario. Educators then encourage the audience to 'unpack' the drama, which is underpinned with pertinent HIV/AIDS themes. Peer educators facilitate the audience's interaction with the ideas posed by the scenario – "When does this happen and what problems does it cause?" They continue by encouraging the audience to draw their own conclusions - "What is the solution?" The audience is invited to ask questions, giving educators an opportunity to address real challenges and dispel popular myths and misconceptions.

Friday: Educators conduct public meetings at bars, taverns, taxi ranks or the borders using drama, role plays and picture codes portraying real-life situations to attract an audience and get them talking and thinking about HIV/AIDS-related issues. The gentle, soft-spoken Exeria becomes animated and feisty when she starts talking about HIV/AIDS.

"When a truck stops at the Kazangula border I shoot up to the truck driver to introduce myself. "I am Exeria Ncube from the Corridors of Hope STI Clinic and I have come to discuss STIs and HIV/AIDS." She then starts to fire questions: "Have you ever met a peer educator? Do you know about STIs, and if so please give some examples? What are the symptoms and how is it transmitted? What do you do if you have an STI?" She is certainly not letting these truckers get away easily.

During the public meetings, dramas about infidelity in a marriage, and entertaining, one-minute role plays help to attract the crowds. More importantly, the role plays are thought-provoking and generate vibrant discussions. The community educators have established links with important local stakeholders like the municipality, immigration and police services. During this public meeting with municipal workers male and female condoms are demonstrated and distributed. Peer educators are by no means limited to women – male peer educators play an important role in reaching their male counterparts.



Partners

COH works with PSI in Zimbabwe. In the border town of Beitbridge, Development Aid from People to People (DAPP) is the implementing NGO. In Vic Falls, Mutare, Kazangula and Chirundu PSG fulfils this role.



Changing behavior – the ongoing battle: “A major problem is that while truckers may use condoms for casual sex, once they’ve found a steady girlfriend they begin to find it difficult to understand continuing condomising. They think the girlfriend will then be clean. They don’t really want to go for tests, I think they are scared to know. I can’t tell you how painful it is. Mostly the husband will die first, then the wife knows that her husband has killed her. She’s been faithful but must die, and the children...?”



Prime opportunity: Truckers can be delayed for up to a week at the border as they wait for their cargo to be cleared presenting peer educators with an ideal opportunity to interact with them.



Breaking down barriers: “I didn’t know how to approach people especially the elders before I was scared but now I don’t mind. They now believe that AIDS exists because they are seeing their children dying... Now I have confidence to talk to people because I know HIV exists.”

ACHIEVEMENTS

- Expanding the Corridors of Hope/Zimbabwe pilot program at Beitbridge to Victoria Falls, Chirundu, Mutare and Kazangulu.
- Targeting high risk populations at these border sites through peer education and condom social marketing.
- Increasing access to quality condoms (372 790 *Protector Plus* male condoms and 7 940 *Care* female condoms were sold between January and March 2002).
- Supporting voluntary counseling and testing (VCT) centers in the border towns and on trucking routes.
- Communicating about HIV/AIDS prevention and the availability of STI treatment at COH program clinics through posters, billboards and directional signs along the highway.
- In partnership with local clinics, promoting and facilitating extended clinic hours for late night STI services.
- Improving peer educator knowledge through ongoing training.
- Supporting Positive Living Clubs.
- Facilitating community events such as beauty contests, a trucker’s day, theatre performances, video showings and condom demonstrations.

“I think the strength of COH is that it got its target areas right. Also their recognition of interaction between the cross-border towns – that they do not exist in isolation – is an important and successful feature of their work.” Noleen Dube, PSG

Context

- Population: 12 852 000
- Sero-prevalence in pregnant women: 35%
- Orphans: 900 000
- Infection rate in young women: 40%
- Infection rate in young men: 15%
- Number of people living with HIV/AIDS: 2 million
- Second-highest HIV infection rate in the world
- Between 2 000 and 5 000 Zimbabweans die of the disease every week

Main exacerbating factors

- Economic deterioration caused by political factors
- High unemployment
- Food shortages caused by drought and seizures of commercial farmland
- Transport routes with mobile populations

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"We're in this together. And working together we can succeed. The Ambassador's HIV/AIDS Initiative is a priority for the US Embassy in Botswana"

Ambassador John Lange

Lesotho

"RHAP has brought sorely needed expertise to Lesotho's campaign against the spread of this pandemic. The training of CBOs means that more Basotho can and will take the lead in spreading the messages of abstinence, fidelity and safe sexual practices, so critical to bring the disease under control. Equally important, these community workers are in the front line in ending the ostracism and stigma attached to HIV/AIDS. I hope to see the program continue and expand."

Ambassador
Robert G Loftus

THE AMBASSADOR'S INITIATIVE

Botswana, Lesotho and Swaziland do not have USAID missions. USAID RHAP provides funding and technical support for HIV/AIDS-related programs and liaises directly with the US Embassies located in these countries.

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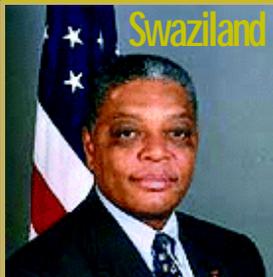
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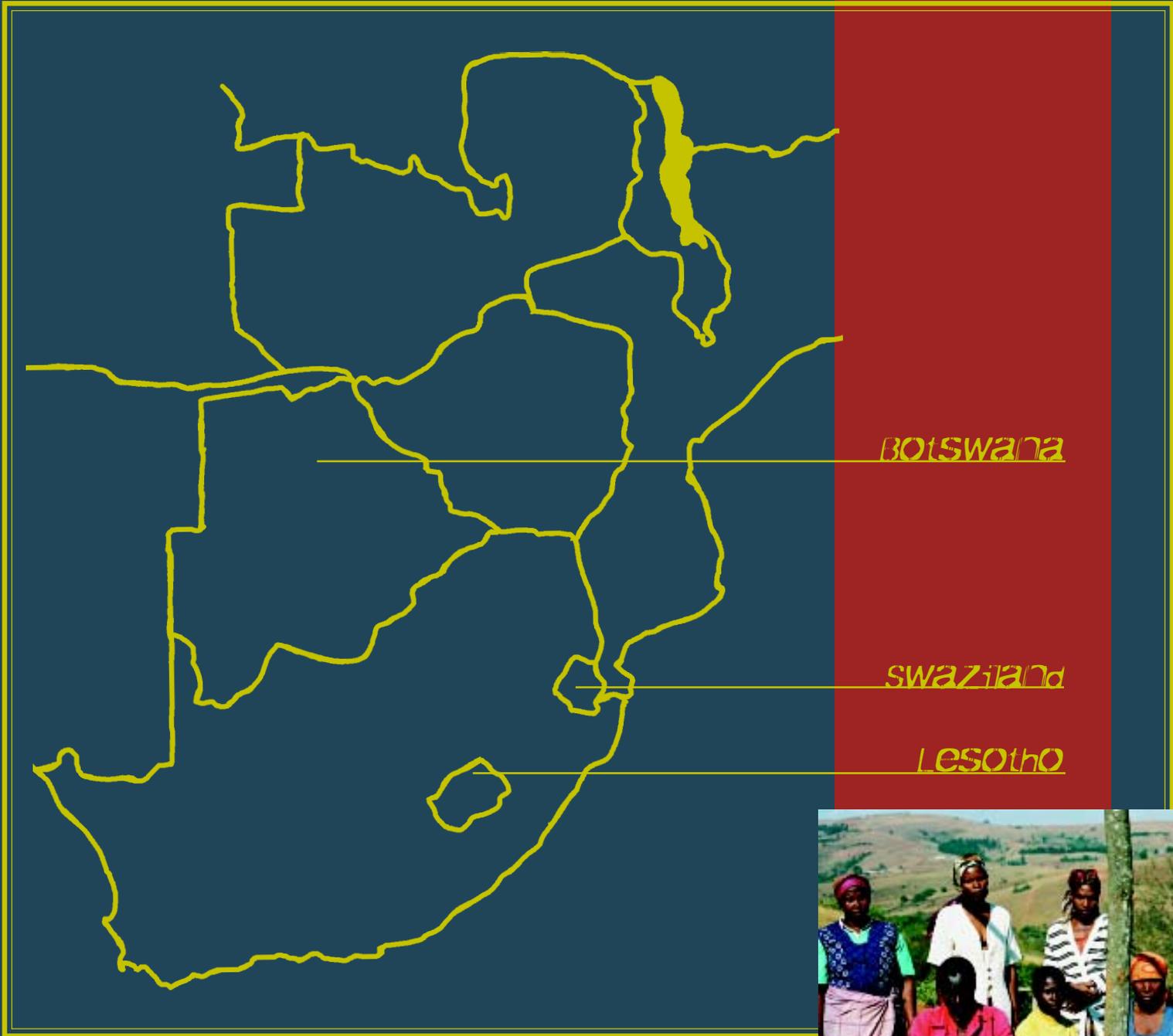
"[The Regional Program's greatest strength] lies in its ability and willingness to fund programs which are aimed at specific needs."

Ambassador McGee

S

C

Non-presence Countries



Botswana

Swaziland

Lesotho





How do you continue to feel part of a community when people mutter behind their hands as you walk past? Breaking down stigma and reducing discrimination is essential for limiting people's sense of alienation



Story of Hope # 6

Breaking the stigma

Tebogo was a popular girl in her school and neighborhood. When Tebogo's father became ill and had to leave his job, the neighbors began to talk. Whispers made their way around the small community.

"Maybe it's sejeso," people said. They were afraid to call its name, but they meant AIDS.

Tebogo could tell that people had started to look at her differently. Sometimes they seemed to be going out of their way to avoid her. She began to feel isolated. By the time her father went to hospital and then died, Tebogo was an outcast.

Source: US Embassy Gaborone's "The Partnership" publication, December 2001

The USAID-supported US Ambassador's Initiative on HIV/AIDS in Botswana focuses on breaking down HIV/AIDS-related stigma and discrimination. Recognizing the power of the media in this regard, the Initiative made this a focus of their activities.

"Media coverage of HIV/AIDS in Botswana was fairly good. It was our aim to take it a step further by promoting accurate and sensitive reporting by treating people with HIV with compassion," added US Embassy - Regional Environment and Health Officer, Mario Merida.

The Ambassador's Initiative sponsored two workshops to give working journalists the opportunity to explore issues and concerns around communicating about HIV/AIDS. In his address to the

journalists attending one workshop, the US Ambassador John E. Lange stressed that no other sector in the community is better placed to publicly address the issues of stigma than the media. "What we knew about HIV/AIDS was a mirage", commented a journalist at one of the workshops. "We realized that some of us had been writing with little knowledge or understanding and so were creating confusion." Another participant said that the workshop transformed her thinking. "I saw that I could adopt a much more sensitive, positive and compassionate tone. I stopped seeing the issue as one of 'them' and 'us'. I won't use words like 'killer' and 'scourge' when I write about HIV/AIDS.

In addition to the workshops, the Ambassador's Initiative has instituted awards for "exemplary coverage that serves to mitigate stigma, promotes prevention and encourages compassionate and respectful treatment of those affected by, or at risk from, the disease."

Gregory Kelebonye, a reporter from one of Gaborone's local dailies, *Mmegi* (The Reporter) was the overall winner. As part of the prize he received a travel grant to attend the International AIDS Conference in Barcelona July 2002, which he covered for Botswana's *Daily News*. After receiving the award he was offered a position with Botswana TV where he now produces a weekly slot dedicated to HIV/AIDS-related issues and is responsible for the station's overall health programming.

"The prize is not just about the writing but showing respect for people living with HIV/AIDS. I wish reporters could understand what PLWHAs go through. It was a mistake for the media to use shock therapy in the early nineties. Pictures of coffins and dying people have all contributed to the stigma surrounding HIV/AIDS. The awards play a key role in breaking the stigma around these stereotypes and fostering responsible reporting," explains Gregory.

No other sector in the community is better placed to publicly address the issues of stigma than the media

Gregory Kelebonye
Winner of the media award



Empty bed: the reality which nurses constantly have to face in hospitals where 70% of patients are HIV positive, and many have died when their carers return for their next shift

Geetha Feringa, Executive Secretary, NAB.

Caring for the Caregivers

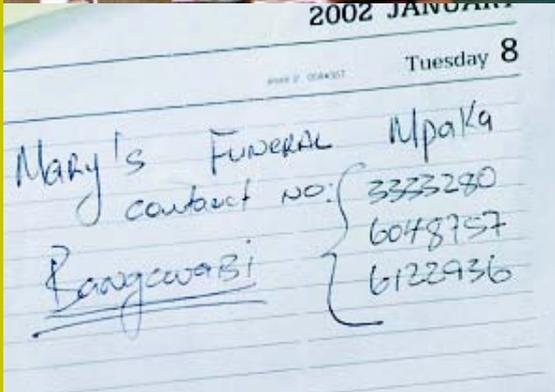
HIV/AIDS is a devastating reality. This is a fact that nurses and other caregivers constantly face. How do you deal with the grief and loss on an ongoing basis, dealing and coping with death and dying while helping patients – counselling them effectively, sensitively and compassionately?

Previously nurses have been forgotten in the epidemic, but now, under the banner “Caring for the Caregivers” the Ambassador’s Initiative is working with the Nurses Association of Botswana (NAB) to develop a training module assisting caregivers. The program recognizes the need to help nurses, counselors and other caregivers deal with the grief and loss associated with treating and counseling HIV/AIDS patients.

“Just to give you an idea, some nurses have reported seven or eight of their patients dying over the weekend. Just talking about death and dying has to help” explains Geetha Feringa, Executive Secretary of the NAB. “We (nurses) are also affected at home. We go to funerals. Some of us are already caring for orphans. So sharing these experiences through training to cope with grief and loss will be cathartic” says Geetha.

A training module being prepared will incorporate literature, the use of local art and art therapy – innovative and creative strategies to assist in dealing with HIV/AIDS. The program also supports the NAB’s own work aimed at assessing the impact of the epidemic on nurses.

The training module will be distributed to all health training institutions and training colleges across the country and will become part of in-service training programs for caregivers. The nurses, reports Feringa, are very excited about this program.



Funeral notice: “Saturdays are reserved for funerals, full stop. You don’t book anything for a Saturday.”

Geetha Feringa

C O N T E X T

- Population: 1.6 million
- Sero-prevalence in pregnant women: 44.9%
- Orphans: 69 000
- Number of people living with HIV/AIDS: 330 000
- HIV/AIDS infection rates are the highest in the world

The main exacerbating factors are:

- Worker migration
- Transport routes with mobile populations
- Most of the population lives in a concentrated area, with good road and rail transport along the Gaborone/Francistown highway

Achievements

“In addition to work with the media, the U.S. Ambassador’s Initiative on HIV/AIDS worked with two other critical sectors of the community: youth (through the University of Botswana student group “Society Against HIV/AIDS” and community-based organizations from remote and rural areas in northern and north-western Botswana.”

A workshop for UB students served to create a more in-depth understanding of HIV/AIDS among targeted students and went a long way to dispelling many of the myths and misconceptions which were prevalent – particularly myths about condoms.

Mario Merida, US Embassy, Regional Environment and Health Officer



Community-based organizations: “For me the highlight has been getting the message out there. Through our two workshops we have reached rural communities which were often under-served by other HIV/AIDS programs and where a superficial understanding of HIV/AIDS was common... we had people who traveled to our Maun HIV/AIDS awareness workshops in mokoro (dugout canoes).”

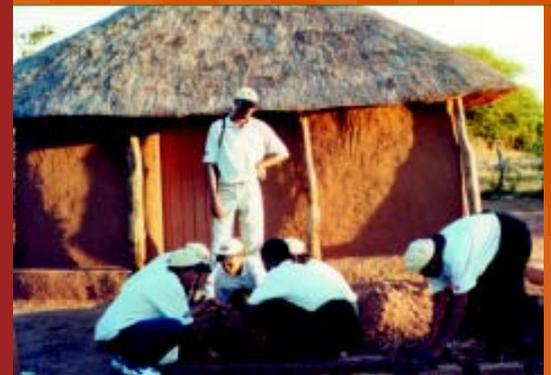
Mario Merida

“Let us look within ourselves and find our solution to our problems. Our youth are our greatest asset. Let us not only protect them but include them at all levels for they have great potential for leadership both now and for the future.”

H.E. President Festus G. Mogae



The University of Botswana Society Against HIV/AIDS (SAHA) was awarded a grant to broaden the participation of UB student and other youth – particularly in other tertiary institutions – in HIV/AIDS initiatives.



Students clean up to keep germs at bay:

“We cannot have a healthy nation when we do not have clean surroundings especially when almost every family has a sick person or someone dying in their home”

Partners

Since there is no USAID mission in Botswana, the Ambassador’s Initiative facilitates some of the USAID RHAP initiatives in the country. RHAP-supported projects have focused on addressing the problems of stigma and HIV/AIDS.

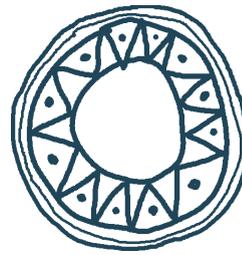
- University of Botswana
- Nurses Association of Botswana
- Botswana Family and Welfare
- Red Ribbon Media Award





36 "See that beauty, her voice was like an insect. When God created her, She was working overtime. Where is she now? What is our future? Everywhere people are dying and we are burying the young." Sirius, anti-AIDS club member.

LESOTHO



Story of Hope # 7

Growing existing structures

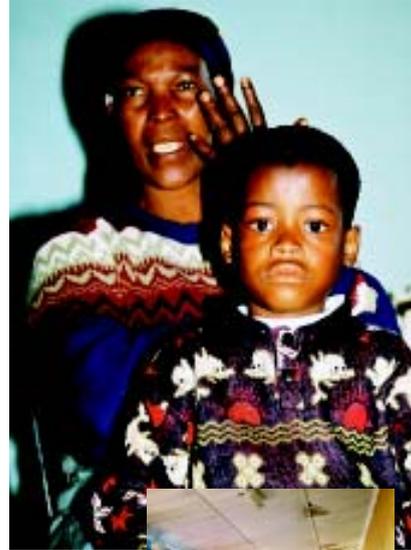
The hospital verandah is crammed with beds and mattresses cover every available space on the floor. The rapid rate at which AIDS cases have been growing in Lesotho puts pressure on hospitals and other facilities in the health system and the care of terminally ill patients has created a demand for health care beyond what the existing facilities can provide. Patients are discharged before they are ready – there is simply no alternative, and this puts an enormous strain on family caregivers. The training of home-based caregivers by USAID RHAP has empowered communities, alleviating this stress while also breaking down the stigma that surrounds HIV/AIDS.

The family structure is an ideal foundation for this form of care, especially when culture dictates that families support and care for the sick and dying. The concept of home-based care has been a part of African tradition for years and now the need has developed into caring for those with HIV/AIDS.

Community home-based care support structures have become invaluable, as care workers are trained to offer help in a variety of ways. They counsel patients and their families, they help to monitor medication needs, they teach caregivers about symptomatic treatment and, most importantly, they keep an eye on the children.

For example, Keamohetsoe and his brother, who were orphaned in 2000, receive help from the Tsosane Support Group, funded by the Ambassador's Small Grant program. The boys live with their aged great-grandmother. She supports seven people with pension of about \$40 per month. As she explains, Keamohetsoe was born with HIV and is always sick.

But perhaps one of the most lasting benefits of home-based care is the way in which it reduces stigma as the community sees that they can touch and care for those who have HIV/AIDS, as they would for those with any other illness. The perceptions of whole communities are changed by seeing other members of their society valuing the lives of those who are ill. The community becomes less scared and less inclined to throw people aside.



One of the most lasting benefits of home-based care is the way in which it reduces stigma as the community sees that they can touch and care for those who have HIV/AIDS

The Tsosane Support Group also saved Matsebo. She comes from the rural Lesotho highlands where she lived with her uncle until she became ill. So her uncle sent her away. She traveled to Maseru in search of her mother, but her mother's boyfriend also turned her away. On her way to Tsakane, she collapsed. Ma Takane found her lying in the middle of the road, weak and helpless. The project found a temporary home for Matsebo in the community and have ensured that she go to hospital for medication and an HIV test. Even though she has been rejected by her family she has a place in the community with people who have been trained to take care of her and value her.



“You can take a picture of my pin, but don’t photograph my face”

This man keeps the zipper of his jacket closed to hide the beaded red ribbon that demonstrates his support for HIV/AIDS programs in Lesotho. He fears that any association with the disease, even wearing the pin, will lead to ostracism by his community. The stigma associated with HIV/AIDS isolates anyone living with HIV, and anyone who is remotely associated with someone living with HIV. People don't talk about the disease. Lerato, a 19-year-old student agrees, “Every week some students die. The headmaster holds a service. He just says that the students died unexpectedly. We all know it's AIDS, but nobody will say that word.”

The stigma hampers prevention, care and support and so increases the impact of the epidemic. On an individual level, people living with AIDS are often seen as ‘already dead’ and ‘worthless’ and treated accordingly by families, friends, employers and community groups.

There is a debate about why, despite the high prevalence, HIV/AIDS is so stigmatized. Perhaps the answer lies in the fact that HIV/AIDS -related stigma builds upon and reinforces earlier prejudices – especially those of gender, sexuality and race. HIV/AIDS is also associated with behaviors that may be illegal or forbidden by religious or traditional teachings.

RHAP is helping communities break down stigma through its AIDS awareness programs and home-based care

Partners

Since there is no USAID mission in Lesotho the Ambassador’s Initiative facilitates some of the USAID RHAP initiatives in the country. RHAP-supported workshops for caregivers, members of the media and faith-based organizations have focused on addressing the problems of stigma and raising awareness around HIV/AIDS. The following organisations have received \$5000 from the Small Grants Program to bolster their HIV/AIDS activities, assisting USAID-RHAP to achieve its goals:

- Matelile Tjane Community Development Trust
- Seliba sa Boithuto - Center for Self Study
- Lesotho National Federation of Organizations for the Disabled (LNFOD)
- Lesotho Scouts Association
- The Tsosane Home Based Care Project
- Lesotho Preschool and Daycare Association
- Revival time (7th Day Adventist Church Youth Ministry)



A precious asset: An estimated 35 000 children have lost their mother or both parents to HIV/AIDS placing an increasing burden on communities and society as a whole

Providing care for those in need:

The Tsosane HBC Project meets the need for support for the growing numbers of people living with AIDS, in a community where health care institutions are increasingly overburdened and under-resourced.



“The media can make a tremendous impact in breaking the silence around HIV/AIDS. They have a responsibility to show that it is happening to our mothers, our fathers, our brothers, our sisters and our children. Only then will AIDS cease to be this huge monster and the people who have it will no longer be seen as monsters.”

Ambassador Loftus



“The Embassy has helped us to reach our people”, says the President, Mikia Maholela, of LNFOD cross-disability organization. “Many people don’t recognize the sexuality of disabled people, but AIDS does not discriminate.”



30 master trainers have been equipped to train pre-school teachers in prevention, care and correct management of HIV/AIDS in their pre-schools. Special emphasis has been placed on stigma reduction programmes and the provision of counseling facilities.



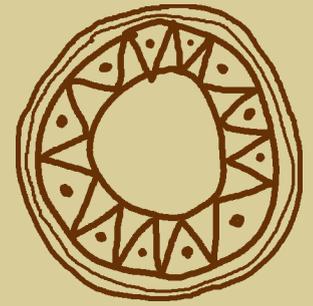
Spreading the message: “We were not aware of how HIV/AIDS was transmitted before the Embassy workshops. All these things we did not know before” says an attendant at one of the workshops. “The work of the RHAP program is vital, it provides essential education to counteract stigma.” Changes in attitudes really do come about after the workshops.



Mandla's son will not know his father, who is dying. Estimates of children who have lost one or both parents to the pandemic range from 12 000 to 35 000 in Swaziland.



swaziland



Story of Hope # 8

Guardian Angels

"In the beginning, the families didn't trust me. Now the children run past my house every day. On the way to school, they shout, 'Hello Gogo! (granny). See, we're going to school', and on the way back they come to talk and talk."

Senani stands outside her house, which perches high up on a steep slope. She is the grandmother of five grandchildren, the children who call out to her are not her grandchildren but some of the orphans she takes care of as part of her role in the Orphan Guardians Project. She is the 'Guardian' to 15 children in this poverty-stricken village. Her community selected Senani for this role in the Salvation Army Community Care program. The program provides support and skills training to the selected guardians to help them to look after orphans in their own communities. At the training workshop, Senani learned more about child development, how children learn, child abuse and children's rights, counseling and caring for the sick. In addition to helping the children with their homework, Senani also talks to them about many issues: the loss of one or both parents, sex and HIV/AIDS. She says that its not unusual for relatives to strip the orphans of family possessions and so the knowledge she has gained on children's rights has been invaluable.

Down the hill from Senani's house is a home in mourning. Five children have been left to fend for themselves after the death of their mother. In addition, the four cousins who were also being cared for here since the death of their own mother, six months ago, are now without their aunt. Thabiso who is six comes to tell his Guardian that he has no shoes and so could not go to school. He is very distressed about this. Fortunately, in this village, the Orphan Guardians Project receives help from SOS Children's Villages, so Thabiso will receive assistance with school fees, clothing and food. Senani will make sure that this happens. Children in other villages where the Guardians operate are not so fortunate. Unless neighbors help, (and the neighbors do not have much to spare) the orphans lack the basic necessities and there is certainly no money for school fees. At least Thabiso has someone to keep an eye on him. Most of the more than 35 000 AIDS orphans in Swaziland are not so lucky.

The program provides support and skills training to the selected guardians to help them to look after orphans in their own communities



- Population: 1 million
- Sero-prevalence in pregnant women: 32.3%
- Orphans: 35 000
- Infection rate in young women: 47.4%
- Infection rate in young men: 18.3%
- Number of people living with HIV/Aids: 170 000

Main exacerbating factors

- Conservative religious and traditional beliefs against condom usage
- Poverty and unemployment
- Low status of women

context

Myths

"When you get your results and they are positive, you think you will die right away. When the counselor told me that I would live a normal life for some time, I didn't believe her."

Sarah's testimony highlights just one of the myths surrounding HIV/AIDS. It is a disease that lends itself to the perpetuation of myths, such as myths that deny the existence of HIV/AIDS can help people to reassure themselves that they don't need to change their behaviour. One strong belief held is that the West wants to control the population growth of Africa, and that it is trying to do this by convincing Africans to use condoms. Because procreation is highly valued in African society, both men and women are refusing to use condoms. Others believe that sleeping with a virgin will rid an infected person from the disease. "A lot of men have gone ahead and believed that, they are so desperate to be cured. They don't think of the impact on the little ones," says Thabiso, a social worker, reflecting on the increase in the number of child rapes. There is also a prevalent belief that HIV/AIDS is caused by witchcraft, and so nothing can be done to prevent it. Jabu's story highlights another common misconception. "I am a teacher. When they told me I was positive, I laughed. Only poor people get this disease." The role of myth and misconception in the spread of the disease cannot be underestimated.

PARTNERS

Since there is no USAID mission in Swaziland the Ambassador's Initiative facilitates some of the RHAP initiatives in the country. RHAP-supported workshops for caregivers, members of the media and faith-based organizations have focused on addressing the problems of stigma and HIV/AIDS. The following organisations have received \$5000 from the Small Grants Program:

- Swaziland Conference of Churches
- World Vision Swaziland
- Salvation Army Community Care Program
- Swaziland Hospice at Home
- Swaziland AIDS Support Organisation (SASO)
- The AIDS Information and Support Center (TASC)
- Family Life Association of Swaziland (FLAS)





< “Following the journalist workshop we are now finding stories that focus on HIV/AIDS and related issues. We have the language to speak about these things, and our readership is interested” comments a journalist who attended the workshop.



< “I was so scared before I came here. I was so sick. Now I am much better because people look after me.”
Marlene, who stays in a community care center



< Agnes and Julia are home-based care givers, trained by Hospice at Home. They live and work deep in rural Swaziland.



< “More than 90% of our patients are HIV positive. The problem is enormous, to be frank. The death rate here is very high, usually more than four deaths in one night. But then the congestion in the wards is still very bad.”
Dr Hailu Good Shepard Hospital



At one time households were headed by gogos (grannies) because of migrant work, now it's because so many children are orphans

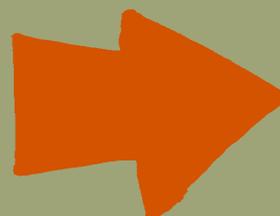
ACHIEVEMENTS

Increased HIV/AIDS resources and building local capacity by:

- Challenging the stigmatization of people living with AIDS
- Increasing the capacity of community-based organizations to provide training workshops and information on, for example, counseling, home-based care, safe sex
- Facilitating the training of peer educators within various groups, including Swaziland's traditional peer groups, the regiments, chiefs and other traditional leaders who are highly influential in their communities
- Increasing the distribution of condoms (for example, 75 100 condoms were distributed in the rural areas by one of the grant recipient organizations, with a significant rise in distribution of the female condom)
- Completing a behavioral surveillance survey amongst high-risk groups

And now....

A behavioral surveillance survey has been completed in Swaziland to facilitate the establishment of four Corridors of Hope sites in the country at: Manzini, Ngwenya, Mbabane, Lavumisa





regional activities

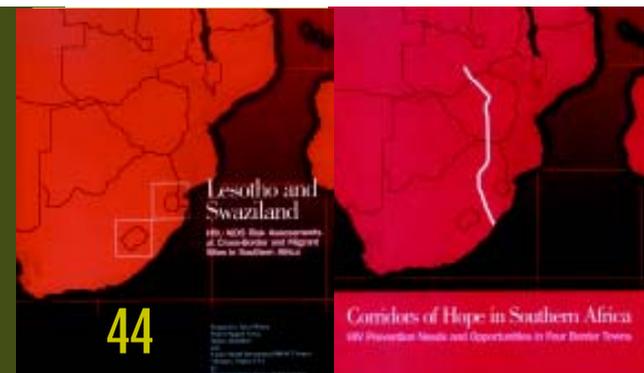
as part of their coordinated strategy for dealing with HIV/AIDS RHAP has facilitated linkages between countries in the region. Regional activities have focused on issues such as HIV/AIDS policies in the region, access to resources for data surveillance and the impact of HIV/AIDS upon various sectors of society.

RESOURCES FOR DATA SURVEILLANCE

RHAP collaborates with the Centers for Disease Control (CDC) and has accessed behavioural surveillance surveys for Lesotho and Swaziland as well as a regional overview of the needs and opportunities in Southern Africa.

REGIONAL POLICY ACTIVITIES

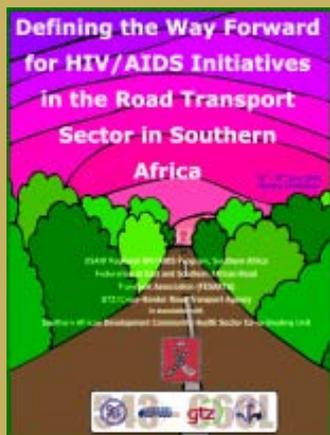
RHAP is working with SADC (the Southern African Development Community) in an effort to improve HIV/AIDS policies in the region and together they have produced a Code of Conduct on HIV/AIDS and Employment in the region.



REGIONAL MEETINGS

DEFINING THE WAY FORWARD IN THE ROAD TRANSPORT SECTOR

This workshop provided regional representatives working in the area of HIV/AIDS and in the trucking industry with an opportunity to share their comparative experiences, to discuss policy and programme issues of common interest,



and to facilitate the exchange of information and literature that might be valuable to others within the region.

'The examples of roadside projects that have been implemented in different countries have provided inspiration for new interventions which can be adapted and used by our organisation.'

FAITH-BASED WORKSHOP SERIES

"Too often the church has chosen condemnation and judgement, rather than mercy and compassion. Leadership needs to have the capacity to accept responsibility for society's condition, as opposed to laying blame," was Archbishop Njongkulu Ndungane's message to faith-based organisations in an invitation to the workshop.

From the beginning of the HIV/AIDS crisis, local communities have been at the very forefront of caring for those affected by HIV/AIDS. FBOs are rooted in local structures and are therefore in an excellent position to mobilize communities to respond to the HIV/AIDS crisis but their capacity has not been maximized due to a lack of training. RHAP's Faith-Based Initiative aims to do just this.

The harsh reality of HIV/AIDS is increasingly making its presence felt in a number of sectors. In an attempt to stimulate interaction between countries RHAP has facilitated meetings that focus on specific issues and address the impact of HIV/AIDS on various sectors...

WORKSHOPS FOR PWA LEADERS

These workshops aim to enhance the project management and fundraising skills of PWA leaders in Southern Africa

"Persons living openly with HIV/AIDS have become a powerful catalyst for change. As coordinator of our national network of PWAs, I will have a chance to use the skills I've learnt to strategise our goals, with a focus on what we can do to prioritise and where we can improve."

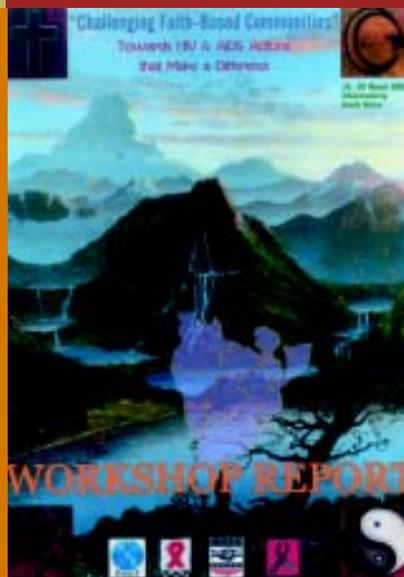


AIDS BUSINESS COUNCIL SWAZILAND...

This regional workshop provided fifty-seven representatives of the business sector from seven countries in the Southern Africa region the opportunity to share their experiences with their colleagues in the region.

"We were able to reflect on the key components of an effective workplace strategy and hear how other businesses had developed an HIV/AIDS response."

"There was an emphasis on the importance of executive commitment and the involvement of all stakeholders to manage the realities of HIV/AIDS in the workplace. As a result I plan to include HIV/AIDS in our business strategic planning."



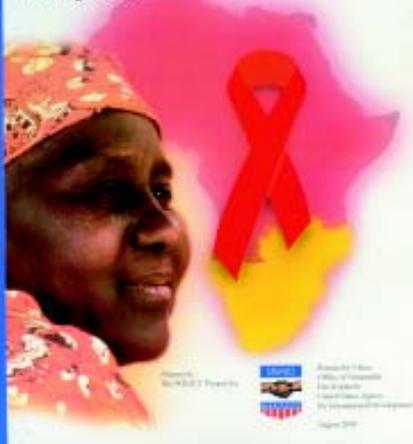
SHARING LESSONS IN ECONOMIC RESEARCH METHODOLOGY...

A workshop providing researchers with a chance to learn and share some of the methodological procedures used in Southern and Eastern Africa.

"The workshop created opportunities for us to increase our skills and to learn – through the use of case studies - from others in the field. It was also a good networking opportunity and I have made contact with other Southern African researchers working in the field of HIV/AIDS."

HIV/AIDS in Southern Africa

Talking Points



AIM BOOKLET AND PRESENTATION

The HIV/AIDS in Southern Africa booklet is intended to provide good, current information on the HIV/AIDS epidemic in the region to policy makers, researchers, journalists, health workers and community leaders. It is intended to build support for effective action by describing the serious impact of the epidemic and what we know about effective solutions.

RESOURCE ALLOCATION INITIATIVE AND ASSISTANCE WITH GLOBAL FUND APPLICATION FOR LESOTHO

GOALS addresses the issue of resource allocation for HIV/AIDS programs. The model is intended to help answer three key questions: (1) How much funding is required to achieve the goals of the strategic plan? (2) If funding is limited, what goals can be achieved with available funding? and (3) What is the effect of different ways of allocating available resources among various prevention, care, and mitigation interventions? GOALS was used to help Lesotho develop its global fund application.

VCT POLICY GUIDELINES

Voluntary counseling and testing is a key HIV/AIDS service. It provides people with good, personalized information about HIV/AIDS, it allows them to learn their status and it can refer clients for care and treatment services if necessary. Many countries are expanding their VCT services. That requires appropriate policy guidelines that describe how the services should be offered, how counselors can be trained, what tests should be used as well as addressing issues like confidentiality, cost and certification. RHAP is working with VCT experts in the region to assist the Southern African Development Community (SADC) to develop model guidelines that countries can use to develop their own national VCT guidelines.

A REVIEW OF HIV/AIDS POLICIES IN SOUTHERN AFRICA

The HIV/AIDS Policy Database contains national HIV/AIDS policies and plans from countries all over the world. It can be searched over the internet. The database provides actual policy statements on topics such as adolescents, condom distribution, human rights, wilfull transmission and education. It is intended to help countries draft effective and comprehensive policies by providing examples of policy statements developed by other countries.

WWW.RHAP.ORG.ZA

A regional website has been developed as a portal to facilitate information sharing and promote interaction amongst countries in Southern Africa. The website houses research data, relevant links, up-to-date country information.

MEASURING OUR SUCCESS

EVALUATING OUR WORK



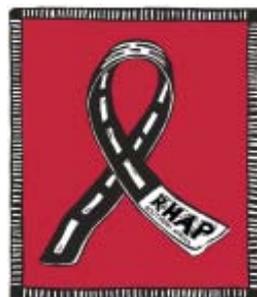
MEASURE Evaluation has been contracted by USAID RHAP SA to design and implement a monitoring and evaluation plan for the entire program. The objectives of the evaluation include assessing the impact RHAP has on: coverage and behavior change in under-served high-risk cross-border populations (sex workers, truckers, informal traders, uniformed officials and youth); improving the policy environment in the region; impact of the Ambassador's Initiative in the non-presence countries; and the impact of selected regional meetings to disseminate lessons learned and better practices.

MEASURE Evaluation is providing technical assistance to our local implementing partners to strengthen monitoring and evaluation systems at the cross-border program sites. Additionally special studies on sexual networking, modeling the impact on the epidemic in border communities and ascertaining the coverage are being conducted. The impact assessments are being conducted in select cross-border sites in Zambia, Lesotho and South Africa.

Acronyms that you'll find in this report

| | |
|---------------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| CBOs | Community Based Organizations |
| CDC | Centers for Disease Control |
| COH | Corridors of Hope |
| FY | Fiscal Year |
| FHI | Family Health International |
| HIV | Human Immunodeficiency Virus |
| JICA | Japanese International Cooperation Agency |
| NGOs | Non-governmental Organizations |
| PLWHAs | People Living With HIV/AIDS |
| PP | The Futures Group/The POLICY Project |
| PSI | Population Services International |
| STIs | Sexually Transmitted Infections |
| SGP | Small Grant Program |
| RHAP | Regional HIV/AIDS Program |
| SADC | Southern African Development Community |
| USAID | United States Agency for International Development |
| VCT | Voluntary Counseling and Testing |





Regional HIV/
AIDS Program
USAID/
Pretoria
South Africa
www.RHAP.org.za