Concern’s HIV and AIDS programme in Zambia

Concern came to Zambia at the end of 2002 in response to a regional food crisis following massive droughts. However, it became apparent through our analysis that the country was besieged by several developmental challenges with Western province being among of the most deprived. In 2003, Concern made a decision to focus on Western province, specifically in the livelihoods (Now Food, Income and Markets –FIM) and HIV&AIDS sectors. These sectors have remained Concern Zambia’s focus since. Our exploratory work then saw us developing partnerships with local organisations to get a full understanding of the development context as perceived by the communities, and through that develop programmes that would uplift the living standards of the local people. This work started with five organisations but slowly the number increased to 11 for both programmes though along the way some partners have fallen off. Under the HIV and AIDS program we are currently working with 3 partners that have base in three districts namely; Mongu, Senanga and Kaoma. With these partners, we support the following areas:

Livelihoods: Concern Zambia’s work is focused on small scale farmers whose capacity is belit in diversification, better cropping, marketing and production. This is done through working with Area Farmers Associations (AFAs) and the District Farmers Associations. This work has recently been boosted by the collaboration with a technical farmers’ organisation Keepers Zambia Foundation (KZF) provides very specific technical trainings on agriculture. Other partners under this program are government structures such as Disaster Management Committees in the districts of Senanga, Mongu and Kaoma to build capacity in disaster preparedness and responses. This work extends to the communities where satellite committees have been formed for same purposes.

HIV&AIDS Programme: The programme is in line with the National HIV and AIDS strategic framework and is operational in the province where there are soaring HIV infections. The programme is currently focused in Mongu, Senanga and Kaoma districts of western province.

Mode of operation: CWZ works with/through local partners or government structures. Through this approach, our interventions are aimed at ensuring that local initiatives are based on local priorities and needs. Concern is enhancing the capacity of the partners for increased coverage, reach and sustainability.

Goal

The goal of the programme is derived from the national goal, in line with the Three Ones principle “to contribute towards the reduction of HIV infections and mitigate the social and economic impacts of HIV&AIDS.”

Expected Development Outcomes

The programme hopes to achieve the following outcomes:

- Increased adoption of safer sexual practices among the youth and sexually active; particularly delayed first sexual debut and use of condoms, reduced numbers of multiple sexual partners, and male circumcision;
- Increase in access and coverage of quality HIV&AIDS services (such as voluntary counselling and testing and anti-retroviral therapy, treatment of STIs and opportunistic Infections (OIs)) which will contribute to improved lives for people living with HIV&AIDS in the operational areas;
- Increased capacity for households caring for Orphans and Vulnerable Children so they can adequately provide for the needs of the children without opting to risky behaviours;
- Improved well-being of PLHIV who are members of the support groups
• Increased **capacity of structures** (both government and traditional) to steer, coordinate and facilitate a provincial response to HIV&AIDS that is responsive to the challenges facing communities of Western province.

• **Reduced stigma and discrimination** among PLHIV and other marginalized groups so that they can enjoy the full human and reproductive rights.

**Major interventions**

**Intensifying prevention:** The work in HIV&AIDS is around facilitating adoption of positive attitudes and behaviours for reducing vulnerability to HIV infection among the youths aged 10-24 and other sexually active populations. The main strategies used in promotion of positive and healthy behaviours are; behaviour change communication (BCC) strategies, Peer education, distribution of condoms and IEC materials and life skills trainings. Since, 2009 a new methodology called community conversations has been introduced following trainings by the National AIDS Council under the Auspices of UNDP. The pilot in one of the communities has shown that this methodology has the potential to transform the communities’ capacity to respond to the HIV&AIDS scourge and generate their own solutions to the problem, and intention is to roll it out to more areas. This intervention is being spearheaded by one partner-Adolescent Reproductive health (ARHA) through 56 Ant-AIDS clubs in schools, 10 Youth Friendly corners providing youth reproductive activities including VCT, 6 Youth resource centres for edutainment, and mobile VCT in schools and communities.

**Positive living interventions:** Targets PLHIV and includes; recruitment of PLHIV and establishment of Support groups, provision of trainings in positive living advocacy to increase confidence, and self esteem to help cope with living with the virus, psychosocial support through family and buddies, promotional of small scale livelihoods options such as livestock, promotion of homestead vegetable gardens for nutrition improvements and increasing knowledge on HIV&AIDS, and basic literacy classes to promote understanding of the dynamics of HIV and impart basic reading skills to enable them understand the medicines prescribed and how to take them. The later has also benefitted the general community and it is only implemented in one district of Kaoma. There has also been improvement of some existing water points through setting up of rope pumps which has benefitted over 8000 community members in Kaoma and this will be extended to Mongu district in 2010. The key partner in this intervention is Development Aid from People to People (DAPP). As at 2010, 4130 PLHIV have been enrolled in 222 support groups in all the 3 districts. This component also works with the extreme poor people who are called development groups in Mongu and so far 1200 are on the programme, this programme aims to reduce the vulnerability of this group to HIV. Most of the selected households are those with a high burden of orphans and vulnerable children (OVCs).

Increased access to treatment (through advocacy and mass campaigns): This is being implemented by one partner- Treatment Advocacy and Literacy campaign (TALC) through 18 information desks dotted around all the districts. Trainings have been done for PLHIV in treatment literacy and advocacy which has spread across all support group members promoting adherence to treatment, and managing side effects. Door to door campaigns are also conducted by Community volunteers and PLHIV against stigma and discrimination against PLHIV. Advocacy for roll out of ART and other HIV prevention services is ongoing.

**HIV and AIDS and gender mainstreaming:** Concern Zambia mainstreams the concepts of gender, HIV and equality internally and externally. Policies around these concepts have been developed and workplans are being implemented. A mainstreaming team was constituted to oversee the implementation of the plan as well as chartering the direction of the mainstreaming agenda. In addition, several processes such as gender and equality audits, KAPB have been carried out to establish where staff understanding and perception are at. Partners have had a number of mainstreaming sessions as well as gender trainings. To a
large extent, internal mainstreaming has been enabled but the team is still making head way on external mainstreaming.

Progress so far

- Increased awareness in the target communities about HIV transmission and prevention, increased personal risk perception leading to high demand and utilization of VCT and PMTCT and other services. The demand for condoms also outweighs the supply.
- Communities are becoming more responsive to provision of care and support services due to increased acceptability of PLHIV.
- Adoption of abstinence as a primary measure of protection among the majority of school going children.
- High level meaningful involvement of PLHIV in HIV and AIDS campaigns.
- Some women are becoming more proactive and assertive in negotiation and use of condoms.
- Adherence to treatment has reduced defaulter rates among PLHIV due to increased treatment literacy.
- General health of the PLHIV is improving in view of rising CD4 counts as a result of reduced opportunistic infections, and nutritional improvements. Some beneficiaries of small live stocks-chickens and goats are managing to eat eggs, and some who have got milking goats are beginning to take their milk to supplement their protein dietary needs.

Challenges

- The programme works in the most remote communities where other NGOs fail to reach increasing costs due to poor terrain, sparse populations in the hard to reach areas thereby increasing transport costs.
- Most of the organizations Concern works with are small and need a lot of capacity building and handholding channeling most of the energies into this to avoid compromising on quality of implementation.
- Behaviour change has been a slow process and knowledge levels are not commensurate with the changes in behavior needing more targeted and tailored interventions for various population groups.
- The demand for expansion is overwhelming as communities have heard about Concern’s tremendous works in districts of operation.
Creating advocates of positive living, a case of Nangula, Western Zambia

By Reginald Ntomba

Having been diagnosed with tuberculosis in 2006, 49 year-old Charles Ngandu was advised at hospital to undergo an HIV test. He obliged and was found to be living with HIV, the virus that causes AIDS. Later in the same year he commenced treatment.

Ngandu is a resident of Nangula, an area 55km north east of Mongu, the provincial capital of Zambia’s Western Province. This is one of the areas where Concern is implementing HIV and AIDS programmes. When Development Aid from People to People (DAPP), Concern’s partner, introduced a programme for people living with HIV in this area in 2009, Ngandu was one of those chosen to be trained as a Trainer of Trainers in positive living. Now equipped with new skills in a variety of subjects such as the basic facts on HIV and TB, the importance of good nutrition, treatment and adherence, care and support, and hygiene, Ngandu went back to his community to spread the word.

The capacity that Concern and DAPP have built in Ngandu is now benefiting the community. His passion and skills have been recognised by the local hospital in his area where he is invited to deliver HIV lessons to mothers that attend antenatal sessions. As a Trainer of Trainers, Ngandu is responsible for rolling out to the community the lessons he learnt on positive living. Thus through one person trained, the larger community is benefitting.

“I am passionate to teach so that we do not lose lives. I am happy that I was trained in positive living. I completed all the 39 subjects in the course and I have a certificate. Out of the 39 I have so far rolled out 25,” says Ngandu, speaking keenly about the work he now does.

Ngandu, married with four children, is so open about his status that during the World TB Day which was commemorated in his area on March 24, he stood before the hundreds gathered and encouraged them to go for HIV testing and access treatment. He recounted how he has lived a productive life the past five years he has been taking antiretroviral drugs and how the knowledge he acquired from the DAPP training had further helped him live positively.
One of the major concerns of people living with HIV in most rural parts of Zambia is the long distance covered to reach centres administering antiretroviral drugs. This has in some cases caused high default rates as some people give up on their treatment along the way. Ngandu provides leadership to the five support groups that DAPP is running in the area. In the monthly reports that he and his colleagues had been submitting to DAPP, they consistently emphasised how the lack of a drug-administering centre in the area was posing a challenge to people living with HIV.

But from March 2010, people living with HIV in Nangula will now be able to access their drugs at their health centre as the government has now opened a new wing there administering ARVs. This new facility was inaugurated on the sidelines of the commemoration of World TB Day. Ngandu is pleased with the development and hopes it would encourage other people that were put off by the long distances to be open about their status and seek treatment which is now locally available.
Mongu District Commissioner, Jethro Mumbuwa, officially opening the new ART centre

While health authorities have seen the growing need to roll out the service to remote areas, Concern and its partners and other stakeholders in the health sector have played a part by consistently lobbying government as the duty bearer to uphold the people’s right to health by delivering the service desperately needed.

Another lesson here is that investing in people, as in the case of Ngandu, is a sustainable way of increasing outreach and information sharing especially on issues like HIV – and the benefits are immense.