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KNOWLEDGE MATTERS

Special Issue: HIV and AIDS



Concern's Knowledge
Quarterly Review

CONCERN
worldwide

**Any contributions, ideas or topics for future issues of knowledge matters.
Contact the editorial team on email: knowledgematters@concern.net**

The views expressed are the author's and do not necessarily coincide with those of Concern Worldwide or any of its partners.

Knowledge Matters basics

Knowledge Matters is a Concern Worldwide internal organisational peer reviewed publication. The publication is committed to encouraging high quality analysis in the understanding of Concern's work. Concern staff document their ideas and experiences through articles. Articles are very short – 500 – 1,000 words. Usually you only have space to make two or three interesting points. Here are some tips on writing a short feature article:

- Start by imagining your audience – a Concern colleague. Why are they interested – why do they want to read what you have to say? When you identify what your most important point is, say it straight away, in the title or first sentence.
- What can others learn from your story? Focus on this. Remember to back up your story with evidence. This can be got from evaluations.
- It's easier to get people reading if you start with the human perspective – mentioning real people and real-life events. (You don't have to give names).
- Use short sentences. Use Concern's style guide to help you.
- Keep paragraphs to a maximum of six lines long.
- Use clear language. Many of the readers of Knowledge Matters are non-native English speakers, so think carefully about using idioms or colloquial language that might not be easily understood by others.
- Always avoid assuming too high a level of knowledge of the topic you are writing about, on the part of the reader.
- Use active sentences ('we held a workshop' not 'a workshop was held by us')
- Use short and clear expressions.
- Keep your title short - no more than eight words.
- Where necessary use photos to accompany the narrative but ensure that you follow the Dochas Code of Conduct on Images and Messages.

Cover Image: The photo shows a HIV and AIDS sensitization drama in Mabang, Kholifa Mabang Chiefdom, Tonkolili District, Sierra Leone. October 2013. Photo by Abdul Wilson, 2013.

For more on HIV and AIDS sensitization in Sierra Leone see the article by A. Wilson, H. Gbla, B. Kamara, M.L. Kamara, J. bloom, B. Gahan and R. Zandvriet on p14.

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From the Issue Editor

Welcome to the December 2014 edition of Knowledge Matters. To coincide with World AIDS Day this issue of the publication focuses on Concern's learning from our HIV and AIDS work.

The various contributions highlight the diverse array of strategies being employed by Concern and its partners to address HIV and AIDS through mainstreaming and integration of responses.

In Malawi for example Concern is partnering with Grassroot Soccer to use soccer as mechanism to reach adolescent girls and boys.

In keeping with the spirit of organisational learning which is at the core of Knowledge Matters, the contributors highlight both the successes and challenges that have accompanied Concern's HIV and AIDS work.

The articles from Rwanda and Tanzania are both written with this narrative in mind. The Rwanda article captures the inherent challenges with mainstreaming HIV and AIDS in the Graduation programme. The contribution from Tanzania discusses how a HIV staff fund has been used to enhance internal mainstreaming despite initial barriers.

Uganda outlines their five-step roadmap to HIV mainstreaming and Ethiopia, Zambia, and Sierra Leone report the importance of partnership and stakeholder engagement for programme delivery.

Burundi, India and Pakistan address HIV risk and vulnerability, and much learning and documentation has emanated from the India HIV and AIDS response programme which ended in December 2013.

I hope that you will find the articles informative and of practical use. Finally, I encourage you to share Knowledge Matters with partners.

Breda Gahan

Foreword



By Breda Gahan

HIV and AIDS theory and practice in developing countries is sometimes dominated by the power of Western ideas, worldviews, actors, tools, models, and frameworks. Consequently, the resulting interventions may too rarely be locally rooted, locally driven, or resonant with local context.

Another reality is that theories and practice from developing countries rarely travel to the 'western' agencies dominating the aid efforts, undermining the possibility of a beneficial synergy that could be obtained from the better of the two worlds: northern and southern countries. There are many reasons why the experience of locally driven HIV and AIDS solutions are not communicated back to a global audience, including but not limited to the marginal role of Southern voices in global fora. Perhaps the greatest unwelcome and unintended outcome is that by trying to create, or 'clone' HIV and AIDS solutions in developing countries in the image of northern 'solutions', these efforts defeat their own purpose through undermining their relevance, legitimacy, and sustainability.

We are happy to note that the diversity of contributions to this issue of Knowledge Matters illustrates that Concern's approach to addressing HIV and AIDS is very much rooted in local context, values and norms of the countries which we work in. For example we see in Zambia that traditional leaders are targeted for training as change agents. Using such existing structures will give legitimacy and greater sustainability prospects to the interventions.

Another locally driven solution is documented by our colleagues in Pakistan. Given the conservative social context there, the programme employed innovative approaches including interactive discussions, story-telling, and presentation displays to sensitively highlight child abuse and HIV risk and vulnerability factors aiming to create a more protective environment for working children.

Many of the country contributions focus on external programmatic HIV mainstreaming responses aiming to reduce HIV risk, vulnerability and the impact of AIDS. The Tanzania article reports on their innovative internal organisational mainstreaming activities including the setting up of a Staff Fund in 2004 which resulted from a desire to directly support those infected and affected by HIV and AIDS.

The pivotal role that strong partnerships play in the implementation of HIV and AIDS interventions is another theme running in this issue of Knowledge Matters. This is most evident in the articles from Ethiopia, India and Malawi. In the case of Malawi an innovative strategic partnership between Concern and Grassroot Soccer is utilising the power of soccer to provide adolescents with the knowledge, skills and support to live healthier lives with more fun! This partnership promises to be an exciting voyage of learning and discovery.

Burundi and Rwanda address HIV risk and vulnerability factors identified in baseline and barrier analysis done at the onset of their programmes, and have followed up with interventions to protect programme participants in an effort to optimally deliver on planned Graduation Programme results and to aid sustainability of expected outcomes.

Sierra Leone and Ethiopia employ community drama and 'community conversation' approaches to support HIV education and social, behaviour change objectives in their responses to HIV and AIDS.

An important lesson documented by a number of the contributors is that actively involving people living with HIV (PLHIV) and involving PLHIV support networks in programme design, development and delivery can best combat stigma and discrimination, results in higher uptake of HIV and related health services and can better achieve anti-retroviral treatment (ART) adherence.

World AIDS Day provides us with an opportunity to join in solidarity with all who are living with and affected by HIV and AIDS, and to reflect on great progress made since HIV was first diagnosed in 1981. Drugs against the virus did not exist then and everyone sadly died of AIDS. Since the development of ART thankfully, with access to effective and sustained quality treatment, a majority of people living with HIV can expect to live as long as everyone else.

Risk and vulnerability among extremely poor people and inequality especially is increasing HIV infection among women however and UNAIDS report in 2014 that HIV is the leading cause of death among women of reproductive age and that AIDS-related illnesses are the leading cause of death among adolescents aged 10–19 years in Africa (Ref. UNAIDS World AIDS Day 2014 - Fact sheet)

For the poorest people who are living with HIV and households affected by HIV and AIDS, every day is World AIDS Day. Barriers to accessing HIV prevention and treatment are reported from a number of countries where Concern is working in this publication. Let there be no complacency until 'AIDS is Over'. The World AIDS Day Theme up to 2015 is 'Getting to Zero'.

Zero New HIV Infections. Zero Discrimination. Zero AIDS Related Deaths.

I hope you enjoy reading all the articles and that they inspire us to do more. Finally, we want to thank all the contributors who made this issue of Knowledge Matters a reality.

Combating stigma amongst health care staff in India



By Gomathi Sankarakrishnan, Devyani Dey and Dilip Chhotaray

Introduction

Stigma and discrimination play a major role in hindering the efforts to tackle the problem of HIV not only for persons identified as PLHIV but also for those delivering essential and supportive services. Stigma closes people's minds to HIV messages, inhibits testing, delays in seeking treatment and hinders PLHIV disclosing their status. Many of these fears are related to PLHIV interaction with the health care system in Odisha, India, where they are first identified; where they receive vital services and contemporaneously, government health facilities are the most common places of discrimination and stigmatisation.

Description

A phase 2 European Union funded programme, 'Strengthening Local Responses to HIV and AIDS' (2009-2013) has enabled the collaborative efforts of Concern Worldwide and its implementing partner Indian Network of People Living with HIV, with Odisha State AIDS Control Society to reduce HIV related stigma in health care settings and support PLHIV to live positively and with dignity. Through activities such as trainings, interactions with seropositive people, photographic exhibitions, distribution of communication materials and positive messaging, around 3,500 health care workers have been outreached annually during the programme period. Over five years 2,086 PLHIV have disclosed their status to health care providers.

Baseline and end-line data show a marked change in enabling PLHIV in disclosing their status while up-taking treatment (23% and 67%, n=493). 80% of the health care providers are also aware that PLHIV identified in their hospital settings have returned for regular health services including anti-retroviral therapy (ART).



Engagement of both health facilities and PLHIV networks has been essential in reducing stigma and in uptake of health services.

Lessons learned

Targeting and training of Class IV workers (attendants, sweepers) was an important step towards this change, as they too are discriminated within Government health care institutions. Engagement of both health facilities and PLHIV networks has been essential in reducing stigma and in uptake of health services. Positive attitudes amongst health care providers have increased treatment adherence and early diagnosis for pregnant women.

Concluding thoughts

This programme has innovatively sensitised frontline health workers, with a bottom-up approach and merits scale-up. Scaling up of this effort in Government health care institutions can directly increase the uptake of health services including anti-retroviral therapy and HIV testing.

Further Reading

The paper ' Baseline Study of HIV and AIDS Programme: Lessons From The Study Implementation Process in Orissa, India' is available on Knowledge Exchange. The paper ' Final Evaluation of the Strengthening Local Responses to HIV and AIDS Programme in Orissa, India' is available on Knowledge Exchange.

Going beyond pills in India



By Gomathi Sankar Krishnan, Devyani Dey, Breda Gahan and Denise Holland

Introduction

The provision of antiretroviral therapy (ART) by the Indian government since 2006 has decreased mortality and morbidity among people living with HIV (PLHIV). In order to achieve positive clinical outcomes and limit drug resistance, it is vital for clients to be supported to access and adhere to treatment regimens. Despite progress in improving access to ART, limited uptake and poor retention leading to lost to follow-up (LFU) cases remains a concern in Odisha.

Description

A European Union funded programme, 'Strengthening Local Responses to HIV and AIDS' (2009-2013) has enabled the collaborative efforts of Concern Worldwide India and four implementing partners - Indian Network of People Living with HIV, Ruchika Social Service Organisation, South Orissa Voluntary Action and Utkal Sewak Samaj with Odisha State AIDS Control Society to respond more effectively to HIV and AIDS. During the past two years a monitoring system of physically tracking LFU cases has been established.

Through the initiative, efforts have been made to create a computerised LFU database, initiate home visits to trace LFU cases, provide counselling support and linking them with District Level Networks (DLN) of PLHIV so as to avail of other health services and social security schemes, and to challenge stigma and discrimination. As the ART services are available at centres located in government hospitals, it is important to have shared confidential computerised management information systems. Moreover, service providers have been trained to have more accepting attitudes towards PLHIV.

Lessons learned

Treatment adherence support goes a long way towards living positively with HIV. This initiative is a unique partnership between government, non-government and community groups.

Tracking teams comprising of PLHIV and non-PLHIV has enabled retention of information, enhanced coordination, maintained confidentiality and provided support and knowledge for LFU to resume and stay on ART.



Coordinated efforts of government and non-governmental actors was essential in creating strong monitoring systems to track LFU and in motivating them to resume treatment.

Concluding thoughts

Coordinated efforts of government and non-governmental actors was essential in creating strong monitoring systems to track LFU and in motivating them to resume treatment. This programme has developed an ART defaulter tracking mechanism that resulted in tracking 744 LFU cases in Odisha. A ripple effect was created with a backlog of LFU cases being traced, and others adopted the process.

Strengthening patient monitoring and the DLNs can further reduce LFU. This approach can be adapted for scale-up throughout India. Increasing mobile phone use for tracking ART LFU will be a cost effective mechanism for personal dialogue whilst maintaining confidentiality in the future.

Further Reading

The paper 'Going beyond Pills: Tracking ART Lost to Follow Up in Odisha, India' is available on Knowledge Exchange.

Livelihood support to people living with HIV in India



By Gomathi Sankarakrishnan, Devyani Dey and Dilip Chhotaray

Introduction

A wide range of socio-economic problems at post HIV infection stage can push people living with HIV (PLHIV) and their families below the poverty threshold and directly threaten their survival and well-being. In resource limited settings, in order to cope with extreme poverty, families can compromise on food by reducing the number of meals per day or by skipping meals. They are often forced to take children out of school, and they can falter on their treatment.

Description

That PLHIV and their families live positively and with dignity through livelihood support is one key result area of Concern Worldwide India's HIV response programme whereby a grant of INR 10,000 (Euro 120) was provided individually to 469 beneficiaries to initiate small businesses to better secure their livelihood in eight districts of Odisha state. Funded by the European Union, this has been implemented by three local partner organizations - Indian Network of People Living with HIV, South Orissa Voluntary Action and Utkal Sevak Samaj through District Level Networks of PLHIV. 218 female and 251 male PLHIV were provided with support.

On average they spent INR 1,600 (19.5 Euros) on food, travelling expenses to avail of ART, education for their children, and they saved INR 300 (Euro 3.6) monthly. The impact of the project has been immense not only in financial terms but also in terms of "positive living" and psychosocial and spiritual well-being. There has been marked improvement in food security amongst the target population. PLHIV who earlier could not afford treatment are now availing of ART and other government support services.



The impact of the project has been immense not only in financial terms but also in terms of "positive living" and psychosocial and spiritual well-being.

Lessons learned

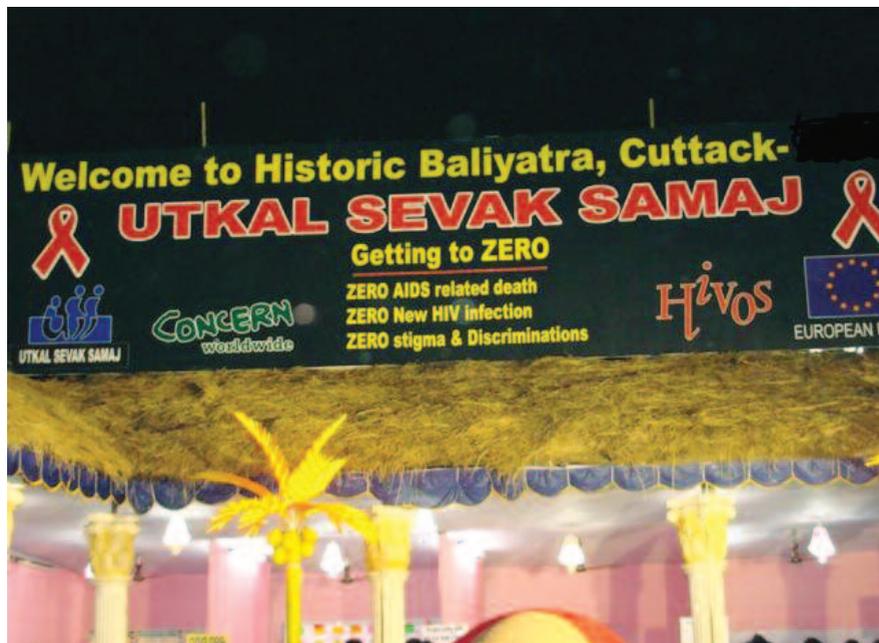
Support in initiating livelihoods has indirectly enhanced family cohesion, and reduced stigma and male migration. Engagement of PLHIV networks has been essential with regard to the selection, monitoring and sustainability of the initiative. One other learning from this intervention is that a revolving livelihood support fund is possible amongst PLHIV.

Concluding thoughts

This programme has developed an innovative model of livelihood options for PLHIV in Odisha. Further resourcing and strengthening of this approach can assure livelihood options for many other PLHIV who have not yet benefited under this initiative.

Further Reading

The paper 'HIV and Livelihood: Impact and Interlinks' is available on Knowledge Exchange.



Marking World AIDS Day in India. Photo taken by Gomathi S, 2013

Using a partnership model for HIV prevention in Ethiopia



By Masresha Yimam, Abraham Bongassie Wanta, Kate Corcoran, Jessica Bloom, Zehara Seid and Breda Gahan

Introduction

In 2013, the adult HIV prevalence in Ethiopia was 1.3% with an estimate of 793,700 people living with HIV (PLHIV) and about 898,400 AIDS orphans in the same year¹. Stigma against those with HIV was high and comprehensive knowledge on HIV prevention methods among young people aged 15-24 was low (34.2% for males and 23.9% for females)². The effect of HIV on poorest households was high and impacted negatively on livelihoods.

Description

The programme 'Partnership for HIV Prevention and Impact Reduction in Ethiopia' (2011-2013) funded by Irish Aid and Comic Relief U.K. facilitated the collaborative efforts of Concern Worldwide Ethiopia and its four local partner organisations – PRO PRIDE, Timret Le Hiwot, Mekdim Ethiopia and the Organisation for Social Services for AIDS to improve the health, psychosocial, economic and overall wellbeing of PLHIV and their families, and to reduce HIV transmission in Addis Ababa and Amhara regions. The programme also focused on building the capacity of implementing partners, local community based organisations, strengthening networks between key stakeholders and addressing the impact of HIV in the workplace.

Lessons learned

Due to the perception that workplace interventions on HIV and AIDS mainstreaming is a high investment with low yield, partner organisations were often reluctant to spend time on preventive workplace interventions. Despite this perception, the payoffs proved worthwhile as evidenced by staff knowledge and attitudinal change.

The partnerships were effective in providing care and support for poorest PLHIV whose needs are ongoing. It would have been prudent if Concern had developed an exit strategy at design phase to sustain activities beyond the programme funding period to avoid partner dependency.



It would have been prudent if Concern had developed an exit strategy at design phase to sustain activities beyond the programme funding period to avoid partner dependency.

Concluding thoughts

The coordinated efforts of Concern and its local partners increased the reach of the programme and directly contributed towards MDG 6, Target 7. The quality of life of PLHIV has significantly improved through home and community based care, greater access to ART and opportunistic infection treatment³.

Through workplace HIV and AIDS interventions, knowledge and attitude has improved by 34 percentage points among staff. The coordination and monitoring systems between Concern and partner organisations has supported smooth implementation of the programme. Strategies, however, have not been optimally developed to support local organisations to successfully take over and sustain activities after Concern's support has ended.



Hibret Tesemma, counsels an HIV positive woman in Addis Ababa, at the Mekdim Association, an Ethiopian NGO opened in 1997 and supported by Concern Worldwide from 2001 - December 2013. Photo taken by Cheney Orr, 2014

In terms of next steps the following is recommended:

- Scaling up of well-designed target group focused social behaviour change interventions.
- There is a need to reach more HIV positive youth with jointly planned activities.
- To develop exit plans for sustainability with partner organisations.

References and Content Notes

1. The 2013 UNAIDS Ethiopia Report is available on the UNAIDS website.
2. Ibid.
3. The paper 'Final Evaluation of the Partnership for HIV Prevention and Impact Reduction in Ethiopia' is available on Knowledge Exchange.

Using community drama for HIV and AIDS prevention in Sierra Leone



By Abdul Wilson, Hannah Gbla, Bandoi Kamara, Mohamed Lamin Kamara, Jessica Bloom, Breda Gahan and Renee Zandviet

Introduction

In 2012, UNAIDS estimated 58,000 Sierra Leoneans were living with HIV. Although the HIV rate is low compared to other African countries, people's knowledge, attitudes and practice (KAP) in relation to HIV and AIDS is worrying. A baseline survey conducted by Concern in Tonkolili District in February 2013 found that only 5.8% of men and 4.3% of women had accepting attitudes towards people living with HIV. Furthermore, only 5.3% of men and 5.8% of women had voluntarily tested for HIV. Lack of confidentiality at health centres also deterred people from testing. A lack of knowledge on HIV and AIDS related issues, particularly on means of transmission and prevention have led to high levels of stigma and discrimination, increasing susceptibility to HIV infection.

Description

In partnership with the Tonkolili District Voluntary Counselling and Confidential Testing Centre, the District Health Management Team (DHMT), a support group of people living with HIV (PLHIV) and the Sierra Leone Red Cross Society, dramas were created with the objective of increasing education and promoting behaviour change among beneficiaries. The dramas focus on HIV transmission, prevention, risky behaviours, the importance of voluntary and confidential counselling and testing (VCCT) and the negative impact of stigma and discrimination. Testing services are offered immediately afterwards, with partners facilitating access to counselling services and antiretroviral treatment.

Based on learning, the drama group and DHMT are accompanied by two members of One Fabul, a local PLHIV group, who share their personal stories and explain what their group can do to support PLHIV. In the 42 communities targeted in 2013, 7,404 people attended the sessions and 26% came forward for testing.



Concern will continue to advocate for a holistic approach where government institutions, civil society actors and INGOs all work to their own comparative advantage to change knowledge, attitudes and practices on HIV at community level.

Lessons learned

- Actively involving PLHIV in the development of the dramas and delivery of the sessions combined into a mobile road-show results in a high uptake of VCCT.
- Collaboration of actors (drama group, health professionals and PLHIV) has helped ensure relevant and appropriate activities are designed that improve people's knowledge, attitudes and practice in relation to HIV and AIDS.

Concluding thoughts

A drama by an experienced group, coupled with the presence of DHMT staff offering VCCT moving out to the communities, significantly contributed to an increase in the proportion of people who receive HIV tests and know their results.

Concern will continue to advocate for a holistic approach where government institutions, civil society actors and INGOs all work to their own comparative advantage to change KAP on HIV at community level.

Further Reading

The paper 'Tonkolili Integrated Poverty Reduction Programme Baseline Survey' is available on Knowledge Exchange.

The 2013 UNAIDS Sierra Leone Report is available on the UNAIDS website.

Using education to reduce HIV vulnerability in Pakistan



By Naseem Panezai, Sherzada Khan, Hamza Abbasi, Orlena Scoville and Breda Gahan

Introduction

In Pakistan, child sexual abuse is increasing at a disturbing rate, with a 21% increase reported in 2012 from 2011¹. In addition to psychological effects, these children are vulnerable to HIV and other diseases.

Garbage picking, a hazardous occupation, places children at particular risk. Children can spend up to 12 hours daily without adult protection, interacting with unknown adults, covering large urban distances, and coming into contact with hospital waste, including used syringes.

Description

To support working children to protect themselves from abuse and HIV, Concern Worldwide Pakistan is implementing a Working Children's Protection Programme in Quetta (Balochistan province). Many of the targeted families are marginalised Afghan refugees lacking access to health and sanitation services, and in 2013 the programme facilitated life-skills education for 2,086 boys and 1,278 girls. The sessions delivered at three Drop-In Centres (DICs) increased girls and boys knowledge on HIV protection measures (wearing gloves, avoiding situations/locations with high risk of abuse).

The programme helped mainstream children into formal schools and provided business-skills training for safer livelihoods for older children and parents. Concern Pakistan and partner NGOs organised educational social events to mark World AIDS Day and *16 Days of Activism against Gender Violence*. To improve long-term health and education services for working children, in 2013, the programme engaged 4,025 male and 1,816 female community members, NGO personnel, and government representatives to create conditions that promote working children's safety.



Maryam (center) enjoying her lessons in the Drop-In Centers operated by Concern and its local partner organization, the Water, Environment, and Sanitation Society (WESS) in Quetta. Photo by M. Naeqebullah, WESS, 2012.

Lessons learned

Given the conservative social context in Pakistan, the programme employed innovative approaches including interactive discussions, story-telling, and presentation displays to sensitively highlight abuse and HIV risk factors. The programme targeted root causes of children's risk exposure (poverty, lack of safe livelihoods) by building their reading, writing, and numeracy skills and providing vocational/business-development training for older children and parents. Awareness-raising with government, NGOs, and communities on HIV and child rights proved critical to create a more protective environment for working children.



Given the conservative social context in Pakistan, the programme employed innovative approaches including interactive discussions, story-telling, and presentation displays to sensitively highlight abuse and HIV risk factors.

Concluding thoughts

Screening of vulnerable children, health support and referrals are to be increased. To expand access to working children and increase information and education, the number of DICs should be increased.

References and Content Notes

1. Sahil. 2012. 'Cruel Numbers—A Compilation of statistics on child sexual abuse cases in Pakistan' is available at <http://www.sahil.org/>

How the Graduation programme in Burundi is addressing HIV



By Breda Gahan, Karine Coudert and Edward O'Carroll

Introduction

Concern Worldwide is implementing the Graduation Model Programme – known as *'Terintambwe'* (meaning 'take a step forward' in local Kirundi language) – in Cibitoke and Kirundo, two of the poorest and most vulnerable provinces in Burundi. The Graduation Model Programme provides an integrated package of support to extremely poor households that are landless but have labour capacity, with the objective of 'graduating' these households out of extreme poverty. The package includes consumption support (regular cash transfers), microfinance (particularly savings), skills training and regular coaching, and asset transfers. Targeting of households started in September/October 2012, and implementation started in January 2013.

Key findings from the baseline

Quantitative and qualitative information was collected to establish a baseline for the programme towards the end of 2012 (Devereux et al, Dec. 2013 reports). In total, 2,600 households were surveyed, with 2,000 participating households selected (1000 from Cibitoke and 1000 from Kirundo). Beneficiaries in both target Provinces have been split into two groups, with beneficiaries of treatment group 1 (high treatment group) receiving more intensive monitoring and treatment group 2 undergoing less intensive monitoring (low treatment group). To ensure that observed changes in outcomes can be attributed to the programme, a control group of 600 non-participant households (300 each from Cibitoke and Kirundo) were also surveyed at baseline, and are included in midline/endpoint follow-up surveys.

One 'social' objective of the Terintambwe programme is to sensitise community members about HIV and AIDS, by improving their knowledge of the disease and attitudes towards people affected by the disease, as well as improving behaviour to ensure prevention of HIV transmission. Respondents in Kirundo have better knowledge about how HIV can or cannot be transmitted than respondents in Cibitoke. Mother-to-child transmission was mentioned by very few respondents however (less than 3% total).



Programme participants in Cibitoke experienced a positive impact of the programme in terms of voluntary HIV testing and the use of methods to prevent AIDS.

Generally, attitudes towards HIV and AIDS are not very positive. Only about half of all respondents would be willing to care for a family member who became sick with HIV, and one-third would not buy fresh vegetables from a shopkeeper or food seller who is HIV-positive. A sizeable minority of respondents believe that a person can contract AIDS from mosquito bites or from sharing a meal with an infected person. Only a minority of respondents reported that their household members use preventive measures such as condoms, having sex only with one (uninfected) partner, abstinence, delaying first sexual encounter, using a clean sterilised needle, and if infected, using anti-retroviral therapy.



Marie-Rose, Concern Case Manager, conducting monthly visits using Digital Data Gathering (DDG) with programme participant Frederica Ngezebuhoro. Case Managers are trained in aspects of social and livelihood support to provide to participants. Areas in which case managers deliver support include, Disaster Risk Reduction, GBV and HIV and AIDS and provide coaching to households on livelihood strategies.

Photo by Edward O'Carroll, Busoni Commune, Kirundo Province. April 2014

There were regional differences reported in the use of preventive measures: more people in Cibitoke use condoms (30% *versus* 14% in Kirundo) or practice abstinence or delayed first sex (73% *versus* 44%). More respondents in Kirundo practice fidelity as a preventive measure (48% *versus* 10%), and more respondents in Kirundo have had a test to know their HIV-status (39% *versus* 19%, but still less than 30% total).

Qualitative findings report risk and vulnerability to HIV among interviewees. Factors include *extreme poverty, lack of assets, illiteracy, inequality and (unequal) gender relations – men generally control livestock and cash; adultery and prostitution due to the influence of alcohol, domestic violence, unfaithful partners, stigmatisation of widows, insecure relationships and unmarried cohabitation*. Although men were blamed as the cause of most problems within households, women were occasionally portrayed not only as victims, but also as causing problems. The quantitative study reported that 'levels of food insecurity are very high' and it emerged as worse in Kirundo than in Cibitoke.

Progress to date

During the first year, households received a monthly cash transfer, coaching and support services. Monitoring data from respondents on the Terintambwe programme indicate that cash transfers received through the programme make women economically better off. Households that received the health insurance card make it possible for them to provide their children with health care when they get sick, protecting financial assets.

Activities integrated to reduce HIV risk and vulnerability in Cibitoke and Kirundo involve trainings delivered to beneficiaries in group sessions and continued coaching support offered to beneficiaries which reinforce messages from formal trainings. The programme also ensures that it does not expose participants to risks (accident, attacks, rape) through reducing their necessity to travel to participate in activities, being cautious with the choice of venue (community based group sessions) and ensuring that the timetable of activities allows for an early finish where participants have to travel to their homes. The programme also focuses on ensuring that it continues to generate an increased understanding of issues around HIV and AIDS with programme participants.

Training workshops on HIV and AIDS were organised for Case Managers and Supervisors in both intervention provinces, in collaboration with the Burundi Network of People living with HIV and AIDS (RBP+), the Family and Community Development Committee, the Provincial Committee against AIDS and with the Health Districts in both Provinces.

Key findings from the midline

Knowledge about how HIV is transmitted has improved significantly among treatment households, relative to the control group in both Cibitoke and Kirundo, with treatment effects ranging between 25 and 37 percentage points. In Kirundo, the impact is significantly higher for the high treatment group.



Programme participants in Cibitoke experienced a positive impact of the programme in terms of voluntary HIV testing and the use of methods to prevent AIDS. The proportion of high treatment and low treatment households whose members took a HIV test doubled, from 18% to 35%, between the baseline and midline surveys, with no change among the control group.

The proportion of programme participants who used various methods to prevent HIV, such as condoms or having sex only with one faithful uninfected partner, more than doubled in Cibitoke, from 20% to 56%. This proportion also increased in Kirundo but by less.

Challenges and learning

The midline evaluation has shown that there are improvements in terms of positive attitudes towards people living with HIV, but these improvements were also recorded among control households as well as among treatment households, so no significant difference-in-effect was registered. Qualitative research is needed to establish whether programme participants shared their learning with their neighbours, and whether field staff believe HIV knowledge is too important to withhold from any community members.

Delivering on results

The Terintambwe programme strives to reduce HIV risk and vulnerability and the negative impacts of AIDS in an effort to optimally deliver on planned Graduation programme results and to sustain expected outcomes. An endline survey will be undertaken in February 2015.

Further Reading

For more on the Graduation programme see Issue 9 of Knowledge Matters.

Both the baseline and midline reports are available on Knowledge Exchange.

HIV staff fund in Tanzania



By **Ambrose Asenga, Juliana Bwire and Maurice Sadlier**

Introduction

As part of our internal mainstreaming initiatives, Concern Tanzania staff members have been contributing to a HIV Staff Fund for the past 10 years. These contributions, which have been matched by Concern Worldwide, are used to support vulnerable community members who are often those infected or affected by HIV and AIDS.

The Staff Fund was established in 2004 as a component of Concern Tanzania's HIV and AIDS programme. The concept of the Fund came from staff members themselves who expressed a desire to support those infected and affected by HIV and AIDS. The staff fund was seen as a way to increase peoples' personal connections to people affected by HIV and AIDS. The fund contributed to the achievement of Output 1; a knowledgeable workforce and a supportive workplace environment in relation to HIV and AIDS within Concern Tanzania.



The fund has been disbursed in different regions on an annual and a regional basis.

In 2004 the following guidelines were set out to cover the HIV Staff Fund¹:

- The funds are meant to help people, families or communities who are in great need and / or vulnerable to the impacts of HIV and AIDS.
- The beneficiaries of the staff fund should be outside of Concern's partner organisations (though in cases we will consider for funds to be channelled through partner organizations to reach those in need) and outside of Concern's staff. Provisions for welfare of staff in relation to HIV and AIDS will be addressed via other mechanisms and funding sources.
- A social welfare approach is preferable in this case, though great care should be taken to avoid dependency. Contributions of food will be considered, though whenever possible we will try to contribute things that have a longer life and contribute to longer term development.

- In presentation of what we are doing, we should be careful to distinguish this contribution from other Concern projects. *Donations from this fund should always be identified as contribution of staff from their own pockets.*
- At the same time that we are being careful on how to present ourselves, we should also let it be known what we are doing, since it may inspire others within the community to contribute.
- The general principle is that grants are to be made on a “one-off” basis rather than funding causes that need continuous funding inputs.
- Contributions should be done through fair process and should not be offensive or disagreeable to the personal beliefs of staff. Thus, distribution of condoms is not recommended since it may go against religious beliefs of some staff members

Disbursement of funds

An assessment team facilitates the identification of the relevant communities and generates a plan and a strategy to ensure that the allocation of the fund goes to those most in need². The regional office which organised the staff fund release adhered to the following three key steps and each additional step with procedures as per reference below³.

- Step one: Discussion with staff at field office;
- Step two: Visiting the selected community;
- Step three: Meeting with the selected recipients;

The community members selected for assistance through the Fund were given the freedom to express their priority needs. Often times, beneficiaries have indicated the need for food items and non-food items such as building materials, mattresses, soaps, clothes, home utensils and school fees for orphans.

Over the period 2010 - 2013 staff contributed Tsh 9,576,050 (€4,502) with the same amount being matched by Concern Worldwide. On average the annual disbursement was €2,000 divided in two locations.

In 2013, 20 staff members contributed with 18 contributing in 2014. This is about a 25% of staff contributing. In 2014 the contribution to date is TsH 1,140,000 / €536 (9 months only).

While HIV remains a considerable issue in Tanzania, during the period 2003/4 to 2011/12, the HIV prevalence in Tanzania has declined from 7.0% to 5.3% among adults aged 15-49 (Tanzania Global AIDS Response Progress Reporting 2014). This reduction is also reflected in the nature of the Fund which over the years has broadened its scope and has been used to support vulnerably community members not necessarily just those infected and affected by HIV and AIDS.



Students of Yombo Rehabilitation Vocational Training Centre show their appreciation for the donation of electricity and printers by Concern Tanzania staff. The Centre was established by the government in 1973 and operates under the Ministry of Health and Social Welfare in the Department of Social Welfare in Dar es Salaam, providing vocational training and capacity building for two years in various trades to the youth, in particularly person with disabilities. For the last two years it had been operating without any electricity. Dar es Salaam, Tanzania. Photo by Martha Maguire, October 2014.

To date there has not been an independent assessment of the Tanzania Staff Fund impact but qualitative reports demonstrate satisfaction from beneficiaries assisted. In Kigoma 2012, the staff fund supported the construction of a house for Bineye Ndika who was living in a small make shift hut. He was also given a mattress, a blanket, some food items and clothes. Concern staff in Kigoma visited him again in 2013 and found him doing well and now living with his daughter and grandchildren in the new house.

Concluding thoughts

In 2014 the Fund was used to support Yombo Rehabilitation Vocational Centre targeting people with disabilities in Dar es Salaam, and in Makete District, Iringa funds were used to support orphans and carers of people living with HIV.

Challenges currently include a decrease in the number of Concern staff contributing to the fund, issues of the sustainability of the support disbursed and mobilisation of staff to meet and organise staff release fund events with competing programme work responsibilities.

Notwithstanding these constraints, the Fund was seen as a positive contribution to maintaining awareness and knowledge on HIV within Concern and it has also been a great way to motivate staff and foster team spirit among employees during the past decade.

References and Content Notes

1. Guiding Principles for usage of Staff funds: 2004.
2. HIV and AIDS Staff Fund Release: Ngara Event Report 2013 pg 2.
3. Guiding Template for Staff Funds Release: 2012.

HIV and AIDS prevention and response in remote areas of Zambia



By Nangana Simwinmji and Zenebe Mekonnen

Introduction

HIV and AIDS is one of the main development challenges in Zambia, and in Western Province in particular posing a severe threat to people's livelihoods. At the national level, according to DHS survey (2007), an estimated 14% of Zambian Population is living with HIV (18% women and 13% men). In Western Province the proportion is higher than the national average at around 15.5% (13.9% men and 16.1% women). With a population of approximately 937,419 (CGIAR Factsheet 2011), approximately 142,487 people are living with HIV in the province.

The main risk factor for contracting HIV is multiple concurrent partners. According to the Zambia Demographic and Health Survey of 2013/2014, the percentage of men who reported having had multiple partners in the 12 months preceding the survey was 27% in Western Province, the highest for any province. The use of preventive measures including condoms by the at risk population is low.

Concern Zambia's Integrated Poverty Reduction and Women's Empowerment Programme (IPRWEPP) in Western Province is funded mainly by Irish Aid. Within IPRWEPP, allocating specific funds and resources for HIV risk reduction activities is challenging amongst other competing priorities. This article reports how a small grant (€25,000 over 1 year) from Gilead Sciences Europe facilitated additional activities to enhance knowledge and access to information on HIV and AIDS prevention, treatment and care services in six rural districts of Western Province.



The workshops provided an opportunity for decision makers at district level to discuss key challenges hindering the response to HIV and AIDS.

Stakeholders Engagement

At the initial stage of the intervention Concern established strong relations with the Districts AIDS Task Force (DATF), which helped to organise awareness creation workshops for government and partner staff and other district level key stakeholders focusing on basic facts about HIV and AIDS. The workshops provided an opportunity for decision makers at district level to discuss key challenges hindering the response to HIV and AIDS such as low access to HIV and AIDS services for communities in remote areas.

The DATF targeted community leaders¹ as key agents in driving change. The project supported training of **357** community leaders (269 males and 88 females) across the six districts on means of HIV and AIDS transmission and prevention and the role of community leaders in addressing the barriers to behavioral changes.

The training session was a good opportunity for community leaders to discuss and share experiences as to how to play their role as leaders and decision makers in the community and to identify and address risk factors that aggravate transmission of HIV. At the end of the training, the community leaders developed action plans to address issues of HIV and AIDS in their respective areas.

Improve prevention and response at community level

In collaboration with DATF and community leaders, Concern used different methodologies to reach the community with messages. A series of community radio programmes were aired, in collaboration with the DATF whereby district level stakeholders and community leaders were used as panelists to discuss common misconceptions and issues related to teenage pregnancy, access to reproductive health services and the role of religious leaders in the response to HIV and AIDS.



Bertha Inambao Sichaliso (48), mother with nine children ranging from 28 to 6. She lives with her children and husband, Green Nambula Mayumbelo, in the village of Nakako, Senenga District, Western Province, Zambia. She is in her second year of the Integrated Poverty Reduction and Women Empowerment Programme (IPRWEPP) with Concern. Photographer: Jennifer Nolan/February 2014/Zambia

To strengthen community level action to access HIV related services, Concern in collaboration with DATF and local youth groups organised community drama followed by discussions. The drama attracted a large number of people (3493 - 1,313 Male and 2,180 female) and triggered discussion and debate amongst the participants. The discussions were an opportunity for the community to ask questions and secure answers from DATF members and Concern project staff.

Voluntary counselling and testing (VCT) is the entry point for access to prevention of mother to child transmission (PMTCT) anti-retroviral therapy (ART) and care and support. For communities living in remote villages far from the district capital, there is an acute lack of access to VCT because of the distance from health facilities. Therefore, Concern also worked with local service providers and the respective DATFs to support mobile VCT. Sensitisation encouraged the community to uptake mobile testing and during the project period a total of 1154 people (490 males and 664 women) were tested.

There are negative social and economic impacts on families living with HIV. During discussions with stakeholders, access to food and capacity to cover transport costs to access services were identified as some of the barriers that affect adherence of people living with HIV (PLHIV) to ART.

The project supported selected PLHIV to engage in income generating activities to be more self-reliant and ART compliant. A total of 102 beneficiaries (24 males and 78 females) were supported in terms of training and startup capital. All received ZMW 500 (about €63) each as a cash grant to start implementing their business plan. These beneficiaries are now integrated into the IPRWEP which enables field extension workers to closely follow them up and provide mentoring support.

Concluding thoughts

HIV and AIDS remains a serious development challenge in Zambia. This small grant allowed Concern to engage with and support existing coordinating structures (DATF and service providers) to both extend their reach and engage more meaningfully with local communities and leaders. Addressing the economic challenges of PLHIV is crucial to support ART adherence and to mitigate negative impacts that arise from reduced labour capacity within affected households. For Concern Worldwide Zambia, this was a renewed call to re-focus on our HIV and AIDS mainstreaming responses. We reviewed our workplace policy and conducted training on mainstreaming HIV within all programmes. We can now see that service and information provision around HIV and AIDS in Western Province is poor and we are committed to developing a new more integrated project moving forward.

References and Content Notes

1. Community leaders include traditional and religious leaders (Muslim and Christian), local chiefs and the elderly

Rwanda's experience with mainstreaming HIV and AIDS in the Graduation Programme



By Odette Kampirwa Kweli

Introduction

Several national governments in Africa have embraced the concept of 'graduation' in design and implementation of their national social protection programmes for extremely poor households. This includes the Government of Rwanda. The *Vision 2020 Umurenge Programme (VUP)* in Rwanda identifies several potential pathways for graduation, including: (1) investment of VUP transfers in productive activities; (2) more productive livelihoods through Public Works assets (e.g. terracing for higher agricultural yields); and (3) additional income generated through the VUP 'Ubudehe' Credit Scheme.

Concern Worldwide's programme *Unleashing the Productive Capacity of the Extreme Poor for Sustainable Graduation*, is currently strengthening the efforts being made by the districts of Huye, Nyaruguru, Nyamagabe and Gisagara in extending the benefits of social protection to the poorest in their communities, and it complements the Government of Rwanda's social protection programme (VUP). In line with the EDPRS II¹ the programme is contributing to poverty reduction among vulnerable groups by facilitating off-farm employment, integration with the labour market and providing basic income for a decent standard of living.

This type of livelihoods programme is particularly relevant in a context like Rwanda, where land scarcity and lack of availability of arable land is a huge challenge, with a population density of 440 people per square km, the highest in Africa and 29th globally. The extreme poor are closely identified as those with limited land – often overlooked by traditional agriculture focused livelihoods programmes, which target progressive farmers. The graduation programme is designed to target those extreme poor, and seeks ways of identifying alternative, diversified livelihoods and a set of holistic, sustainable solutions to the barriers which hold them back from rising out of poverty.

Concern Worldwide in Rwanda selected the southern province as a strategic location based on its poverty indicators, with the current percent of people living in poverty in this province is 54% (32.5% in extreme poverty)², being the poorest region in Rwanda and suffering high levels of vulnerability and food insecurity.

The Graduation programme, funded by Irish Aid targets about 10,332 (5,609 females: 4,723 males) direct beneficiaries in 2014.

National response to HIV and AIDS

Although the HIV prevalence in the general population remains at 3%, key populations and urban areas play an important role in the dynamic of HIV in Rwanda. HIV prevalence continues to be higher among women than among men (3.7% compared to 2.2%), with highest HIV prevalence being among women aged 35-39 (7.9%) and men aged 40-44 (7.3%). Recent behavioural surveillance among female sex workers revealed a very high prevalence at 51% nationally, whereas the Capital of Rwanda, Kigali, has the highest prevalence at 7.3% with all other provinces' prevalence being below 3%.

Just like the Country has undertaken key strategies to improve social economic growth, there are a number of strategies and policies that are helping in addressing the epidemic (HIV and AIDS National Strategic Plan 2013-2018).

HIV has been identified and treated as a *cross-cutting issue* within the Second Economic Development and Poverty Reduction Strategy (EDPRS 2). The *multi-sector integration of HIV* in the wider national development agenda is clearly articulated within the National Strategic Plan (NSP), which covers sectors such as education, health, labour, military, transport, gender, young people, agriculture, finance and social welfare with earmarked budgets.



Charles Nkuruziza, Concern staff at a community meeting in Nyamagabe district. Concern Rwanda mainstreams HIV and AIDS in its programme areas. (Photo by Donna A.A-2013)

Rwanda has promoted a mandatory testing of mothers attending antenatal clinics together with their partners; initiated male circumcision (including military personnel); prioritized the early initiation of ARVs and ART, provided free of charge to those who are eligible; improved social marketing to increase condom use; targeted female sex workers, fishermen, truck drivers and young girls all which are at high risk; task shifted ART services to nurses (with 91% of adults and children eligible for ARVs receiving them in 2013 – Rwanda Global AIDS Response Progress Report 2014).



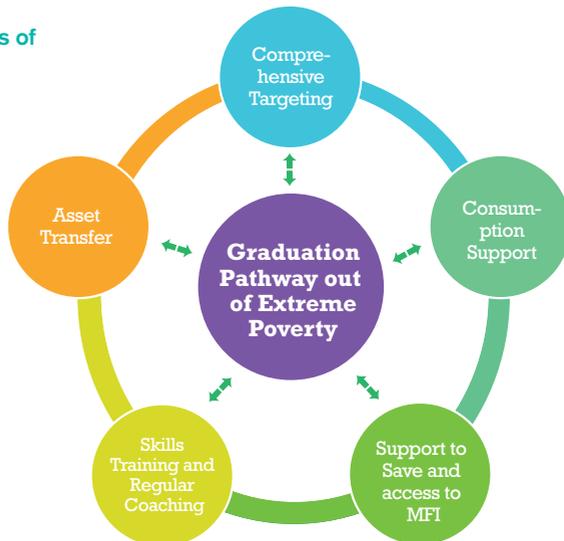
The team identified HIV education and risk reduction activities which can be implemented in partnership with district staff in charge of AIDS control.

How the graduation programme in Rwanda is addressing HIV and AIDS

The graduation programme aims to enhance the productive capacity of poor households and to increase their resilience to livelihood stresses and shocks; through cash transfers that will be used to meet basic needs and build assets by investing in income generating activities. One of the outcomes of the graduation programme is to increase resilience to shocks. It incorporates indicators on percent of beneficiaries aware of and accessing HIV and AIDS related services (VCT, PMTCT, ARVs) and percent of women and men (aged 15-49) among beneficiaries who received an HIV test in the past 12 months and know their results.

These indicators are measured during national surveys conducted by Ministry of Health every 5 years (last one being in 2010).

Figure 1: The five components of the graduation model



However, since beneficiaries' activity profile and daily work schedules have changed due to the programme, and they are now engaging in trade and other activities that require travel outside their usual settings (to markets, the bank and other social gatherings), this increases their exposure and susceptibility to HIV infection.

We carried out a barrier analysis among target beneficiaries (men and women aged 15-49) in order to understand their knowledge level of where and how to access VCT as a key determinant of HIV prevention intent. We also asked if they actually go for voluntary counselling and testing (VCT) to enable them to know their HIV status and to take appropriate measures depending on the outcome, and for those who tested for HIV if they collected their results in the last one year.

In the analysis, we also tried to understand the enablers and barriers preventing them from going for VCT. From the results, we found that women in the sample who became pregnant in previous year, got tested for HIV together with their partners, (a national requirement now, to reduce mother to-child transmission of HIV (PMTCT) and access treatment, anti-retroviral (ARVs) among those found infected.

The barriers mentioned in the analysis included fear of getting positive results and the impact this would have on the relationship of the couple; ignorance about procedures and testing for HIV and assumptions that it is an expensive undertaking. Also stigma associated with fears of how the community would treat them once their status is revealed if they were HIV positive.

The team identified HIV education and risk reduction activities which can be implemented in partnership with district staff in charge of AIDS control, plus those that can be incorporated in routine programme activities, especially in trainings; in linkages with Community Health Workers (CHW) to avail of information on access to HIV services that have been decentralised including preventive measures (e.g. access to condoms); mobilising the community to attend HIV campaigns; sensitizing beneficiaries on the benefits of taking VCT; and working with role models (people who are living positively with HIV).

In partnership with district staff in charge of AIDS control, Concern funded the first community mobilisation campaigns where free VCT was availed of in one area of operation in Rusatira Sector, Huye district.

References and Content Notes

1. Economic Development and Poverty Reduction Strategy II (2013-2018)
2. Economic Development Poverty Reduction Strategy - EDPRS II Rwanda (2013-2018)

“Yes, HIV mainstreaming gives a second chance!” in Uganda



By Emmanuel Ssegawa and Finola Mohan

Oberu John, a HIV positive farmer in Amuria District, Uganda can proudly give testimony to the above statement. John comes from Akou-Etom Village of Acowa Parish in Acowa sub-county, Amuria district where Concern has been implementing the *Sustainable and Equitable Wealth Creation in Amuria – (SEWCA)* programme for the last five years.

After losing his wife to HIV, John was struggling to cope with his two children, in addition to two other children from his brother who is also HIV positive but at a more advanced stage than John. Isolated from the community due to stigma, John used to only cultivate around his household and depended on wild vegetables to feed his family. Concern and one of the project partners, Community Integrated Development Initiatives (CIDI) introduced John to improved varieties of tomatoes, onions and cabbages which he started growing in 2011 and has successfully continued to do to this day.

John's HIV status came to be known when he approached the staff of CIDI, during a HIV risk and vulnerability analysis that his group ('Ican awai' Farmers Group) participated in. Concern and partners, CIDI and Volunteer Efforts for Development Concerns (VEDCO) explained to beneficiaries that SEWCA targeted poor and vulnerable households without discrimination of any kind. Following the HIV risk and vulnerability analysis, the SEWCA participants were sensitized on HIV, effects of HIV related stigma and the fact that people living with HIV (PLHIV) can still be very productive in their communities. John declared his HIV status to his group and their choice to make him their mobiliser and now treasurer exhibited the hope they had in him and this encouraged John even more.

John and other HIV positive beneficiaries were linked by the programme to HIV service providers for counselling, antiretroviral treatment and other services including food supplements. The SEWCA programme provided training on hygiene and sanitation and nutrition, covering food production including vegetable growing as well as food preparation. Seeds for nutritious food crops and vegetables were also provided by the implementing partners as part of project inputs. This improved John's health.

The programme hired labour for John and with this he was able to open more land (up to about five acres) and various food crops including assorted vegetables, green gram, groundnuts, sesame, sorghum and cassava were planted. John harvested enough food for his family and using income from the surplus he sold, he was able to remarry. His new wife is also HIV positive. Together, they have continued to work hard and engage in the programme. In one season they bought two cows after selling 22 bags of groundnuts. They continue to buy more cows and they currently have five which gives them milk for both consumption and sale. They save some of their income in the Village Savings and Loans Association (VSLA) and these savings have helped John to borrow capital from his VSLA to engage in purchasing, processing and selling groundnuts and cassava to markets away from his district for more income.

John's success who when the SEWCA programme started had begun to lose hope, is impressive. John decided to share his positive experience with other farmers participating in the programme to help reduce the stigma and discrimination he once suffered from. He did this by joining a post-test club that creates awareness on the advantages of HIV Counselling and Testing (HCT). All this was possible because of Concern's approach to mainstreaming HIV and AIDS responses in programmes.



Oberu John standing near one of the orange trees in his compound, Akou-Etom Village, Acowa Parish, Acowa sub-county, Amuria district, Uganda. Photo by Evelyn Anyumel, October, 2014.



Using the monitoring and evaluation information we collect, we learn and document the outcomes, challenges and barriers in the mainstreaming process for internal learning and sharing with peers and other actors.

Below is how we the Concern Uganda Team do it, using our **Five-step roadmap to HIV mainstreaming**:

1. We start with '*laying the foundation*'. This helps us to create understanding and commitment within Concern and partner organisations. It involves orienting staff on HIV including an analysis of basic sex disaggregated facts and statistics, HIV effects on staff and the male and female members of their families and organisation, effects on their work and the potential their organisation has to respond to the disease in a gender conscious way, without diversion from its core work. Selecting an *HIV focal person* within the organisation to oversee the mainstreaming process is also important for keeping the commitment. In this case laying the foundation was done with staff at partners' head offices in Kampala and field offices in Amuria.
2. After partners understand why it is important to mainstream HIV responses we support them with their own *organisational internal mainstreaming*. This involves adaptation and introduction of improved policies and practices to provide a safer and supportive environment for their staff and their families. Internal mainstreaming involves conducting internal HIV risk and vulnerability analysis for male and female staff, developing a gender sensitive HIV workplace policy based, in part, on the results of the risk and vulnerability analysis and ensuring that HIV is addressed in all organisational policies, systems and strategies (aligning them with the *HIV Workplace Policy*).
3. As partners continue with their internal mainstreaming, we support them to *Mainstream HIV in programmes (external mainstreaming)*. This helps to develop an understanding of where our target communities are at risk of HIV infection and vulnerable to the impact of HIV and AIDS, because of our work, and to modify our activities to reduce that risk and vulnerability. It also involves understanding of how HIV is likely to negatively affect our projects in order to respond appropriately. Here, we conduct HIV risk and vulnerability analysis with male and female programme participants to;
 - Examine proposed activities to ensure they are not unintentionally increasing risk or vulnerability and develop and implement an *HIV Mainstreaming Response Plan*.
 - Examine the situation to ensure HIV does not significantly affect the implementation of our work and realization of project results e.g. HIV can affect the participation and benefit of PLHIV if there is HIV related stigma in the participating community.
4. As we do all the above, we monitor and evaluate the process and this involves continual assessment and analysis of our programmes for risk and vulnerability as well as relevance and implementation of the mainstreaming response plans.
5. Using the monitoring and evaluation information we collect, we learn and document the outcomes, challenges and barriers in the mainstreaming process for internal learning and sharing with peers and other actors. This is how we are able to keep monitoring John's performance in the SEWCA project.

Can sports prevent HIV and AIDS transmission in Malawi?



By Mairead Peterson, Lillian Kamowa and Gwyneth Cotes

Introduction

Adolescents living with HIV are more likely to die from AIDS than any other age group and the evidence shows that there are twice as many new HIV infections compared with the deaths in adolescents especially in high-burden countries¹.

Youth programming is the primary channel for prevention education, however, it disproportionately benefits older youth (over 20). Adolescents aged 10-19 years represent close to 25% of the population in sub-Saharan Africa². In general, most national responses do not track the health status or the HIV epidemic and outcomes in adolescents aged 10 – 19 years³. This is a missed opportunity for early intervention and support for this age group. In Malawi, things are no different and young people do not have adequate nor equitable access to Sexual and Reproductive Health (SRH) and HIV services⁴.

Soccer as a tool in the fight against HIV and AIDS

Adolescent sexual reproductive health is a key component of Concern Malawi's health programme, funded by Merck for Mothers and the Scottish Government. Through a strategic partnership with Grassroot Soccer (GRS), an international Non-Governmental Organisation (NGO) we have delivered a fun and innovative HIV prevention and reproductive health (RH) curriculum to 2,644 youth in Nkhosokota District in the past year (1,423 girls, 1221 boys).



Together we have developed two creative, culturally appropriate educational and behaviour change curricula in line within the specific context of Malawi.

GRS is based in South Africa (www.GrassrootSoccer.org) and experienced in delivering HIV life skills curricula in over 18 countries worldwide. They use the power of soccer to provide youth with the knowledge, skills and support to live healthier lives.

Together we have developed two creative, culturally appropriate educational and behaviour change curricula in line within the specific context of Malawi.

Skillz Malawi: is an intervention designed for 12-18 year olds. It is delivered to a mixed group of boys and girls (in and out of school youth) by 2 trained coaches and consists of 11 hour-long practices, a home visit by trained counsellors, and a graduation ceremony. A participant must attend at least 7 practices to be considered a graduate. We have a high retention rate with 93 percent of participants graduating. The curriculum is an effective way to educate at-risk youth about HIV and RH.

Skillz Girl: is an evidenced based intervention for adolescent girls 12- 18 years that empowers girls to avoid risky behaviour and protect themselves and others from the spread of HIV, increase belief in equitable gender norms and challenge the prevailing gender norms and it provides girls with vital knowledge about sexual reproductive health and rights. It also increases access to and uptake of health services, including HIV voluntary counselling and testing and not least the girls learn to play soccer and have fun. Success is evident in that 97 per cent of the girls graduate.

The sessions can be delivered as weekly modules, or in one week as a 'holiday camp' which is done during school holidays. Both in-school and out-of-school youth are targeted, although it can be more challenging finding and involving out-of-school youth. At the end of the course, young people (and other community members) are offered outreach HIV testing and counselling services, set aside in a private space, which is carried out by trained staff from the District Hospital.



Edna Saka, Elluby Sosola, James Chimbiya and Winnie Kachembwe are participating in a coach's development workshop in Nkhotakota District, with the aims of sharing experiences and challenges and to learn from each other. It gives the coaches an opportunity to receive extra coaching in areas of the curriculum they feel they are weak. Photo taken by Robin Wyatt 2014

During delivery of the programmes, single-sex spaces for both boys and girls can be utilised when needed, and the programmes also incorporate constructive ways to facilitate interaction between the two groups. Creating dedicated social spaces for girls is a key strategy for changing girls' self-concepts and is a proven approach for changing the very circumstances that put them at risk of acquiring HIV. Vulnerable girls can meet regularly at these spaces to meet peers, consult with mentors and acquire skills to help them avoid or mitigate crises (e.g. threats of marriage, leaving school, or forced sex).

Project highlights

The Skillz project is very popular with both the youth and their parents. Mothers and fathers in Nkhotakota have welcomed it. A common comment heard is *"We are supposed to talk to them about these things but we don't, even though we know it is important"* and *"we feel relieved they know about these things, now"*. One boy's parent recently came to thank the Skillz coach for helping to change his behaviour at home as a result of his participation in the intervention.

The Skillz Girl curriculum is where we notice the greatest impact. The girls are especially happy about the knowledge they receive around puberty, menstruation and challenging gender norms. They enjoy the girls' only spaces, which gives them the opportunity to access support from other girls.

One girl who is HIV positive but had not disclosed her status, felt comfortable to do so to the coach and her group, and has received the support she had been lacking.

A perception among girls in Nkhotakota District is that once you start menstruation, they are told that they are now ready to marry and this has contributed to girls dropping out of school. Their participation in Skillz Girls has been critical in changing this perception.

Master Coach James Chimbiya says the Skillz project has been a big hit with the youth and its existence is spread by word of mouth. The practices are fun and participatory. The innovative techniques keep the participants coming back. Coaches say they have waiting lists for youth wanting to join their next intervention.

Participants' knowledge about HIV and reproductive health has demonstrably increased after the intervention, as demonstrated by pre- and post-test scores.

Lessons Learnt:

1. Sport is a powerful tool for community mobilisation. It attracts the youth to participate in the first place and acts as a change agent.
2. HIV prevention through sports should consider gender crosscutting issues. Addressing gender equality through women's empowerment is key to prevention of the disease.
3. Skillz Girl provides a safe place where girl's voices can be heard and they feel free to open up and discuss specific issues and feel comfortable asking questions.

4. Increased knowledge on HIV and AIDS amongst the youth creates an opportunity for prevention and increased demand for HIV counselling and testing services.
5. Programming through strategic partnerships improves the quality and appropriateness of interventions.

Concluding thoughts

One year on from the first Skillz graduation, Concern is about to embark on a survey to examine behaviour change amongst its first graduates. As well as planned focus group discussions, the team will request participants to re-take the post-test to examine how well they have retained the information they have learned.

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3. Idele P, Gillespie A, Porth T, et al. *Epidemiology of HIV and AIDS among adolescents; current status, inequities and data gaps*. J Acquire Immune Defic Synd. 2014; (supplement 2): S144 – S153
4. MOH, Standards Youth Friendly Health Services, 2007

Further reading and resources

Dochas HIV and AIDS Working Group policy position paper, 'AIDS is not Over – Ireland's responsibility to help finish the job' (August 2013)

Fact Sheet World AIDS Day (UNAIDS 2014)

2014 PROGRESS REPORT ON THE GLOBAL PLAN towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (UNAIDS)

The Gap Report (UNAIDS July 2014)

Children and HIV Fact Sheet (UNAIDS May 2014)

GLOBAL AIDS RESPONSE PROGRESS REPORTING 2014—Country Reports on UNAIDS website

Abstract Presentations from publications:

Three Abstracts from these publications were accepted for the AIDS2014 Conference in Melbourne (July 2014)

- Using education to reduce HIV vulnerability in *Pakistan* (Presented by Sherzada Khan)
- Livelihoods to people living with HIV in *India*
- Combating stigma amongst health care staff in *India* (this one and above, Publication only)

Three Abstracts from these publications were accepted for the Concern, IFGH Trinity University Dublin Health Conference (November 2014)

- Using a partnership model for HIV prevention in *Ethiopia* (Presented by Zehara Seid)
- Using community drama for HIV and AIDS prevention in *Sierra Leone* (Presented by Breda G.)
- Going beyond pills in *India* (Presented by Breda G.)

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For whom is the publication

All staff involved in designing, implementing, managing, monitoring, evaluating and communicating Concern's work. This publication should also be shared with partners.

What this publication includes

- Promising practice
- Organisational learning
- Promotion of multi-sectoral and integrated approaches to programming
- Links to full reports

What it doesn't include

- Targeted recommendations
- Additional evidence not included in the papers cited
- Detailed descriptions of interventions or their implementation

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