Community-based AIDS prevention and care in Africa—Dissemination of Phase I findings: Report of five national workshops

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Community-Based AIDS Prevention and Care in Africa

Building on Local Initiatives

Dissemination of Phase I Findings:
Report of Five National Workshops

Supported by Glaxo Wellcome as part of Positive Action - the company’s international programme of HIV education, care and community support

THE POPULATION COUNCIL
The Population Council, an international, nonprofit organisation established in 1952, undertakes social and health science programmes and research relevant to developing countries and conducts biomedical research to develop and improve contraceptive technology. The Council provides advice and technical assistance to governments, international agencies, and nongovernmental organisations, and it disseminates information on population issues through publications, conferences, seminars and workshops.

Glaxo Wellcome is an international pharmaceutical company. The company is committed to fighting disease by bringing innovative medicines and services to patients throughout the world. The company has been at the centre of the medical response to HIV and AIDS since its development in the mid 1980s of zidovudine (AZT) for the management of HIV infection.

Through its “Positive Action” programme, Glaxo Wellcome is committing funds, expertise, and facilities in support of its fundamental belief that its activities in the field of HIV and AIDS should go beyond the traditional roles and responsibilities of commercial organisations. Positive Action is an international programme of HIV education, care and community support, and comprises a series of different initiatives, each focusing on a different area where there is most need. There are currently five main initiatives: HIV Community Support, Children and Young People, Developing Country, The Workplace, and Information and Policy.

The Population Council

December 1995
BACKGROUND

With almost two-thirds of all estimated cases of AIDS to date thought to have occurred in the region, in the AIDS pandemic, the people of sub-Saharan Africa are facing a catastrophe of unparalleled magnitude. The HIV/AIDS epidemic in sub-Saharan Africa is characterized not only by a predominantly heterosexual mode of transmission but also by relatively high seroprevalence levels in the general population. Thus, for the people of sub-Saharan Africa, the calamity of AIDS has a bearing not only on those directly affected and their families, but on society as a whole.

In addition AIDS has struck at a time of economic downturn, when most African governments are faced with implementation of economic structural adjustment policies that reduce, rather than support, their ability to provide health care and social services to their citizens. Yet, despite the magnitude of the crisis, and the paucity of resources at their disposal, Africans are responding to the challenge of AIDS with unyielding courage and creativity. Building on the inherent strengths of family and community, people at the local level are getting involved in the fight to stop the spread of the disease, and to support and care for those who have been affected. Their experiences can offer guidance for others, not only in Africa but in other parts of the world, who may soon face equally daunting problems.

Given the constraints faced by the health care infrastructure in responding to the immensity of the crisis, and the growing awareness of the limitations of traditional educational approaches in motivating people to modify their sexual behaviour, within the Africa context, community-based efforts at AIDS prevention, and care of those affected, are the first line of defence against the disease. Thus they deserve greater scrutiny, not only in order to learn from their experiences, but to determine ways to assist them to both continue and expand their efforts.

The Project

The project, "Community-Based AIDS Prevention and Care in Africa: Building on Local Initiatives," is being carried out by the Population Council with the support of the Glaxo Wellcome Company's Positive Action Programme. Merging the interests of the two organisations—a commercial company and a research organisation, both working closely with local non-governmental organisations—resulted in the design of a project focusing on the previously largely neglected area of integrating HIV/AIDS prevention and care activities at the community level. The project currently focuses on five countries in East and Southern Africa (Kenya, Tanzania, Uganda, Zambia, and Zimbabwe).

PHASE I: 1992-1994

The first phase of the project, which was carried out from 1992 to 1994, was designed to identify the essential components that make community-based efforts successful. A survey of 65 community-based organisations in the five selected countries was undertaken in order to learn more about the type of services being provided, clients served, composition of staff, sources of support, and organisational structure. Based on the results of the survey, eight diverse projects in the five countries were identified as subjects for more in-depth case...
studies. The projects selected represent a range of activities from ad hoc services provided by local women to establishing a community-level response as part of a national AIDS control programme (NACP). The eight programmes are:

**Zimbabwe:** The National Traditional Healers Association (ZINATHA) which is enlisting traditional healers in AIDS care and prevention.

**Zambia:** The INDENI Petroleum Refinery, employment-based services for workers and their families, and Kwasla Mukwenu, a community response to caring for those affected by AIDS—particularly orphaned children.

**Uganda:** The Community Counseling initiative of the National AIDS Control Programme.

**Tanzania:** Kilimanjaro Women’s Group in the Fight Against AIDS (KIWA, KUKUKI), a community-based education and support organization, and People in the Fight Against AIDS in Tanzania (WAMATA), an urban approach to assisting HIV-positive individuals.

**Kenya:** The Kenya AIDS Society (KAS), a service and outreach programme that involves people with AIDS (PWAs) as counselors, and the Voluntary Women Rehabilitation Institute (VOWRI), which is helping prostitutes negotiate with clients for safer sex and develop other means of earning income.

In June 1993, representatives of the eight projects participated in a special presentation and panel discussion at the IX International AIDS Conference in Berlin. A case study report, Community-Based AIDS Prevention and Care in Africa: Building on Local Initiatives—Case Studies in Five African Countries, was published by the Population Council in June 1994, and has been distributed nationally (within the five participating countries), regionally and internationally. The response to the document has validated the project’s assumption that the experiences of these local initiatives would be of significant interest to a wide variety of audiences. For example, in Thailand, local NGOs have expressed interest in conducting a similar study in their country. Meanwhile, closer to home, reading the official project report motivated higher level management at the Indeni Oil Refinery in Zambia (one of the projects profiled in the report) to increase their level of support for and participation in the company’s AIDS prevention programme.

**Advantages of Community-based Initiatives.** The case studies revealed a number of important advantages common to these community-based approaches. First, it quickly became apparent that, at the community level, there is no dichotomy between working towards stemming the tide of the epidemic and caring for those already affected. Here artificial distinctions between prevention and care are revealed to be more the result of top-down programme strategies than a realistic response to people’s needs. In addition, all of the projects demonstrated the ability to encourage not only support but the active participation of local leaders—traditional, business and governmental—in AIDS prevention and care activities. Further, the projects are proving to be very effective in mitigating some of the negative effects of the epidemic on those affected as well as helping those who are HIV positive or who have AIDS to live more positively with the disease. And while difficult to measure, all of the projects report some degree of behaviour modification on the part of their clients in terms of increased condom use and greater avoidance of risky sexual activity. All the projects support not only those who are HIV positive or have AIDS, but also their families and communities.

**Common Constraints.** On the other hand, all of the projects studied are operating under significant constraints, particularly in terms of resources. Not only is funding often insufficient, sporadic or at times absent, but projects also face perpetual shortages of materials and commodities. Often the staff, whether voluntary or paid, are not sufficient in numbers and, in some instances they are not skilled to tender the required services adequately because they lack appropriate training. All of the projects are also grappling with the growing phenomenon of orphaned children; fear of who will care for their children when they die, and how they will be able to stay in school haunts parents already having to cope with living with HIV infection. Today the traditional resilience of the African extended family is hard pressed to
meet the needs of the increasing number of people requiring care. Therefore, the issue of how to sustain local initiatives such as these is of critical concern.

PHASE II

The second phase of the project, begun in 1995, will include three major areas of activity:
1. Dissemination of the findings from Phase I of the project in the five participating countries.
2. Development and implementation of action-oriented research activities designed to strengthen the client support capabilities of selected local initiatives. Given the variations in terms of needs and resources of each group, and in the technical assistance available within each country, a minimum of four interventions will be developed in collaboration with staff of the local initiatives in order to meet their specific programme needs. All will be activities that can also offer lessons to similar groups in different settings. These would include educational and support activities that build upon the traditional means by which people help one another within the local community—from provision of basic information and education (including development and use of IEC materials), to increasing the ability of project staff to help people with AIDS and their families to cope with the practical concerns of daily life, to evaluating the effectiveness of various program components. Research activities also will be aimed at assisting local organisations to increase the sustainability of their programmes by helping them access local sources of expertise and resources.
3. Reporting on the research results to as wide an audience as possible, using both traditional and electronic media, both within the Africa region and internationally.

This document is a report on the implementation of the first activity under Phase II.

DISSEMINATION WORKSHOPS IN FIVE AFRICAN COUNTRIES

In order to accomplish the first activity under Phase II of the project, workshops were held in all five of the participating countries between May and August 1995. The workshops were viewed as both an opportunity to disseminate the findings from Phase I at the national level as well as a means for reporting back to all the organisations that participated in the initial survey, their governments and the broader NGO community on the study findings.

The workshops also served as a venue to provide opportunities to strengthen networking between the various AIDS organisations working within a country and sources of technical and financial assistance available at the national and local levels. The workshops also provided an opportunity for participants to update one another on recent activities and to identify ways in which they can provide each other with mutual support.

Workshop Objectives

In all five of the countries the objectives of the workshop were similar:
1) To bring together organisations/agencies involved in HIV/AIDS prevention and care activities at the community level;
2) To promote sharing of the projects' experiences;
3) To facilitate broader and stronger networking among organisations that are involved in carrying out community-based prevention and care efforts; and
4) To make practical recommendations that would further strengthen and increase the effectiveness of the initiatives in each country.

In order to maintain consistency, the workshops followed a standard protocol: an official opening by a government official, an overview of the Community-Based AIDS Prevention & Care initiative by the project director, presenta-
tions from each of the participating organisations, a panel discussion on emerging issues, and compilation of a summary of recommendations and resolutions from the participants. At each workshop, representatives from the projects documented, as well as various other local organisations, gave short presentations about their organisation's current activities, successes, major constraints, and future plans. In all five countries the workshops received extensive coverage from both the electronic and print media: radio and television news broadcasts included reports on the workshops and more detailed reports appeared in the local press.

**Impact of the Workshops in the Five Countries**

Participants in all five countries reported that being able to meet, share experiences, and update one another on their current activities, as well as advising one another on how to solve some of their problems based on their own experience, was highly beneficial. Emphasis was on the importance and usefulness of networking and collaborating as each participating organisation has something to “offer” to the other. In this way, scarce resources can be made to stretch even farther.

The fact that a research and a commercial organisation considered it important to go back and share the findings of the case studies with participating organisations and their colleague institutions was, in itself, very encouraging for the participants. They indicated that it served as motivation for them to carry on in the fight against AIDS, despite the many obstacles encountered.

There were three major themes that emerged consistently across the five country workshops. The first is that governments are very supportive of and greatly appreciate the work of these community-level efforts. The worsening economic situation within each of the countries has severely restricted the governments' ability to offer both prevention and care services despite the gravity of the situation. However, government representatives noted that there are ways in which governments still can assist local organisations and thus support their efforts. For example, in Uganda the government will provide technical assistance for training; in Tanzania, they will assist by assuming a coordinating role among the various NGOs; in Zambia, they will offer services that complement the work of the local organisations.

It was also clear that staff from the various organisations represented at the workshops were keen to work together and share resources. Therefore they greatly appreciated having a forum to begin this process. A strong recommendation from each event was that opportunities for follow-up be scheduled at set intervals to keep the process moving forward.

The issue of sustainability is one that every project is grappling with, particularly because there has been a growing recognition among local organisations that simply informing and educating people is not enough. All of the groups emphasized that the era of creating awareness has been outlived and that the major concern now is how to care for those affected by the disease, how to support their families who are looking after them and, how to ensure that the growing number of AIDS orphans are not only cared for but given a positive start in life.

The participants also emphasized the need for policy changes that would make their work more effective. For example, the issue of “confidentiality” needs to be revisited. If family and community are to be the front line in caring for people with AIDS, they need to be fully informed about the situation.

At the time of the workshops, the project director re-visited the case study sites in order to get an update on each project and discuss with project staff possible future activities. Meetings were also held with other lead organisations working on AIDS within the same communities as the case study sites. Based on these visits, and the recommendations from the different workshops, the Community-Based AIDS in Africa project will be developing interventions to be carried under Phase II of the project.
A number of participants expressed their gratitude for such a forum, noting that it was the first time researchers had come back to discuss findings with them and get their feedback. Country specific workshop reports were written by consultants who helped to organize each event and have been distributed to all participants in each country.

COUNTRY SUMMARIES

The following are summaries drawn from reports of the individual workshops which were prepared by local consultants in each country. Copies of the complete proceedings of each workshop are available from the Population Council office in Nairobi, Kenya.

UGANDA

The first workshop was held in Kampala, Uganda on May 10, 1995. Twenty-seven participants drawn from a variety of government and NGO organisations highlighted the activities within their programmes. The presentations were then followed by a panel discussion during which participants deliberated on various issues raised by the presenters.

During the Uganda workshop, one of most controversial issues surrounded the use of "volunteers" who are an important service delivery cadre in almost every community-based effort. Questions included what exactly volunteers should do and how they can best be compensated given the resources available and looking toward the eventual sustainability of these efforts within the community. Participants reiterated that community-based health care projects relied heavily on volunteers and participants felt strongly that there is a need to identify strategies that will help to maintain the spirit of voluntarism within the community.

Specifically, participants pointed out that there is a need to formally acknowledge volunteers' services and they expressed concern that "donor pressure" on programs not to provide compensation to volunteers should be reduced. The workload shouldered by volunteers also needs to be carefully assessed and paid project staff should be appreciative and give due respect to those who volunteer their time. The participants felt one approach to this problem would be to involve volunteers in project planning as well as implementation which would help prepare the community to eventually take over these programmes at the local level.

In terms of incentives for volunteers, some suggestions included awarding certificates for training completed or occasionally giving gifts or awards to volunteers. It was also agreed that there should be a consensus by various organisations working with volunteers as to what approach should be used for providing incentives. This would help to eliminate inequalities between organisations that currently provide incentives and those that do not. Project facilitators also can learn from one another about how to raise the funds needed to support volunteers' services.

It was further recommended that organisations operating in the same area work together more closely and suggested that this could best be achieved through one channel, preferably the office of the District Medical Officer (DMO). This would help to avoid overloading people at the local level in an attempt to meet the needs of similar, if not conflicting, efforts within the community.

In summary, participants in the Uganda workshop offered the following suggestions to further strengthen community-based initiatives in their country:

- Ensure community participation/involvement in project planning, implementation and evaluation.
- Hold regular review meetings for community volunteers.
• Obtain political and financial support from the government for AIDS prevention and care activities.
• Ensure that projects are sensitive to community norms.
• Increase collaboration between the various institutions/organisations addressing the problem of AIDS in Uganda.

Conclusions

At the end of the day, participants concluded that the workshop was an eye opener for organisations involved in HIV/AIDS activities at the community level and stated that they felt it would be quite valuable to hold such meetings on a regular basis. In this regard, they sought to identify a body that would coordinate such a meeting. The NACP, situated within the Ministry of Health, was proposed, although representatives of the NACP felt that the Uganda AIDS Commission would be a more appropriate organisation to take on this responsibility.

The workshop was officially closed by Mr. Paul Kagwa, Deputy Assistant Commissioner for Primary Health Care and Health Education. In his closing speech, Mr. Kagwa thanked the Population Council for organizing the workshop and inviting community organisations involved in AIDS activities to come and share their experiences. He called on the Council to continue supporting research activities in Uganda in order to help improve their response to the AIDS pandemic. Thus it was evident that there was a commitment from the Ministry of Health (MOH) to continue supporting such AIDS initiatives to the extent possible.

As a specific follow-on to the Community-Based AIDS project, a proposal has been developed by a team at the Institute of Public Health at Makerere University to train selected programme participants in project development, implementation, monitoring and evaluation. Improved skills in these areas would benefit not only the Community Counseling Aides project but staff of other local initiatives in Uganda as well.

ZAMBIA

The workshop in Zambia took place on June 1, 1995 and was attended by 35 participants. Each of the local initiatives profiled in the case study document reported on the activities of their programmes emphasizing areas of particular strength and noting constraints faced. These were followed by reports from other programmes addressing issues of HIV/AIDS prevention and care at the local level. Some of the strengths and constraints noted in the various presentations are noted below.

Lack of adequate resources (financial, materials and transport). Projects are attempting to explore and utilize available resources at the community level instead of relying only on donor funding.

There remains a wide gap between HIV/AIDS knowledge and adoption of low risk behaviour.

Lack of IEC materials, especially in local languages; lack of technical support in programme planning and proposal development, particularly for community initiatives managed by grassroots women; inability of some established community programmes, such as anti-AIDS clubs, to continue functioning due to various logistical problems; and failure to adequately address gender issues in HIV/AIDS prevention programmes.

Participants emphasized the need to recognize the high level of commitment and voluntary spirit among community members and to increase their sense of ownership of the projects.

Many of the projects are seeking effective ways to involve young people in AIDS prevention and care as well as helping those who have lost family members to stay in school and receive the training necessary for them to be able to support themselves and assist other
members of their families. Major obstacles these projects face include cultural norms that limit communication about sexuality between parents and their children while, at the same time, knowledge differences between parents and children limit effective communication about HIV/AIDS among family members.

Another problem is that young people graduating from skills training programmes often do not find employment. Community projects targeting youth are now involving the young people in identifying and prioritizing their own needs, as well as planning and managing the programmes designed for them. Projects targeting both the general community and youth are now devising interventions to strengthen links between young people and their families.

In terms of the media, participants felt that many journalists do not focus on the real issues affecting people in the community but on sensational stories. Press representatives noted that the lack of a resource base on HIV/AIDS in Zambia hinders investigative reporting. Some Journalists also lack the knowledge and skills needed to do quality reporting.

Available Resources for HIV/AIDS Activities

During the workshop, a number of agencies identified themselves as possessing resources to assist other groups in implementation of their HIV/AIDS programmes. These are listed below:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Type of Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>Proposal development and writing, training</td>
</tr>
<tr>
<td>NACP</td>
<td>Training</td>
</tr>
<tr>
<td>Kara Counselling and Training Trust</td>
<td>HIV testing, counseling</td>
</tr>
<tr>
<td>Family Health Trust</td>
<td>Educational materials in English and local languages, home-based care, project management</td>
</tr>
<tr>
<td>Catholic Secretariat</td>
<td>Training in behaviour modification</td>
</tr>
<tr>
<td>Family Life Movement of Zambia</td>
<td>Training, blood testing facilities, mobile caravan with a TV monitor</td>
</tr>
<tr>
<td>University of Zambia</td>
<td>Research expertise, proposal development and writing</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>Research expertise, proposal development and writing</td>
</tr>
<tr>
<td>(Health Systems Research)</td>
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</tbody>
</table>

Conclusions

Efforts such as the Community-Based AIDS Prevention and Care in Africa project are needed to explore and devise effective ways to replicate workable models (what we know works) with appropriate modifications that reflect each project's particular situation. It was emphasized that community programmes should not be viewed simply as women's projects, but as developmental programmes for the whole community.

If successful and sustainable programme outcomes are to be achieved, organisations providing technical and other assistance need to take a supportive role in order to promote dedication and the voluntary spirit among various community actors. The role of volunteers in community projects should be re-visited in order to assess and identify more effective strategies for motivating volunteers and sustaining the important services they provide.

Traditional or cultural practices/ceremonies should not be looked at as intrinsically bad, and some of their positive aspects should be promoted. There is a need to examine and identify positive aspects of traditional practices in order to facilitate development of culturally appropriate HIV/AIDS programmes.

More research needs to be conducted to gain a better understanding of risk behaviour, community needs and preferences, and how positive lessons from pilot projects can be extended.
Well come to Kwaisha Mukweu

The harvest is huge!
The harvesters are few.
to other communities. There is a need for the work of HIV/AIDS community programmes to be assessed and evaluated at reasonable intervals. Technical experts should listen to and learn from local people in order to better assist communities to identify and prioritize their problems. HIV testing should be voluntary, not coercive, if it is to be supportive of behaviour change. Adolescents should be trusted and be given full information about HIV/AIDS.

Community projects should utilize and/or involve churches and other service organizations as entry points as well as in various aspects of planning, implementation and management of HIV/AIDS programmes. Innovative strategies should be developed to disseminate information effectively to various target audiences; there is need to move from lecture to participatory teaching methods.

There is a need for increased political/governmental support for HIV/AIDS community programmes at all levels and HIV/AIDS prevention and care programmes should be given high priority on national agendas.

Workshops such as this one should be encouraged as they strengthen networking and the sharing of information and experience.

The National AIDS Prevention and Control Programme (NACP) should serve as liaison between various HIV/AIDS activities in order to avoid duplication of effort and wasting of resources (the Logistics Officer - Mr Paul Chungu - was delegated to follow up on this recommendation through the NACP).

TANZANIA

The workshop in Tanzania was held on June 28, 1995 and included 28 participants. The workshop was officially opened by the Minister for Health, Hon. Mrs. Zakia Megji, M.P. In her speech, the Hon. Minister noted her appreciation of the Council's efforts to apply a scientific approach to solving population-related problems. The Minister also appreciated the Council's approach of involving the community in the interpretation of the project findings and in the planning of interventions. She stressed that the East Africa region was badly affected by the AIDS epidemic and, therefore, recommended networking as a means of better utilizing the scarce resources available in the region.

Hon. Mrs. Megji said that the Government was overwhelmed by many health problems and other constraints due to the poor economic situation in the country. Hence, in Tanzania NGO efforts to complement the government's efforts in the fight against AIDS are greatly appreciated and encouraged. The Hon. Minister urged NGO collaboration, putting an emphasis on increased networking that would stress programmes' complementary roles rather than viewing one other as competitors, thus improving their impact in dealing with the AIDS epidemic.

Prior to the official opening ceremony, participants were requested to give their expectations from the workshop. In summary, their responses included: to know the role played by NGOs in Tanzania in the prevention of HIV transmission and care of affected people; to understand more about donor agencies and their funding policies in relation to AIDS activities; to share experiences with one another in order to improve services provided to individuals and families affected by HIV/AIDS; and to get to know each other and start networking among themselves.

Dr. Esther Muia, the Population Council's Associate for Reproductive Health, gave an overview of the Community-Based AIDS Prevention and Care: Building on Local Initiatives project. All the participating NGOs then presented a summary of their activities, achievements, constraints and future plans.

After the panel discussion, participants made some recommendations based on common problems identified:

- NGOs should put more effort into developing income-generating activities that could be
NGOs initiated by their clients and their families, supporters of the various NGOs, or other specific groups. Further, AIDS NGOs should seek donations in kind or cash from the beneficiaries of their programmes.

- NGOs reported that there is duplication of effort among themselves and that a few clients are receiving extensive support while others receive no support at all. This problem was attributed to a lack of coordination among the NGOs engaging in similar activities. It was therefore recommended that the NACP, in collaboration with the NGO Technical Advisory Committee (NGO/TAC), identify the strengths/weaknesses of each AIDS NGO and initiate exchange programmes to help them strengthen each other. It was also suggested that in implementing its own strategy, the NGO/TAC should work in collaboration with the NACP. Further, the NGO/TAC should assess the support services available among AIDS NGOs in order to facilitate an exchange of information and experiences among service providers.

- Lack of transparency among the various NGOs was mentioned as another constraint. In order to overcome this problem, it was recommended that the NGO/TAC monitor the activities of all member NGOs to ensure that they abide by their respective constitutions. It was also suggested that NGOs should work out strategies to address the needs of the communities they serve rather than simply duplicating what others are doing.

**Conclusions**

In summing up, participants noted that in order to avoid duplication of effort and concentration of support to a few people with AIDS (PWAs), NGOs should maintain close linkages with one another. Specifically, a mapping system was proposed as a possible solution. In addition, individual organisations were encouraged to extend their activities and services to other areas in Tanzania apart from the capital, Dar-es-Salaam. Specifically, they requested that MEWATA (the Medical Women's Association of Tanzania) extend their services to people with AIDS currently served by other NGOs while the Tanzania Media Women's Association was encouraged to further sensitize the media in the country in order to not only increase but improve the accuracy of coverage related to the AIDS situation. Participants appealed to NGO/TAC members to be more transparent about their activities in order to avoid mistrust among members.

Fund-raising activities by the NGOs were considered to be the best solution to the economic constraints noted by all the participating organizations. The participants also requested that the government support the NGO/TAC in its efforts to coordinate NGO activities in the country. They felt this could help resolve some of the problem of duplication of activities noted by a number of the organisations attending the workshop. Participants also requested that the government give more support to NGOs formed by PWAs, such as Service, Health and Development for People Living with HIV/AIDS (SHDEPHA). The NACP also was requested to conduct a survey to evaluate the activities of AIDS NGOs in the country.

**ZIMBABWE**

Like the other workshops, this one-day meeting, held on July 10, 1995, brought together 18 representatives of groups involved in AIDS prevention and care activities at the community level. Presentations were made by the Zimbabwe National Traditional Healers Association (ZINATHA) and a number of other community-based initiatives.

**Discussion**

A panel discussion followed the presentations in which participants deliberated on the strengths and weaknesses of their community-based initiatives. The following are some key recommendations made by the participants for improving the services they currently provide.
There is a need for more intensive and organised networking and collaboration among organisations involved in HIV/AIDS prevention and care initiatives. Strategies aimed at improving the quality of life for those infected/affected should be developed, including use of available community resources, including families.

Organisations should encourage participation from all community members in HIV/AIDS activities, and when dealing directly with clients they should create a friendly and hospitable environment for them. It was recommended that a uniform system for the management of HIV/AIDS clients be devised and adopted by organisations.

Peer education has been found to be a very effective strategy and should be promoted more than it currently is. It is also important for organisations to ensure that the care and services they provide to clients is both accessible and acceptable to them.

Conclusions

At the end of the workshop, participants resolved to meet bi-annually to continue sharing their experiences. It was agreed that the Zimbabwe AIDS Network, in collaboration with the NACP, would organize these meetings. In order to be able to develop appropriate agendas for meetings, it was agreed that the Zimbabwe AIDS Network (ZAN) would identify all other organisations involved in HIV/AIDS work at its next quarterly meeting. In addition to this, ZAN will also be responsible for collecting information on the activities of these organisations using a specially developed reporting format. The Zimbabwe AIDS Network also will supply the NACP with copies of its quarterly reports. In turn, the NACP will analyze and disseminate this information to relevant organisations for discussion at future bi-annual meetings.

KENYA

The last workshop was held in Nairobi, Kenya on August 10, 1995 and was attended by 37 participants. Again in Kenya, presentations from a variety of community-based organisations were followed by a panel discussion. Participants then deliberated on what they would like to see as follow-up to this meeting. Major emphasis was placed on the need for improved networking in community-based AIDS prevention and care within Kenya. A number of organisations offered to provide support for this strategy as indicated in the table on the next page:

It was noted that the Kenyan government is currently drawing up policy guidelines for home-based care. In this regard, the participants made the following recommendations:

- Decentralize government management of STDs to the lowest level possible.
- Encourage policy makers to revisit the issue of confidentiality, especially with regard to the person responsible for providing care for HIV+ patients in the home. Respect for patients privacy must be weighed against the need for knowledge about the illness on the part of those caring for them.
- Strengthen grassroots level training for service providers.
- Identify community resources that can support and implement home-based care.
- Emphasize that programmes should develop strategies that integrate both prevention and care.
- Put into place, within the health infrastructure, an organised system for discharge, referral, and follow-up of people with AIDS.
### Institution

<table>
<thead>
<tr>
<th>Institution</th>
<th>Type of Support</th>
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<tbody>
<tr>
<td>Kenya Medical Women's Association (KMWA):</td>
<td>• Medical support</td>
</tr>
<tr>
<td>Crescent Medical Aid Kenya:</td>
<td>• Material resources</td>
</tr>
<tr>
<td>Provide International:</td>
<td>• Community counselling</td>
</tr>
<tr>
<td>The Association of People with AIDS in Kenya (TAPWAK):</td>
<td>• Videos</td>
</tr>
<tr>
<td>Christian Health Association of Kenya (CHAK):</td>
<td>• Other IEC materials</td>
</tr>
<tr>
<td>Kenya AIDS Society (KAS):</td>
<td>• Recreational facilities</td>
</tr>
<tr>
<td>Children of God Relief Institution (Nyumbani):</td>
<td>• Ambulance service</td>
</tr>
<tr>
<td>The Voluntary Women Rehabilitation Institute (VOWRI):</td>
<td>• Food for orphans</td>
</tr>
<tr>
<td>Family Planning Private Sector (FPPS):</td>
<td>• Free counselling services</td>
</tr>
<tr>
<td>Undugu Society of Kenya:</td>
<td>• Video facilities</td>
</tr>
<tr>
<td>AMANI Counselling Centre:</td>
<td>• IEC materials</td>
</tr>
<tr>
<td>Cine Arts Productions:</td>
<td>• Distribution of condoms</td>
</tr>
</tbody>
</table>

- Ensure that people with AIDS get an automatic waiver that will allow them to receive treatment in public health institutions without charge.

### Conclusions

At the end of the workshop, participants agreed to form a lobby team to ensure that the forthcoming sessional paper, being prepared by the Ministry of Health on home-based care, incorporates the workshop recommendations. Three participants volunteered to be members of the team: Dr. Sobbie Mulindi - University of Nairobi, Ms. Esther Gatua - NGO AIDS Consortium, and Mr. Joe Muriuki - Kenya AIDS Society. The Population Council agreed to hold a follow-up meeting once the second draft of the sessional paper is ready, with Dr. Mulindi serving as coordinator.
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Publications can also be requested from:
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