

Prevention Strategies: Four Models

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Overview

Prevention has been identified as a priority by the Department of Health and many organizations working in the field of HIV/AIDS. The key aim is to reduce the number of new infections and to mitigate the impacts of HIV infection.

The Department of Health faces enormous challenges in terms of managing sexually transmitted infections (STIs), implementing the Nevirepine program to reduce mother to child transmission, training of healthcare workers and disseminating information to the general public.

Traditional prevention programs have addressed the following:

- Awareness (imparting knowledge about HIV/AIDS, transmission etc, life skills training, promoting positive living and planning for future)
- Condom distribution
- Femidom (female condom) availability
- STI management, including counselling
- Voluntary counselling and testing (VCT)—testing done through clinics, hospitals, mobile clinics, some non-government organizations (NGOs).

Recent research by several organizations has confirmed some alarming trends:

1. Awareness programs coupled with increased condom distribution have not contributed significantly to behavioural change. That is, many people are still engaging in high-risk behaviour despite having a high level of awareness. This trend is particularly noticeable among young people.
2. Youth (aged 14 to 35) are not optimistic about their future job prospects, with the result that students are less motivated to do well and out-of-school youth have no incentive to look for work.
3. Women are particularly vulnerable. Some key challenges facing women are: vulnerability to the disease, gender inequality (inability to negotiate sexual relationships) and poverty.
4. A critical factor driving the epidemic is the prevalence of sexual relationships between young girls and adult males (5 to 10 years older). Power differentials in these partnerships place girls at higher risk of infection through abuse, exploitation

and violence. Prevention efforts should acknowledge the limited ability of these girls to make informed, voluntary decisions concerning abstinence, faithfulness and condom use. Many young girls view having a boyfriend as a way of securing a livelihood. In addition, a significant proportion of these young women view having a baby as a way of accessing government grants in the countries where they are available.

5. Poverty and food insecurity play a large role in terms of people falling ill sooner, being less likely to recover and more likely to engage in sex-for-money transactions.
6. Although school enrolment rates for girls in Southern Africa are higher than those for boys, it is still a challenge to keep girls in school. Anecdotal evidence suggests that girls leave school to care for sick family members, or when they are orphaned, or because of the economic impact of HIV/AIDS on their families.

Key Challenges

Considering all the research evidence, the challenges can be divided into 3 key areas as follows:

- Adopting a multi-level approach to reach beyond information and engage young people in ways that result in behavioural change.
- Adopting a multi-level approach to deal with the complex dynamics surrounding women and HIV/AIDS.
- Addressing issues of food insecurity and poverty through a range of programmatic interventions.

Rising to the challenge

Following are examples of prevention initiatives that have had positive results.

Model 1: ZIPHAKAMISE

www.ziphakamise.org.za

Ziphakamise is an NGO operating in Southern Kwa Zulu Natal, targeting rural and semi-rural communities. The organization's primary focus is to make a meaningful contribution towards the empowerment and advancement of disadvantaged communities, groups and individuals within its area of operation and in doing so to reduce the incidence of HIV infections by 50 per cent in the next 5 years.

LoveLife GroundBreaker (GB) project

Target group: youth

Ziphakamise is a franchise holder of LoveLife. Our target is to reach 18,000 young people this year with 20 Groundbreakers (GBs) & 60 Mpinthshis (assistants).

We are able to reach large numbers due to the system of using peer educators. A GB works with several Mpinthshis in a school where they identify youth with leadership potential. These young people are then trained to have groups of their own. After being trained, they select one of the elective modules to present to school learners (eg debate, Body Y's Active – sports and recreation, Body Y's Clinical).

Feedback received:

- Pre- and post-evaluation questionnaires have shown a tremendous improvement in terms of participants' knowledge, self-esteem and motivation for their future.
- Focus Group discussions with Parents and Educators have confirmed the above, particularly in terms of the evidence that young people are developing personal goals for their lives and have a greater sense of purpose.
- Educators report that implementation of the LoveLife Program has been coupled with achievement of higher academic results. This has been attributed to the higher level of motivation of youth who participate in the program.

HIV/AIDS awareness and training project

Target group: women and men, both young and old

HIV/AIDS awareness staff focus on raising levels of awareness of HIV/AIDS among members of the community, women's groups, farm workers, business employees and youth out of school. They conduct week-long awareness training for people from the stated target groups. In addition, Ziphakamise has intentionally mainstreamed HIV/AIDS and incorporated awareness training into other projects such as computer training. This function is carried out by the HIV/AIDS Awareness Team.

Small business skills project and computer skills training

Target group: women and men

These practical skills training programs are seen as part of prevention work done by Ziphakamise as they equip the trainees to be more employable or to be self-sustainable. Being able to support oneself and one's family economically fosters a sense of hope and desire to live a full, meaningful life despite the effects of HIV/AIDS. The majority of trainees will be affected (if not infected) by HIV/AIDS.

The link between poverty and HIV/AIDS has been well documented and it is clear that helping people become self-sustainable economically is a valuable contribution in the fight against the epidemic.

Adult basic education and training program (ABET)

Target group: mostly women, tend to be elderly

We believe that our literacy work is vitally important as literacy training offers learners and their communities the chance to make a difference in their own lives and to take charge of their own development.

Ziphakamise takes a poverty reduction approach and links literacy training to livelihoods, i.e. how literacy will best serve people in order to make a living. Where literacy provides new opportunities, people are motivated to learn to read and write. The ABET team provides training on literacy itself as well as training on skills that can help participants earn a livelihood, such as sewing and arts and crafts.

Tourism project

A tourism officer works with small community-based groups who are interested in producing goods for the local tourist market. They are trained to produce high quality goods, and are then assisted in the marketing of their products, thus generating income for them to earn a livelihood.

Masithintane initiative

Target group: religious leaders

This is an outreach program targeting religious leadership. We feel this is an important area of prevention work as religious leaders have tremendous influence in their communities and by empowering them, we can have a wide circle of influence. Our HIV/AIDS team conducts six workshops per annum on HIV/AIDS awareness, prevention and support, providing biblical support to ministers for use in their sermons. The team conducts three 10-day workshops on HIV/AIDS counselling for this target group

Food garden project

Target group: women

This program is coordinated by our social relief department and aims at equipping people to grow their own vegetables. We feel this is an important project as people who are infected or affected by HIV are able to grow healthy, fresh vegetables at a very low cost. Better eating habits, the exercise gained in growing the food and the satisfaction of having done so, go far to extend the quality of life while HIV positive.

MODEL 2 : AMANZIMTOTI YMCA <http://www.totiyymca.org>

The Amanzimtoti YMCA is a youth-driven Christian organization, located on the southern coast of Kwa Zulu Natal, that seeks to develop youth leadership holistically in

order to transform communities into a place where Christian values and principles are practiced. They are deeply concerned about issues relating to HIV/AIDS, lobbying and advocacy, theology and democracy, skills training and entrepreneurship.

The Amanzimtoti YMCA has conducted a traditional awareness program over the past five years. In evaluating their projects during 2003, it became apparent that while young people had benefited from awareness training, their behaviour had not necessarily changed. It was realized that issues pertaining to HIV prevention are far more complex than simply passing on information about the disease. Issues of lack of self-esteem, lack of hope in the future, economics/poverty, lack of facilities in their communities, high levels of unemployment, widespread inability to negotiate sexual relationships and others contributed to the continued high risk behaviour with regards to HIV/AIDS.

This scenario (simplified here for sake of brevity) led the YMCA to develop a five-year strategic plan to develop several youth centres in the communities they are already engaged in. The YMCA sees its role as helping to create an enabling environment for communities to tackle the impacts of HIV/AIDS. Community-based youth centres act as a hub for a range of youth friendly activities.

Youth clubs

Youth meet weekly to participate in a youth-friendly life skills program designed to get young people actively engaging with issues they are learning about. After learning new skills the group take on a small, practical project to put into practice some aspect of what they have learned. It is this practical experience that makes the theory come alive and helps young people internalize what they've learned. It is believed that this approach will go far towards stimulating behavioural change and increasing their hope for an exciting, fulfilling future for themselves.

Lobby and advocacy program

The goal of this program is to impart lobby and advocacy skills to young people to enable them to lobby for better services and thereby tackle the impacts of HIV/AIDS themselves.

Entrepreneurship skills program

This program is designed to train in the setting-up of a small business. The philosophy is to reduce poverty, boost self-esteem and increase the ability to earn a living.

Sports and recreation program

Sports and recreation activities are held to encourage a positive lifestyle and act as a lure away from temptation to engage in high-risk behaviour or even crime.

Facilitation of support groups

Facilitators provide information at weekly meetings on HIV- related issues, counselling, training on home-based care (which enables participants to care for others and each other) and practical skills training to assist the groups to earn a livelihood, including small business skills, vegetable growing, arts and crafts – depending on the requests of the group.

Edutainment groups

Edutainment consists of groups of young people who get together twice a week to do singing and drama. This is particularly appealing to teens and it is used as a medium to spread the prevention message.

MODEL 3: TARGETED AIDS INTERVENTION (TAI)

<http://www.targetedaids.co.za>

TAI is an NGO operating in central and northern Kwa Zulu Natal. They focus their work on rural communities where level of stigma is high and men assume dominance in relationships with women. Their mission is stated as follows: *TAI will strive to provide men and other target groups with appropriate information and skills (negotiation, decision-making etc) in STIs, HIV / AIDS and other health related issues by using a non-directive approach that will apply the principles of KAMSE (Knowledge, Attitudes, Motivation, Skills and creating an Enabling Environment). This will enable TAI clients/beneficiaries to utilize the information and skills gained to design their own programs and make informed decisions.*

They work on the assumption that by empowering and sensitizing men, the lives of the women will be improved. In 2001, it became apparent that there was a need to delay the age of sexual initiation in young men. Many young men become sexually active as early as 12 years old (due to many factors, but mostly peer pressure and experimentation) and this contributed greatly to vulnerability to HIV infection.

Shosholozza AIDS project and the Inkunzi Isematholeni project

Target group: Boys and men in rural areas

These projects have established peer educator groups in various regions of KwaZulu Natal and provided technical and financial support for their activities. Peer educator

groups are initiated and trained, and then mentored and supported as they implement their own projects in their area. The young men who are participating have worked tirelessly towards educating their communities about HIV/AIDS, prevention, positive living and care. These two projects have proven very successful and are enthusiastically supported by the participants.

Stakeholders capacity building

Target group: community leaders

Increased capacity in key stakeholders (traditional leaders, church leaders, local political leaders, local youth and adult groups) to respond to the epidemic leads to decreased levels of stigma and discrimination. Targeting community leaders—who are people of tremendous influence—to be more forthcoming about the epidemic will indeed contribute to the decrease of stigma, which is particularly high in rural areas. Identified groups are trained in mainstreaming HIV prevention, care and support into their programs.

MODEL 4: UGANDA

After 1985, pastors in Uganda took a drastic step towards the fight against HIV/AIDS. Some of them went to the U.S. for intensive training on HIV/AIDS. When they returned, their strategy was on awareness education. Each pastor started the program with his family, church members and eventually the community.

Awareness program

Target group: families, church members, community

Pastors made their families aware of the disease. Then an awareness program was implemented including provision of information on: STIs, transmission, how to fight the disease as a Christian, abstinence and faithfulness.

Family members then approached their friends (mothers with other women, boys and girls with their peers) and shared the information with them.

Churches were deeply engaged in this process, and even procured the support of the president and minister of health of Uganda. In 2001, statistics revealed that the HIV/AIDS infection rate in this country dropped from 36 per cent to six per cent. Churches and Christians can make a significant contribution towards the battle against HIV/AIDS using all the necessary and biblical tools.

Looking to the future

Over the next three to ten years, we foresee that the following will be necessary in terms of prevention work:

1. Coordinated and coherent HIV and AIDS activities that are in line with national and provincial imperatives
2. Strong partnerships between organizations involved in prevention work to share learning experiences, skills and resources
3. Increased level of advocacy and lobby training, as this will help communities tackle their own development.
4. Increased mainstreaming—organizations involved in prevention work increasingly integrate HIV/AIDS issues with other programmatic components
5. Strong partnerships between organizations addressing different aspects of the epidemic: prevention, care and support.
6. Strong partnerships between governmental agencies and NGOs/CBOs
7. Strengthening of the capacity of organizations involved in prevention through increased funding directed towards this sector
8. Adoption and implementation of “The Three Ones” principles (see below).

The Three Ones: Principles for the coordination of national AIDS responses

UNAIDS, the United Kingdom and the United States cohosted a high level meeting at which key donors reaffirmed their commitment to strengthening national AIDS responses led by the affected countries themselves. They endorsed the "Three Ones" principles, to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management.

- **One** agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners;
- **One** national AIDS coordinating authority, with a broad-based multi-sectoral mandate;
- **One** agreed country-level monitoring and evaluation System.

There has been a marked shift in the global response to the complex AIDS crisis, which continues to worsen. National responses are broader and stronger, and have improved access to financial resources and commodities. As well as increased commitments by affected countries themselves, the advent of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the new AIDS programs of the World Bank, expanding commitments from donor countries (especially the United States) and the work of private sector foundations has seen the total amount of funding on AIDS increase from US \$2.8 billion in 2002 to an estimated US \$4.7 billion in 2003. While more resources are needed generally, there is also an urgent need to focus on heavily-affected countries and to avoid duplication and fragmentation of resources.

It is this challenge that the "Three Ones" are specifically designed to address. Built on lessons learned over two decades, the "Three Ones" will help improve the ability of donors and developing countries to work more effectively together, on a country-by-country basis.

Dr. Lulamile Bodla, is the chief executive officer of Ziphakamise in South Africa. The aim of Ziphakamise is to make a meaningful contribution toward the empowerment and advancement of disadvantaged communities, groups and individuals, especially young people.