



THE SHARE STORY BOOK:



Celebrating our Successes and Sharing our Stories





“

SHARe has been a light—we can now see the way. SHARe has shown us the prospect of a future without AIDS.

”

—CHIEF NALUBAMBA OF THE ILA PEOPLE OF SOUTHERN PROVINCE



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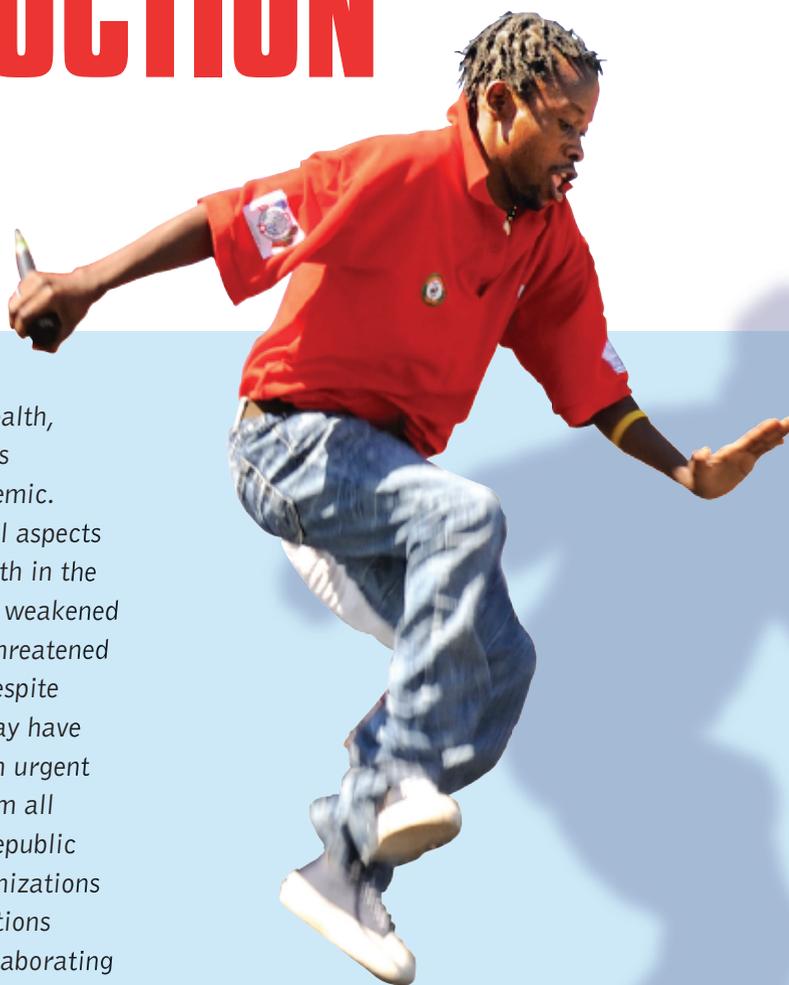
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INTRODUCTION

Zambia is experiencing the health, economic, and social impacts of a mature HIV/AIDS epidemic. The epidemic has affected all aspects of social and economic growth in the country. It has devastated families, weakened all areas of the public sector, and threatened long-term national development. Despite some evidence that the epidemic may have reached a plateau, there remains an urgent need for an integrated response from all sectors of the Government of the Republic of Zambia (GRZ), faith-based organizations (FBOs), nongovernmental organizations (NGOs), the private sector, and collaborating agencies. HIV/AIDS remains an overwhelming development challenge in Zambia.

According to the 2007 Zambia Demographic and Health Survey (ZDHS), the overall adult HIV prevalence in Zambia is 14.3%, with 16.1% of women age 15-49 years being HIV-positive, compared to 12.3% of men in the same age group. These statistics highlight the disproportionate vulnerability of Zambian women to HIV. Approximately 1.5 million Zambians are living with HIV, suggesting great potential for continued and sustained spread of the virus. An estimated 1.2 million orphans and vulnerable children (OVC) underline the need for effective

mitigation and HIV-prevention services to these children and other at-risk youth. The HIV/AIDS epidemic in Zambia has resulted in a full-scale national response led by the GRZ and its cooperating partners, including significant investments from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR has resulted in an unprecedented expansion of Zambia's HIV/AIDS response, providing the bulk of the support to manage and coordinate the response and to implement services.



About SHARe: The USAID-funded **Support to the HIV/AIDS Response in Zambia (SHARe) Project** has served as a catalyst to reduce the impact of HIV/AIDS and improve the quality of life for persons affected in Zambia. 🏳️ Throughout the life of the project, SHARe has aimed to reduce workplace absenteeism, strengthen the capacity of coordinating structures, and improve the policy and regulatory environment as related to HIV/AIDS. SHARe ran from 2004 through 2010, and was implemented by JSI Research & Training Institute, Inc., in collaboration with Abt Associates and Initiatives, Inc. 🏳️

As a result of the national response to HIV/AIDS, approximately 50% of people in need of antiretroviral therapy (ART) had received it by the end of 2008, compared to 33% in 2006; and approximately 40% of pregnant women benefited from prevention of mother-to-child transmission (PMTCT) services in 2008, compared to 30% in 2006. These are encouraging trends that need to be sustained. Yet only 15% of Zambians have accessed testing and counseling (TC) and know their HIV status. Condom use is still very low

both with regular and non-regular partners. According to the 2009 Zambia Sexual Behavior Survey (ZSBS), only 12% of male Zambians were circumcised.

The SHARe project, funded by the United States Agency for International Development (USAID), began in August, 2004 and extends through 2010. In collaboration with other local partners, SHARe represented a continuation of the U.S. Government support for HIV/AIDS in Zambia. SHARe was designed



SHARe-trained popular Zambian musicians promote appropriate HIV/AIDS messages at a social mobilization event in Livingstone.



Former U.S. Ambassador to Zambia Carmen Martinez (center, in white) poses with the 2008 Miss Zambia contestants, who are SHARe-trained HIV/AIDS ambassadors and advocates.



A Zambian national football team member plays soccer with an orphan from Livingstone at a SHARe-supported social mobilization event.

to build upon the success of earlier efforts to deal with some of the remaining challenges in the national HIV/AIDS response. In general terms, SHARe has served as a catalyst to reduce the impact of HIV/AIDS and improve the quality of life for persons affected by HIV/AIDS in Zambia. By strengthening leadership, building local capacity, and improving the policy environment, SHARe has supported the institutional response to HIV/AIDS. SHARe has worked with the public and private sectors to establish workplace programs to strengthen HIV prevention, treatment, care, and support services for employees, families, and the community at large. In addition, SHARe

has supported the GRZ and nongovernmental organizations to improve the management and coordination of HIV activities, including improved data collection and decision-making. The project also worked closely with policy-makers to strengthen the legal and regulatory environment as it relates to HIV, to make it more supportive of people living with HIV and more supportive of HIV programming.

SHARe is designed to contribute to the achievement of the USAID/Zambia Mission's Strategic Objective 9: Reduced Impact of HIV/AIDS Through Multi-Sector Response:



A counselor at a SHARe-supported HIV/AIDS awareness event waits for her next clients.



Local men in traditional dress promote voluntary counseling and testing services for HIV given by SHARe partner Latkings Outreach Group.

- Increase workplace-based HIV/AIDS activities in all sectors
- Improve the capacity of coordinating structures to coordinate and implement the HIV/AIDS response
- Improve the policy and regulatory environment to ensure that policies and laws are in place to protect people living with HIV/AIDS
- Engage leaders and foster leadership at national, district and community levels in the fight against HIV/AIDS

This booklet features some of the successful interventions that SHARe and its partners have implemented in these areas and the lives they have changed over the past five years. SHARe hopes that many of these efforts will continue within the communities and organizations with whom we have worked in the fight against HIV/AIDS in Zambia.

Dr. Muka Chikuba
SHARe Chief of Party

Sharing the Message Through MUSIC

“I went for counseling and testing, and now I know,” remarks Justin Mulenga, also known as Mozegator, one of Zambia’s top musicians, with a huge grin. “I know my HIV status—how cool is that?” he adds, with his trademark youthful enthusiasm.

When Mozegator sings, he touches Zambia’s soul. Zambia rocks with him and listens to him. He addresses his messages in song to youth with his catch phrase, “are you with me boys and girls?“, but everyone—from grandmothers to toddlers—rocks when Mozegator sings.

However, less than two years ago, Mozegator was just another famous Zambian singer. “I sang my heart out about everything under the sun, except the biggest problem facing Zambia today: HIV,” he says. That changed in May 2008, when the SHARe project reached out to Mozegator and convinced the 32-year-old musician to take part in the project’s HIV/AIDS ambassadorship and leadership training program.

The goal of SHARe’s innovative training program was to build a core of popular young Zambians, like Mozegator, to be HIV/AIDS ambassadors to their peers. The program trained these influential young people to deliver important public health messages about HIV/AIDS to Zambia’s youth. The program trained more than 100 young ambassadors, from



Zambian singer Mozegator reaches youth in Livingstone with HIV/AIDS messages he learned from SHARe.

singers to beauty pageant contestants. The training for these young role models included workshops on basic HIV/AIDS information, and skills building to strengthen their ability to communicate effectively and influence the behaviors and perceptions of their audiences, particularly the youth. Toward the end of the training, the musicians composed a pop song containing HIV/AIDS messages which was produced for national broadcasting.

Mozegator says he is a changed man since his training as an HIV/AIDS ambassador. “All my music and shows now have HIV/AIDS messages. I sing about the importance of counseling and testing, the need to fight stigma, and I encourage young people to get involved in the fight against HIV,” he says.

At a recent concert, Mozegator shouted to the eager, boisterous crowd, “I know my

“ I am blessed and honored—blessed by my music and honored to contribute to the HIV/AIDS fight in Zambia, thanks to SHARe.”

— MOZEGATOR

HIV status—you should know your HIV status too! Are you with me boys-girls?” “Yes-yes!” came the deafening response from his adoring fans. “My fans have thanked me for the HIV/AIDS messages in my music,” says Mozegator. “I am blessed and honored—blessed by my music and honored to contribute to the HIV/AIDS fight in Zambia, thanks to SHARe.”

Since his training, Mozegator has performed to more than 100,000 people at major national

events including commercial shows, trade fairs, and counseling and testing days. Armed with knowledge about preventing the spread of HIV/AIDS, he can now reach thousands more people with accurate and helpful information about the disease. Mozegator has also used what he learned in the training to affect the people in his own life. “I talked to my wife and my band members about counseling and testing and we all got tested—now we know,” he says. “Today I am an effective HIV/AIDS change agent.” ■

School girls dance to the music of popular Zambian musicians at a SHARe-supported tourism HIV/AIDS awareness event.



Mobile Moonlight HIV Counseling & Testing FOR THE **HARD-TO-REACH**

There are numerous challenges to reaching people with HIV information and services. Many individuals—including truck drivers, miners, and stay-at-home moms—are unable to access daytime services because of their schedules. Additionally, workers from across all sectors are reluctant to use local and daytime voluntary counseling and testing (VCT) services for fear of HIV-related stigma and discrimination. “It is not easy to go into the HIV testing tent when your neighbors are watching, and when the person who is doing the test is from your community,” says Justina Mwanza. “Even if they may not reveal my status, I feel uncomfortable going there. Most of my friends feel the same way.”

When SHARe and local NGO partner Latkings Outreach Program launched Mobile Moonlight VCT services, Justina and thousands of people like her were able to access mobile VCT for HIV during evening hours. By day, Latkings VCT teams make announcements through megaphones, and go door-to-door informing people of the service that evening. Mobile VCT tents are strategically mounted with dimmed-down lights using generators, and set up near markets, border posts, popular night spots such as bars and clubs, and highway truck stops. A video about the advantages of HIV prevention, early testing, and treatment attracts people to the sites. Counselors engage people in discussion



A worker from Latkings counsels people before they go for voluntary HIV testing.

about what they learned after watching the video, and inform them of the voluntary onsite testing services. Those who volunteer are provided with pre-test counseling to prepare them to receive their results. The counselors, often people living with HIV themselves, are also available to give post-test counseling to clients about living with HIV.

Mobile Moonlight VCT services, which have proven popular with hard-to-reach workers and township residents, help hard-to-reach people in Zambia access and make informed decisions about VCT at a convenient time and in a comfortable setting. “At night, and

“The best part is that I am totally in control of my HIV test result...In my community, only I and those I choose to tell will know about my HIV status.”

—JUSTINA MWANZA



Mobile Moonlight VCT services.

with counselors who are not from our community, I can blend into the night and go incognito,” says Justina. SHARe introduced these services in densely populated townships and at some of Zambia’s traditional rural ceremonies. At the 2009 N’cwala ceremony in Eastern Zambia, for example, more than 1,000 people were tested during three moonlight VCT activities. Since May 2007, more than 7,000 people have been tested and received their results at 14 different Mobile Moonlight VCT sites.

“The best part is that I am totally in control of my HIV test result,” says Justina. “In my community, only I and those I choose to tell will know about my HIV status.”

SHARe and Latkings continue to reach people and provide services through Mobile Moonlight VCT, while working with other stakeholders on community efforts aimed at reducing HIV-related stigma and discrimination so that Justina and her friends can feel safe and free to access HIV-related services closer to home. ■

Confronting HIV in the Workplace: Zambia's **FISHERS OF MEN**



Benson Makelesa explains his role as an HIV/AIDS peer educator and supporter for government fisheries workers.

As part of its support to workplace HIV/AIDS programs, the SHARe project made a successful effort to take HIV-related services to Zambians in hard-to-reach workplaces and occupations, such as fisheries. This effort tailored program implementation approaches to the specific workplace and engaged people living with HIV as change-agents. The response was significant.

“When my colleagues and I agreed to include HIV education in our fisheries work in the

communities, we were not prepared for the response we received,” says Benson Makelesa, a 51-year-old government fisheries officer from the Chongwe district of Zambia. “It was overwhelming. It is like people were just waiting for someone to break the news about voluntary counseling and testing for HIV.”

Benson and his team of “Fishers of Men” are among 7,500 peer educators trained by SHARe as persuasive role models to educate their colleagues about HIV/AIDS. Through this program, SHARe provided support

for peer educator training, encouraged peer-to-peer support and technical exchanges, and updated HIV information and skills among staff.

Armed with this information and knowledge, Benson began to encourage his workmates to go for VCT. “Some of them tested positive,” he says. “The communication techniques we learned and the tools and materials we were provided with helped me to talk to people about a subject that most are desperate to know more about, but are afraid to ask, for many reasons, including cultural and personal barriers.”

The HIV/AIDS training and information Benson received has also impacted his own life. “The first thing I had to do after being trained as a peer educator was to put my house in order; I had to go for HIV testing. The next step after being tested and counseled was to break the news of my positive HIV result to my wife,” he says. “This was not easy but with the help of a counselor, I finally did. The counselor encouraged my wife to go for VCT, and she, too, tested HIV-positive. My wife and I are now living positively — we take our ARVs, we are faithful to each other, and we use condoms. More importantly, we both know and give each other support.”

Benson says he is now a changed man on a mission. The peer education information and training he received from SHARE and his personal situation of being HIV-positive have helped him to focus his energies on HIV/AIDS advocacy for PLHIV and also on HIV prevention. Benson is one of the oldest members of Positive Action by Workers (PAW), the first-ever group of openly HIV-positive workers in Zambia, established with SHARE technical support. “Being openly positive has helped me to be a more convincing and effective messenger on HIV/AIDS and to break down stigma and discrimination in the workplace,” he says.

“ We reach more than 1,000 people each year with HIV/AIDS information and have encouraged many of them to go for VCT and other HIV services.”

— BENSON MAKELESA,
government fisheries officer

Benson and his colleagues have now extended their HIV/AIDS work even further. They now share HIV/AIDS information at Fish Farmers and at other meetings with the communities they serve. “SHARE calls going beyond our workplace with our HIV/AIDS work ‘external HIV/AIDS mainstreaming’ — big words!” he laughs. “We call it ‘widening our nets’ — simple workman words! What it is called is not important, because the result is the same. We reach more than 1,000 people each year with HIV/AIDS information and have encouraged many of them to go for VCT and other HIV services. We also lead a support group for people living with HIV.” Benson and his team of “Fishers of Men” are now seen by their communities as one of the best sources of information on HIV/AIDS. They are always eager for updates on HIV developments to help them communicate accurate HIV/AIDS information to the people who need it.

“The regular support from SHARE is a great help,” says Benson. And the notice on his door? “Gone Fishing!” ■

Strengthening District Response TO HIV/AIDS

There are many organizations providing HIV/AIDS services to the communities of Kitwe district, Zambia. To streamline their support, the Kitwe District AIDS Task Force (DATF) was launched in 2002 to create a forum of the various public, private, and civil society organizations, to coordinate an effective HIV/AIDS response for its communities.

Despite its efforts, the Kitwe DATF wasn't initially successful. District HIV/AIDS implementers' services were not coordinated—prevention, treatment, impact mitigation, and care and support providers were often working independently of each other, instead of considering ways to jointly improve and expand services. To cap it off, the Kitwe DATF was not communicating effectively to ensure the best possible response to HIV/AIDS.

“You have to have a plan and systems must be in place to help you succeed,” says Regina Luipa, coordinating advisor for Kitwe DATF.

The poor coordination was a result of member organizations failing to work together to create a joint plan, operational guidelines, or targets to ensure resources would be available to address the needs of those infected and affected by HIV/AIDS. In addition, the dependency of Kitwe DATF on the limited funding it received from the government made formal coordination even more difficult.



Kitwe DATF secretary Chiluba Mupenda presents IEC materials on HIV/AIDS and discusses the achievements of Kitwe DATF on World AIDS Day 2009.

In 2004, the SHARe project began providing support to strengthen the Kitwe district response to HIV/AIDS, providing institutional capacity and strengthening support to all 72 DATFs in Zambia. To improve Kitwe DATF coordination, trainings were given in advocacy and resource mobilization, documentation and communication, monitoring and evaluation, strategic planning, financial management, and operational research. These trainings strengthened the capacity of DATF members to implement a successful district response to HIV/AIDS. SHARe also helped develop a strategic plan, operational strategy, and marketing plan to promote the benefits of membership to stakeholders.



Members of the Kitwe DATF and UNDP country representative Dr. Viola Morgan (center, in yellow) commemorate World AIDS Day 2009.

“It is a two-way system—we want stakeholders to participate in the response and they want to see value for their investment,” says Regina. “We wrote letters to private companies, talked to individuals and groups, and placed an advertisement on local radio.”

As a result, the Kitwe DATF doubled its membership, drawing in more than 100 stakeholders, including private sector companies, and faith-based and civil society organizations. Private sector, educational, and donor organizations pledged funds to implement awareness activities as well.

By 2010, with improved capacity and stakeholder coordination, Kitwe DATF had helped expand HIV service delivery and link clients to referral sites throughout its district. More than 14,000 people joined support groups; 16,089 orphans had received care, and the number of people on antiretroviral therapy increased, from 4,000 in 2004, to more than 18,000 by the end of 2009. In addition, the number of voluntary counseling and testing sites more than tripled, and PMTCT (prevention of mother-to-child transmission) sites almost doubled.

With a more organized and informed private sector, workplace HIV/AIDS programs also

expanded. For example, while the total number of private sector workers reached in 2006 was 1,254, Mopani Mines alone was able to reach 7,532 workers by the end of the first quarter of 2010. With DATF support, the number of stakeholders who had developed and launched HIV/AIDS programs increased, from five to more than 50. The Kitwe DATF also created Community AIDS Task Forces (CATFs) to bring together community and faith-based organizations to ensure that DATF plans were implemented at the community level.

“Today, I can proudly say that we have enough resources to coordinate the HIV/AIDS response in Kitwe,” says Regina. “Our stakeholders are on board, and importantly we are able to provide comprehensive HIV/AIDS services to all who need them in our district.”

The increased growth and success of the Kitwe DATF attracted visits from other DATFs in Zambia, as well as the Tanzania AIDS Council, which wished to learn to effectively coordinate HIV/AIDS in its own districts. ■

“ Today, I can proudly say that we have enough resources to coordinate the HIV/AIDS response in Kitwe...we are able to provide comprehensive HIV/AIDS services to all who need them in our district.”

—REGINA LUIPA,
coordinating advisor for Kitwe DATF

Community Support Helps HIV-Positive Zambians **STAY ON TREATMENT**



Shiny with her ART supporter Lovewell.

Antiretroviral drugs (ARVs) can change the lives of those infected with HIV, but people who take them must adhere to care and treatment if antiretroviral therapy (ART) is to be effective.

“I was sick and bed-ridden for a long time. I did not know the illness,” says 25-year-old Shiny Mweemba, a widow and mother of two children. “I would have died without Lovewell.”

Lovewell Muntembe is one of more than 100 ART supporters trained by the SHARe project to help HIV-positive members

of the community who are on treatment to correctly take their drugs and receive needed care. Home visits from the trained volunteers—who are often HIV-positive themselves—have proven successful in helping patients and their families remain on treatment.

Shiny and Lovewell live in the Chiefdom of Mbeza, where a coordinated HIV prevention plan is helping communities deal with HIV/AIDS. Thirteen literate, compassionate, and experienced men and women willing to work as volunteers were

selected to participate in a six-day ART support training given by area health center staff. They learned about HIV and its transmission, strategies for treatment adherence, safer sex practices, nutrition, reducing stigma and discrimination, conducting home visits, and keeping records.

Before he received training from SHARe, Lovewell heard that Shiny was sick, but he didn't know how to help. Soon after the training, Lovewell visited her to provide counseling. He accompanied her to the health center where she tested positive for HIV and was put on ARVs.

Each supporter can have up to 40 clients. To reach them, some walk several kilometers, while others relocate for up as many as two weeks each month. ART supporters work closely with the health center and home-based care providers with whom they establish an effective referral network. They use this network to enlist clients who need help taking medication, and to provide care and treatment adherence support. This includes monitoring adherence, collecting drugs for patients too weak to travel, providing nutrition advice, and support to quit smoking and alcohol, which are habits that can adversely affect treatment.

"Community members ask me questions on HIV/AIDS," says Loyce Muzumbwe, another Mbeza ART supporter. "This encourages me because I feel appreciated. I am happy to do this work to prevent unnecessary deaths."

When possible, ART supporters enlist family members to remind clients to take their medication correctly. They also encourage family members to be tested, and reach out to the community with prevention messages. If problems arise, ART supporters refer clients to health center personnel, who visit clients and help those who have challenges adhering

“It is important that patients take the drugs correctly.”

The ART supporters help them to do this. Supporters have helped reduce cases of non-adherence and increased the number of people tested.”

— TASSEL BULANDA,
health center worker

to treatment or partners who refuse testing. As clients get stronger, the ART supporters introduce them to support groups of people living with HIV. The ART supporters trained through SHARe made important contributions to the health and well-being of their communities. Since 2007, more than 2,000 people received adherence messages or were referred for treatment. The ART supporters also supplement the work of health facilities and were a key cadre in the scale-up of successful HIV care and treatment because health centers, with few staff and limited transport, are often unable to make these important outreach visits. The relationships between ART supporters and their clients have helped motivate them to stay on treatment. Shiny agrees: "I want Lovewell to continue to come; he counseled and encouraged me to be tested after my husband's death. I feel a strong connection to him. I feel very reassured that I am not alone and that a mere phone call away is someone who can offer practical help and psychological support." ■

A Gender & Sexuality Approach to Workplace HIV/AIDS PROGRAMS



Prison officers, their spouses, and inmates come together after a gender and sexuality discussion.

In traditional workplace HIV/AIDS programs, access to prevention information and activities and HIV-related services is often limited to staff.

If a worker wants his/her partner or family member to hear what he or she has learned, the worker must pass on the information directly. Although more than 80% of HIV transmissions in Zambia are from sexual contact, social and cultural barriers make it difficult for many Zambians to discuss issues of sexuality and HIV, even with a spouse or sexual partner, much less family members. Power inequalities between women and men, related to cultural norms and practices, constitute significant barriers to effective cross-gender communication about sexuality and sexual relations, and ultimately make effective HIV programming a challenge. Reports indicate that very little information

learned through traditional workplace HIV/AIDS programs is shared beyond the workplace.

In 2004, SHARe partnered with the Ministry of Home Affairs (MHA) to implement workplace HIV/AIDS programs. SHARe supported traditional workplace HIV programs in the Zambia Police and Prison Services, which were successful at reaching workers. However, there was a growing realization that workers were not passing on HIV information to spouses/partners or other family members, and that for programs to be effective, they needed to go beyond the workplace. Additionally, HIV prevention programs focused on sexual transmission must address issues of gender, culture, and power relations between men and women.

Beginning in 2007 with the Police Service, SHARe worked with management to design HIV interventions that would go beyond the workplace. SHARe then proposed integrating gender, sexuality, and culture into traditional workplace HIV programming, which the Police Service fully supported, and the SHARe-supported GESHA (Gender, Sexuality, and HIV/AIDS) program began. The GESHA program provided a 'safe haven' where discussions on gender, culture, and sexuality can take place between workmates, couples, and community members, without fear of sanctions from cultural standard-bearers. GESHA strongly promotes mixed gender discussions and makes provisions for discussions for groups of couples. GESHA moved HIV/AIDS discussions beyond the workplace to involve defined outreach community members, including spouses and partners, and has refocused the discussion on the drivers of HIV/AIDS in Zambia. These include multiple, concurrent partnerships, alcohol abuse, and sexual violence against women and girls. The program transformed workplace HIV/AIDS programs in the Police Service, and was extended to the Prison Service. GESHA assisted workplaces and communities to design and implement HIV interventions that are relevant to their local situations, to address the drivers of the epidemic, and to come up with collective and individual actions to reduce vulnerability to HIV.

"From this experience, we now recommend that HIV/AIDS workplace programs include both staff and spouses to strengthen the HIV/AIDS dialogue both in the home and workplace," says Zimba Isaac, Police Service workplace HIV/AIDS program coordinator. "The inclusion of a gender approach to workplace HIV/AIDS programs has helped us to examine beliefs, attitudes, and expectations popularly held about gender roles and sexuality, and to design and implement culturally-relevant, effective HIV interventions."



Police spouses and a regional commander brainstorming on sexuality and HIV.

SHARe trained more than 200 GESHA facilitators in the MHA, both staff and spouses. A result of GESHA work with Positive Action by Workers (PAW), a group of openly HIV-positive workers was an increase in the number of people in workplaces and outreach communities who are openly HIV-positive, and who encourage others to access VCT, ART, and other services. The MHA reported an upsurge in utilization of HIV-related services in their health facilities. Community members also noticed a change for the better: "We witnessed a lot of deaths in our camps and there was so much stigma! We could not talk about HIV openly and seeking services was done secretly. With GESHA and PAW, we now realize HIV/AIDS programs are ours, and we are free to discuss issues that affect us and come up with our own solutions. We support each other and disclosing positive HIV status is so much easier," says a spouse of a senior police officer in Ndola.

The MHA workplace HIV/AIDS programs were successful because both management and staff were willing to change course midway and implement innovative and effective approaches to workplace HIV/AIDS programming. ■

Engaging Management in Workplace HIV/AIDS PROGRAMS



WSZ staff are happy that they have tested for HIV and know their status.

The first time a SHARE vehicle with an HIV/AIDS logo arrived at the Wilderness Safaris Zambia (WSZ) Lufupa Camp, the workers looked very uncomfortable and unsure about what to do. WSZ management had called for the meeting and staff felt compelled to attend—so they shifted in their seats and whispered to one another, or sat tense and silent, waiting for events to unfold.

“Here we go! The rumors we have been hearing are true—they have come to get our blood for sale to Satanists,” whispered one jittery staff member.

Out there in the wilderness of the Kafue National Park, WSZ workers had no access to health care, let alone HIV-related services. Because they had no clear understanding

of HIV transmission or voluntary HIV counseling and testing (VCT), myths, fear, and ignorance were a widespread problem. For WSZ management, this was a big concern. They noticed that illness, absenteeism, and employee losses were increasing, and feared that apart from the human impact, the situation, if unchecked, would soon have serious effects on productivity and profitability.

In 2008, in response to these increasing threats, WSZ established a partnership with the SHARE project to support the establishment of a workplace HIV/AIDS program. Judging by the reaction of the workers at the first meeting, it was clear that it would take a lot of work to gain workers’ confidence and engage them in a meaningful program. SHARE and WSZ immediately went to work.

“The need for a workplace HIV/AIDS program at the WSZ camps was urgent,” says Emma Seaman, WSZ human resource manager. “Here a trusted game scout is out sick for a month, there a camp-hand suddenly dies—even for a medium-sized operation like us, you begin to feel the impact. We knew from a previous HIV-prevalence survey that 17% of the 175 staff tested positive for HIV, and we needed to do something.”

With SHARe’s support, WSZ management embarked on an intensive HIV/AIDS education program among its staff to foster better health-seeking behavior and effective HIV prevention. Peer educator training, sensitization meetings with management and general staff, and provision of mobile VCT services slowly moved the employees from fear and ignorance to a better understanding and appreciation of the program, and of HIV in general. What was outstanding about the WSZ workplace HIV/AIDS program was the full support of management. The success of the program depended on their involvement, and they provided it. SHARe followed up with ongoing supervision and provided mobile VCT services. WSZ management went further, providing support and linkages to HIV care and treatment services so that their workers could access life-saving treatments, including antiretroviral therapy (ART). WSZ also extended these services into the rainy season when camps are closed.

The combined SHARe/WSZ management efforts were so successful that workers began to ask when the next SHARe visit to the camp would be so that they could plan to attend the sensitization sessions. This was a far cry from the suspicion and fear of the first visit. Uptake of VCT dramatically increased, with more than 85% of employees getting tested during each visit. The participation of camp managers in program activities was a great example to staff, who now see the

program as theirs and no longer look at HIV as a threat to their jobs.

“It has been fantastic working with SHARe,” says Emma. “Staff are very receptive to the program... there is a new level of understanding and awareness about HIV and also that the workplace HIV/AIDS program is there for their benefit—which is really great!”

Building on this successful intervention, WSZ extended their workplace HIV/AIDS program activities to the communities that lie within the game management areas where their workers are drawn from. Additionally, they worked with SHARe to incorporate HIV/AIDS education into their Children in the Wilderness program, which aims a strengthening nature and wildlife conservation. This program has reached more than 50 kids with HIV prevention messages. The children take home the experiences they have had in the wilderness and crucial HIV/AIDS information, which will last a lifetime. ■

“My fears are gone and thanks to SHARe for encouraging and supporting us with HIV/AIDS education. I feel like a prisoner set free. I know my HIV status and I am more careful about my life now than I was before.”

— FELIX,
a waiter from Kalamu Camp
in South Luangwa National Park

Helping Women-led Organizations FIGHT HIV/AIDS



Members of the Kandesha WLCBO use a measuring stick to determine how much progress they are making to help their communities.

In the community of Kandesha, a group of mothers hopelessly watched their loved ones die from AIDS, one after another. Feeling helpless, 16 of them formed a women-led community-based organization (WLCBO) to raise HIV awareness.

“As parents we feel the deaths of our children and loved ones very deeply. There is no worse feeling than watching your children, even grown children, die and helplessly wonder who will be next. We had to do something, however small, and take the lead in mitigating the ills that come about due to HIV/AIDS in our community,” says Violet Methio, Chairlady of Kandesha WLCBO.

Recognizing the potential of community initiated HIV/AIDS response mechanisms to significantly contribute to reducing HIV/AIDS in Zambia, the SHARe project developed a partnership with Kandesha WLCBO. The goal was to build the HIV/AIDS knowledge of the mothers of Kandesha, and help improve their skills in financial management, documentation, institutional development, and service delivery. SHARe also helped WLCBO build strategic linkages for advancing their community outreach work.

With new knowledge and improved skills, the mothers of Kandesha were ready to reach out to all corners of their communities not only with correct HIV/AIDS messages and information, but with information on referral networks to HIV-related services. But just when the outlook was becoming much brighter, another problem cropped up: the borrowed space from which WLCBO operated was available to them for very limited time during the week.

“The shelter we were operating from did not belong to us,” says Violet, “and it was no longer readily accessible to us.” Not knowing which direction to turn for support, the Kandesha WLCBO approached SHARe. SHARe provided technical support to conduct a stakeholder analysis to map out potential donors to fund the building of office space. Under SHARe’s guidance, Kandesha WLCBO sought support



Kandesha WLCBO secretary takes notes during a meeting.

from village leaders and traditional chiefs. To their delight, these local leaders had taken note of the compassion and effectiveness the mothers of Kandesha brought to their HIV/AIDS outreach work, and were willing to provide them with the materials and labor they needed to build their own office.

SHARe provided further support to the mothers of Kandesha to recognize the needs of those infected and affected by HIV in their community, and to tailor their skills and resources to provide appropriate help and support. "With the technical support given to us by SHARe, we have managed to achieve our dream," says Violet. "Yes we are still burying some of our children, but not as many as before because now when we see a problem, we quickly move in to offer support, and refer people to the rural health center for ARV drugs. We are not helpless

bystanders anymore. We are involved, and we feel more in control of our lives and the lives of our children."

The Kandesha WLCBO delivers HIV/AIDS sensitization and prevention messages such as abstinence, being faithful, and using condoms, and provides referral to HIV services for community members. Armed with accurate HIV/AIDS knowledge, established partnerships, and an office of their own, these women are able to minimize the spread of HIV in their community. Most importantly, they gained power over the terrible disease that was taking away their loved ones.

"I'm very happy SHARe chose to partner with us," says Alice Temba, a member of Kandesha WLCBO. "They have helped us to develop our organization, which helps our daily lives, and helps us save lives." ■

Livingstone Tourism Industry Addresses HIV/AIDS to Reduce **ABSENTEEISM**

When the U.S. Ambassador to Zambia made a presentation to Livingstone tourism business owners in 2007, she spoke of the devastation HIV had on the industry. She explained that workplace HIV/AIDS programs for tourism industry staff are worth the investment because they ultimately help business.

“She was speaking our language!” said Lucy Renew, CEO of local tourism business Kubu Crafts. “She understood how HIV/AIDS was affecting our employees and us through both absenteeism and death. We understand business and the bottom line is directly affected for many of us.”

Motivated by the Ambassador’s speech, Kubu Crafts and other local tourism businesses joined the Tourism HIV/AIDS Public Private Partnership (PPP), which was created to address the threat of HIV/AIDS in the tourism industry. Membership in the PPP enables tourism-related private sector businesses to establish and expand HIV/AIDS workplace programs, and to increase social mobilization against HIV/AIDS in collaboration with the public sector. As part of this effort, SHARe worked with the management of Kubu Crafts to implement a workplace program, beginning with an HIV peer educator training. Phyllis Simukonde, the office manager at Kubu Crafts, was the first



Henry and Holden work in Kubu Crafts assembly shop and have been trained by SHARe as peer educators. They make themselves available to other workers who want information or advice on key health issues, including HIV.

employee to go through the training. “I went into peer education full of doubts and not at all sure this was something I could do or even wanted to do,” she says.



Because staff are no longer afraid to come forward when they're sick, absenteeism has been cut."

— LUCY RENEW,
CEO of local tourism business Kubu Crafts

Share provided basic HIV/AIDS information, including prevention, behavior change, testing, treatment options, health care facility locations, and counseling. The training curriculum also covered how stigma and discrimination often prevent people from being tested or seeking care.

Since then, four additional Kubu Craft workers have been trained. These peer educators provide support to their fellow staff through one-on-one and group discussions about HIV and other health issues, as well as monthly sensitization meetings to discuss factual information about HIV/AIDS.

"The training we received to enable us to do our work was fantastic!" says Phyllis. "The facts and the issues were clearly laid out, and you couldn't hide away from them anymore. I became a fearless HIV/AIDS advocate and counselor!" "Our workers have embraced the workplace HIV/AIDS program and are running it themselves," says Lucy.

Lucy has seen significant changes since the workplace HIV/AIDS program was launched at Kubu Crafts. "Workers are not out sick as much as they used to be," she says. "Before, when illness was highly stigmatized and everyone lived in fear of an HIV diagnosis, people did not seek the help or testing they needed—consequently, illnesses were left undiagnosed and untreated, so people became more sick or even died."

There is less fear and less absenteeism among staff at Kubu Crafts; staff are openly engaged in the HIV/AIDS program. Workers now feel comfortable asking questions, and know that everything will remain confidential. If they ask for help, peer educators can refer them to a clinic, hospital, or testing center, depending on their need. To support their efforts, SHARe provided educational and informational materials on HIV, updates the knowledge of the peer educators through refresher trainings, and supportive supervision to maintain program quality. "It has been a tremendous help to our business and our employees," says Lucy. "The results over time have been magnificent because we now have healthier and more productive workers. We are helping our workers and helping our businesses at the same time!" ■



"Because staff are no longer afraid to come forward when they're sick, absenteeism has been cut," says Lucy Renew (left, with office manager and peer educator Phyllis Simukonde).

Creating Leaders in the Fight AGAINST HIV/AIDS



Mathias Lemba and his wife are HIV-positive. With the help of his PAW group, Mathias has the information and skills to keep his family healthy.

When the SHARe project began implementing workplace HIV/AIDS programs in four Zambian line ministries in 2004, it was impossible for HIV-positive workers to ask for accommodations related to their illness and still expect to advance in their job. Although workers with HIV often need flexible hours, special equipment, opportunities for breaks, and time off for medical appointments, they fail to open up about their HIV status for fear that disclosure will expose them to stigma and discrimination from their colleagues and bosses.

HIV-positive workers feared the rejection and discrimination that could result from their status being known. There was a lot of inaccurate information about how HIV is transmitted. Fear of long-term illness and death contributed too much of the stigma and discrimination related to HIV/AIDS, as antiretroviral drugs (ARV) were not readily available then and HIV was still seen as a death sentence. If workers were known to be positive, colleagues sometimes talked about them, calling them names such as “a moving coffin,” “kanayaka,” (on fire), or “limping soldier.” Some workers deliberately



PAW has helped me build confidence in myself. Now I am able to stand up in front of any audience and talk about HIV/AIDS and living positively.”

— SAELI MALISOPO

broke cups if a colleague who was known to be positive drank from one.

It was clear to SHARe that efforts to de-stigmatize HIV/AIDS were necessary to ensure that individuals living with HIV/AIDS felt safe and could participate in the response to the epidemic in ways that not only supported the broader national response, but were also specific to their needs. In 2007, SHARe staff joined the line ministries to address this problem, and took the bold step of helping HIV-positive workers form a support group. Initially, workers were reluctant, but within six months, seven staff joined the group, which became known as Positive Action by Workers (PAW). During meetings, members helped each other accept their status, and discussed issues surrounding disclosure.

As more members joined, SHARe developed a training curriculum to help build the capacities of the members so that they could provide their colleagues with accurate and up-to-date information about HIV/AIDS. Some members were selected to be trained as peer supporters, and learned how to provide basic information, support, and advice on treatment adherence, prevention of mother-to-child transmission (PMTCT), and behavior change. The training included a session on self awareness to help people stand up to discrimination. In an effort to reach

out to partners of members, spouses were included in the training, and PAW initiated couples counseling in the activities that they embarked on after the training.

By May 2010, there were close to 500 PAW members within the four ministries. PAW members are engaged by management to coordinate programs in their workplaces, and encourage coworkers to go for voluntary counseling and testing (VCT). These public-sector workers handle HIV in the workplace, and assist their peers in doing the same.

PAW is breaking the thick wall of silence surrounding HIV infection in Zambia. It challenges the status quo of low disclosure of positive HIV status by showing the face of HIV in the workplace. PAW proves that workers living with HIV are friends, colleagues, neighbors, brothers, and sisters, and that they are just as productive as their colleagues. PAW lets workers with HIV know that there is no need to suffer in silence and isolation. And PAW ensures that HIV interventions are both responsive to workers' needs and in line with broader national HIV prevention, care, treatment, and support goals.

“When HIV-positive workers open up about their status, they remove the subject from discussion; that then buries stigma and discrimination,” says SHARe’s Rose Lungu. “PAW is making it happen.” ■



Henry Kabali

SHARe PAW

PERSONAL:

HENRY KABALI

Henry Kabali is an officer with the Zambia Police Service (special duties) and a married father of two openly living with HIV.

“In 2001, my health was not well; I had herpes zoster. So I asked for an HIV test. I found out I was HIV-positive. After the test, it took some time to have my CD4 count taken, as services at that time were often unavailable. For one year, I had no access to further HIV tests and I started to feel ill. Sick and desperate, I went to the hospital again and this time my CD4 count was taken—it was 32. I was referred to the clinic and started on ART right away.

“When a normal CD4 count should be between 600 and 1,500, 32 means severe HIV disease: I was very sick. I slowly started to recover and as I reflected on my experience, I did not want anyone else to go through what I had. I made the decision to use my experience to help others, and my passion for HIV work was born. I participated in some HIV sensitization

meetings at my workplace and I joined a home-based care group. Fortunately, the SHARe-supported Positive Action by Workers (PAW) program was introduced at my workplace, and I immediately joined and trained as a peer educator and HIV/AIDS program supervisor. Because I had the passion for HIV/AIDS work and the necessary skills, I was appointed HIV/AIDS coordinator at my workplace. To me, workplace HIV/AIDS programs are very important because we workers spend most of our time at work, and people living with HIV like myself—who are living healthier, positive lives—can be very effective in leading programs and influencing others to go for HIV counseling and testing, and to adopt preventive behaviors.

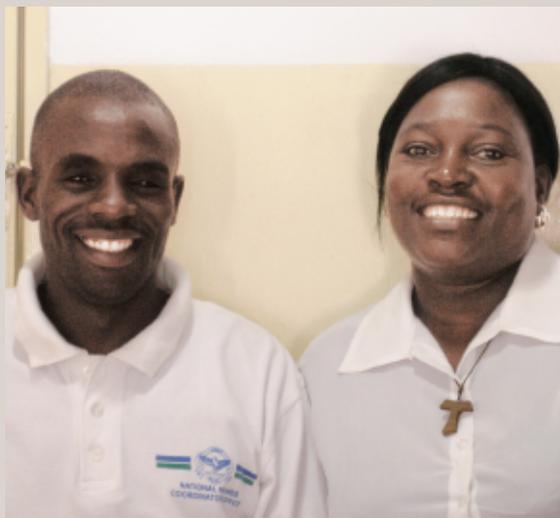
“As a member of PAW, I have learned a lot about positive living and I get support from other PAW members, including Mrs. Rose Lungu, the PAW coordinator at SHARe. When I disclosed my HIV status at work, I needed a lot of encouragement because I was experiencing so much stigma and

discrimination. I belong to the bodyguard section, and because I was so sick, I was taken to a hidden section where I would not be very visible. Everyone, including me, was waiting for me to die. I did not die, I lived, and I thank Mrs. Lungu and the other PAW members for their support.

“PAW boldly shows the face of HIV/AIDS in the workplace. Yes, we are living with HIV, but most of us are on ARVs and we are healthy, productive, and have a role to play in the HIV/AIDS response! Through PAW, I was trained as a peer supporter, and part of my job is to enroll other members and form more PAW support groups. One-by-one we are breaking down the barriers of discrimination and encouraging more workers to live openly with HIV, so they can get support and no longer need to hide to take their ARVs. We started as a handful of people in PAW—now we are close to 500. At the rate we are going, we will reach 1,000 very soon!

“One of the greatest achievements that I have had through PAW is helping my command to deal with disclosure of HIV infection. Being open about HIV has given me a chance to get other officers to go for testing, and this allows them to know their HIV status so that they can carry out their duties appropriately. Before PAW, we had officers that went on peacekeeping missions outside Zambia without disclosing their HIV status. They did not carry sufficient drugs and most got sicker and even died due to HIV complications related to poor adherence.

“Now, in my workplace, HIV disclosure is becoming more commonplace and I see more officers remaining in missions abroad for long periods because their ARVs are provided. Zambia is even leading the way for the United Nations—we are helping them deal with the issues of officers from Zambia and other countries who are living with HIV



Henry with one of his biggest supporters, SHARE's PAW Coordinator Rose Lungu.

abroad. I have had discussions with the Inspector General of Police and the Medical Director of Health services in the Zambia Police Service, and because of my contributions, I have even been promoted. I am a role model among officers living with HIV! In the past, an HIV-positive officer would not have been promoted. With PAW, we are changing lives one person at a time!” ■

“ In the past, an HIV-positive officer would not have been promoted. With PAW, we are changing lives one person at a time! ”

— HENRY KABALI

Morphine Fact Book Improves PAIN MANAGEMENT in Zambia

Management of moderate-to-severe pain, including for HIV-related pain, is central to palliative care. However, despite existing laws permitting the prescription and use of morphine in Zambia, many health care providers shun the drug for fear of prosecution. Often doctors worry that they don't have the appropriate training or experience to prescribe it. Willingness to prescribe Morphine is also affected by myths and misconceptions surrounding the effects of the drug.

"You want to know about morphine use in this ward? The morphine is locked in the 'dangerous drugs cupboard' and only the senior consultant can prescribe it to our terminally ill patients," says a medical intern at the University Teaching Hospital.

This practice is not isolated, but reflects the deep reservation held by the majority of health care personnel in Zambia. It is also reflective of the misconceptions about who can prescribe morphine; most junior doctors are not aware that they can. The reservations and the misunderstandings severely restrict access to morphine by patients who need it. With increasing demand for palliative care in life-threatening illnesses, and the need to dispel myths and fears surrounding prescription and use of morphine, guidance around its use was critically needed. In 2006,

the MOH and the SHARe project collaborated to develop a user-friendly publication that would outline essential morphine information for health care professionals, patients, the general public, and policymakers.

Working with the MOH and the National AIDS Council (NAC), SHARe facilitated the creation of a "Country Team on Morphine" to oversee development of a fact book. SHARe also provided financial and technical support in the collection of data and information on morphine procurement, transportation, storage, prescription, and consumption. From these findings, SHARe and the country team finalized "*Using Morphine to Manage HIV/AIDS Pain: A Fact Book for Zambia*," to provide guidance and information on Zambian and international laws governing morphine supply chains, prescriptions, and use. It also provides information on assessing and managing pain in patients, the storage and dispensing of morphine, and addresses general misconceptions.

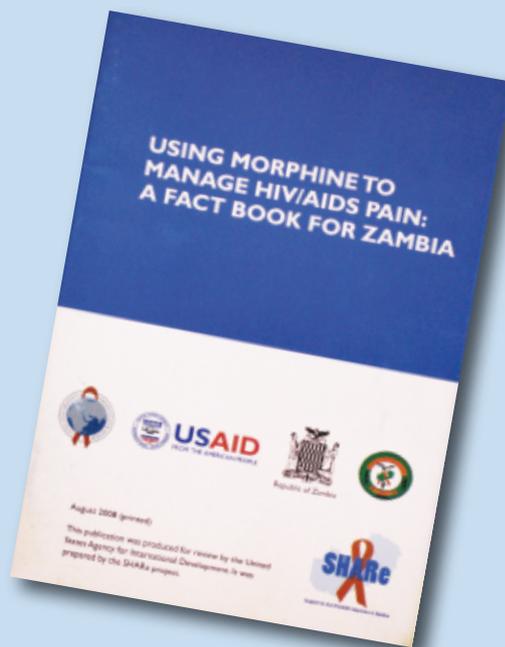
"I think the guidance from the morphine fact book is clear," says Chief Pharmacist Donald Kalolo, of the Cancer Diseases Hospital in Lusaka. "It tells providers how to move up and down the ladder of pain management to determine if morphine use is indicated. It tells you who can prescribe morphine, and who can dispense it."

After the book was published, SHARe continued to work with the Country Team to extract and promote key messages for posters and pamphlets in order to broaden awareness of the benefits of proper use of morphine. Since the publication and dissemination of the fact book and related materials, there has been a noticeable increase in demand for information about morphine

“After reading the morphine fact book, I approached the chief pharmacist at the Cancer Diseases Hospital, and asked him how my colleagues and I could have training in pain management using morphine, since this was not included in our curriculum,” says a graduating medical student.

When Dr. Peter Mwaba, the permanent secretary of the MOH, read the morphine fact book, he requested that SHARe train medical and pharmacy schools on its use. The book has been disseminated to health centers, hospitals, pharmacies, and local community-based organizations in all nine provincial centers of Zambia. And more than 1,200 books were distributed at trainings with representatives from these facilities. With this fact book, health care providers in Zambia are now aware of what they can prescribe for pain management, and how to administer Morphine appropriately, effectively, and legally for patients who need it.

“I’m excited and greatly motivated to be part of this great publication,” says Charity Kawadza, a palliative care trainer at the Palliative Care Association of Zambia. It is great to have written and published this fact book in Zambia, by Zambians, and for Zambians. Well done, SHARe!” ■



“ I think the guidance from the morphine fact book is clear. It tells providers how to move up and down the ladder of pain management to determine if morphine use is indicated. It tells you who can prescribe morphine, and who can dispense it. ”

— DONALD KALOLO,
chief pharmacist of the
Cancer Diseases Hospital in Lusaka

Building the Capacity of Faith-Based Organizations to Address HIV/AIDS



Training participants, Barn Motel Zambia, April 2009.

In Zambia, a country of 12.2 million people, more than 80% of the population identify themselves as members of a faith community. The potential for faith-based organizations (FBOs) to reach their communities with positive behavior messages, health promotion, and counseling services related to HIV/AIDS, is immense. However, most FBOs are not involved in the health field, and often lack the HIV/AIDS technical knowledge, resources, and institutional capacity to realize their potential to respond to the HIV/AIDS epidemic in Zambia.

In order to develop the capacity of FBOs to address HIV/AIDS in their communities,

the SHARe project formed a partnership with the Zambia Interfaith Networking Group on HIV/AIDS (ZINGO), the national umbrella organization mandated to coordinate the strategic faith-based HIV/AIDS response. ZINGO provides technical and financial support to FBOs and individual faith-based entities to build their ability to implement programs in HIV prevention, care, treatment, and mitigation. This includes support to communities responding to the needs of vulnerable groups, such as people living with HIV (PLHIV), women, widows, and youth. ZINGO is comprised of seven of Zambia's largest faiths, or 'mother bodies,' including the Bahá'í, the Council of Churches in Zambia

(CCZ), the Evangelical Fellowship of Zambia, the Hindu Association of Zambia, the Independent Churches of Zambia, the Islamic Council of Zambia, and the Zambia Episcopal Conference (ZEC).

Despite its large network, ZINGO faced many challenges. A paucity of financial and human resources, and underdeveloped financial, administrative, and monitoring systems prevented them from providing the faith communities with the HIV information and services needed. SHARe, as part of its partnership with ZINGO, provided technical and financial support for a strategic planning exercise that identified the organization's long-term objectives and resource needs. The plan identified resource mobilization as a key priority, and following the exercise, ZINGO asked SHARe to provide training and support in this area. The participatory technical support emphasized technical and management systems needed to improve organizational strength and project implementation, and reviewed the process of proposal writing. Participants from ZINGO and its mother bodies were given a chance to write and present concept papers to a panel of Zambian experts, linking evidence-based HIV/AIDS problems with objectives, strategies, and indicators for responding to the issues. After feedback, the ZINGO Secretariat provided funding and support to six of the mother bodies to transform their concept papers into proposals.

"We didn't know how to write a proposal before, now we work as a team," said Louis Changula, ZINGO capacity building officer. Since participating in the SHARe-led resource mobilization training, ZINGO network organizations have been more successful in getting the support they need to respond to the HIV/AIDS epidemic. "Corridors of Hope funded us after asking for a redraft; we were able to strengthen



our strategy based on the training, and the needs of the communities we serve," says Mr. Chungala.

In addition, Plan Zambia funded the Learn Without Fear project and remarked that ZINGO's proposal was strong, had a thoughtful, detailed implementation plan, and both baseline data and clear indicators. The individual member organizations of ZINGO have also benefitted.

"ZEC received funding from the Global Fund to support HBC (home-based care) and OVC (orphan and vulnerable children) services," says Sister Matildah of the Zambia Episcopal Conference. "Previously, we put in too many activities, but this time we were careful to include only activities that we could accomplish."

"We feel more confident now," says Mr. Chungala. "ZINGO Secretariat staff are training mother bodies in proposal writing and providing feedback."

With proposals that present a logical framework and evidence-based practices, ZINGO should attract more donor support, enabling them to become a more sustainable network, reduce HIV transmission, and continue to provide care for their communities for many years to come. ■

When the Messenger Matters: YOUTH-TO-YOUTH HIV/AIDS SENSITIZATION



After training to be an HIV/AIDS ambassador by SHARe, Miss Zambia Winifridah Mofu works with youth to promote appropriate HIV/AIDS messages.

Karolina Zulu, a 19-year old Zambian college student, had struggled for many years about whether to take an HIV test. That was until May 2008, when she heard fellow youth openly encourage voluntary counseling and testing (VCT).

Karolina was one of 4,230 students from eight learning institutions in Livingstone who participated in HIV/AIDS sensitization programs conducted by 16 Miss Zambia 2008 beauty contest finalists and young popular musicians. These influential figures were trained as HIV/AIDS ambassadors through the SHARe

project to conduct sensitization in selected schools and colleges. When Karolina heard a beauty contestant speak about the importance of knowing one's HIV status, Karolina was inspired to find out her own status. Together with more than 300 other students, Karolina was counseled, tested, and presented with her results at a VCT booth mounted at her college.

"It is easier to decide after hearing from someone of your age, someone you admire, someone you can believe," she said. "I was challenged by a girl my age and she made



Miss Zambia Winifridah Mofu works with orphans and vulnerable children at the Masamaria Orphanage in Lusaka to prepare song and dance skits with HIV messages.

a lot of sense—I had to do it immediately,” Karolina said soon after getting her results. “I am a teenager and I am into beauty and brains. She looked gorgeous and then spoke so knowledgeably and eloquently... she spoke girl-to-girl to me, and convinced me. I will always remember what she said. I hope she wins the Miss Zambia crown!”

The Miss Zambia pageant is a very popular event and watched by many people, especially young Zambians between the ages of 15 and 35. Young people are impressionable, and tend to base their behavior on people they consider role models. The Miss Zambia contestants are influential opinion-leaders and many young people—especially girls—aspire to be like them, and are thus more likely to be receptive to HIV/AIDS messages that they give.

SHARe took note of this, and partnered with the Miss Zambia pageant to harness its wide reach and popular appeal among young Zambians for HIV/AIDS work. The activity was part of an HIV/AIDS social mobilization event organized by the SHARe-supported Tourism HIV/AIDS Public Private Partnership (PPP). The pageant presented a unique opportunity

to deliver appropriate HIV/AIDS messages and information to young people, by young people. It was also a chance to train and build the capacity of the influential young Zambians to be HIV/AIDS ambassadors and advocates.

“It was good to hear from our friends and our peers,” says 16-year old Bernadette Mwelwa, a secondary school pupil.

“We were free to ask them any questions without reservations. The same message coming from someone old would not have had the same resonance.” ■

“It is easier to decide (to get tested) after hearing from someone of your age, someone you admire, someone you can believe.”

— KAROLINA ZULU,
a 19-year-old Zambian college student

Building Strong Community-based HIV/AIDS ORGANIZATIONS



Emily with her family.

“I want to be a doctor,” states 11-year-old Emily, sitting beside her grandmother and two cousins on the front steps of their house. Orphaned at an early age and sickly, Emily tested HIV-positive in 2004.

To enable her to go to school, PRIDE, a community-based organization (CBO) supports Emily’s school fees, uniform, and food supplement costs. They also provide HIV counseling for her and her grandmother, a very poor but dignified elderly woman who looks after seven grandchildren orphaned by AIDS.

PRIDE is made up of 12 HIV-positive men and women from Shikoswe in Kafue district. All of the people in this group were once very ill but each of them has regained their strength through antiretroviral therapy (ART). Given their personal success, PRIDE members decided it was time to help other people living with HIV (PLHIV) to live positively, and to provide support to those affected by HIV.

Initiated in 2001, the organization quickly discovered that the needs of the community were greater than their resources. If it wanted to grow, PRIDE would have to learn how to manage finances and collaborate with other service delivery organizations. In 2004, the SHARe project included PRIDE in its Rapid Response Fund, which aimed to strengthen the internal systems of CBOs and faith-based organizations (FBOs) to contribute to the local HIV/AIDS response. Working with SHARe, PRIDE’s needs were identified and a plan was developed to strengthen its financial management capacity, coordinate services with community and government partners, set objectives and targets, and monitor results. “SHARe gave us the support and direction we desperately needed, and we held on for dear life until we were able to stand on our own,” states Kenan Ng’ambi, PRIDE coordinator. “Now we can stand on our own and it is such a good feeling!”



Members of PRIDE outside their Shikoswe office.

PRIDE used technical input from SHARe and the skills of its members to create a bank account, keep financial records, expand income-generating activities, and partner with the district hospital for referrals.

An agreement with the district hospital led to the contribution of a full-time nurse to handle referrals, while PRIDE provided counselors to facilitate VCT services. They partnered with other CBOs to identify orphans and other vulnerable children (OVC) in the area, and developed a business plan to allow them to raise money to fund OVC support programs. With systems in place, the organization was able to attract the required funding and start its program of support to OVCs like Emily.

PRIDE is now able to meet its service delivery targets, reaching 27 households for OVC care, and providing palliative care and support to 115 PLHIVs. SHARe asked PRIDE to present its personnel and financial manuals, monitoring and evaluation, referral, and supply management tools, at meetings with CBO fund recipients, to show as examples that

other CBOs might use as models. For a fee, PRIDE has helped other CBOs/FBOs to develop business plans, prompting one participant to say, "We were in the same training and now they [PRIDE] are teaching us!"

Organization members say they have learned from each other how to accept their HIV status, which makes it easier for them to reach those in denial and offer compassionate support. "We have walked in the shoes that many are only now beginning to take first steps in— we know how they feel and we know what their issues are," says one member. "We have been there and we understand. We have a passion for our work and we are here to provide support."

SHARe provides technical assistance to 25 CBOs/FBOs across Zambia to help them build their organizational capacities so that they can be viable and sustainable organizations to lead the local response to HIV/AIDS. With support from USAID, SHARe, PRIDE, and a loving grandmother, the sky is the limit for little Emily! ■

ACKNOWLEDGEMENTS/PARTNERS

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Government of the Republic Zambia (GRZ) Partner Institutions and Entities

Ministry of Health
National HIV/AIDS/STI/TB Council (NAC)
Community, District, and Provincial AIDS Task Forces (CATFs, DATFs, and PATFs)
Against HIV/AIDS - Zambian Chapter (CAPAH-Z)
Cancer Diseases Hospital
Coalition of African Parliamentarians
Drug Enforcement Commission
House of Chiefs
Ministry of Agriculture and Cooperatives
Ministry of Communication and Transport
Ministry of Gender
Ministry of Home Affairs
Ministry of Justice
Ministry of Tourism, Environment, and Natural Resources
National Royal Foundation of Zambia (NRFZ)
Parliament/National Assembly of Zambia
Pharmaceutical Regulatory Authority
University Teaching Hospital
University of Zambia School of Medicine
Zambian Judiciary
Zambia Police Service
Zambia Prison Services
Zambia Wildlife Authority (ZAWA)



Local CBO/FBO/NGO Sub-partners and Sub-grantees

Afya Mzuri
Chipata District Women Development Association (CDWDA)
Chipata Dzithandizeni Nutrition Group
Comprehensive HIV/AIDS Management Programme (CHAMP)
Contact Trust Youth Association
Dorcamo
Flame
Group Focused Consultations (GFC) Bangweulu
Group Focused Consultations (GFC) Mansa Central
Kafubu Block Mission
Kawambwa Anti AIDS Club
Kazembe Home Based Care
Latkings Outreach Services
LEAD Zambia
Luanshya People Living with HIV/AIDS
Luyando Home Based Care
Maamba Faith Based HIV/AIDS Elimination
Mansa District Women's Development Association (MDWA)
Mupita Anti AIDS Club
Namwala Interfaith Networking Group on HIV/AIDS
Network of Zambian People Living with HIV (NZP+)
NZP+ Chipata District Chapter
Palliative Care Association of Zambia
People's Action Forum (PAF)
Petauke Support Group
Pride Community Health Organization
Shaping Our Destiny
Sinazongwe Youth Club

Tulipamo Post Test Club
Youth Development Organization
Zam Action
Zambia Health and Communications Trust (ZHECT)
Zambia Interfaith Networking Group on HIV/AIDS (ZINGO)

Tourism HIV/AIDS Public Private Partnership (PPP) Members

Bushtracks
Jollyboys Backpackers
Kubu Crafts
River Club
Sun International Hotels
Tongabezi
Wasawange
Zambezi Nkuku

Other Implementing Partners

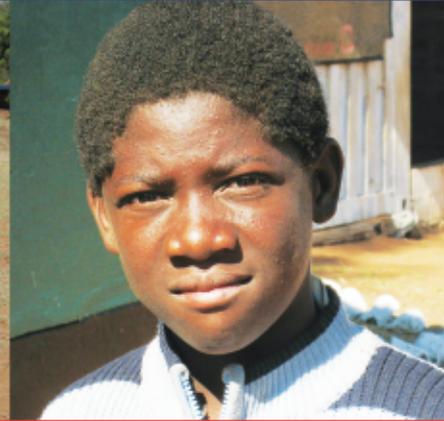
Law Association of Zambia
Livingstone Tourism Association (LTA)
Medical Council of Zambia
Senior Chief Mwewa and Mwewa Chiefdom
Senior Chief Nalubamba and the Mbeza Chiefdom
Senior Chief Nzamane and the Mfumbeni Chiefdom
Zambia AIDS Law Research and Advocacy Network (ZARAN)
Zambia Business Coalition on HIV/AIDS (ZBCA)
Zambia Law Development Commission
Zambia Union of Nurses Organization



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