



# GOOD PRACTICE MANUAL

On HIV and AIDS awareness raising and impact

**RESTLESS  
DEVELOPMENT**  
THE YOUTH-LED DEVELOPMENT AGENCY

In partnership with





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# ACRONYMS ABBREVIATIONS

AAC	AIDS Action Clubs
AAP	AIDS Action Project
AATAZ	Anti-AIDS Teachers' Association of Zambia
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
CAMA	CAMFED Member Association
CAMFED	Campaign for Female Education
CBO	Community-based organisation
CDC	Curriculum Development Centre
CF	Christian Fund
CHEP	Copperbelt Health Project
CINDI	Children in Distress
CSO	Central Statistical Office
CYM	Community Youth Mobilisation
DHS	Demographic and Health Surveys
FAWEZA	Forum for African Women Educationalists in Zambia
FBO	Faith-based organisation
FHT	Family Health Trust
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IGAs	Income Generating Activities
KAO	Kick AIDS Out
KCTT	Kara Counseling and Training Trust
MDGs	Millennium Development Goals
MoE	Ministry of Education
MOH	Ministry of Health
NGO	Non-governmental organisation
OVC	Orphans and vulnerable children
PE	Physical Education
PLWHA	People Living with HIV and AIDS
PPAZ	Planned Parenthood Association of Zambia
SADC	Southern African Development Community
SAFE	Students Alliance for Girls Education
SHEP	School Health Education Programme
SIA	Sport In Action
SRH	Sexual Reproductive Health
STD/STI(s)	Sexually Transmitted Disease/Sexually Transmitted Infection(s)
TAAP	Teacher AIDS Action Programme
TLWHA	Teachers Living With HIV and AIDS
UNAIDS	United Nations Programme on AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Testing and Counselling
VPEs	Volunteer Peer Educators
VSU	Victim Support Unit
WHO	World Health Organisation
YMEP	Young Men as Equal Partners
YRCs	Youth Resource Centres
ZCCP	Zambia Centre for Communication Programmes
ZMK	Zambian Kwacha

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Restless Development (Zambia)  
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# FOREWORD

**By Dr. Ben Chirwa – Director General for National AIDS Council**

Zambia continues to be one of the countries adversely affected by the HIV and AIDS pandemic in the SADC region. In the recent National AIDS Council Country Progress report (2009) on monitoring the declaration of Commitment on HIV and AIDS and the Universal Access, the HIV prevalence rate in the country stands at 14.6%. Over 900,000 people are estimated to be living with HIV and AIDS in Zambia, of which nearly 80,000 are the newly infected (MoH /NAC/CSO).

HIV and AIDS has had a devastating impact on the social and economic status of the population. The National AIDS Council recognises that the HIV and AIDS pandemic has robbed the Country of its most valued members of our population—its educated manpower, both young and old. These are the people whose energies are needed for the development of our nation. Young people, the leaders of today and tomorrow and custodians of the nation's prosperity, have been identified as particularly vulnerable to HIV and AIDS infection. If behaviour is to be changed, young people must be the highest priority target. It is often said that Zambia's youth offer the nation a "window of hope" – the hope of an AIDS-free future. Half of all Zambians are between 0 and 15 years old, relatively few of these young people have HIV, and they are all eager to learn. Effective Behaviour Change Communication therefore has the power to change attitudes and behaviour for life.

Though the Ministry of Education has made commendable efforts in forming a comprehensive policy to the response to the epidemic (in 2003), including an HIV workplace policy in 2006, more still needs to be done in our translation of policy into practical action. This manual is therefore timely. It comes at a time when the fight against HIV and AIDS in the country has intensified. The manual captures key success stories from recipients of the different HIV and AIDS prevention initiatives in schools, communities and Colleges of Education. It is also honest and realistic about the improvement required to meet the SADC best practice criteria without belittling the evidence that shows that the nation has seriously and practically been forging ahead to try and win the battle against HIV and AIDS. As might be expected, this is not be an easy task. Yet, the Country and NAC is determined to stay on track largely due to the overwhelming support accorded to government by both the Zambian people and the various NGOs working in the area of HIV and AIDS.

This manual will help to remind national decision makers on the challenges surrounding actual implementation of policy in the context of cyclical policy and national framework reviews. Secondly, it highlights the important contribution of civil society in the ongoing fight against HIV. Thirdly, it advocates for CSOs to be included more effectively in MoE planning and implementation of policy. It is my hope that MoE will identify the key elements of the various good practices contained in the manual (and beyond) which can be further explored for adopting, adapting and integrating systemically so as to be able to inform and implement the MoE National HIV Strategy and have the potential to scale up the key elements of these good practices.

I would like to acknowledge the efforts of the institutions and individuals that contributed to the successful development of this manual. Firstly, Restless Development, whose young volunteers and staff have since 2003, continued to demonstrate close collaboration with key stakeholders, government and civil society, at national, provincial, district and community levels. I would also like to acknowledge the support of the Irish Embassy (Irish Aid), whose financial assistance enabled the research activities and publication of the manual. I hereby endorse this manual as an important milestone in an effort to mainstream HIV and AIDS prevention efforts in the education sector. I have no doubt in my mind that the manual will act as a yardstick in guiding the implementation of HIV and AIDS mainstreaming in the education sector and beyond.



**Dr. Ben Chirwa**

Director General  
National HIV/AIDS/STI/TB Council

# 1.0 INTRODUCTION

## 1.1 WHY THIS MANUAL ON GOOD PRACTICE?

This manual is the outcome of a youth-led project by Restless Development Zambia (supported by Irish AID) to identify, document and highlight Civil Society anti-HIV and AIDS initiatives that have had proven awareness raising and programmatic impact in the education sector in Zambia. The manual has been devised and based upon the Southern African Development Community (SADC) HIV framework of seven best practice criteria, which include: Ethical Soundness; Effectiveness; Innovation; Relevance; Cost-effectiveness; Replicability and Sustainability. These criteria were used to assess and validate different elements of the various HIV and AIDS initiatives from diverse organisations categorized by the following themes: Peer Education; Sport; Capacity Building (Care and Support and OVC); Gender (Life Skills and Livelihoods) and Information Education Materials.

At first glance, the production of another document on HIV in Zambia may seem to contribute to the pervading sense of fatigue surrounding the epidemic, especially when there already exists an extensive and growing body of work.<sup>1</sup> However, this information sharing manual is important in four practical respects. First, to remind central decision makers (Government and Country Partners) on the challenges surrounding actual implementation of policy in the context of cyclical policy and national implementation framework reviews.<sup>2</sup> Second, to properly highlight the important contribution of civil society in ongoing anti-HIV implementation initiatives. Thirdly, the necessity for Civil Society Organisations (CSOs) to be included more effectively in Ministry of Education (MoE) planning and implementation of policy. Fourthly, for CSOs to better develop internal and external evaluations of their work that will generate learnings on how their interventions can be improved and mainstreamed into MoE systems to respond to the needs of learners and educators, especially in impact, replication and sustainability.

### Policy over Practice

Zambia has benefited from the development of a comprehensive education policy response to HIV in 2003, the launch of a HIV and AIDS work place policy in 2006 and finally, strengthened collaboration between Country Partners, the MoE and the National AIDS Council (NAC) in light of the Joint Assistance Strategy for Zambia (JASZ), which resulted in a National AIDS Strategy across the duration of the Fifth National Development Plan in 2006–10. However, the majority of work on HIV and formal education in Zambia (and elsewhere) remains academic and technically expressed that leaves the majority of practitioners with strategies, theoretical models and statistics that do not always include the actual practice and implementation of policy and the important learnings (successes and challenges) that arise. In seeking to collect examples of good practice, Restless Development seeks to showcase successful CSO initiatives for the benefit of policy decision makers in the MoE. With such a practical resource to hand, MoE directorates shall be better placed to incorporate grassroots learning (and its practical application) and mainstream it in order to meet short and medium term targets and indicators of a new MoE National Implementation Framework III 2011–13 and to coordinate more effectively with other government sectors over the duration of the forthcoming Sixth National Development Plan.

### Partnership with Civil Society: including CSOs to gain information and improve national implementation and coordination.

Although the past decade has seen the formation of an independent National Education Coalition (ZANEC) in 2001, a voluntary Project Coordinating Committee in 2007<sup>3</sup> and the formalisation of various Memorandums of Understanding between the MoE and CSOs (e.g. Restless Development, FAWEZA, CAMFED), there has generally been a lack of regular and systemic engagement between the MoE and Civil Society on HIV at the national level. Civil society work has often been left out of planning and implementation at the central level and opportunities to concurrently strengthen and integrate (mainstream) civil society's proven work have gone begging.<sup>4</sup> CSOs, by their very implementing nature, often have stronger relations with District and Provincial education departments. They are to be applauded for conducting work in rurally remote and challenging peri-urban environments with those who matter most – Zambian citizens: children, students, teachers and community members. Consequently there is a lack of information about CSOs and their work that can be of relevant use to the Directorate of Information and Planning at a central level.<sup>5</sup>

<sup>1</sup>See brief Bibliography and Reference Materials at end of Manual. For the latest national estimates on knowledge, attitudes and behaviours regarding HIV and AIDS in Zambia (utilising international standardised indicators) see: Central Statistical Office & Ministry of Health, Zambia Sexual Behaviour Survey 2009 (Lusaka, 2010).

<sup>2</sup>For common pitfalls associated with emphasis upon data gathering and policy making/revision in HIV and AIDS prevention in sub-Saharan Africa Education sectors see A. Kinghorn and M.J. Kelly, 'The Impact of the AIDS Epidemic on Teachers in Sub-Saharan Africa: Some Comments', *Journal of Development Studies*, 41 (2005), pp.485–499.

<sup>3</sup>Which is included and linked into the Education Sector's Management structures. See MoE, Management and Coordination Guidelines (Lusaka, 2010), pp. 17, 27 and 29.

<sup>4</sup>A.R. Graham, Making Prevention Work: Lessons from Zambia on Reshaping the US Global Response to HIV and AIDS Epidemic (2009), pp.22–25.

<sup>5</sup>Recent efforts (in 2010) to begin this include the formation of a MoE Life Skills (HIV) Coordinating Committee which under the Curriculum Development Centre has begun to map out a National Framework for Life Skills standards. This needs to be linked in with concurrent efforts by the Ministry of Health on establishing an Adolescent Reproductive Health Communication Framework to increase access to health service activities.

Equally, such lack of information manifests itself in a lack of collaboration between civil society partners to form coordinated efforts and effective partnerships that can support delivery of national performance indicators; including working through one another to achieve geographic national coverage and learning from one another's respective areas of strength. Coordination is therefore crucial to ensuring that all partners can deliver a consistent and standardised HIV and AIDS education in schools, colleges and neighbouring communities with holistic access and linkage to health services for children, young people and teachers. Therefore, this manual documents a non-exhaustive set of 'good practice' examples of 11 local organisations currently operating in Zambia. Understanding that only local solutions will solve local challenges, the examples included are intended to help inspire innovative approaches that capitalize on existing resources, expertise and experience. Its practical worth shall be in engaging key decision and policy makers in the MoE with evidence based information to secure wider commitment to improve national HIV delivery in the fulfillment of the MoE's own performance indicators (including that of the NAC). This is to reinforce the governance and accountability of Ministry leaders to deliver upon stated development plans over 2011-15.

## **1.2. PROFILES OF GOOD PRACTICE ORGANISATIONS AND USE OF THE MANUAL**

This manual captures good practices from various organisations and is organised under themes depicting the different works being done in line with the recognized SADC criteria. This manual will work as a reference guide for policy makers and a starting ground for CSOs in terms of checking where they are, and are not, hitting the SADC good practice criteria. From the analysis of organisations based on the SADC good practices criteria, it is important to recognise that organisations are at different levels in terms of meeting the set criteria for good practices. The manual highlights and describes the good practice from each organisation represented under a thematic area for the purpose of showcasing the good practice for the MoE. This means that in areas where the organisations do not meet the set criteria, the SADC criteria is absent and is identified in the Way Forward section as an area for further follow-up in terms of capacity development of organisations. The examples have been categorised by themes making it easier for MoE personnel to make reference to various initiatives in the sector. The manual is by no means definitive nor is intended to be. However, it is hoped the profiled examples will further expand MoE knowledge and provide a starting point for intended improvement, coordination and scale up in the sector.

## **ORGANISATIONS THAT WE SHOWCASED WITHIN:**

### **01 PEER EDUCATION**

Restless Development , Copperbelt Health Education Project and Planned Parenthood Association of Zambia

### **02 SPORT**

Sport in Action, EduSport

### **03 CARE AND SUPPORT – CAPACITY BUILDING**

Anti AIDS Teacher Association Zambia, Family Health Trust, KARA Counselling

### **04 GENDER – LIFE SKILLS AND LIVELIHOODS**

CAMFED and FAWWEZA

### **05 INFORMATION, EDUCATION AND COMMUNICATION MATERIALS**

Zambia Centre for Communicaton Programmes

# THEME 1

# PEER EDUCATION

## **COPPERBELT HEALTH EDUCATION PROJECT**

The Copperbelt Health Education Project (CHEP) is an NGO established in 1988 as an integrated development project in response to emergent health issues. Its primary mandate is to contribute to national efforts and strategies aimed at reducing the rapid spread of HIV and AIDS and mitigating its effects in Zambia. Its major geographical focus is the Copperbelt Province of Zambia, although some of its activities complement national programmes for combating TB and HIV and AIDS. CHEP collaborates with all sectors of the community to help develop knowledge, values, and life skills that foster responsibility and healthy lifestyles.

CHEP mainly targets in and out of school youth, young women between 15 and 35 years old, orphans and vulnerable children (OVCs), and people living with AIDS (PLWA). Activities include community health education in such issues as Home Based Care, OVC Care, basic health and hygiene, and psycho-social counseling. Communities also benefit from skills training in Peer Education, Life Skills, Resource Mobilisation, advocacy, stigma, and discrimination. CHEP is establishing a training and research centre so as to accelerate the response of community based organisations and workplaces to health and developmental issues.

## **PROGRAMME DESCRIPTION**

In order to implement the schools programme, through sensitization and awareness CHEP has trained about fifty (50) peer educators who actively carry out activities in the schools. Their responsibilities involve organizing activities in the schools. These are usually in the form of debates and inter-school sporting events that end up with prize giving. Quizzes are also given to the pupils on Sexual Reproductive Health issues and the peer educators also visit health centers with the pupils to learn from the health care providers by asking questions, and observing how things are done there. The main aim of these activities is to ensure that children and youth develop and maintain behaviors that will reduce their risk of contracting STDs, HIV and AIDS and encountering other sexual and reproductive health (SRH) problems. CHEP aims to empower children, adolescents, and youth with life skills to make them more self-confident and able to make better choices. The use of local languages when implementing the activities works well in that the young people easily understand and are able to relate to what is being taught more easily. The use of diagrams and pictures to demonstrate during the lessons greatly catches the attention of the pupils. Listening to what they have to say as well as involving them in conducting lessons to their friends also gives other young people a sense of being part of the solution to what issues we face as young people. Doing a variety of activities with the young people is also very helpful; it is not all about just conducting classroom lessons. These are in form of debates, quizzes, sports and getting experts (health workers from local clinics and hospitals) to give talks on different sexual reproductive health issues. Apart from these activities, the peer educators also talk about life skills and future career, not just HIV and AIDS.

## **PLANNED PARENTHOOD ASSOCIATION OF ZAMBIA**

Planned Parenthood Association of Zambia (PPAZ) is a Zambian non-governmental organisation which has existed since 1972 as a voluntary, not-for-profit organisation advancing the cause of sexual and reproductive health in Zambia. It is a member Association of the International Planned Parenthood Federation (IPPF). PPAZ's vision is realisation of a society in which all people in Zambia enjoy equal Sexual and Reproductive Health and Rights (SRHR) and have access to quality and affordable SRH information and services. PPAZ's mission is to advocate for sexual and reproductive health rights of women, men and young people, especially the vulnerable, and to empower them to make free and informed reproductive health choices. PPAZ also dedicates itself to the provision of high quality and sustainable youth-focused sexual and reproductive health services.

In Zambia the organisation is recognized as a reliable service provider and initiator of programmes that compliment the Ministry of Health efforts to provide equitable access to health services for all Zambians. PPAZ operates in all nine provinces of Zambia, and it is the largest NGO providing family planning and SRH services in both the urban and rural areas of the country.

## **RESTLESS DEVELOPMENT, THE YOUTH-LED DEVELOPMENT AGENCY**

In Zambia, Restless Development is a locally registered Non-Governmental Organisation (NGO) working in partnership with the Ministry of Education and Ministry of Youth, Sport and Child Development to implement youth-led and youth focused development interventions in schools, communities and teacher training institutions (Colleges of Education). Restless Development has offices in Australia, India, Nepal, Sierra Leone, South Africa, Tanzania, Uganda, UK, USA, Zimbabwe and with Zambia having its headquarters in Kabwe with another office in Lusaka. The NGO has a presence in Zambia since 2004. Restless Development believes that young people can and should play a key role in the development of their own countries. With training and support, young people can be the leaders of today. Restless Development puts young people at the forefront of change and development. The agency's goals are:

1. Civic Participation – young people as contributors to development, shaping policies that affect their lives
2. Livelihoods and Employment – young people taking up productive livelihoods and employment opportunities
3. Sexual and Reproductive Health – young people engaging in safe sexual reproductive health and making informed decisions about it

### **PROGRAMME DESCRIPTION**

Restless Development has piloted a curriculum-based, school-based model for non-formal education that it promotes and uses to teach 5th through 12th graders about HIV prevention and reproductive health in more than 100 schools in the Central Province of Zambia. Two key strategies characterize this model which are now merged into one programme falling under the approach referred to as Direct Delivery. The first was earlier known as School HIV and AIDS Education Programme (SHEP) and the second one was called Teacher AIDS Action Programme (TAAP).

One strategy that is used in the implementation of the schools programme is the training and deploying of volunteer peer educators (VPEs) who are older than the students, but younger than their teachers—usually around 18 to 20 years old. Pairs of VPEs are assigned to each school for two full terms of an academic year and they live in the community in which they are working. Training these young people has two benefits. Firstly, in this cultural context it is more acceptable for students to learn about sensitive topics from trained peer educators than from teachers, who tend to be uncomfortable talking about sex, pregnancy and HIV and AIDS with their students. Secondly, the training creates a cadre of young people who do important work in a country where it is difficult for many to get into a university or find employment.

The other strategy is a comprehensive approach, addressing abstinence, being faithful, and correct and consistent use of condoms. The centerpiece is a weekly lesson taught to students by the VPEs, but in addition there is a Youth Resource Center (YRC) offering a library with youth friendly IEC material on HIV and AIDS and other sexuality issues and counseling. The VPEs also coordinate and conduct extracurricular activities, community educational events on specific topics (e.g. preventing early marriages) and capacity building for teachers through periodic workshops on specific topics.

### **DIRECT DELIVERY IN SCHOOLS**

The SHEP model had five main components which are now part and parcel of the direct delivery approach: 1. In-class Adolescent Sexual and Reproductive Health (ARSH) and Life Skills lessons taught by the VPEs in 40 minute segments. These classes use interactive methodologies and are designed to increase knowledge on key issues. 2. Strengthening the capacity of extracurricular activities and clubs, such as AIDS Action Clubs and sports, in order to provide positive recreation for young people as well as to build key life skills. 3. Community events run by peer educators and held in the wider community to create an effective enabling environment for young people to make changes in their behaviours. 4. Youth-friendly resource centers in schools, staffed by the peer educators, for both pupils and teachers. These centers provide access to relevant materials in a supportive environment. The centers also provide youth access to advice and support on key issues affecting their lives. 5. Training and support structures. VPEs identify, train and build capacity for key individuals and groups to support HIV and AIDS education in both the school and the community. Examples of these individuals and groups are HIV and AIDS committees, teachers, trained peer leaders within the school, school administration, the teaching body at large, community groups and traditional leaders.

### **DIRECT DELIVERY IN COLLEGES OF EDUCATION**

Direct delivery in Colleges of Education is based on a model that was referred to as The Teacher AIDS Action Programme (TAAP). The other model that Restless Development is using as an HIV and AIDS combating initiative. TAAP was an offshoot of SHEP and unlike SHEP, targets students in teacher training colleges. Young peer educators are also used to lead the activities leading to implementation of this programme and these are usually of the same age as the student teachers. The trainee teachers are developed into sexual reproductive health (SRH) experts before they are deployed into the teaching system. The Colleges programme ensures that every teacher who graduates has the capacity to implement SRH. The aim of this model is for further capacity building of teachers so that future teachers have the necessary skills to provide high quality HIV and AIDS education.

# THEME 2

# SPORT

## EduSport Foundation

EduSport Foundation is a community-driven Zambian sports NGO based in Lusaka. Established in 1999 it seeks to use sport, recreation and other forms of physical activities as interventions for achieving empowerment, education, health and other development goals in underserved communities in Zambia. Central to EduSport's methodology is the identification, training and supporting of young people to reach out through sport to their peers. The NGO's objectives are to integrate life skills training into the already existing educational, social and sports structures and systems, provide better opportunities for physical activity and sport for social economically underprivileged young people and enhance the quality of these services. It uses sport as a means to foster programmes that build bridges across people of different socio-economic backgrounds, attitudes and to break down prejudices against race, gender and tribe, thus bringing transformation at individual and social level.

## Programme Description

EduSport uses a number of sports programmes to try and reach out to youth in various communities about HIV and AIDS, sexual reproductive health and life skills. Amongst these are the Kick AIDS out and the GO-Sisters programmes which are both HIV and AIDS, adolescent sexual reproductive health and life skills focused.

The Kick AIDS Out programme uses sport to address the problem of HIV and AIDS. Innovative methods from sport such as movement games, focus group discussions, leagues, tournaments and peer coaching are used to confront HIV and AIDS and other related problems. EduSport designed and launched this program in 2001 in Lusaka and it is a programme that gives information on AIDS and gives support to those infected and affected. The KAO programme is achieved through:

- the provision of a wide range of enjoyable and positively oriented sports and physical activities by
- by using youth peer coaches in sports and physical activities to develop talent in communities
- by training trainers in sport specific disciplines
- by setting up and maintaining sports infrastructure

KAO movement games are also used to teach life skills to young people and by running activities and programmes that empower girls and special groups. EduSport also involves and empowers parents to participate in KAO activities in their communities and schools by setting up youth led and driven local EduSport committees. The KAO activities are strategically delivered through common and popular sports found in local communities with each sport having a KAO programme slogan:

- Football ( Kicking AIDS Out)
- Basketball ( Dunking AIDS Out)
- Aerobics ( Dancing AIDS Out)
- Athletics ( Racing AIDS Out)



## **GO-SISTERS PROJECT (GIRLS EMPOWERMENT THROUGH SPORT)**

EduSport is currently running the GO-Sisters Project also referred to as the Girls Empowerment through Sport project. This project targets girls aged 12 to 25 years and was started in 2008. The project aims at encouraging girls to seize an opportunity to participate in leadership roles on an equal footing as their male counterpart in an effort to empower them to have a say in the fight against HIV and AIDS.

The project empowers girls with relevant and correct knowledge on the key issues that affect them. These key issues include sexual reproductive health, HIV and AIDS, leadership development, career development and education empowerment. It strives to empower girls by building physical resources, giving social recognition and challenging some traditional gender myths.

The girls are initially trained as trainer of trainers. Therefore, the trained girls acquire facilitation skills, HIV and AIDS knowledge, event management skills and they are given a responsibility to reach out to their fellow peers. Additionally, the girls are trained to take up leadership at different levels in sport and outside the pitch. Sport is used as a platform or an intervention to gather girls in one place where correct information designed to sensitize them is disseminated to them through IEC materials, experience sharing through testimonies about what they learnt from previous workshops, youth camps and radio programmes. This way the girls are able to avoid early pregnancies and marriages.

## **SPORT IN ACTION (SIA)**

Sport in Action (SIA) is a NGO whose purpose is to improve people's quality of life through sport and recreational activities. Founded in 1998, SIA was the first Zambian sports NGO with a vision of working towards an active, healthy and better living for all. It endeavours to use sport and recreation as a tool to improve the quality of children's lives by providing programmes that bring about motivation, self development, child protection and self-reliance through social and economic empowerment. SIA's objectives are to build capacity and increase knowledge and awareness of HIV and AIDS and other sexually transmitted disease among the children and the youth through the use of sport and Physical Education (PE) activities as a tool; mitigate the HIV and AIDS epidemic through effective preventive measures among the children and the youth. Empower children and youth with life skills to help those who are not sexually active to delay sexual activity through the use of integrated sport and PE activities and construction and repairing sports and play facilities in the targeted areas.

## **PROGRAMME DESCRIPTION**

SIA runs the 'Youth Empowerment Through Sport' and the 'Child Empowerment Through Sport' Programmes. It uses the sport for development approach in all its programmes. The sport for development concept is an approach that has and is being used to fight the scourge of HIV and AIDS. The HIV and AIDS messages are integrated in all the activities that are implemented in different project areas. This is done through the following activities:

- Sports tournaments (this involves young people being engaged in sports activities that are integrated with HIV and AIDS messages)
- Sports festivals (the young who are targeted are involved in HIV and AIDS activities alongside the tournament)
- Traditional games (because of the challenge of lack of conventional sports equipment in rural areas, traditional sport has been very effective in delivering the sports programs integrated with HIV and AIDS)
- Youth camps
- Physical Education (PE) sessions integrated with Life Skills

Moreover, SIA strategically uses sport not only to bring young people together but to also deliver HIV and AIDS, adolescent sexual reproductive health and life skills knowledge to them. On an ordinary sporting day organized by SIA, games such as netball, football or basketball go on as normally planned. At the same time life skills, HIV and AIDS and adolescent sexual reproductive health lessons go on in the background. The teams or children not playing at a particular time are gathered together into groups by SIA Peer leaders who conduct the lessons which are combined with fun games, some of which are symbolic of the topic being taught. The children that had been playing scheduled games are also taught later. Quizzes are given in order to evaluate the young people's understanding of what has been taught. Prizes are also given in order to motivate the young people to continue coming for the lessons.

# THEME 3

# CARE AND SUPPORT

## **FAMILY HEALTH TRUST (FHT)**

FHT is an NGO established in 1987 to contribute to the response to the impact of HIV and AIDS in Zambia. The Trust is the umbrella organisation of the three specialized AIDS-related projects: the AIDS Action project (AAP), Children in Distress (CINDI) project and the Lusaka-Based Care Project. Since establishment, FHT has endeavored to work with communities and schools in creating change. FHT has held the interest of Orphans and Vulnerable Children (OVCs) at the core of their operations. As a result, FHT have developed their programmes around the Ministry of Education schools by introducing HIV intervention and building capacity in relevant pillars within schools. FHT has helped to introduce AIDS Action Clubs (AAC) and other different interventions around HIV and AIDS and other issues. The NGO has modeled their approaches in a simple manner that can be adopted by different organisations and particularly the MoE in various schools across the country.

## **PROGRAMME DESCRIPTION**

FHT runs a programme known as Youth Friendly Health Service which includes the Readership Programme. This programme targets young people in and out-of-schools in communities. With this programme, a space is secured in the school environment for establishing a One Stop Centre for reading, interaction with SRH materials and for viewing of diverse documentaries. FHT also provides textbooks, shelves, TVs, radios and DVDs for use in the centre as information dissemination media. Children use the room to read, watch and listen to information on HIV and AIDS.

## **ANTI-AIDS TEACHER'S ASSOCIATION OF ZAMBIA (AATAZ)**

AATAZ is a teacher-led NGO founded in 2001 by a group of teachers with the principle aim of facilitating HIV and AIDS sensitization to teachers in response to HIV and AIDS related deaths in the teaching profession and the subsequent deteriorating quality of education services provided to young people. After conducting research, AATAZ established that one of the major reasons many teachers were dying of AIDS was because they did not know their HIV status in good time. The delay in knowing their status meant that teachers were going on Antiretroviral Therapy (ART) when their HIV conditions were way beyond what anti-retrovirals (ARVS) could handle. The delay in getting on ART meant an increase in deaths for the teachers. However, it should be noted that teachers were not getting onto ART in good time because of fear of being stigmatized.

## **PROGRAMME DESCRIPTION**

AATAZ sought to address teachers' health problems related to HIV/AIDS using a teacher-by-teacher outreach campaign. Particular focus has been on raising awareness focusing on anti-stigma and developing care and support mechanisms. The NGO came up with a programme known as the Care and Support Groups for Teachers Living with HIV and AIDS (TLWHA). The project is being run in partnership with the Education Quality Improvement Program (EQUIP2) and is aimed at sensitizing and mobilizing TLWHA through training, formation of support groups and provision of information and resources related to positive living and reducing HIV and AIDS related stigma. The main objectives of the project are therefore to train and equip TLWHA with knowledge and skills to cope with the physical and psycho social effects of HIV and AIDS through the formation of TLWHA and family support groups. The project subsequently conducted care and support training workshops, disclosure preparatory meetings, Monitoring & Evaluation visits and launched the teachers testimonies book conducted through public speaking workshops in all nine provinces.

## **KARA COUNSELING AND TRAINING TRUST (KCTT)**

Kara Counseling and Training Trust (KCTT) is an NGO that was initiated in 1989 and later registered in 1991. This NGO envisions a society free of suffering where all people take charge of and live long and productive lives in freedom and equality, with Zambia taking its place proudly among the great nations of the world. Its mission is to promote integrated human development by providing counseling, training, caring and other related services which respond to the current psychosocial needs in Zambia.

KCTT pioneered in the field of Voluntary Counseling and Testing (VCT) in Zambia and for more than ten years of operation it expanded not only running VCT centers within Lusaka but outside as well. The NGO also provides other activities such as training programmes for counselors, community home-based caregivers, counseling skills, outreach education and other tailor made courses. It also conducts outreach HIV and AIDS education programme and runs a hospice for terminally ill patients. KCTT also runs a life skills training programme for orphaned teenage youths from disadvantaged settings at Umoyo Training Centre.



## PROGRAMME DESCRIPTION

'Umoyo' means life. The Umoyo Training Centre located a few miles west of Lusaka training centre runs a project called Skills Training for Orphans and Vulnerable Girls. This training is in the hope that the girls get a chance at 'umoyo' (life). The programme started in 2000 and is still ongoing. The practice takes care of orphaned and vulnerable teenage girls who are in that position largely because of the impact of HIV and AIDS on community livelihood. The skills include: tailoring, knitting, carpentry, agriculture, home management, literacy and numeracy and sexual reproductive health education. It aims at building and sustaining the capacity of orphaned and vulnerable girls to fully cope with life situations. In mitigating the impact of HIV and AIDS, the practice takes into consideration empowering the target group economically such that when they graduate from the skills training, they may be able to be employed and afford basic needs in life. In addition, utilization of the skill will act as a safe space for them thereby reducing their chances of vulnerability towards HIV and AIDS infection.

These girls include those that have lost their parents to HIV and AIDS, cannot afford basic needs such as food, shelter, clothing etc., and those that have never had an opportunity to go to school or could not complete their education due to lack of funds. Such conditions put these girls at risk of contracting HIV and AIDS as they spend their time on risky vices such as prostitution in order to afford a living.

# THEME 4

# GENDER – LIFESKILLS & LIVELIHOODS

## **FORUM FOR AFRICAN WOMEN EDUCATIONALISTS OF ZAMBIA (FAWEZA)**

The Forum for African Women Educationalists of Zambia (FAWEZA) is a membership NGO formed in 1996 and working in the country to empower girls and women through gender responsive education. Its mission is to advocate for transformation of the Zambian education system and the socio-cultural environment to make them more responsive to the specific education needs of girls and women. Its primary objective is to improve girl child education. Ultimately, its campaign is to guarantee increased participation and survival of female students at all levels of educational development and to improve access, progression and completion rates of girls at basic and high school levels.

### **PROGRAMME DESCRIPTION**

FAWEZA has been administering a number of interventions; among them, the scholarship program, which apart from removing the burden of education costs for orphans and vulnerable children, has endeavored to prevent children, particularly girls from dropping out due to lack of school fees. Failure to meet school fees would also have led them into possibilities of early marriage and/or child labour. One of the methodologies the organisation has initiated relevant to this manual is the formation of Student Alliance For girls Education (SAFE) clubs, as interactive platforms for boys and girls in schools. The SAFE Clubs not only empower youth with life skills but with knowledge on issues of reproductive health, behavioural change, gender relations and family life and all these are done in the hope of helping curb the HIV and AIDS pandemic. The SAFE clubs are found in basic, high schools and tertiary institutions as peer support mechanisms and seek to cultivate positive gender relations among female and male learners as a strategy for confronting negative gender attitudes and practices that perpetuate the disadvantaged position of girls in the broader society. Given the vulnerability of young people to abuse and exploitation, SAFE Clubs provide not only education on HIV and AIDS prevention, care and support, gender and children's rights, but foster the acquisition of life skills for young people to surmount present day challenges.

## **CAMPAIGN FOR FEMALE EDUCATION (CAMFED)**

CAMFED Zambia is an international organisation that has offices in five African countries: Zimbabwe, Ghana, Tanzania and Malawi. CAMFED Zambia's programme was established in 2001, in partnership with the Ministry of Education. The organisation's mission is to ensure that all vulnerable children, especially girls, can access and complete school in an environment where their rights are respected and protected and they are empowered to contribute meaningfully to the development of their families, communities and nation. Its objective is to multiply opportunities for girls, capacity build communities, empower young women, and undertake research and advocacy. It works in the Northern, Luapula and Western Provinces.

### **PROGRAMME DESCRIPTION**

CAMFED supports girls in rural communities through school and helps them transform their own lives and their communities through education. CAMFED not only helps them by paying their fees, but also through buying school uniforms, boarding fees, stationery, underwear and sanitary wear. CAMFED meets all the direct costs of education that parents are unable to provide through to completion of secondary school education. CAMFED is not only limited to the rural girl-child but also helps the boy-child attain education. This is done by providing grants to communities to set up their own Safety Net Funds, which identify children who are at risk of dropping out of school. The funds can also be used for medical support. The CAMFED programme is managed by a network of voluntary committees at district and school level. These communities select the girls who need CAMFED's support on the basis of need.

When rural girls and young women graduate from high school, they enter an adult world of unemployment. Their limited options include marrying young or searching for work far from home. Because men manage the family's financial affairs, they have no experience with money. CAMFED offers graduates ways to overcome these problems. It uses a programme called Seed Money which offers training, peer support, grants and microloans to help young women learn economic skills and launch small businesses. This program is uniquely run by young women in CAMA (the CAMFED Association), creating a bond of female solidarity that is integral to its success. This is a peer support programme set up by the young women who have been supported through school by CAMFED Zambia. These young women are now giving back what they know to their community through community health programmes to disseminate health messages on hygiene, reproductive health and HIV and AIDS. Furthermore, CAMFED provides entrepreneurial skills training for those that would like to engage in business and provides loans to the youths that have been in the programme, some of whom can get loans from microfinance agencies.

# THEME 5

# INFORMATION, EDUCATION AND COMMUNICATIONS MATERIALS

## **ZAMBIA CENTRE FOR COMMUNICATION PROGRAMMES (ZCCP)**

The Zambia Centre for Communication Programmes is a non-profit making Zambian NGO established in March 2002. This NGO works within the national government policies and frameworks to impact on priority health and development issues using mass media behaviour change materials. ZCCP's vision is to have a well-informed and empowered Zambian society that makes personal and collective pro-active decisions for better health and general wellbeing. It has a mission of empowering Zambians through information education and communication, in order to improve their health status and general wellbeing for a better quality of life. The NGO's objectives are to implement a broad range of high quality communication activities, and promote community mobilization, interpersonal communication, advocacy and mass media designed to have an impact on social and behaviour change, to build local institutional capacity and individual skills in partner organisations, to produce and disseminate multi-media "edutainment" products, and to conduct research for reliable data on human attitudes and behaviour for measuring impact of specific ZCCP interventions and for identifying individuals and social barriers to behaviour change.

## **PROGRAMME DESCRIPTION**

ZCCP uses the power of the mass media (radio, TV and print) and social mobilization to reach the Zambian population and to effect social and behaviour change. ZCCP uses multimedia edutainment programmes and social mobilization as a tool for social and behaviour change, empowering communities to adopt health promoting behaviour. One of these programmes is the distribution of Information Education Communication (IEC) materials. In the past five years ZCCP has developed and tested a local health communication brand called Kwatu. The Kwatu programme uses a multimedia "edutainment" strategy to encourage the adoption of healthy behaviours among Zambians through integrating health and development issues into radio and television drama series and full colour, easy-to-read booklets. One of these is a magazine called "Choose Life" and it targets young people in schools in grades 6-12. These magazines that ZCCP produces are distributed to different organisations, schools and communities throughout Zambia.

# 2.0 METHODOLOGY

The documenting of good practice in this manual was based on the Southern African Development Community (SADC) framework. The framework consists of seven good practice criteria and each of these is explained below. The framework was used to assess and validate different elements of the various HIV and AIDS initiatives from diverse organisations.

## 2.1 PRINCIPLES AND CRITERIA OF GOOD PRACTICE (SADC)

SADC recommendations of what defines a good practice are:

### **ETHICAL SOUNDNESS**

An intervention will not be a good practice if it violates human rights or if it does not meet universally accepted ethical standards. For example, an intervention to scale-up HIV testing would be unethical if it did not allow people the choice to be tested and if it did not provide them with pre-test counselling about HIV and AIDS to help them to make their choice. Even if it led to many more people being diagnosed with HIV, and receiving treatment, it could not be a good practice if it violated human rights.

### **EFFECTIVENESS**

A good practice must have clear objectives and show that it achieves these objectives. This means that an intervention needs to have a clear baseline to show that its activities have had a discernable impact. For example an intervention that aims to improve the quality of care for orphans and vulnerable children should show that at the outset there was little or no care, but that the intervention changed this in measurable ways, such as by improving access to food or sustaining access to education.

### **INNOVATION**

A good practice may show a new way of implementing a programme that is more effective or saves resources.

### **RELEVANCE**

All HIV interventions need to take cognisance of the specific context in which they take place, and take into account cultural, religious and other norms. An intervention that is rejected or not understood by a community will not be relevant or sustainable. This does not mean that HIV interventions must always accept cultural 'norms', such as gender inequality or stigma, but that they must understand these norms and, where necessary, have a strategy to change them.

### **COST-EFFECTIVENESS**

A good practice must show that it is efficient and does not waste resources, especially because most SADC Member States are resource poor. Ideally a good practice would be cost-saving because by saving lives it would prevent the cost of future HIV infections. Similarly by providing treatment and care an intervention would restore health and well-being to people living with HIV, helping people to become self-sufficient again, to care for children and work.

### **REPLICABILITY**

Inherent to a good practice is the fact that it can be copied, as well as the need to discover interventions that set an example. This may mean that something that is a model in the United States may not be a model in Africa, because the context may be vastly different. By contrast a model National AIDS Council (NAC) that is identified in Zimbabwe may be easily replicated in other SADC Member States. Similarly, a model ARV treatment programme in a rural area of Tanzania might be easily replicated in rural areas of Zambia, Zimbabwe and other SADC states.

### **SUSTAINABILITY**

A good practice must be sustainable. The HIV and AIDS epidemic is going to affect SADC Member States for decades and therefore responses need to be sustainable. However, it is recognised that many interventions in SADC are dependent on donor funds, whose future cannot be predicted. This alone should not exclude an intervention from being a good practice – but it should be able to show that in other ways it is capable of continuing.



## 2.1. POPULATION , SAMPLE SIZE AND SAMPLING PROCEDURE

The selection of organisations profiled in Section 3 is non-exhaustive and dependent upon time factors in being able to collect information. Therefore from the outset the sampling procedure used was purposive sampling. The sample size of eleven organisations was drawn from a population of 23 organisations. These organisations were given a preliminary questionnaire that consisted of relevant questions all based on the SADC framework of selecting good practices. In certain cases some organisations did not return this preliminary questionnaire (despite follow up) and have not been considered. This does not mean these organisations do not potentially constitute good practice but their information was not forthcoming for analysis. For those organisations who were able to submit the questionnaire, the organisations' responses were analyzed using a good practices scorecard that was designed. The questions in the questionnaire were designed to draw out relevant information required to score the organisation adequately. The selection of the organisation was based on an objective marking of their responses to the data collection tool. The responses were scored against a key that is basically a layout of the best practice criteria as indicated by the SADC framework. Each of the good practice criteria were broken down into key variables. The selected variable was assessed as objectively as possible using a 1-4 scale (4 = Excellent, 3 = Good, 2 = Fair, 1 = Poor). Finally, 11 were selected as potential organisations to capture good practices from.

## 2.2. DATA COLLECTION

A second questionnaire was administered and this was designed to capture actual good practice. The data was collected through focus group discussions with different organisation beneficiaries who expressed themselves about how the various initiatives from different organisations were impacting on them. Interviews were also done with beneficiaries. Additionally, a study of relevant literature was done and field visits with a selected team from the Curriculum Development Centre and MoE were done to further enlighten themselves on the models that were identified as meeting some or most of the SADC criteria for good practices. Observations were done during on the spot field checks of various project locations of the partner organisations. The literature that was studied not only included internal literature of the organisations but external literature relevant to them as well.

# 3.0 GOOD PRACTICES PEER EDUCATION

Peer education is used to generate healthier behaviours among young people. It utilises young people's influence over one another to make positive interventions in young people's lives. Peer education operates on the principle that young people are more likely to be genuinely influenced by members of their own group of friends than by outsiders, particularly adult individuals. Peer educators receive special training and information which they pass on to their friends and peers.<sup>1</sup> In Zambia peer education has been used in many areas of public health, including nutrition education, family planning, substance abuse and violence prevention, HIV and AIDS, Life Skills, sexual reproductive health and other related issues.

The following organisations are considered: Restless Development<sup>2</sup>, Copperbelt Health Education Project (CHEP) and Planned Parenthood Association Zambia (PPAZ).

## ETHICAL SOUNDNESS

### Restless Development

Before Restless Development deploys its volunteers or decides on which school or community to implement its programmes, baseline surveys are carried out to learn of the communities and schools that the Volunteer Peer Educators (VPE) will be sent to. The surveys are designed to find out the communities' demographics, cultural practices and what their priority needs are. Restless Development programmes have taken an educative and advocacy approach to find a common ground with culture and religious beliefs. This implies that some cultural practices such as female circumcision, polygamy, multiple partners and use of traditional medical methods have been advocated against while others such as male circumcision have been encouraged. VPEs who are deployed in schools and communities are comprehensively trained and sign up to a Code of Conduct which is enforced to protect the wellbeing of students from abuse.

### PPAZ

To ensure ethical soundness, PPAZ takes a rights based approach and in so doing is guided by the following principles: The right to life, liberty, security of the person and bodily integrity; the right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender; the right to personal autonomy; the right to education and information and the right to privacy.

Interviewed community members (within PPAZ Choma intervention sites) stated that PPAZ does not infringe on their rights and that the NGO has a great respect for the cultural practices and social norms of the communities. Respect for cultural practices and social norms do not, however, mean that PPAZ will agree with the practices and norms that will harm or violate the rights of the people in various communities it works in.

## EFFECTIVENESS

### Restless Development

An independent external evaluation was conducted of the Restless Development peer education school model in 10 schools in late 2008 by Family Health International. The evaluation findings provide evidence that the Restless Development model is associated with knowledge, attitudes and behaviours that support HIV prevention and reproductive health. Specifically, the behavioural evidence supports implementing the model to increase knowledge and reduce sexual risk behaviours among students. There has been widespread acceptance of the programme and perceptions among students, teachers, administrators and community members who stated that the programme was making a difference in the lives of the students, by increasing knowledge, changing attitudes and beliefs, reducing sexual-risk behaviour, and decreasing unintended pregnancies among students. External evaluation results showed that sexually active pupils have one lifetime sex partner in comparison with pupils in schools where the intervention is not being implemented. An internal 2010 Restless Development impact assessment of its model confirms this trend towards an increased percentage of young people adopting safe SRH behaviours. With a clear shift towards abstinence and reducing incidents of sex: only 14% of pupils in intervention schools are reported to have had sex in the last 3 months against 40% of pupils in control schools. Additionally alcohol and substance abuse (one of the major contributors of the spread of HIV among young people) has reduced significantly. It was reported at 9.6% and 4.7% respectively in control populations, intervention sites reported 0.9 and 1.4%. Internal evaluations conducted in 2009 and 2010 have also found the Restless Development College based Teacher AIDS Action programme in 13 government colleges of education to be effective, systemic and sustainable. A teaching practice assessment conducted in 2009, found that teacher trainees were having success in rolling out anti-HIV messages, involving in-service teachers in the school in anti-HIV awareness raising activities, and involving school administration.

<sup>1</sup> <http://iao.unfpa.org/defcon.htm>

<sup>2</sup> Restless Development's (formerly SPW) Peer Educator model was profiled in UNESCO, Good Policy and Practice in HIV & AIDS and Education: Partnerships in Practice, Booklet no.4 (Paris, 2008), p.28

Specifically, teacher trainees were performing better in terms of using assemblies to reach out to pupils on issues of HIV and AIDS than those who were unsatisfactory. As a result of this initiative college inspectorates have incorporated SRH education as one of the indicators to measure against students' performance during teaching practice. This has directly ensured that student teachers are implementing SRH education while in training, and as they graduate are proficient in delivering it. A subsequent pilot qualitative case control study in 2010 also gathered evidence that graduate teachers who had received the Restless Development intervention since 2006 have taken up the responsibility of running AIDS Action clubs and all AIDS related activities in the schools. Furthermore, these teachers have by far a better and deeper understanding of MoE School HIV Policy and as such, they are more capable of implementing it. Colleges now have a standardized tool guiding them in the assessment of SRH education delivery at school level and this is done across Zambia where each teacher is taken for teaching practice.

### **CHEP**

The CHEP Peer Education Programme has been having significant a impact on young people in school as well as out of school. Young people in different communities have been seen to have changed behaviour because they have been empowered with knowledge about HIV and AIDS, sexual reproductive health and life skills. As peer educators they feel they have benefited a lot from CHEP. They are more open about discussing certain issues now, and they feel they are more open to other ways of thinking. Since being involved with peer education they now have information and are able to make informed decisions and are in a good position to deal with vices such as peer pressure. They feel they have also been able to influence how their fellow young people think and view issues. Also the peer educator training they receive instills in them the important need to be role models to their fellow youth, knowing this has greatly influenced how they behave within their communities. In order to implement the schools program, through sensitization and awareness CHEP has trained about fifty (50) peer educators who actively carry out activities in the schools. Their responsibilities involve organizing activities in the schools. These are usually in the form of debates, inter-school sporting events that end up with prize giving. Quizzes are also given to the pupils on Sexual Reproductive Health issues and the peer educators also visit health centres with the pupils to learn from the health care providers by asking questions, and observing how things are done there.

### **PPAZ**

One of the most evident results of the programme is the creation of a base of young leaders in schools who eventually integrate as responsible adults in their respective communities. The value of respect and responsibility taught to them while in school through the programme has enabled them to have an esteemed position in the communities. Young men who have received the intervention have attributed their behavioural change to the understanding of life skills imparted to them. Intervention schools have gone further to create Youth Friendly corners to deal with reproductive and sexual health issues arising in the schools such as the daily questions that pupils have around their sexuality and HIV. These corners consist of IEC material and other forms of information packs on sexual reproductive health as well as peer educators on site to answer various questions from different youth when they come in for consultations. In addition, some teachers have been trained in counseling to deal with issues arising while acting as focal point persons for the schools also. An external evaluation of the Young Men as Equal Partners (YMPEP) Project was conducted in 2009 and established that the project was having significant impact on the youth that it was targeting. YMPEP activities are implemented in 11 of the district's schools in Choma, Southern Province. According to the evaluation there was a reduction in the pregnancy rates in the intervention schools and the non-intervention schools were used as a control to assert this factor. Calculation of pregnancy rates shows a clear pattern: In the group of YMPEP schools, pregnancy rates decrease steadily between 2006-2009 In the group of non-YMPEP schools, pregnancy rates actually start off in 2006 at a lower level than in the YMPEP schools, but they steadily and dramatically increase up to 2009. The Choma project site in Zambia shows a clear pattern in the number of girls that drop-out of school due to pregnancy. This data can be used to make a rough prediction that over 300 pregnancies may have been averted in Choma due to YMPEP. This has the makings of a major success story for the project though a rigorous study of these quantitative pregnancy data is required to broaden the case. In addition to primary and secondary data, there is extensive anecdotal evidence that YMPEP is helping to increase the adoption of safer sexual practices by young people, and leading to increased demand for, and utilisation of, SHR services (particularly STI treatment and contraception). 'As a result of the information from Young Men as Equal Partners, the condoms they distribute, and mobile video shows...most of us are no longer shy to go for VCT and we insist that we use condoms whenever we have sex, that is if we can't abstain. These days most of us also go for STI screening. It's cool!' young man from Mwapona Choma, Zambia. In addition to all the other services created in the schools by PPAZ, the NGO has trained focal point teachers in reproductive health issues and counseling. The focal point teachers attend to pupils with queries and offer referrals to health services for pupils. Some health centres like the Railway Clinic in Choma now have youth friendly corners where young people are able to access youth friendly services.

### **INNOVATION**

All three interventions centre on the use of young trained Zambians who act as a key resource for its interventions in colleges and schools/ communities. This use of a mass of young Zambians otherwise unoccupied having graduated from schools has a strong innovation of volunteerism and does much to roll back negative stereotypes held by hierarchical positions about involving young people to help create solutions to the challenges faced by Zambian citizens. Restless Development's strong monitoring and evaluation system also promotes active internal learning, feedback and review of implemented models based on gathered empirical evidence. Every month VPEs meet to discuss learnings or observations while in various placements. Strategies on new ways of addressing challenges are created thereby promoting innovation. At the highest level, Restless Development conducts periodic qualitative reviews that investigate learnings which have the potential to result into significant systemic changes in methodologies, content and syllabus.

## RELEVANCE

All three organisations (Restless Development, CHEP and PPAZ) are relevant because they answer the (largely) unmet need of young people for sexual and reproductive health information and knowledge. In Zambia young people constitute the largest proportion of the population. There are many sexual reproductive health problems facing young people in Zambia today. These include unwanted pregnancies, abortion, Sexually Transmitted Infections (STIs) among others. Members of the general public are also susceptible to these health problems, but adolescents are more vulnerable for the following reasons: 1) the behaviour change associated with adolescence and maturation; 2) the fact that adolescents are not fully grown-up adults and therefore may have difficulties in making responsible decisions; 3) a large proportion of adolescents are not socially and economically independent, and are exposed to various forms of manipulation and abuse; and 4) the existing health services do not adequately address the specific health needs of the adolescents in underprivileged communities. Therefore focusing on adolescents and young people is important. A focus on the 'power dynamics' between young men and women is very relevant in that they are also affected by issues of sexual reproductive health as well as the risks that come with not being knowledgeable.

## COST EFFECTIVENESS

### Restless Development

Restless Development's core value of volunteerism, using professionally trained volunteer peer educators who are only provided with a small subsistence allowance to cater for their meals and other basic needs while in placement, means the organisation's peer education initiatives run on a low budget compared to other peer education programmes worldwide. High quality work is done at a relatively low budget. The annual cost of implementing the school peer education programme in 2008 was US\$20.61 per young person reached and US\$4,966 per school/community across 24,322 beneficiaries (21,498 in-school youth and 2,834 out of school).<sup>1</sup> These costs are not only within the range of other school-based behavioural interventions among African youth but at the lower end. A 2003 World Bank publication surveyed seven school-based programmes and found estimates of cost per beneficiary per year ranging from US\$1.40 to US\$70.<sup>2</sup> Yet, bar one intervention none of the other programmes cited in the World Bank study used resident peer educators. Programmes that place volunteers in different geographical locations have proven to be focused and results oriented as these particular individuals are not attached to day to day community activities and hence not easily distracted. Restless Development have managed to achieve this at such a cost through partnering with schools who provide accommodation and water for volunteers while an allowance for food (from Restless Development) is provided on monthly basis of US\$100 each month to each volunteer.

### CHEP

CHEP ensures cost effectiveness in its Peer Education Programme by using Volunteer Peer Educators who are trained by the organisation using its own training facilities at the organisation location. CHEP has managed to build a training centre at its premises hence cutting down on costs of hiring training facilities elsewhere. The VPEs that CHEP works with are just paid a subsistence allowance of ZMK300, 000 per month which is broken down to ZMK25, 000 per hour three times a week. In total the whole peer education programme costs ZMK243 million per year. CHEP has also created strong partnerships with the schools and communities it collaborates with thereby making it possible for the NGO to use facilities such as halls, classrooms and sports fields for free when conducting various programme activities.

### PPAZ

PPAZ through YMEP spends about 350–400 million Zambian Kwacha per year in implementing the entire project. 30 volunteer peer educators for the whole of Choma district are given a subsistence allowance of ZMK80,000 each per month while service providers that are engaged in selected health centres are also given the same amount as subsistence allowances. Field monitoring for every month costs the organisation around ZMK1,040,000. A spirit of volunteerism is encouraged through the local partnership with local young people and health care providers.

## REPLICABILITY

### Restless Development

Restless Development's Peer Educator models are not only implemented in Zambia, but in 11 other countries across Africa and Asia including Tanzania, Sierra Leone, Nepal, South Africa, Uganda, UK, India and Australia. The model has proved replicable in different geographical settings and for different purposes – not only SRH/HIV prevention initiatives but also entrepreneurial wealth creation, peace building and psycho-social support. This model was documented under the UNAIDS/World Bank 2005 as a best practice model for Peer Education. The programme has also been replicated within the education sector in Zambia in the form of the Teachers AIDS Action Programme (TAAP) throughout 13 nationwide colleges of education.<sup>3</sup> TAAP was formed following an in-depth consultation with the Ministry of Education in Zambia in 2005–06. Ministry of Education and the funding partners saw the positive impact from the Restless Development model in the schools and together with Restless Development looked at the multiplier effect that training teachers directly would have on the pupils nationwide. The peer-led model was identified as one that would also work for the teachers, as a greater percentage of those who graduate annually are similar in age to the pupil target group and hence confident on delivering the SRH activities to the pupils. This programme was piloted in 4 colleges of education and has since expanded to 13 government colleges of education nationwide using slightly older peer educators who are also involved in capacity building on Guidance & Counseling with lecturers of the Colleges. TAAP has led to approximately 4,000 teacher trainees annually graduating from colleges over 2006–2010, skilled in SRH and HIV prevention activities.

<sup>1</sup> These figures include all full cost recovery elements of core administration, staff salaries and programme costs, not just stand alone programmatic costs.

<sup>2</sup> World Bank, A Sourcebook of HIV/AIDS Prevention Programs (Washington, 2003). Available at [http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099080042112/sourcebook\\_hiv\\_aids.pdf](http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099080042112/sourcebook_hiv_aids.pdf)

<sup>3</sup> Including Nkrumah and Copperbelt University Colleges of Education.

Like the school/community-based peer educators, college peer educators coordinate and conduct seminars for the trainee teachers, extra-curricular activities, events and festivals, outreach activities, youth friendly resource centres and overall prepare the student teachers for teaching practice through involving them in practical planning and delivering of SRH activities at the demonstration schools attached to the colleges or nearby schools. This leads to teachers who can protect themselves from HIV, teachers leading youth friendly SRH Life skills, and students or teachers who can protect themselves from HIV.

Further, specific components and training materials of the Restless Development peer educator model have been adopted and replicated by local organisations, partners such as CAMFED and Community Youth Mobilisation. Including replication among the Ministry of Education staff at district and provincial levels. Over the past six years of its existence in Zambia, Restless Development has developed international standard materials (approved by national Curriculum Development Centre) to help support the replication of its work or approaches. For instance, in partnership with 80:20 a Teacher Resource document for implementing SRH education was formed, with 15,000 copies now being used nationwide by colleges of education and schools.<sup>1</sup>

## **PPAZ**

YMEP concepts on sexuality have continued to be integrated within the various organisations, the recent ones being World Vision Zambia that has a programme running in the rural area of Siachitema Village in Southern Province. They have continued using the YMEP Trainers to train their Peer Educators in sexuality. Health Care Ambassadors had their Peer Educators trained in sexuality by involving the Trainers from planning to actual training of their 30 peer educators. The District Culture Office, a newly opened office in Choma has been actively involving the YMEP Peer Educators in their programmes so as to integrate the component of sexuality within the cultural aspect of their programmes so as to address some of the misconceptions associated with sexuality and culture.

## **SUSTAINABILITY**

### **Restless Development**

Elements of the Restless Development model have been mainstreamed within the education system at different levels. Ministry of Education has strengthened its guidance and counseling approach to include the training of student teachers at college level and the role of the guidance teacher at school now goes beyond just counseling but includes all the issues to do with SRH and how guidance plays a critical role in the decision making process of a pupil in the light of SRH. A draft handbook for guidance and counseling with SRH mainstreamed in it will soon be launched by the specialized directorate under Ministry of Education. The teachers that are trained from colleges of education are able to mainstream SRH in the school activities during teaching practice and after they graduate. Moreover, phased out schools in Central Province continue to replicate parts of the programme that have been successful such as delivering of HIV and AIDS messages during assembly and informal interactive teaching methods in class. The SHEP is also being replicated in other schools that are not exactly targeted as placement schools by Restless Development- these are referred to as extension schools. VPEs do not work full time in these schools but extend their services to them when time allows. These schools slowly adopt the activities being implemented in the schools where the VPEs work fulltime. As part of the Expert Volunteer Alumni Network, many former VPEs are now trained on Advocates for Action, where they implement community demand-led accountability initiatives that disseminate policy among community members to engage them in the policy engagement cycle. This includes organising events where young community members can engage directly with their local MPs to champion youth friendly health service demands.

## **PPAZ**

Some positive strides have been made to collaborate with district authorities and encourage/assist them to mainstream YMEP concepts. This mainstreaming process has taken a multitude of different forms, for example:

- District authorities training their staff in SRHR and male involvement (often making use of YMEP-trained trainers)
- District councils registering youth clubs as CBOs and allocating grants to them for social development and income generating projects
- District health authorities allocating supplies of free drugs to YMEP-initiated clinics and health centres that focus on youth SRH services
- Allocating funds to YMEP-related or YMEP-influenced activities targeting young men specifically or young people
- Other organisations utilising YMEP TOTs for training at local or national level.

<sup>1</sup>Restless Development & 80:20, Teaching Strategies and Resources: Gender, HIV and AIDS, Youth & Children and Human Rights (Lusaka, 2010)

# SPORT

The following organisations are considered: EduSport and Sport in Action (SIA)

Sport has been recognized to play a significant role in human development be it socially, economically or politically. It has also been recognized as an imperative part of youth development. Sport can be defined as all forms of physical activity that contribute to physical fitness, mental well-being and social interaction. These include play, recreation, casual, organized or competitive sport and indigenous sports or games.

## **ETHICAL SOUNDNESS**

### **EduSport**

EduSport always ensures that it follows the Zambian National Child Policy when running its projects. This entails that children's rights are protected and followed at all times. Every young person is treated equally; no one person is favoured over another. Each and every ethnic group, religion and race is included in participation in these projects. Additionally, EduSport takes it upon themselves to teach and sensitize the young people about their rights. Norms of different societies are followed by EduSport which also assimilates different people's cultural practices. This is done by conducting baseline surveys for different communities in order to have a clear understanding of what different people believe in when it comes to cultural practices and traditions. EduSport also tries to address some risks that might be found in various cultural practices, especially the ones that can put young people at risk of contracting HIV, STIs and early pregnancies.

## **EFFECTIVENESS**

### **EduSport**

Girls that have been exposed to the EduSport GO Sisters project have acquired sufficient knowledge on HIV and AIDS to help them understand how they would prevent themselves from getting infected and how to treat people who are either infected or affected with the HIV/AIDS. Besides the increase in HIV and AIDS knowledge, girls have acquired self esteem, self confidence, self assertion, developed leadership skills and reproductive health knowledge. Knowledge has enabled them to stand up for themselves and make well informed choices and decisions.

### **SIA**

With sport for development as its underlying principle, SIA positively impacts the lives of thousands of children throughout 24 districts in Zambia. SIA staff and volunteers work with more than 160,000 children each week, many of whom come from challenging backgrounds. Through this work lives have been transformed due to knowledge enhancement in the area of health and life skills, behavioural change towards both family and peers and improvement in sporting abilities.

## **INNOVATION**

### **SIA**

A number of surrounding schools in SIA's targeted communities are implementing the programmes that integrate Life Skills with traditional games. Other organisations have subsequently been seen to implement traditional games integrated with a life skills concept in their programmes.

## **RELEVANCE**

Both EduSport's (through its respective GO Sisters and Kicking AIDS Out projects) and SIA's projects are relevant because they fulfill the right to play which is essential for physical development and mental development. Equally, sport has slowly been losing its value as a developmental and recreational tool making it almost invisible in the education system. During physical education periods on the school timetables, some teachers will leave the pupils to do their own things away from sports and this leaves young people with nothing to do for leisure thereby making them engage in risky behaviour. According to the National Youth Policy, there are inadequate sport, leisure and recreation facilities and programmes in the country. This has been attributed partly to closure of industries that promoted various sports and recreation facilities such as play parks, sports fields in residential areas and community halls and the decline in the economy.

Sport in particular has eventually lost the significance of providing unity and mobilization among young people. However, the process of mitigating HIV and AIDS among young people in the education sector requires striking approaches and sport if well modeled can be such a tool. EduSport has come up with several activities under sport to provide school-going youth with inclusive activities, especially for girl students. With the current hike in youth unemployment in the country, sports have also been seen to act as alternative pathways to career development. Significantly, sport is a medium for effectively capturing in and out of school youth for additional education and information sharing on life skills and HIV. This is important because young people are the group most at risk of contracting HIV and STIs because they are at a stage when they are becoming sexually active and hence need to be made aware of the dangers of careless sexual activity.

## **COST EFFECTIVENESS**

### **SIA**

SIA has put in place a number of cost effective measures such as ensuring that all its programmes are community based and driven. The NGO has also been encouraging traditional sports or games as these do not require a lot of resources or expensive equipment. Moreover, SIA has developed an activity manual of 150 Zambian traditional games integrated with life skills which is being used to carry out the HIV and AIDS prevention activities in schools and communities involving young people. The NGO also ensures cost effectiveness by making its programmes community driven. This means communities have got a larger part to play and so SIA takes pride in making sure that capacity is built in community members thereby making it possible for all facilitators of project activities to be drawn from communities. This means that travel costs or hiring outside help is reduced.

Additionally, SIA uses already existing structures when conducting their sporting activities or trainings. It has created partnerships with already existing structures, such as schools, churches, sports grounds and community halls etc. Cost effectiveness is also guaranteed by the use of locally made traditional equipment such as the use of traditionally made balls (a combination of plastics and string from tree barks). Modern sporting equipment is normally expensive.

The NGO also made sure that it raised money to build its own offices instead of spending large amounts on rentals. Approximately sixty per cent of the organisation's human resource are volunteers who are non-salaried and are given subsistence allowances.

## **REPLICABILITY**

### **EduSport**

Since EduSport uses sport for development, it encourages the trained young people to join model teams. With these teams, the trained peer leaders retrain their fellow peers on the relevant knowledge they obtain from trainer of trainers workshops and the trained young people are encouraged to form model teams and train them on similar topics. Therefore, EduSport starts with a few and the number expands as the peer leaders train their fellow peers. EduSport's GO Sisters project stands out as being replicable in that it first started in Zambia and after interested parties did some research on the effectiveness of the programme it is now being implemented in the United Kingdom and the United States and it is now being referred to as GO Sisters World Series.

### **SIA**

A number of organisations have approached SIA in order to learn about their methods of using sport as a tool of reaching out to young people on various topics including HIV and AIDS and adolescent sexual reproductive health. SIA has developed a consultancy programme and has so far passed on information and practical knowledge in traditional games to organisations and institutions such as PLAN, UNICEF and CCF. Orphanages such as Fountain of Hope in Lusaka have also been utilizing SIA's sport methods in order to keep street children in the orphanage instead of them going back to the streets once they find the orphanage boring. Sport keeps them in the orphanages as they always look forward to something fun every day. This way they are able to get an education and also some information on HIV and AIDS and are empowered with life skills in order for them to make well informed decisions about sex in their lives.

## **SUSTAINABILITY**

Both EduSport and SIA have implemented measures in order for their projects to be sustained. The principle is achieving community involvement (planning and ownership) from the beginning of implementation. Community committees are set up to help in the running of various project activities using locally available resources of materials. For example, when SIA is constructing sports infrastructure such as a basketball court, the community provides labour for the construction works. Alongside the committees, EduSport trains and uses community peer leaders to ensure sustainability of the project. Young people feel that they own the project because of the great responsibility they are given in running activities. Equally volunteerism is also encouraged among the community members. Members of various communities, especially the peer leaders, are willing to work for free motivated by the fact that they are helping make their communities better by assisting in the fight against HIV and AIDS.

Moreover, SIA has lessened its dependency on donors by establishing income generating activities (IGAs) in some communities. For example, in some of the communities such as Katondo in Kabwe, mills for grinding meal have been constructed in order to raise money to help support the running of programmes. The Chongwe Young Farmers Club grows vegetables in order to help sustain their football team. They use proceeds from their vegetable business to buy sports equipment and to also pay for school fees for some of their members. These IGAs guarantee that the NGO's projects can still stand a chance of survival even after funding from various donors is phased out.

# CARE AND SUPPORT

The following organisations are considered: KARA Counselling, AATAZ and Family Health Trust

The discovery that one is HIV positive is taken differently by different people. Some people immediately accept their situation while others take some time by first living in denial, yet others completely give up on life thinking it is their death sentence. People living with HIV and AIDS are faced with a broad array of needs related not only to treatment of HIV, but also nutrition, psychosocial support and prevention and treatment of opportunistic infections. Care and support also goes further by including Orphans and Vulnerable Children (OVC) who in most cases have been orphaned by AIDS. Care and support of OVC and people living with HIV, according to research, can help them live healthy and longer lives. Care and support goes beyond medical care but includes emotional support as well. Zambia, with its high rate of HIV prevalence and OVC stands out to be one of the countries where care and support services are scarce.

## ETHICAL SOUNDNESS

### AATAZ

The organisation meets universally accepted ethical standards evidenced by allowing the teachers to voluntarily join the programme and undergo associated processes and later voluntarily disclose their statuses. AATAZ also ensures that the social norms of the communities it is working with are upheld. AATAZ therefore meets and liaises with community leaders and representatives to be appraised on the social norms in the target area prior to commencement of activities.

### KARA

The organisation incorporates a rights-based approach. During pregnancy and HIV and AIDS tests for the girls, participants are accorded a chance for pretest counseling. The institutional code of conduct also incorporates respectability of girls' rights and protects them from intimidation, violation or any form of abuse towards them within the institution. Consultation is done with the girls' parents or guardians during the process of recruitment. The girls also receive adequate information and are given an opportunity to give their consent.

### FHT

The organisation respects the cultural norms of the school community; the beneficiaries own the practice. The young people enjoy all the rights to access the reading materials. They are given the freedom to borrow materials and use them at will. FHT also ensures that the reading material it provides for readership programmes in different schools are age appropriate and as such, when young people come to read, they are guided on what to read based on their age.

## EFFECTIVENESS

### AATAZ

AATAZ has provided its services to 309 teachers countrywide, with clear impact evidenced by TLWHA gaining appropriate knowledge and skills, voluntarily disclosing their HIV statuses and documenting their experiences in a book called the Teachers Telling It All. The book was ground-breaking in the fight against stigma in the teaching community, and aims to provide hope and motivation to teachers and their communities who are struggling with their status or who have not yet sought testing, in order to reduce discrimination and to mobilise care.<sup>1</sup> AATAZ has also been using radio programmes in order to achieve this.

### KARA

KARA Counseling has supported young girls in obtaining livelihood skills and information on their sexual and reproductive health and HIV in general. Once trained, the girls are motivated to continue pursuing their personal endeavors. The training assists them to realize the importance of maintaining good health in order to manage a business or an entrepreneurship. With the various skills that the girls acquire, they are able to utilise them to earn incomes that help them obtain basic needs such as food and clothing. Some of the girls subsequently go on to run their own businesses and some are employed by various institutions. This way they are not tempted to indulge in illicit sexual activities that can put them at risk of contracting HIV. Moreover, other girls are sponsored by the institution to undergo further training in a specialized field of interest, which provides them with a comparative advantage towards getting employment after completion. The Umoyo centre has also worked towards creating empowerment initiatives that are made up of graduates and guardians at community level, meant to incorporate the graduates into these business entities. Additionally, the girls acquire HIV and AIDS information which boosts their assertiveness levels, as they graduate into self confident individuals that are able to say no to early marriages and sex when they are not ready for it. It has been noted that these same girls are able to disseminate information on HIV and AIDS to others. They become aware of their rights, demand safe sex, with reduced occurrences of pregnancies and an increase in delayed sex.

<sup>1</sup>AATAZ, Teachers Telling It All! Real Life Testimonies of Teachers Conquering AIDS (Lusaka, 2010)

## **FHT**

Pupils at the Ngwelele School in Lusaka pointed out that the FHT initiatives have assisted them to gain a clearer understanding of HIV and AIDS issues. The organisation has helped many pupils at the school to access information on HIV and also provides an income for supporting OVCs with school fees. Pupils attributed their positive sexual behavior to FHT activities at the school. This change has led to a reduction in the number of annual teenage pregnancies at the school. A FHT established library gathers at least thirty pupils at a time to keep the pupils occupied when they are free from school work. FHT has also established a poultry unit that assists in ensuring that the pupils who are orphaned and vulnerable (especially because of HIV) are supported financially. The school has also got a well-established AIDS Action Club which gathers pupils during one weekday to talk about HIV and AIDS issues affecting the pupils. The organisation has not only provided knowledge on HIV and AIDS but has further built capacity in school teachers and pupils to sustain activities and earn inevitable income for school support. The clubs have become effective in helping pupils deal with the HIV and AIDS issues affecting them. It has also been discovered that the formation of a drama group under the club has helped to attract pupils to the activities. The club gathers over 200 pupils at a single meeting and schedules weekly discussions which are tailored for pupils' easy understanding. The teacher in charge of the club assists in organizing the pupils for sessions and discussions. The discussions border on life skills, early marriages, teenage pregnancies and HIV.

## **INNOVATION**

### **AATAZ**

AATAZ's innovation is its status as one the few anti-stigma initiatives for teachers in the country, developed around the understanding of the critical role and influence that a teacher has in the community at large to broaden the response to the pandemic. This makes optimal use of the teacher's strategic position in society to influence community responses to the challenges presented by HIV and AIDS. All interventions that target a teacher can also benefit a community, particularly in guidance and counseling.

### **KARA**

The practice is innovative in that its activities are holistic. Vocational skills offered are combined with HIV and AIDS and counseling sessions for the girls. The Umoyo training centre has uniquely responded to the challenge of dealing with young girls that are vulnerable in society. Apart from offering skills, the centre provides guidance and nurturing to responsible citizenry among the girls.

## **RELEVANCE**

### **AATAZ**

The focus on reducing HIV and AIDS related stigma makes this project particularly relevant. HIV and AIDS has been having an adverse effect on the teacher population and the education sector since trends in teacher related deaths due to AIDS were first recorded. Ministry of Education data showed that 680 teachers died in 1996, rising to 976 in 2004, with 501 deaths in 2008. This relevance is further heightened by the non-recorded fact that teachers stay away from work because of HIV related illnesses, increasing absenteeism and meaning the education obtained by learners is compromised and of poor quality. MoE officials also observe that teacher posting has become more difficult. The records show that trained teachers are concentrated in urban areas while rural schools are denied their full and fair complement. Again, illness, much of it AIDS-related, is a major contributing factor to this situation. There has been a steady increase in the number of chronically sick teachers who, on medical grounds, must be posted near to hospitals, properly staffed clinics or medical centres. This means that they must live in or near towns, but not in remote rural areas. Teachers are also deeply affected personally by the incidence of HIV and AIDS among their relatives and colleagues. This is a major cause of concern for them and is an area in which they receive little support.

### **KARA**

This initiative is relevant because it directly addresses the actual situation which girls are faced with. It fosters a sense of responsibility and community values, attacks vulnerability levels of the girls to HIV infection and is accepted by the community who benefit as secondary stakeholders and focuses on skills attainment, currently not provided by current education system. The Umoyo training centre enables young girls to gain confidence and strive for a change in their socio-economic welfare.

## **COST EFFECTIVENESS**

### **AATAZ**

AATAZ has been cost-effective because the approach uses teachers to pass on information and influence teachers and the communities in which they already live and work. In order to provide a teacher with information and counseling to a level where a teacher is willing to come out in the open, it costs AATAZ about ZMK1,500,000 in meeting the statutory allowance requirements at Government rate for five days for each teacher.

### **KARA**

The programme tries as much as possible to minimize costs where necessary to ensure cost effectiveness, for example, letting the girls do their own cooking as part of their training as opposed to hiring an additional person to cater for the girls.

## **SUSTAINABILITY**

### **AATAZ**

The AATAZ initiative is sustainable in that it directly uses the existing teaching body that is empowered to successfully combat the stigma and impact of HIV and AIDS amongst and beyond themselves, given the central role played by teachers in the lives of young people. This enables teachers to support not only their own and their families' ability to cope with the effects of HIV & AIDS, but their capacity to support pupils and youth they come into contact with.

### **KARA**

Income generation activities assist in taking care of some minimal project needs which reduces dependency on donor funds. Further, KARA counseling has established a graduate's programme which is meant to give an input to the training centre. The graduates, who are already well established in business, render support to the fresh graduates and help in the transition period. In addition, the graduates offer technical advice in the establishment of a business to the young girls (new graduates). The centre is also introducing a revolving fund for the graduates to enable them start their own businesses. Giving them loans as opposed to grants ensures hard work on their part and sustainability to benefit future graduates.

# **GENDER – LIFESKILLS & LIVELIHOODS**

## **The following organisations are considered: CAMFED<sup>1</sup> and FAWEZA**

Gender is an integral factor in determining an individual's vulnerability to HIV infection, his or her ability to access care, support or treatment, and the ability to cope when infected or affected by HIV. Young women and girls have been grouped as the most vulnerable to the scourge. This is because of their biological make up and their social status or positions in society which put them at an inferior state as compared to their male counterparts. Gender is critical in effectively mitigating the impact of HIV among young people. Culturally and socially, gender is prone to advancing challenges in this plight especially in rural areas. Life Skills are defined as "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life." From quality life skills-based education come children who have acquired skills in critical thinking, decision-making, communication, negotiation, conflict resolution, coping, and self-management which can be applied to specific contexts such as HIV and AIDS prevention, hygiene practices, or conflict resolution.<sup>2</sup>

## **ETHICAL SOUNDNESS**

### **FAWEZA**

FAWEZA respects culture, religion and other norms in communities where they implement all their projects and this includes communities where SAFE Clubs are operating from. The NGO ensures that community partnerships are thoughtfully created for the mutual benefit of schools and community members. They hold meetings with key stakeholders including community and religious leaders, government, representatives of NGOs and CBOs to share their vision and these have diverse cultural, social and economic backgrounds.

### **CAMFED**

CAMFED runs its projects in close cooperation with the communities in the areas it operates from. Communities are the organisation's partners and this partnership is based on mutual respect and dedication to what the two parties do. CAMFED ensures that it respects and observes the cultural practices that are observed in various communities. CAMFED does not accept those cultural practices that violate the rights of the girl child. Before any school becomes a partner, they need to sign the Child Protection Policy to ensure that all children from the schools are safe from all forms of abuse.

<sup>1</sup> Profiled in UNESCO, Good Policy and Practice in HIV & AIDS and Education: Partnerships in Practice, Booklet no.4 (Paris, 2008), p.31  
<sup>2</sup> [http://www.unicef.org/lifeskills/index\\_8400.html](http://www.unicef.org/lifeskills/index_8400.html)

## EFFECTIVENESS

### FAWEZA

The FAWEZA SAFE (Student Alliance for Female Education) clubs innovation has contributed significantly not only to learners acquiring life saving knowledge about HIV and AIDS, but also in building girls' self confidence and self-actualisation. Since 2006, over 539 girls and boys and 239 teachers have been trained as SAFE Overseers. As a peer support mechanism, the SAFE Clubs have contributed significantly not only to young people's acquisition of life saving knowledge and skills but also in fostering personal development. SAFE Club meetings and Peer Educators training provided opportunities for girls and boys to acquire leadership and public speaking skills and to identify, prioritize, plan and take action on their needs.<sup>1</sup>

SAFE Clubs have provided opportunities to exchange knowledge about sexuality and reproductive health and provided a channel through which young people have contributed to national efforts to mitigate against the impact of HIV and AIDS. The clubs have also facilitated the transfer of knowledge and skills to the rest of the school as well as the surrounding community through outreach activities. In schools where SAFE Clubs are effective, there has been a reported reduction in teenage pregnancy and less incidents of violence. Additionally, since 2006, FAWEZA has awarded a total of 11,956 scholarships. In all the years, this has included support to scholarship recipients through mentoring, life skills and HIV and AIDS education activities.

Mother Mary Aikenhead Community School in Lusaka's Kabwata Township is one of the schools that FAWEZA runs a SAFE Club. School Manager Sr. Anne says the school has had a great relationship with FAWEZA which has not only been teaching about HIV and AIDS and sexual reproductive health issues but has been supporting the children at the school in terms of school fees and other school necessities. From 2006 to 2009 FAWEZA supported about 200 pupils with their education at the school. FAWEZA advocacy activities also reflect clear achievement. One of its major achievements was in influencing the implementation of the re-entry policy (allowing pregnant girls to continue with school and to come back after they have delivered). FAWEZA also managed to advocate for gender parity in primary schools enrollment levels of girls and boys, and is still putting in place interventions to ensure girls' complete education and improve national educational survival rates.

### CAMFED

CAMFED's integrated child protection measures and advocacy programme in communities have achieved significant results in the fall of pregnancy rates in the schools where it is operating. In upper basic and high schools, pregnancy rates fell by 9% (to 2.6%) between 2006 and 2008, compared to an increase of 38% (to 3.1%) in a control sample of schools.<sup>3</sup> The drop-out rate for CAMFED-supported girls at secondary level averaged 1.9% across all partner schools in Zambia in 2008. In 83% of CAMFED's partner schools in Zambia, no bursary-supported girls dropped out during 2008. Overall, drop-out rates in CAMFED partner schools decreased from 3% to 1% since the inception of the programme. This is in contrast to a control group of rural schools, in which drop-out rates doubled from 1.8% to 3.6% between 2003 and 2008.<sup>3</sup>

By early 2010, CAMFED had also trained 65 Business trainers, 1,795 young women in economic life skills and enabled 1,424 new businesses to be set up by its CAMA initiative. A further 170 young women were supported to enter other post-school training and 133 directly supported in tertiary education.<sup>4</sup>

<sup>1</sup> FAWEZA, AIR/CHANGES2 Scholarship Program in Eastern and North-Western Provinces: 2005-09 (Lusaka, 2009), p.9

<sup>2</sup> Camfed, Impact Report 2010: A Power-sharing model for systemic change (2010), p.58

<sup>3</sup> *Ibid.*, p.56

<sup>4</sup> *Ibid.*, p.99



## **INNOVATION**

### **CAMFED**

CAMFED forms District Committees which comprise not only CAMFED staff but the Ministry of Health, Ministry of Education, Victim Support Unit (VSU), Ministry of Social Community and Social Welfare, the church and community members. At school level, CAMFED forms school based committees and these comprise community members, leaders (chiefs), school representatives such as teachers, the VSU and the Ministry of Health. The activities are therefore implemented by both professional and local school and community individuals enabling ownership.

### **FAWEZA**

An innovative technique FAWWEZA has developed has been its mobile library service. Since 2007, the Mobile Library Project has provided services to over 12,671 pupils in four sites namely: Lusaka, Kabwe, Ndola and Luanshya. FAWWEZA has been providing Mobile Library services to cohorts beginning in grade 10 and follows them through to grade 12 while tracking their termly performance and finally the National Examination Results. This has great potential for linkage with appropriate IEC materials developed in specific Life Skills, Livelihoods and SRH areas.

## **RELEVANCE**

### **CAMFED**

Girls experience high rates of exclusion from education because of the extreme poverty, most prevalent in the rural areas of Western, Luapula and Northern provinces. These provinces fare much worse than others in government assessments of income levels, education and health. Therefore in 2001, CAMFED Zambia launched to work in those areas. Because of the exclusion from education most girls become vulnerable to HIV and AIDS and other related illnesses because they use whatever means (including transactional sex) to gain an income for their welfare and that of their families. Female illiteracy is generally high in Zambia. According to the Central Statistical Office in a Ministry of Education Statistical Bulletin of 2008, in 1996, 41% of women aged 15 years and above were illiterate while only 23.95% of the males were illiterate. High female illiteracy is related to the negative attitudes to girl child education. Some parents especially in rural Zambia still attach greater importance to the education of the male children and see education of girls as only good for marriage. CAMFED also observed that there are high levels of early marriages in the rural areas which put girls at a risk of contracting HIV as they are forced to marry already sexually experienced men who sometimes have other wives or sexual partners. The programme is also relevant because it observed that there is a lack of employment in rural areas so the provision of grants and training in business and entrepreneurship to the vulnerable young women meant providing chances of self-employment to these young women. Additionally, CAMA realised that there is a lack of forums where young women can share experiences in rural areas. Training workshops give young women an opportunity to open up and share amongst them issues that affect each other.

## **REPLICABILITY**

### **FAWEZA**

FAWEZA has had success in replicating its SAFE Club model. Currently, the SAFE Clubs have been replicated in eight other provinces of the country apart from Lusaka province. Different schools are approaching FAWWEZA to assist with training manuals and other IEC materials for establishing new SAFE Clubs. Additionally, the Ministry of Education has replicated the clubs in 55 schools. Other NGOs like Alliance Zambia approached FAWWEZA for possible replication of SAFE Clubs in their project areas in North Western and Southern provinces.

### **CAMFED**

CAMFED has managed to replicate most of its programmes to different parts of the country. CAMA started from Shangombo, Samfya and Mpika districts and later expanded to Senanga, Sesheke, Chinsali, Nakonde, Milenge, Mwense and Isoka districts. The CAMA network covers 10 districts with 3 in the Western, 3 in Luapula and 4 in Northern provinces. This year (2011) the CAMA programme is likely to spread to three more districts. CAMFED also started in the same districts but spread out and is currently running in 26 districts with 7 in Luapula, 7 in Western Province and 12 in Northern Province. CAMFED also extends its programme activities with other organisations such as FAWWEZA, whose beneficiaries' mostly vulnerable girls are also taught leadership and entrepreneurial programmes, and Restless Development, who have taken on CAMA members and trained them up as Restless Development Peer Educators.

## **SUSTAINABILITY**

### **FAWEZA**

In order to sustain the programme FAWWEZA encourages schools to organize local based training of peer educators and SAFE Club Overseers. In schools FAWWEZA works with SAFE Overseers, who encourage volunteer peer educators at school levels and drives the clubs and once the clubs are launched in schools the ownership goes into the hands of the school. Clubs also hold fundraising ventures and are currently lobbying the Ministry of Education to mainstream the SAFE Club concept in schools and teacher training curriculum.

# INFORMATION, EDUCATION AND COMMUNICATIONS MATERIALS

## **Zambia Centre for Communications Programmes (ZCCP) is considered**

Over the years, the fight against HIV and AIDS has called for the use of different strategies and methods of trying to curb the pandemic. These methods have included the use of information, education and communications (IEC) materials. Health promotion and health education activities rely on a variety of well designed and effective (IEC) materials to help ensure success. IEC materials comprise a wide range of media, including newspapers, magazines, brochures, posters, information leaflets, radio programmes as well as audio and video tapes. In Zambia a number of IEC materials have been utilised and these have included colourful posters, fliers, brochures as well as magazines. ZCCP is one of the organisations that have taken steps in reaching out to different audiences including young people. The organisation's IEC materials carry messages on HIV and AIDS, sexual reproductive health and other related issues.

## **ETHICAL SOUNDNESS**

All target audience participation particularly on the research side is governed by principles of confidentiality, voluntary participation and informed consent. As an addition, all the materials produced by ZCCP are reviewed by an independent public health expert who ensures that they are technically correct and fall within the current legal and policy guidelines on a particular issue. ZCCP conducts research with the target audience to ensure that their perceptions and experiences are respected and reflected appropriately in the materials that it produces.

## **EFFECTIVENESS**

The IEC material that ZCCP has distributed has had a positive impact on changing the sexual and social behaviour of many young people and other members of society. According to an evaluation of the Kwatu Knowledge for Life intervention over 2002-2007, exposure to Kwatu was associated with increases in consistent condom use with both regular partners and non-regular partners. The impacts were strongest for condom use with non-regular partners. 41% who were exposed to Kwatu said they always used a condom with a non-regular partner, compared with 24% who had not been exposed. 61% of those exposed to Kwatu materials did not believe that HIV was a punishment for sin compared to 50% of those who were not exposed to Kwatu materials. 42% of those exposed went for HIV voluntary counseling and testing compared to 32% of those not exposed.

## **RELEVANCE**

ZCCP believes that HIV and AIDS is a holistic subject and as such there is a need for comprehensive knowledge of the scourge and that IEC material which reaches a good number of youths is necessary. The IEC material also supports much needed life skills for young people to protect themselves from risky behaviour. Currently, there is no organisation in the country producing such a colourful magazine filled with such rich information, and which is attractive enough to attract the attention of the youth. Besides this, young people like reading magazines and so this is a good way that they can be reached. Additionally, the programme links people to their health needs and they are advised on where to go for medical attention.

## **COST EFFECTIVENESS**

Printing of magazines is expensive, especially in Zambia. To cut down on costs of printing the organisation gets its magazines and other IEC materials printed in South Africa where the printing rates are much cheaper.

# 4.0 WAY FORWARD

## **MoE Leadership and Responsibility, integrating Good Practice examples and improving Civil Society impact and collaboration**

The Good Practice examples profiled above point to key learning and recommendations detailed as follows:

### **i. The need by MoE to further identify all CSO and project initiatives nationally to see further examples of good practice**

The lack of information about Civil Society organisations and the work they are doing in HIV and AIDS and in education can be a barrier to effective policy implementation. Forming clear partnerships with Civil Society organisations can help to secure wider decision maker commitment to HIV and AIDS education, improve understanding for MoE of the local social and cultural context and help to engage and mobilise communities. A key methodology adopted to expose MoE Senior Management to examples in this manual has been 'Reality Checks' or site visits to CSO work. This is recommended to be included into Standard officer visits and particularly Senior Management personnel schedules to enable them to both witness CSO work in the field as well as monitor Provincial and District implementation work.

### **ii. The need for MoE to respond and integrate Good Practice examples into MoE structures and systems to scale up examples of effectiveness, replication, sustainability and cost-effectiveness**

Upon learning of current and other examples of Good Practice, the opportunity now presents itself for MoE Senior Management to focus on collaborating on specific practical activities rather than collaboration in theory. Comprehensive national education sector responses to HIV and AIDS require strong partnership between government, UN agencies and bi-laterals as such partnership can improve coordination, resource mobilisation and use of available resources. However, their effectiveness depends upon government leadership and ownership. Here there is now an opportunity for MoE Senior Management especially the directorate of information and planning, as part of Sixth National Development Plan, to actively seek and encourage innovative, effective, sustainable and replicable CSO examples which can be scaled up to help deliver upon a comprehensive national HIV strategy.

### **iii. The need for MoE to implement its own Standards frameworks in linkage with National AIDS Council, Ministry of Health and Ministry of Sports, Youth and Child Development and ensure all initiatives are meeting wider International and Regional SADC good practice criteria.**

Additionally, there is a further opportunity for MoE Senior Management to acknowledge and seek out the concurrent standard frameworks in child and adolescent reproductive health being developed by other government sectors (notably health). Jointly agreed national standards frameworks enable better tracking and reference points to ensure that any CSO and private sector initiative is meeting the agreed criteria. These frameworks can then be compared to international frameworks for regional comparison and learning.

### **iv. The need for CSOs to measure the effectiveness and impact of their initiatives to improve programming and advocacy**

The organisations profiled in this manual meet varying levels of SADC criteria but no single organisation meets all criteria (though some are stronger than others). First it must be stated that the ability of organisations to provide concise and relevant technical data in a timely fashion is undoubtedly compromised by their implementing nature and becoming caught in annual operation cycles, donor reporting, fundraising needs, strategic planning and human resource recruitment. This is the climate in which all NGOs operate. Nonetheless, NGOs need to be supported to capture, analyse and provide better data which focuses upon achievements and challenges so that learnings are provided which can help them both provide data to the Directorate of Information and Planning and improve the impact of their work. Particular good practice criteria which was frequently noted in this manual that organisations do not meet are sustainability, cost-effectiveness and replicability. This does not mean that organisations' work is not having impact but in a number of cases it is not being comprehensively measured or captured. Therefore a key recommendation moving forward is to ensure that NGOs (with support from Country Partners) are able to commission external and independent (behavioural and cost-effective) evaluations of projects.

### **v. The need for better and clear working partnerships between CSOs – preventing stand alone projects and fragmentation/duplication.**

The need for CSOs to familiarise themselves with one another's work is key to not only avoid repetition and duplication but to provide a more comprehensive CSO response to the holistic challenges that the HIV epidemic presents. Lack of collaboration between education NGOs, health NGOs and HIV and AIDS NGOs is a challenge to coordinated efforts and effective partnership with the government. Instead a non-competitive attitude and environment is required to enable all CSOs to understand that the benefits of working together far outweigh any potential challenges. In particular, CSOs can be identifying one another's respective strengths and geographical coverage to specifically work out how each other's achievements can be integrated into programme delivery. This also has the potential for further internal capacity building, training and internship (secondment) opportunities and secondly can help led to a more unified input into national education delivery targets. It is important to note that key MoE management forums (notably the Policy Implementation Technical Committee and Project Coordinating Committee) can provide the space for such learning exchanges and Country Partners need to be prepared to share information and funding strategies for those CSOs they support to ensure less stand alone and more collaborative projects.

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