



# SAT NEWS

Southern African AIDS Trust

Supporting Community Responses to HIV and AIDS in southern Africa

April to June 2005

## COMPREHENSIVE COMMUNITY PREPAREDNESS FOR IMPROVED ACCESS TO TREATMENT

HIV and AIDS continue to take their toll on communities despite massive efforts to reduce transmission and impact. Whilst also strengthening prevention efforts, it is essential to improve care, treatment and support for people living with HIV and AIDS (PLWHA). Anti-retroviral treatments (ARVs) are an important part of the care and treatment package. They can prolong life, increase quality of life, and enable PLWHA to be more productive. They also bring the hope of HIV becoming a manageable lifetime illness.

Although access to ARVs is still low across southern Africa, it is increasing. Many countries have begun ARV roll-out programmes in the spirit of the WHO '3 by 5' initiative. NGOs, CBOs and donors are involved in efforts to improve access to treatment. But an emerging and urgent concern is the level of community preparedness for improved access to ARVs and other forms of treatment, care and support.

The terms '*treatment preparedness*' and '*community preparedness*' for treatment were first used at the 2002 Barcelona AIDS conference by a group of AIDS activists. '*Treatment preparedness*' relates specifically to ARVs. It describes HIV and AIDS treatment education and advocacy efforts designed to increase access to and demand for ARV treatment and to prepare communities for safe and effective use of ARV drugs.

'Community preparedness' is about making the community ready for safe, effective delivery and use of ARVs and other forms of treatment. But it is a much broader concept. Which organisations and stakeholders need to do what to ensure comprehensive care, treatment and support for PLWHA? How can these efforts be better co-ordinated?

Increased comprehensive community preparedness can ease the pressure on overstretched public health care systems, support prevention efforts, and build social capital in communities. It promotes support for the clients at all levels, enhances drug compliance and adherence and decreases stigma and discrimination of PLWHA.

Comprehensive community preparedness for improved access to treatment requires functional community health services, counselling, support and information delivery approaches that are culturally appropriate, relevant and community friendly. ARV drug supply, distribution and treatment guidelines need to be ensured. Skilled health staff need to adopt patient-centred approaches.

The community - PLWHA, families and community leaders - should participate in planning and implementation of ARV treatment programmes to ensure effective and sustainable responses. This ensures that individuals and communities are empowered to make choices about ARVs and other treatment options. Community participation helps overcome denial, stigma and discrimination, non-adherence to ARVs, viral resistance, and it promotes the attainment of optimal results.

Social bonds formed with peers encourage patients to take their medication and adhere to prescriptions. Trained counsellors provide support for adherence plans and a household treatment assistant can assist the PLWHA adhere to prescription. PLWHA support groups enable discussion of barriers to adherence, adverse events, disclosure and other psychosocial issues and serve as a health promotion and education forum.

Co-ordination is required at all levels; national, regional, district and community for responses to be effective, to promote better usage of meagre resources and harmonise stakeholders' efforts. It also enhances fairness in access to services among those who need them.

SAT will soon publish a document in the SHARE series focussing on comprehensive community preparedness.

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### **New SAT partners**

Eight new partners joined SAT between January and March 2005.

Two new partners joined the **Malawi** country programme. Malawi Human Rights Youth Network was established in 2001. Its activities include advocacy for the rights of the youth and transformation of traditional values that put youth at risk of contracting HIV. It also undertakes networking, coordination and capacity development of NGOs working on youth rights issues.

Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS was established in 2004. Its activities include advocacy, networking, providing care and support to PLWHA, counselling and advocacy for improved access to treatment and care.

Three partners joined the **Mozambique** country programme. Community Association of Women is a community based organisation established in Zavala district of Inhambane province in 1999 and was officially registered in 2001. Its activities include mainstreaming HIV and AIDS into community development in the agricultural, salt mining and fishing sectors.

Community Vision for Development of Mozambique is a community organisation established in Mavulula - Zandamela of Inhambane province in 2001. Its activities include mainstreaming HIV and AIDS in promoting community development through farming and providing safer drinking water.

Ihlulile is a support group for PLWHA established in Matola city in Maputo in 2004. Its activities include counselling, home-based care, prevention, advocacy for access to treatment and support for CABA.

One new partner joined the **Tanzania** country programme. The Tanzania Network of Religious Leaders Living with or Personally Affected by HIV was established in Dar-es-Salaam in 2004. Its activities include advocacy and networking.

One new partner joined the **Zambia** country programme. The Zambian Network of Religious Leaders Living with or Affected by HIV and AIDS was established in 2004. Its activities include HIV and AIDS counselling, advocacy and survival skills training among religious leaders.

As can be seen, SAT's relationship with the regional body, African Network of Religious Leaders Living with or Personally Affected by HIV (ANERELA+), is now bearing fruit in many countries.

### **New SAT Regional Secretariat Office in Johannesburg**

Early this year, SAT registered as a non-profit company in South Africa. We have also started the process of relocating our Regional Secretariat from Harare to Johannesburg.

Staff relocation plans were somewhat accelerated just before Christmas, when renewal of the SAT Executive Director's work permit was refused by the Zimbabwean authorities. A growing number of other expatriate workers in the development field have experienced the same fate in recent months.

A detailed relocation strategy is under development and SAT will plan its work carefully so as to cause minimal disruption to partners and other stakeholders.

At present, SAT's Johannesburg base is provided courtesy of the UNAIDS Regional Support Team for Eastern and Southern Africa, who have provided the SAT Executive Director with temporary office accommodation. SAT wishes to express its gratitude to UNAIDS for their generosity.

It is envisaged that a number of new staff will be recruited in South Africa in the next few months, as well as steps taken to bring the first relocated staff down from Harare. This will enable us to establish a more permanent new office set-up.

### **New staff**

SAT Mozambique welcomes Herminia Benicia Francisco Xerinda and Maria Isabel Filipe.

Herminia, Programme Officer: Mozambique, joined SAT in March 2005. She holds degrees in Economics and Management. Previously, Herminia was Programme Support Manager at Goal Ireland, Maputo office. She has over ten years experience in administration and programme support.

Maria, Finance Monitoring Officer: Mozambique, joined SAT in February 2005. She has trained in financial management from the Catholic University.

### **In memory of Judy Chikore**

It is with great sadness that SAT shares the news that Judy Chikore has passed away. Judy was a long-serving member of staff at SAT who had fulfilled many vital roles, most recently the Co-ordinator of Communications and Publications. Judy was a key member of staff and great friend to many of us. She will be sorely missed.

## SCHOOL WITHOUT WALLS

### SWW workshops April 05 - March 06

National SWW	Annual Plans	Progress so far
No. of workshops	42	
Est. no. of participants	1128	

Regional SWW	Annual Plans	Progress so far
No. of workshops	12	
Est. no. of participants	214	

### Scheduled activities

May 09 – 13: HIV/AIDS Prevention Network of Zambia will host the national Facilitation Skills workshop. The National Facilitation Team will facilitate at the workshop.

May 23 – 27: Kindlimuka of Mozambique will host the national Patient Literacy on Treatment workshop. The National Facilitation Team will facilitate at the workshop.

May 23 – 27: Sakuvi of Tanzania will host the national Data Collection and Documentation workshop. The National Facilitation Team will facilitate at the workshop.

June 06 – 10: SAT will host the regional Building Blocks: working with orphans and

vulnerable children workshop. SAT and the Alliance will co-facilitate at the workshop.

June 06 – 10: St Francis of Zambia will host the national Establishing and Managing Good VCT Facilities workshop. The National Facilitation Team will facilitate at the workshop.

June 13 – 17: SAT will host and facilitate the regional Advocacy workshop.

June 13 – 17: Kimara of Tanzania will host the national Organisational Development workshop. A consultant will facilitate at the workshop.

June 20 – 24: Kuvumbana of Mozambique will host the national Counselling and Home-base Care National Regulations workshop. The National Facilitation Team will facilitate at the workshop.

June 27 June – 01 July: SAT will host and facilitate the regional Volunteer Management workshop.

June 27 – 01 July: Malawi Interfaith AIDS Association will host the national Advocacy workshop. The National Facilitation Team will facilitate at the workshop.

June 27 – 01 July: The Centre of Zimbabwe will host the national Treatment Literacy workshop. The national Facilitation Team will facilitate at the workshop.

## MONITORING AND EVALUATION

### CABA Research: Manicaland Child Cohort Study

In 2003, SAT and Imperial College London and Biomedical Research and Training Institute (BRTI), University of Zimbabwe began a collaborative study in the eastern highlands of Zimbabwe.

The objectives of the study were to investigate the long-term impacts of orphaning on children and how extended family 'safety nets' met needs of orphans and children infected and affected by HIV and AIDS in communities heavily affected by HIV and AIDS. SAT has established a strategic partnership with this study.

The results of the study so far confirm that most orphans were being looked after by the extended family system without assistance from government. Also, orphans are often forced to move from one household to another as their circumstances changed.

The major recommendations so far are that:

- It is important to identify and locate vulnerable children in order to develop interventions that promote stability in the households where vulnerable children live, so that the children's lives could also be stabilised
- Governments should support extended families to enable them to look after orphans and vulnerable children in a more effective and sustainable way.

SAT will continue to work with Imperial College London and Biomedical Research and Training Institute, to ensure that community responses for orphans and other children affected by HIV and AIDS is informed by quality research evidence.

SAT and partners are also benefiting from the research skills and technical support provided by our partners in this collaboration.

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## PUBLICATIONS

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### SAT SHARE series: SWW

SAT has produced the third publication in its SHARE series, *School Without Walls - CBO/NGO capacity development through a south-to-south skills training, and experience-sharing network*. The publication documents how the School Without Walls (SWW) started and how it has evolved over time. It then presents five case studies, drawn from across the region, to illustrate how SWW has strengthened the capacity of organisations to respond to the challenges of HIV and AIDS.

SWW is SAT's pioneering initiative of south-to-south skills training, lesson-sharing, mentoring relationships, and study visits. It began in 1993, in response to the needs and demands of SAT's CBO and NGO partners in the southern Africa region.

This publication was produced in collaboration with Strategies for Hope Trust. It is based on a wide variety of sources, including reports, reviews, planning documents, presentations and other documents compiled by CIDA, the Canadian Public Health Association, SAT and SAT's partners in SWW; SAT's contracts with its partners; interviews with staff from CPHA, SAT,

SWW partner organisations, and community volunteers. It also draws heavily on a series of field visits that were conducted in 2004 by Strategies for Hope staff.

### Portuguese publications

SAT has produced the second publication in its Training and Practice Manuals series: *Manuais de Formação e Prática: 2. Integração do género no trabalho no âmbito do HIV e SIDA*, (Training and Practice Manuals: 2. Mainstreaming gender in HIV and AIDS work). This manual is an invaluable resource to both female and male facilitators who provide training for ASOs, NGOs and CBOs in southern Africa.

The manual builds knowledge and practical skills among facilitators who train representatives of southern African ASOs, NGOs, and CBOs that want to mainstream gender in their HIV and AIDS organisations, policies and programmes.

To receive PDF or hard copies, e-mail us on [info@satregional.org](mailto:info@satregional.org)

To download SAT publications, visit our website [www.satregional.org](http://www.satregional.org)

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