

SHARING IN ACTION

Report of the Regional HIV and AIDS Workshop
6-9th February 2005



- *Mobilising people*
 - *Forging links*
- *Sharing practical skills*
- *Deepening understanding*
- *Offering support and care at the grass roots*

Organised by
Skillshare International Regional Office
Southern Africa

Table of contents

Abbreviations used in this report.....	3
Overview	4
The objectives and background of the workshop	4
Skillshare International.....	6
Who attended?.....	6
What did they do?	7
Workshop outputs and outcomes	8
How the day went.....	8
Official opening speech.....	9
Introductions and expectations of participants.....	10
Papers and topics presented during the workshop	10
The topics that were discussed in small groups included.....	11
Official closing remarks and vote of thanks	12
Case studies and lessons learnt by the organisations involved	13
Supporting PLWHA organisations in Botswana.....	13
Community training programmes in Botswana	14
Community-based support to PLWHA in Mochudi, Botswana.....	16
Care and counselling for PLWHA in Botswana	17
The need to support PLWHA in Mozambique	18
Impact of HIV/AIDS on blood supplies in Mozambique	19
Supporting PLWHA organisations in Namibia	20
Interventions that help orphans and vulnerable children in Namibia.....	20
Mobilising and supporting communities to help prevent mother to child transmission	22
Using Voluntary Counselling Testing (VCT) as an entry point to building PLWHA support groups in Swaziland	23
Establishing a network of PLHWA service organisations in Swaziland	25
Sharing the lessons learned from hands-on caring	26
Supporting PLWHA through home-based care.....	26
Community involvement in prevention, care and support	27
Community- based approaches to fighting stigma	28
Community perspectives on counselling and testing for infected and affected people	29
Managing Antiretrovirals [ARVs].....	29
Community safety nets for infected and affected families.....	30
What we've learned about economic empowerment and nutritional support.....	31
What we've learned about supporting orphans, vulnerable children and child or elderly-headed households	32
What we know about the impact of HIV and AIDS on human resources	33
Our Way Forward:	34
Pledges	35
APPENDIX I: Programme for 6 TH – 9 TH February 2005	36
APPENDIX II: Contacts and addresses of the participants	38

Abbreviations used in this report

SADC- HSCU	Southern Africa Development Community–Health Sector Coordinating Unit
PLWHA	People living with HIV and AIDS
DfID	Department for International Development
GATV	Counselling and Voluntary Testing Offices (GATV – <i>Gabinetes de Aconselhamento e Testes voluntários</i>).
FBO	Faith based organisation
NGO	Non Governmental organisation
CBO	Community based organisation
ARV	Antiretroviral
STI	Sexually Transmitted Infection
VCT	Voluntary Counselling Testing
SNAP	Swaziland National AIDS policy
HIV	Human Immuno-deficiency virus
AIDS	Acquired Immuno-deficiency syndrome
SASO	Swaziland AIDS service organisation
SWAPOL	Swaziland positive living
NERCHA	National emergency Response Council on HIV and AIDS
SIPAA	Support to International Partnership against AIDS in Africa
UNAIDS	Joint United Nations programme on HIV and AIDS
IEC	Information, Education and Communication
HBC	Home based care
OVC	Orphans and vulnerable children
NAP+	Network of African people living with HIV and AIDS
GNP+	Global Network of People Living with HIV and AIDS
ANSA	Association of Nutrition Service Agencies
MOHSW	Ministry of Health and Social Welfare
MTCT	Mother To Child Transmission of HIV
HAART	Highly Active Antiretroviral Therapy
NACA	National AIDS Coordinating Agency
PMTCT+	Prevention of mother to child transmission

Overview

The objectives and background of the workshop

In the three days we wanted to:

- Share practical skills and experiences among agencies that work at the grassroots level [NGOs, CBOs, Support groups, PLWHA groups and community based volunteers] in their daily work of supporting and caring for people living with HIV and AIDS in their communities.
- Provide a forum for groups to share learning about their practical experiences and document best practice.
- Provide an opportunity for our partners to identify and reflect on the challenges they face and how they intend to overcome these challenges in future, as they continue to support and care for PLWHAs at the grassroots level.
- Encourage links to be forged between community based support systems and the national and regional networks.
- Document the often neglected grassroots issues related to support and care for people living with HIV and AIDS with regards to community support, stigma and discrimination, food and nutrition within and across countries.
- Deepen understanding and skills with regard to support and care for people living with HIV and AIDS amongst local NGOs, CBOs, support groups in a culturally diverse environment.

Background to the workshop

In February 2003, Skillshare International's Regional Office based in Pretoria won a bid to carry out an assessment of the needs and capacity gaps of organisations, associations and networks working with people living with HIV and AIDS (PLWHA) in Botswana, Lesotho, Namibia and Swaziland. The research was funded by the Southern Africa Development Community-Health Sector Coordinating Unit (SADC- HSCU), with the support of the Department for International Development (DfID).

The conclusions of this assessment confirmed that the interventions of PLWHA networks, organisations and support groups in the four countries are appropriate and well directed and have made some progress in meeting

the social challenges posed by the HIV and AIDS epidemic. However, they are yet to build a response that matches the scale of these challenges.

One of the most significant findings was that all types of organisations are experiencing gaps around institutional and organisational capacity, weak networking and collaboration mechanisms, advocacy, and community and resource mobilisation. These capacity gaps make it difficult for PLWHA networks, organisations, associations and support groups to effectively serve infected people, their dependents and affected families. Needs remain intense, stigma and discrimination are still widespread; access to health services, treatment, nutritional support and home-based care is not at adequate levels and organisations, communities and their leaders need to provide more psychological and socio-economic support to infected and affected individuals. Specifically, there is a clear lack of linkages between community based support systems and the national and regional networks. The assessment found loose and dysfunctional linkages between constituents, NGOs, CBOs, and support groups with national and regional networks. There was little evidence of communication and networking between individual and grassroots-based organisations (such as support groups, CBOs, associations and local NGOs) that are supporting PLWHA with national and regional networks and even in some cases with government departments.

A recommendation was made to build links between community based support systems and the national and regional networks both in-country and at regional level.

Skillshare International

For many years Skillshare International has been working to support partner organisations working directly in HIV and AIDS programmes in Southern Africa. Currently, we have about thirty HIV and AIDS partner organisations in six countries in Southern Africa. One of the major objectives in our regional plan is to provide regional forums for support and shared learning across the countries we work in and build the capacity of partner organisations at both the country and regional level, through workshops and other innovative ways of support.

Skillshare International believes that fighting the HIV epidemic and providing appropriate care and support for people living with AIDS is essential for the promotion of economic and social development in Africa and Asia. We support efforts to reduce HIV infections by addressing the factors that exacerbate the illness. Two of the major lessons learnt from our work with grass-root partner organisations are (a) their limited capacity to network and collaborate with one another and (b) the continued competition that exists between organisations doing similar work rather than shared learning and information. These restrictions have hampered service delivery, care and support efforts to PLWHA and those affected by the disease.

Over time many of our partners have voiced an interest in attending a regional forum which would enable them to share learning, experiences and information and hopefully provide a vehicle to build strong networks and collaboration amongst themselves.

We hope that by facilitating this workshop Skillshare International will have provided a unique opportunity for community based organisations and other partners in the Southern Africa region to disseminate information to communities; share their best practices of intervention or best models and establish strong networking and collaboration mechanisms within and across countries.

Who attended?

Thirty one participants with various backgrounds and expertise in the HIV/AIDS sector in the region (**see Annex II**) attended this workshop, at St. George Hotel, Pretoria, South Africa. It was open to representatives from

local NGOs, CBOs, Support Groups, National PLWHA Networks, Regional Networks, Associations of PLWHA and PLWHA groups, that support and care for people living with HIV and AIDS in Botswana, Namibia, Lesotho, Swaziland, Mozambique and South Africa. Individuals living with HIV and AIDS, affected persons, representatives of governments and partners also attended the workshop.

Organisations represented (in alphabetical order):

- Bakgatla Bolokgang Matshelo, Botswana.
- Barnabas Trust, South Africa
- Botswana Baylor Children's HIV Centre of Excellence, Botswana.
- Botswana Network of People Living with HIV and AIDS (BONEPWA).
- Centre for Youth of Hope (CEYOHO), Botswana.
- Department for International Development (DFID), Southern Africa
- Department of Health -South Africa
- Evangelical Lutheran Church Programme (ELCAP), Namibia
- Kuru Trust, Botswana
- Mavalane General Hospital, Mozambique
- Ministry of Health and Social Welfare-Lesotho
- Ministry of Health and Social Welfare-Swaziland
- Ministry of Health -Mozambique
- Mission Society Care (MS Care) ,South Africa
- Namibia Network of AIDS Service Organisations (NANASO).
- New Zealand Agency for International Development (NZAID).
- Nkulunkulu Association , Mozambique
- Skillshare International Country Offices: Namibia, Botswana, Lesotho, Swaziland and South Africa
- Swaziland Infant Nutrition AIDS Network(SINAN), Swaziland
- Swaziland Network of People Living with HIV and AIDS (SWANNEPHA)

What did they do?

Participants and facilitators shared their technical skills and experiences, discussed key challenges in care and support for people living with HIV and AIDS. They also got the opportunity to develop concrete strategies for addressing those challenges identified in their efforts to care and support those infected and affected by the disease in their communities.

Workshop outputs and outcomes

- A publication of case studies and best practice has been generated from the workshop presentations and circulated to participants to promote a continual learning process.
- An improved networking and collaboration mechanism between the community based organisations and national and regional organisations that are working to support people living with HIV and AIDS.
- Increased knowledge and skills sharing within the grassroots service providers or community based organisations on how to care and support people living with HIV and AIDS and to bring them up to date with the current events in the sector.
- A developed database for HIV and AIDS organisations, associations and networks in six countries in southern Africa.

How the day went

Welcome

Elijah Adera, Skillshare International's Regional Programme Manager, welcomed the participants to the Regional HIV and AIDS Workshop. He thanked them for availing themselves for two and a half days of learning and sharing from each other. He then introduced the database to the participants and explained that Skillshare International had compiled it to enhance networking between organisations within and across countries. He emphasized that the key objectives for Skillshare to achieve through this workshop were to share skills in the HIV and AIDS field, support partners to take ownership of the programme, fight discrimination and stigma, share information and networking, and meet and help each other.

“This workshop aims to bridge the gap between community based support systems and the national and regional networks both in-country and at a regional level. It will encourage people to share their knowledge, experiences and learning across borders in order to provide a better mechanism to support people living with HIV and AIDS at both country and regional level.” **Elijah Adera, Regional Programme Manager, Southern Africa**

Official opening speech

Kemi Williams, the Social Development Adviser for DfID, opened the workshop. She was introduced by Mr Adera, who emphasized the long working relationship between Skillshare International and DFID and acknowledged the support of the British government.

Ms Williams began by saying that DFID recognised the important role that civil society organisations play in the fight against the HIV and AIDS epidemic in the region. She said that civil society is the *eyes and ears* on the ground, sensitive to the challenges and happenings within communities. The challenges and the gaps on the ground are so real and they can only be highlighted by the NGOs and their dissemination of learnt best practice is invaluable. She thanked Skillshare International for bringing such a diverse and “rich” representation together in one place to learn from each other. She mentioned that the British government launched the HIV and AIDS Strategy in July 2004. Central to this document is the commitment to meet the World Health Organisation targets and double the expenditure to £1 billion for the next five years to fight HIV and AIDS in developing countries.

Two priorities of the UK Blair government are to reduce poverty in Africa and climate change. Prime Minister Blair launched the Commission for Africa, which was a response to the emerging Pan African agenda. They will report on March 2005, then lobby support from the other western countries, mainly the G8 group of industrialized countries, to provide more support to Africa to fight extreme poverty and HIV and AIDS. She also mentioned she was also participating in the workshop so as to learn more of the happenings in the region in relation to HIV and AIDS issues.

Introductions and expectations of participants

Participants were given time to introduce themselves. They then identified the following points as their expectations of the workshop:

- To network and create linkages.
- To share skills and learn from each other.
- To learn how the tribal authorities could also be engaged in the fight against HIV and AIDS.
- To learn how to institute behaviour change and reduce the infection rates.
- To learn and disseminate the best practices to their countries.
- Define effective strategies with other networks for a concerted effort in the fight against HIV and AIDS in the region.
- To learn from NGOs and support government structures to be efficient in the work to reduce HIV and AIDS.
- To learn about and help their new and upcoming NGOs in the region.
- To encourage Skillshare to be more visible on the ground and share their skills and resources.

Papers and topics presented during the workshop

(see attached programme-Annex I)

Community Interventions	by Eliezer Hamburee	Namibia
PMTCT+ concept community treatment programme	by Busie Bhembe	Swaziland
Best Practice Model Community Health Training Programme	by Laura Martindale	Botswana
VCT as an entry point to PLWHA support groups and its impact on stigma discrimination	by Rejoice Nxumalo	Swaziland
Bakgatla Bolokgang Matshelo	by Nono Matlhaga	Botswana
Profile on the Centre of Youth of Hope	by Basha Mupeli	Botswana
Vulnerable Groups and HIV/AIDS	by Trooipha Jod	Namibia
BONEPWA Profile	by David Ngele	Botswana.
People Living with HIV/AIDS	by Dr.Patrick Okinedo	Mozambique
Experiences of the Nkulunkulu	by Mario Macabi	Mozambique

Association in the mitigation of the HIV/AIDS effects in the Moamba District		
Impact of the HIV/AIDS on blood donors in Mavalane General Hospital	By Simoes Jose Chacha	Mozambique
Rapid Assessment of SWANNEPHA	by Vusie Matsebula	Swaziland



The topics that were discussed in small groups included

- Home Based Care and support to PLWHA,
- Community involvement in prevention, care and support,
- Counselling and testing the infected and affected,
- Anti-retroviral management by PLWHA,
- Forms of income, mitigation, socio-economic empowerment for PLWHA, nutritional support to PLWHA,
- Existing community safety nets and support and care for PLWHA,
- Existing cross border interventions,
- Challenges to the families and strategies to overcome them,
- Orphans and Vulnerable children (OVC)
- The burden of the elderly and children headed households,
- Community based approach to fighting stigma and discrimination of PLWHA.
- The diminishing human resources capacity within organisations due to the impact of HIV/AIDS.

Official closing remarks and vote of thanks

George Murumba, the NZAID, Development Cooperation Manager, passed on an apology from the New Zealand High Commissioner, who could not make it to the workshop because he had to be at the official opening of the South African Parliament in Cape Town. The opening of Parliament coincided with the Workshop dates. He said that New Zealand Aid (NZ Aid) supported Skillshare International's HIV and AIDS Regional Workshop initiative because the outcomes of this workshop were crucial. A '*community of practice*', as he termed it is then derived from the knowledge so shared from the workshop. He hoped that knowledge acquired would trickle down to the grassroots. He expressed happiness at the fact that important results had already emerged during the presentation of the way forward. He urged the participants to continue with the linkages and networking forged during the workshop.

Vote of thanks

Ms. Thabile Mnisi of Mission Care Society gave a vote of thanks. She said that a lot had been learnt from the workshop and that it was an eye opener. A lot of things that were unknown to many participants had been shared through this workshop. She thanked Skillshare International for organising such a forum, saying it had been very useful and educational. She also said that the workshop enabled participants to learn from each other and was very interactive. She said the links that she and other participants had established are life-long and will help them to do their work. She hoped more of such 'sharing learning' forums will be organised to enable the practitioners to learn and share their happenings in their particular areas.

Case studies and lessons learnt by the organisations involved

Supporting PLWHA organisations in Botswana

Name of organisation: **Botswana Network of People Living with HIV and AIDS (BONEPWA)**

Location: Gaborone, Botswana

Contact details: bonepwa@botsnet.bw

P.O Box 1599, Mogoditshane, Botswana

How BONEPWA works:

BONEPWA was formed in 2000 to promote positive living among PLWHA in Botswana. It comprises 68 affiliated support groups, through which it seeks to improve the well being of PLWHA, and so reduce the impact of HIV/AIDS on the country's 1.6 million population. BONEPWA is the only network giving a voice to PLWHA concerns in Botswana. It was assisted from the start by structures which had been put in place by government to support the development of home based care services, and still enjoys strong government support for its activities. It is a member of international groups representing people living with HIV/AIDS, including NAP+, GNP+ and ANSA, and has gained much expertise by networking with these groups. BONEPWA operates according to a strategic plan for 2004 – 2009, which is in line with the national Strategic Framework, outlining Botswana's response to the epidemic.

BONEPWA's objectives are to:

- Facilitate and promote the formation of support groups offering care and support to PLWHA;
- Build capacity by assisting support groups for PLWHA;
- Share information on positive living, basic treatment, nutrition and coping mechanisms;
- Advocate for the involvement of PLWHA in all sectors and in all aspects of the response to the epidemic, namely planning, development and evaluation;
- Encourage communities to become involved in PLWHA events; and
- Advocate for change by creating a public or political voice for PLWHA.

BONEPWA assists its affiliated support groups by training their leadership in management and counselling, harmonising their services with other local NGOs and providing funding for workshops. The Botswana National AIDS Coordinating Agency (NACA) and various district

structures oversee the work of PLWHA support groups, to ensure that services are not duplicated.

BONEPWA runs an annual fair for networking and information sharing, an outreach programme to schools, in conjunction with the Ministry of Education, income generating projects, and a website, to support their advocacy work. It also seeks to create a regional network of PLWHA organisations by assisting other networks in the region, sharing experiences among regional PLWHA organisations, and enhancing the opportunities to develop a common PLWHA Forum in the SADC.

Current challenges include the high expectations support groups have of BONEPWA in the face of its lack of office space, and financial constraints in running the secretariat. There is also a shortage of skilled human resources to manage and expand support groups. Stigma remains a major constraint to BONEPWA's ability to provide care to PLWHA, including, for example, the fact that few men are open about their status.

Community training programmes in Botswana

Name of organisation: **Kuru Development Trust**
Location: D'kar, Botswana
Contact details: +267 71487748

How the community training works

Two approaches are used by the Kuru Development Trust.

The Botshelo project, meaning "life", provides training to empower lay community members to function as HIV and AIDS counsellors. The training focuses on conducting HIV prevention counselling, and how to care and support PLWHA. It is conducted in three phases, and each participant is carefully assessed before being asked to move into the next phase.

The training aims to:

- Enable participants to identify and understand the challenges in their community and country;
- Build community capacity to accept, care and support PLWHA;
- Promote counselling, offer ongoing counselling services;
- Offer advice on nutrition and positive living.

The training methods are participatory, and focused on making sure participants emerge with sound skills. It is concluded with an evaluation.

The "Footprints"—Make Your Mark" project is a training course tailored for the tourism and safari industry. Footprints is designed to give participants a clear understanding of the biological, social and ethical

issues surrounding HIV and AIDS. The training covers general HIV and AIDS knowledge, counselling techniques and practical programme development for sustainable livelihoods. Training methods include plenary sessions, individual presentations and open discussions.

The objectives of the training are to:

- Enable participants to identify and understand the challenges in their community and country;
- Increase knowledge of HIV prevention, care and build community support for PLWHA;
- Broaden understanding of local cultural traditions regarding family, gender roles and funerals;
- Enhance positive behaviour change, positive living and sound nutrition;
- Mainstream HIV and AIDS programmes and policy into the workplace and develop protocols for problem management in the context of HIV and AIDS, bereavement and suicide.

The training offered on positive living includes:

- Community empowerment and wellness interventions;
- Healthy bodies (the food, vitamins and minerals that protect your immune system);
- Home remedies (plants, foods and substances to treat common conditions);
- Home gardens (to ensure a constant supply of fresh food);
- Psycho Neuro Immunology (PNI), or methods of emotional coping that protect immune systems; and
- Soul matters (spiritual principles and practices of coping mechanisms).

Useful lessons learned include that it can be helpful to separate men and women when talking about sexual practices, and that trainers are aware of local practices and what can be recommended as different safe sexual options. Role play is a very effective training technique, and there should be adequate time for questions and answers and daily reflections.

Community-based support to PLWHA in Mochudi, Botswana.

Organisation: **Bakgatla Bolokang Matshelo** (BBM)
Location: Mochudi, Botswana
Contact details: +267 5729166

How BBM works

The Bakgatla Bolokong Matshelo (BBM) is a community home-based care organisation formed by concerned women in Mochudi village in 1998 and registered as a Trust in February 2004. BBM's mission is to care for and support chronically ill PLWHA and their relatives including orphans and families. By October 2004 it had about 100 members, of which 90% were women. BBM is guided by a Board of Trustees and an Executive Committee, who are elected by members during the Annual General Meetings. A draft strategic plan, developed in December 2004, is being finalised to help BBM to manage its resources to attain its objectives.

BBM is a member of, and is supported by, the District Multi-Sectoral AIDS Committee, the government body coordinating all HIV/AIDS responses in the district. Its volunteers have been trained by the District Health Team and the Social Welfare and Community Development of the District Council. It is supported by Tribal leadership and the community at large, who participate at monthly general meetings held at the Mochudi Main Kgotla.

BBM is the only local CBO to assist Botswana's overstretched national community home-based care programme. It has mobilised more than 30 trained volunteers to visit patients at home and hospitals to provide physical, moral, spiritual and emotional support.

Activities which volunteers undertake include:

- Identifying and referring terminally and chronically ill persons, and affected family members and orphans, to hospitals, Social Welfare and Community Development departments, and to the nurses responsible for national Home Based Care programme;
- Caring for patients with HIV and AIDS by bathing them, washing their clothes, cleaning yards, cooking, and fetching wood and water. The volunteers also educate families on hygiene and nutrition and provide vegetables and toiletries or blankets;
- Providing psychosocial and spiritual counselling in homes;
- Disseminating information (IEC), by sensitising the community to positive living and nutrition at schools, churches, kgotlas, through the media, workshops and video shows and disseminating materials from partners like the AIDS/STD Unit,

Family Health Division, and Botswana Family Welfare Association;

- Networking and partnering. BBM volunteers work with the Botswana Family Welfare Organisation (BOFWA) which provides information and counselling on youth sexual reproductive health.

BBM's impact to date includes that:

- Over 76 patients receive quality care, support and counselling from BBM volunteers every month;
- Home based care patients are supplied with vegetables and toiletries;
- HIV and AIDS awareness is raised in schools, at kgotla and in churches; and
- PLWHAs, volunteers, and other stakeholders and community members are provided with arts and crafts skills for income generation for individuals and for BBM.

BBM has secured Global Fund assistance to establish a day-care centre for HIV/AIDS and chronically ill patients, in the form of funding for two nurses, a driver, a portacabin for day-care services, a 16-seater bus, and a small grant to help kick-start the day-care project. In addition, funding from the Botswana National Aids Services Organisation (BONASO) enabled BBM to pay for the deposit for an electricity connection at its offices, which will speed up establishment of the day care centre. BBM is also seeking to mobilise resources, to expand its other projects and fund running costs, and to develop its expertise in raising resources local, national, international, private and public sources. BBM intends to continue strengthening community ownership through consultation with community leaders (dikgosi, governmental structures) and community members (volunteers, women involved in income-generation projects).

Care and counselling for PLWHA in Botswana

Organisation: **Center for Youth of Hope** (CEYOHO)
Location: Gaborone, Botswana
Contact details: ceyoho@botsnet.bw

How CEYOHO works

The Centre for Youth of Hope (CEYOHO) was started in 2001 by Kesego Mupeli, a young woman from Gaborone who was one of the first in the country to speak out about her HIV positive status.

CEYOHO's key services include:

- Pre-test, post-test and ongoing supportive counselling;
- Home based care;

- Addressing stigma;
- Providing a conducive environment where members can share ideas, information and experiences;
- Promoting the importance of individuals taking the AIDS test and knowing their status; and
- Teaching people about the importance of avoiding infection, and, if necessary, adhering to ARV treatment.

CEYOHO operates from two sites, one in Gaborone and the other in Tlokweng. Potential members are identified at VCT sites and clinics, and are encouraged to also bring their partners for counselling.

The organisation has won international recognitions for its novel approach to tackling stigma by organising a beauty pageant for PLWHA. The “Ms Stigma Free Pageant” was initially open only to CEYOHO members, but now entries from other HIV/AIDS organisations are also invited. The concept of beauty pageants as a tool to tackle stigma has been adopted in other countries, specifically South Africa and Namibia, and will be rolled out to the other districts in Botswana.

The need to support PLWHA in Mozambique

Name of organisation: Dr. Okinedo Patrick,
 Location: **Mavalane General Hospital**, Mozambique
 Contact details: okinedop@hotmail.com

The need for a PLWHA support project

People living with HIV and AIDS in the Mavalane area encounter numerous problems from the moment they are diagnosed. They struggle to cope with their emotional reaction to the diagnosis, get little empathy and support from society, and must also face the fact that in Mozambique there is limited access to drugs which can improve their quality of life.

Prevention activities to change behaviour and encourage people to get tested and know their status should be a strong focus of activity. Basic information around the modes of HIV transmission is also needed, to help people understand that HIV can be acquired from needle-pricks and mother-to-child transmission. Many people infected with HIV are stigmatised, and considered to have acquired the virus through promiscuous behaviour, which is not always true as there are other modes of transmission besides sexual intercourse.

However help is most needed around the concept of positive living and supporting individuals in the demanding process of disclosing their status. Families also need to be helped to learn how they can take care of patients, and not put themselves at risk or discriminate against the sick.

Impact of HIV/AIDS on blood supplies in Mozambique

Name of organisation: **Mavalane General Hospital**

Location: Maputo, Mozambique

Contact details: okinedop@hotmail.com or +25882896248

How the blood donor programme to secure safe blood works

Many people in Mozambique are unaware that HIV can be contracted through a blood transfusion, or that the percentage of donated blood that is infected with HIV is rising.

To minimise the risk of transmission, the Mozambican National Blood Transfusion Programme follows the World Health Organisations technical directives on securing safe blood supplies. The Blood Transfusion Programme is also working to encourage more low risk individuals to donate blood and help build up the country's safe blood supplies. It has opted not to ask potential donors to take a pre donation HIV test, as it fears this will drive away individuals from an already small donor base. Rather, it is standard operating procedure for each blood sample to be tested for HIV and the results sent to the AIDS Support Organisation (GATV). The donor is entitled to collect the result from them, if he or she wishes.

It is National Blood Transfusion Policy that blood donors give their blood voluntarily and for free, that blood be obtained from individuals for their own use (autologous) before elective procedures, and that all the blood transfused will be tested for blood groups and rhesus factor.

To donate blood an individual must, for example, weigh 45 kg or more, be aged between 16 and 65. Each sample is screened for three different infections: HIV, Syphilis and Malaria, and collection and testing procedures on all collected blood are governed by set Standard Operating Procedures.

Mozambique has three reference centres for its blood supplies: Maputo Central Hospital, Beira Central Hospital and Nampula Central Hospital. There are also seven Provincial Blood Banks, seven Rural Blood Banks and 17 other Blood Banks.

At the 180 bed General Hospital of Mavalane, which services about half the total population served by Maputo's Municipal Health Council, the percentage of HIV positive blood samples received since 2002 has been increasing:

- In 2002, 833 donations were received, of which 17% were HIV positive;
- In 2003, 741, donations were received, of which 15% were HIV positive; and
- In 2004, 683 donations were received, of which 25% were positive.

In Maputo city, prevalence of HIV/AIDS is 20 % of the population. However, at the Blood Bank's reference Bank in Central Hospital of Maputo, the rate is 6.7 % sero positive.

Supporting PLWHA organisations in Namibia

Name of organisation: **Namibia Network of AIDS Service Organisations** (NANASO)
Location: Windhoek, Namibia
Contact details: e.hamburee@nanaso.com

How NANASO works

NANASO has over 700 subscribed member organisations, which they assist with fundraising, communication and information sharing through networking. NANASO does not assist with implementation. It seeks rather to promote self-reliance and a consistent approach among member organisations, including NGOs, CBOs and FBOs.

Specifically, this is achieved through:

- Fundraising on behalf of members through the World Bank, EU and others; coordinating combined funding proposals, for example to the Global Fund; and raising small grants to assist NGOs providing PLWHA food support in rural areas;
- Providing quarterly newsletters on email, fax or by post, as well as visiting member organisations;
- Sharing experiences with NANASO members and other interested parties through four working groups: Orphans and Vulnerable Children, Home based Care, Workplace Programmes, Knowledge and behaviour change;
- Providing training in financial management, fundraising, and project cycle management, and particularly comprehensive training for caregivers;
- Facilitating monitoring and evaluation workshops;
- Maintaining a directory of member organisations and their areas of operation;
- Advocating around best practices in and outside of the network, and supporting their leaders in engagement on HIV/AIDS; and
- Advocating to make ARVs more available to all and to address stigma and discrimination.

Interventions that help orphans and vulnerable children in Namibia

Name of organisation: **Evangelical Lutheran Church Programme** (ELCAP)
Location: Windhoek, Namibia
Contact details: +264 8128 42395

How ELCAP works

The Evangelical Lutheran Church in the Republic of Namibia AIDS Programme (ELCAP) was established by a resolution of the Evangelical Lutheran Church in the Republic of Namibia (ELCRN) Synod in 1999. At that time, the ELCRN sought a comprehensive approach to HIV/AIDS focusing on:

- Caring for and counselling PLWHA;
- Supporting orphans and affected families;
- Education to raise awareness;
- Reaching out to all ELCRN congregations, institutions, farms, communal and mining areas; and
- Networking to accomplish these goals.

A project plan, developed through interaction and consultation with ELCRN, Government, NGO, ecumenical and other stakeholders, was adopted in 2001.

ELCAP has focused its work on orphans and vulnerable children (OVC). There are at least 81 911 orphans registered to receive a social grant in Namibia, although figure is likely to be much higher, and rising.

Interventions that really help Orphans and Vulnerable Children

From its experience running hostels and kindergartens for orphaned children, ELCAP has noted that the following are of critical importance:

- **Soup kitchens and feeding schemes:** Soup kitchens are an effective organic community-based response, but differ from setting to setting. Some communities manage to run a soup kitchen weekly, others, four times a week. Soup kitchens are viable feeding schemes for OVC, but need to be strengthened with more consistent food supplies, especially in rural areas during the traditionally difficult seasonal patches;
- **School Uniforms:** School uniforms, though not mandatory in schools, mitigate any stigma for an OVC, provide a sense of belonging, and in many cases are the only new clothes a child may receive that year.
- **Income generating activities:** Income generating activities do not provide a livelihood but generate small amounts of additional income to help volunteers buy supplies for OVC and their caregivers. Groups in urban areas appear to have more success, with activities ranging from holding bazaars to hiring out catering equipment. Garden projects have also been initiated to provide a supply of vegetables to OVC households and for the volunteers. Volunteers sometimes share in a percentage of the fund raising events or the harvest.
- **Psycho-social support and counselling:** Home-based care is the most frequent congregational response to HIV/AIDS, and volunteer caregivers are intimately aware of families caring for

a dying relative. Children start to suffer long before the relative dies as family resources are stretched through health care, work burdens increase, and emotional anxiety about the future sets in. Volunteers thus provide both care for the dying patient, but also identify OVC and assisting the household by helping in the home and providing psycho-social support.

ELCAB compliments government's interventions by providing soup, schools uniforms and shoes, psycho social counselling sessions for the youth through teen clubs, and income generating projects like beadwork and vegetable gardens. ELCAB also helps children to register for a social grant. Limited resources are a constant challenge, but it is expected that the problems facing OVC will be improved Namibia's Third National OVC Conference, scheduled to be held in February 2005 under the auspices of Ministry of Women Affairs and Child Welfare in collaboration with other partners.

The conference aims to:

- Introduce and launch the National OVC policy;
- Ensure Namibia is meeting global, regional and national goals;
- Present successes and challenges of the past three years; and
- Re-assess priorities for OVC.

Mobilising and supporting communities to help prevent mother to child transmission

Name of organisation: **Swaziland Infant Nutrition Action Network** (SINAN)
Location: Mbabane, Swaziland
Contact details: +268 4048863

How the programme works

SINAN is part of a three year project targeting mothers and their babies through community and clinical interventions. The Pilot Operational Research and Community Based Programme (PMTCT Plus) operates mainly around Mbabane, and is one of five similar programmes supported by the Bristol-Myers Squibb Foundation Secure the Future initiative.

The pilot research aims to:

- Integrate PMTCT interventions with HAART when indicated - care and support in terms of maternal and child services in all clinics/units; and
- Strengthen community capacity to respond actively to HIV/AIDS in order to reduce stigma and to enhance care and support.

SINAN provides door to door mobilisation, a key component of the community capacity building initiative, and works to strengthen community capacity to prevent HIV/AIDS by rallying members around

PMTCT. Volunteers wearing SINAN T shirts, run door to door campaigns to mobilise households around HIV/AIDS, inform them how to prevent MTCT; offer client and family support; and refer individuals for treatment, care and support.

The programme's clinical component operates from the Mbabane Referral Hospital, and supplies the PMTCT intervention, ARV treatment for adults, and other clinical support services.

The pilot programme's strengths are that it:

- Operates in a supportive environment, as a partnership between government, private sector, and community;
- Sets a common goal for community and clinical components;
- Offers prompt treatment, directly linking the community to accessible services;
- Ensures adherence to treatment through proper monitoring;
- Offers strong support through a "buddy" system, monthly client support meetings, lay counsellors, and home visits; and
- Ensures community leaders are well connected with events in communities.

Challenges facing the programme include the high rate of STIs and the fact that many individuals have multiple sexual partners. Poverty, stigma and discrimination, and the minority status of women, make behaviour change difficult. It is difficult to ensure condom use, or to enrol sexual partners into the programme.

Clinical achievements to date are that SINAN has enrolled 124 mothers and 40 of their partners; 41 and 11 respectively are on ART. A total of 256 babies are enrolled on the project, and of the 92 born on the project, 72 have tested HIV negative.

On the community component, 55 of the women enrolled have disclosed to their partners, 32 have disclosed to the family, 20 have disclosed to a friend and 75 have a buddy, who supports them with adhering to treatment.

Government commitment and support has also proved vital to its success.

Using Voluntary Counselling Testing (VCT) as an entry point to building PLWHA support groups in Swaziland

Organisation: **Ministry of Health and Social Welfare**
Location: The Kingdom of Swaziland
Contact Details: ree@africaonline.co.za

How Swaziland is rolling out VCT

The Kingdom of Swaziland (pop 980 722) is expanding support services for PLWHA by setting up PLWHA support groups alongside new VCT services.

VCT is well articulated in the Swaziland National AIDS Programme (SNAP), and its roll out and expansion plans were strengthened through WHO and Italian government support in 2001. The hope is that VCT will be an entry point for care and support and help normalise HIV/AIDS in communities. The programme aims to reduce the incidence of HIV within the community, and at individual level.

The models of VCT delivery in Swaziland are:

- Integrated VCT centres or services, where VCT is provided as routine, or through a specific unit, within an existing health facility;
- Free standing VCT centres, where VCT provision is not attached to any health facility or health service;
- Mobile outreach VCT, where VCT services are periodically provided to a community from a permanent centre namely by:
 - Permanent VCT mobile van, which visits communities to provide VCT;
 - Event-based outreach VCT, where VCT services are provided for example, during soccer matches or tournaments;
 - Workplace based VCT, where the VCT provide the service onsite as part of workplace programmes;
 - Clinic based VCT, where VCT centres partner with a rural clinic to provide services on a regular schedule.

The Ministry of Health and Social Welfare (MOHSW) plays a stewardship and coordination role and is responsible for strategic planning for VCT expansion and advising policy makers. The MOHSW also defines national guidelines and standards for VCT provision, fosters strategic partnerships with implementing partners such as CBOs, NGOs, provides technical support and advocates for funding.

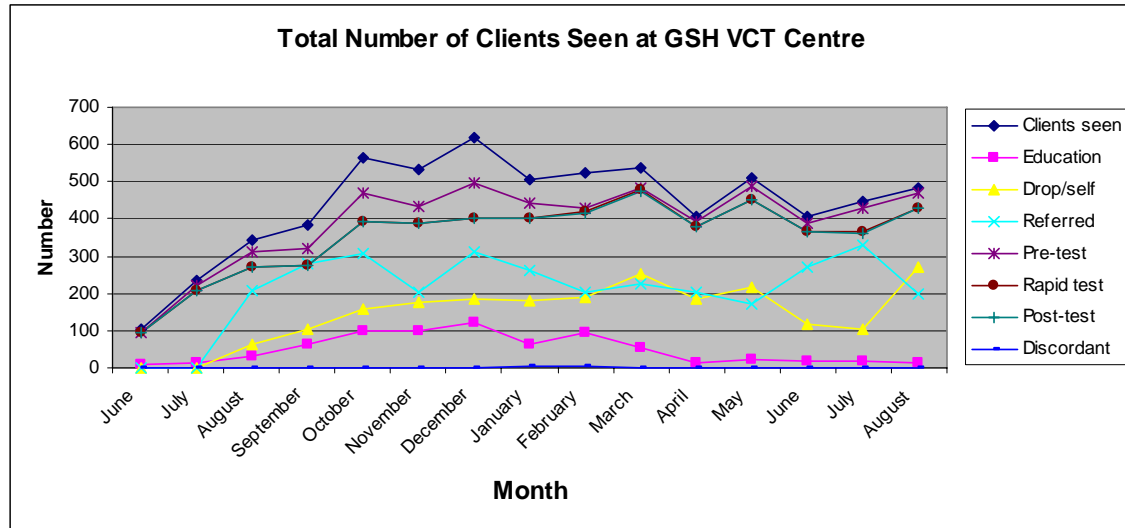
Experiences gained

The MOHSW has established a partnership with the AIDS Information and Support Centre for a standardised and centralised training. The Ministry has also adopted the VCT and Care model as the comprehensive mode of care, that provides necessary linkages for free standing and outreach VCT. All six hospitals, and two of Swaziland's five health centres have VCT facilities, and the VCT Centres in rural areas increased from 3 to 24 in 2005. The numbers of people accessing treatment have increased, with people self-referring for testing. By May 2004, 46 support groups associated with the centres had been set up.

Future strategies

The MOHSW hopes to strengthen work to include HIV/AIDS testing and counselling in routine health care services, and roll out VCT to other health centres. They also hope to train PLWHA in treatment literacy.

Rural VCT service figures: Good Shepherd Hospital VCT and Care centre. June 2003 – August 2004.



Establishing a network of PLWHA service organisations in Swaziland

Name of organisation: **Swaziland Network for People Living with HIV/AIDS (SWANNEPHA)**

Location: Mbabane, Swaziland

Contact details: vmatsebula@yahoo.com or +268615889

How SWANNEPHA works

The Swaziland Network for People Living with HIV/AIDS (SWANNEPHA) led a rapid assessment process to set up a data base of Swazi organisations for PLWHA. The assessment sought to identify which organisations were active, what they were doing, and where, and to establish the need for additional support groups. Overall, the aim was to strengthen the greater involvement of PLWHA in the response to the epidemic.

The assessment process was started by SASO, SWAPOL and Women Together, supported by NERCHA, SIPAA, UNAIDS and the Ministry of Health and Social Welfare.

The study found that there were 46 PLWHA groups of which 48% had only PLWHA as members. Those that had included PLWHA as members had passed a milestone, as this helped address stigma in the

community. Most also had very few male members. Most of the groups struggled against a lack of financial and human resources, and of stigmatisation, as they were “looked down” on by communities. Other limitations included the lack of incentives, self esteem, education, leadership structures, management skills, and materials to provide home based care.

Groups reported that there were both advantages and disadvantages to being a member of a PLWHA network. On the one hand they shared experiences and received updates on HIV and AIDS, on the other, smaller groups ran the risk of being swallowed by larger groups in the network. But the study revealed a need for PLWHA organisations to build links across the region, so that experienced group could support new groups. Capacity to provide counselling and IEC materials also needed to be expanded.

Membership to the SWANNEPWA network is open to people infected and affected by HIV, and the network aims to focus on capacity building, networking, advocacy and income generating projects.

Sharing the lessons learned from hands-on caring

Supporting PLWHA through home-based care

What has worked

- Capacity building, so that volunteers trained by government and NGOs join forces at grassroots levels to take services to people;
- Standardising training;
- Standardising care – through, for example, Ministries of Health and or Social Welfare defining national guidelines and a package of interventions;
- Accrediting the NGOs who provide HBC;
- Sensitising HBC volunteers, with standard stipends;
- Using retired nurses in community-based HBC groups;
- Integrating HBC services with support groups for PLWHA to increase access and coverage;
- Integrating HBC to other primary health care community programmes;
- Providing nutritional support;
- Ensuring supplies - food, transport, HBC kits, medical disposables such as soap and gloves - are sustainable and consistent;
- Ensuring structured follow up of patients;
- Involving the private sector and mobilising funds, e.g. supermarkets for nutritional support;
- Involving youth through capacity building.

What lessons can be learnt

- Partnerships harmonise efforts and minimise duplication.

Challenges encountered

- Stigma and discrimination within families limits intervention;
- Training manuals can be complex, contradictory, or not in local languages;
- Limited community resources – for example communities will resist “owning” a programme if they have to provide sustainable incentives to volunteers;
- Limited patient feedback and compliance;
- Difficulty in following up on migrant workers;
- Difficulty in involving all traditional and community structures;
- Lack of coordination, and networking means services are duplicated;
- Lack of transport;
- Lack of controls – e.g. to stop families selling PLWHA food parcels;
- Growing numbers of orphans; and
- Lack of funds for burials.

Strategies to address challenges

- Use National Guidelines as the reference point for all implementers;
- Build networks of CBOs and NGOs to avoid duplication and competition for resources;
- Use mentors rather than workshops to sustain support for NGOs and CBOs;
- Set up a national HBC monitoring body, to facilitate information sharing and track who is doing what and where;
- Empower local authorities to coordinate and harmonise incentives paid to community volunteers;
- Ensure ongoing capacity building;
- Use regional forums to share experiences;
- Address stigma in communities; and
- Encourage the community to donate in kind, rather than in cash.

Community involvement in prevention, care and support

What has worked

- Educating and training community leaders on HIV/AIDS to facilitate community involvement and sustainability;
- Forming community forums to identify problems and forge solutions;
- Working through faith based organisations to improve commitment and long-term responses;
- Establishing multi sect oral HIV/AIDS committees in villages to strategically plan interventions;
- Using drama for behaviour change in schools and rural areas; and

- Using peer group counsellors to reach specific target groups, e.g. young people, men, woman at high risk.

What lessons can be learnt

- Community volunteers help initiate household responses; and
- Mainstreaming HIV and AIDS issues in other community development programmes helps scale up interventions at community level.

Challenges encountered

- High turnover of volunteers, who leave for permanent employment;
- Stigma and discrimination block expansion.

Strategies to address challenges

- Behaviour change education through innovative strategies such as drama, or peer group counsellors;

Community- based approaches to fighting stigma

What has worked?

- Empowering individuals;
- Having families and communities accept and support PLWHA;
- Integrating HIV and AIDS interventions into other health and development programmes;
- Visible responses by the church; and
- Having support groups available.

Challenges encountered

- Groups which are exclusively for PLWHA promote stigma;
- Lack of political commitment and policies to tackle stigma;
- Men are not involved in community projects.
- Health care workers, pastors and religious leaders often have negative attitudes towards PLWHA; and
- Communities, family and individuals are slow to change their attitudes.

Strategies to overcome challenges

- Work with communities (not individuals) and support traditional and other leaders, to identify problem and consider solutions.
- Use education to create awareness and media to run specific campaigns;
- Develop projects to encourage men to get involved;
- Use edutainment (drama, theatre, puppet shows) to change attitudes;
- Provide information on available interventions e.g. access to ARVs; and
- Provide counselling for those tested.

Tips on going public with your status

Do it in stages:

- Get counselling, to deal with your fears and accept your status;
- Get informed – gather information on HIV/AIDS;
- Empower your family;
- Identify support systems: family, then extended family, then community; and
- Join support groups.

Disclosure reduces stigma, prolongs life. Stigma delays people in coming to terms with their status, and causes stress, loneliness and early death.

Community perspectives on counselling and testing for infected and affected people

What has worked

- Outreach programmes and increasing counselling and testing facilities increase access to care;
- Increased access contributes to acceptance of HIV and AIDS in the communities;
- Availability of free ARVs motivates people to go for testing;
- Training PLWHA to provide counselling within treatment centres improves adherence to treatment;
- Offering HIV testing and counselling as a routine health care services increases access to services; and
- Accrediting organisations providing VCT builds service networks.

Challenges encountered

- Access to testing services - counselling is often done at community level but testing only happens at clinics, especially in rural areas; and
- Stigma and discrimination discourages people from taking the test.

Strategies to address challenges

- Behaviour change campaigns for HIV positive and negative individuals;
- Using retired health professionals to provide testing facilities in communities and in rural areas;
- Working with chiefs to standardise and harmonise programmes and volunteer incentives in communities; and
- Educating lay counsellors around ARV and adherence.

Managing Antiretrovirals [ARVs]

What has worked

- Providing good patient care and appropriate ARV treatment;

- Providing nutritional support;
- Private sector support, e.g. in food supplies from supermarkets; and
- Buddy support systems for patients on ARV.

Challenges encountered

- ARVs are not accessible to all, roll-out is delayed;
- Lack of training for doctors and nurses, especially in adherence;
- Lack of training for PLWHA in treatment management, adherence and the life cycle of HIV;
- Conflict between traditional healers, prophets and the use of the herbal medicines and conventional medicine;
- Poverty – food parcels, for example, are used for the whole family;
- Lack of capacity to deliver services; and
- “Benefits” of HIV status, e.g. Namibian grants for nutritional support, which encourages patients to stop treatment.

Strategies to address challenges:

- Start income generating projects to sustain livelihoods;
- Train lay counsellors;
- Appreciate traditional practices in the community

Community safety nets for infected and affected families

What are they, how to build and nourish them

What has worked

- Support from extended families, neighbours, support groups, churches, schools, NGOs such as SOS Children’s villages, and CBOs;
- Human rights organisations lobbying for children’s rights;
- Children’s HIV/AIDS Clinics (Botswana Lesotho and Swaziland);
- Orphan Trust Funds;
- Community forums to advise on grants, schools etc.

Challenges encountered:

- Limited, mismanaged or abused, resources;
- Growing orphan population, which lacks adult support, foster parents, bereavement and other counselling;
- Stigma and discrimination;
- Cross border mobility, especially for example, truck drivers, staff for construction and security companies, and students;
- Different treatment regimes and access to ARVs in different SADC countries;
- Passive traditional leaders; and
- Caregiver burnout.

Strategies to address these challenges:

- Strengthen national networks of organisations for PLWHA;

- Mobilise government support;
- Involve SADC to strengthen cross-border initiatives;
- Advocate for cross border referrals for individuals on ARV
- Use faith-based organisations for bereavement counselling;
- Advocate for safety nets, and psychosocial support for children;
- Encourage churches to help, with providing pre-schools, and meals to orphans and vulnerable children.

What we've learned about economic empowerment and nutritional support

To mitigate the impact of HIV/AIDS we need to:

- Provide psycho-socio support;
- Set up support groups;
- Strengthen social welfare systems; and
- Help individuals to manage stress and cope positively.

To promote positive living we need to encourage:

- Good nutrition through: balanced diets, growing backyard food gardens, and setting up soup kitchens offering food packages and demonstrations of nutritional eating with available foodstuff;
- Exercise: to release natural endorphins, and improve circulation; and
- Psycho-Neuro Immunology(PNI) to teach about the link between mind, body and spirit.

Our challenges are: Difficulties around disclosure, the need for trained professionals to provide support, and how to promote change and overcome dependency, poverty, and illiteracy.

We can overcome them by: Living by example, empowering ourselves and others to increase capacity.

To mitigate the socio-economic impact of HIV/AIDS we need to:

- Promote vegetable gardens and community gardening;
- Provide skills training and empowerment,;
- Promote income generating activities like:
 - Vegetable, pig and poultry/egg farming;
 - Art projects like beadwork, sewing, knitting, jam making, bags, candles, Vaseline and soaps;
 - Carpentry- like Coffin making at community level;
 - Dress making;
 - Polish and candle making; and
 - Juice packaging.

Our challenges are: Access to sustainable water supplies, community commitment and honesty, lack of financial management skills, technical support for proposal writing, sustainability, theft, vandalism and animal marauders.

We can overcome them by: Conserving water, in dams and tanks, and recycling bath and other water; providing technical support, supplying financial and management training; involving communities from initial planning and demanding strict accountability.

And especially, helping men speak up on issues of HIV/AIDS and family problems. In Namibia there is a coordinating body to support activities for men, in Botswana, a Men against AIDS organisation. Both mobilise men, and encourage them to participate and talk, rather than venting their feelings through violence.

What we've learned about supporting orphans, vulnerable children and child or elderly-headed households

What has worked for elderly headed households ?

- Having social security, free medical services, soup kitchens and support to provide shelter and clothing; and
- Starting vegetable gardens.

Challenges encountered:

- Older people lack energy;
- They struggle to survive on stipends or allowances;
- They are seldom targeted by education and capacity building interventions; and
- Older people are often the only adults available to look after the sick, and can become victims of abuse as they receive no support for their work as caregivers or incentives.

Strategies to overcome the challenges:

- Implement development and intervention strategies for the elderly;
- Use their knowledge and experience;
- Set up day care centres for orphans to relieve the old, and day care centres (Gogo clubs) for the elderly who are left alone; and
- Explore innovative community based strategies.

What has worked for orphans and vulnerable children?

- Having extended families absorb orphans;
- Keeping siblings together;
- Registering OVC, so preserving their identity;
- Establishing safety nets through government grants;
- Ongoing support from the church, community, NGOs and CBOs;
- Investing in training childcare workers and child protectors;
- SOS villages;
- Soup kitchens, and neighbourhood care points; and

- Linking children with other organisations and orphan communities, so they can share the challenges they face.

Challenges faced by orphans and vulnerable children

- Children lose their childhood, and their family ties;
- Children are vulnerable to abuse by guardians;
- Children need psycho social counselling: they drop out of school, and show aggression, anger or become destitute;
- Interventions, like soup kitchens, are not sustainable;
- Funds allocated to children are embezzled;
- Relatives grab orphan properties;
- There are no policy guidelines, ensuring children get access to assistance; and
- There is no database to guide how many orphans need help.

Strategies to overcome challenges:

- Develop policy guidelines for the care of OVC;
- Speed up delivery of government support services; and
- Assist parents to make wills before they depart.

What we know about the impact of HIV and AIDS on human resources

What has worked?

- Some organisations have workplace HIV/AIDS policies in place;
- Some organisations have standby personnel to help out in case of illness; and
- There are existing support systems such as NGOs, and workplace counsellors referring to HBC services.

Challenges encountered

- Absenteeism is increasing;
- The productive workforce is being lost;
- Organisations are collapsing;
- Most workplaces do not have an HIV/AIDS policy;
- There are no guidelines on what to do in case of illness, or what support to offer; and
- Entire work teams need to be empowered, and multi skilled, so all can assist when one is absent.

Strategies to address challenges

- Encourage all organisations to have an HIV and AIDS policy;
- Create awareness;
- Encourage all employees to go for VCT;
- Have an HIV/AIDS counsellor on site; and
- Make ARV treatment available;

Our Way Forward:

The participants urged governments to realise the important role that is played by the CBOs, support groups and NGOs in the fight against HIV epidemic. They said that people living with HIV and AIDS spend more time in the community than the health centres. As such most of them are with the community workers and not the health centres. Therefore it is logical for governments to direct more assistance to CBOs, NGOs and other civil society networks at the community level.

The workshop also resolved that participants should organise:

- **Feedback workshops:** to disseminate the outcomes of the workshop to their respective organisations in their countries;
- **Country level workshops:** with support from Skillshare country teams to replicate learning and sharing to a wider audience;
- **A bi-annual HIV newsletter:** coordinated by Skillshare with article contributions from all across the region; a committee consisting of representatives from each country was formed to coordinate newsletter articles from members. (see below).
- **A regional project:** a regional community theatre training programme.
- **Sharing Knowledge:** through the setting up of exchange visits to share information between partners in the region;
- **A rapid assessment:** Conduct a rapid assessment of traditional healers to identify and facilitate a workshop for those healers working in HIV in the region.
- **Regular database updates:** Skillshare undertook to regularly update a database of PLWHA organisations in the region.
- **Lobby governments for cross border access to Antiretroviral (ARV) treatment:** Skillshare and other national AIDS networks undertook to facilitate lobbying for inter-country access to ARV treatment, to enable migrants within SADC countries to access medication wherever they were located.
- **Similar regional HIV and AIDS workshop:** Skillshare also undertook to conduct a follow-up regional HIV and AIDS workshop in twelve months.

Pledges

Skillshare also undertook to circulate the workshop report to support information sharing between partners. BONEPWA and NANASO undertook to disseminate this to all PLWHA organisations affiliated to their national networks. Swaziland pledged to follow Botswana's example regarding communication, information dissemination and networking.

- **Newsletter:**

It was agreed that the newsletter would be produced twice a year. The first newsletter will be published by July 2005.

The newsletter committee was selected as follows:

Botswana	Laura Martindale
Lesotho	Moselane Ngwenya
Swaziland	Vusie Matsebula
Mozambique	Mario Samora Macabi
Namibia	Eliezer Hamburee
South Africa	Thabile Mnisi
Skillshare International Team	

APPENDIX I: Programme for 6TH – 9TH February 2005

Day 1

TIME	SESSION	PERSON RESPONSIBLE
08:00-08:10	Welcome Remarks	Elijah Adera-Skillshare International
08:10-08:30	-Introduction of facilitator and Guest Speaker Official Opening	Kemi Williams-Social Development Advisor
	SUPPORTING PLWHA	
08:30-09:00	A profile of BONEPWA+	David Ngele-Botswana
09:00-09:30	People Living With HIV/AIDS	Okinedo Patrick-Mozambique
09:30-10:30	Small group discussion : HBC and support of PLWHA Community involvement in prevention, care and support	
10:30-10:45	COFFEE/TEA BREAK	
10:45-11:30	PLENARY/FEEDBACK	
11:30-12:15	Small group discussion : Counselling and testing the infected and affected: community perspective Anti-retroviral (ARV) Management by PLWHA	
12:15-1:00	PLENARY/FEEDBACK	
1:00-2:00	LUNCH	
2:00-2:30	Experiences of Nkulunkulu Association in the mitigation of HIV/AIDS effects in Moamba District, Maputo Province.	Mario Macabi-Mozambique
2:30-3:00	Impact of HIV/AIDS on blood donors in Mavalane General Hospital	Simoese Jose Chacha-Mozambique
3:00-4:00	Small group Discussions : Forms of income ,mitigation, socio-economic support/Economic empowerment for PLWHA Nutrition support to PLWHA.	
4:00-4:15	TEA/COFFEE BREAK	
4:15-4:50	PLENARY/FEEDBACK	
4:50	WRAP-UP FOR THE DAY	

DAY 2

TIME	SESSION	PERSON RESPONSIBLE
08:00	Housekeeping	
	COMMUNITY BASED INTERVENTIONS	
08:10-08:30	Community Intervention	Eliezer Hamburee-Namiba
08:30-09:00	PMTCT+ Concept(A community treatment programme)	Busie Bhembe-Swaziland
09:00-09:30	Best Practice Model Community Health Training Programmes	Laura Martindale-Botswana
09:30-10:30	Small group Discussions: The existing Safety-Nets that support and care for the PLWHA Existing Cross-border interventions Challenges to the families and strategies to overcome them	

10:30-10:45	TEA/COFFEE BREAK	
10:45-11:30	PLENARY/FEEDBACK	
11:30-12:00	VCT as an entry point to PLWHA support groups and its impact on stigma discrimination	Rejoice Nxumalo-Swaziland
12:00-12:25	Bakgatla Bolokang Matshelo	Nono Matlhaga-Botswana
12:25-12:30	Speech (Miss HIV Stigma)	Kesego Mupeli-Botswana
12:30-1:00	Group discussions: Community-Based approach to fighting stigma and discrimination against PLWHA How to go public with your status without the fear of stigma and discrimination.	
1:00-2:00	LUNCH BREAK.	
2:00-2:30	Group discussion continue	
2:30-3:15	PLENARY/FEEDBACK	
	VULNERABLE GROUPS	
3:15-3:45	Vulnerable Groups and HIV/AIDS	Trooipha Jodt,-Namibia
3:45-4:45	Small group discussions: Orphans and vulnerable children The burden of the child/elderly headed households	
4:45-5:00	TEA/COFFEE BREAK	
5:00-5:30	PLENARY/FEEDBACK	

DAY 3

	SESSION	RESPONSIBLE PERSON
08:00-8:10	Housekeeping	
08:10-08:40	Implementation of the Swaziland Strategic Plan	Vusie Matsebula-Swaziland
08:40-10:30	Small group Discussions : The diminishing human resources capacity within organisations due to the impact of HIV/AIDS	
10:30-10:45	TEA/COFFEE BREAK	
10:45-11:45	PLENARY/FEEDBACK	
11:45-12:45	WAY FORWARD	
12:45-12:50	Vote of Thanks	
12:50-1:00	Closing Remarks	New Zealand High Commission Representative

APPENDIX II: Contacts and addresses of the participants

Participants for the Regional HIV/AIDS Workshop 7th-9th February 2005

Names of participants	ORGANISATION	TELEPHONE	FAX	EMAIL	COUNTRY
1.Kasego Basha Mupeli	CEYOHO	+267 3919958	+267 3919958	ceyoho@botsnet.bw	Botswana
2.David Ngele	BONEPWA	+267 3906224		bonepwa@botsnet.co.bw	Botswana
3.Nono Matlhaga	Bakgatla Bolokang Matshelo	+267 5729166	-	-	Botswana
4.Laura Martindale	DW Letloa, YWCA	+267 71487748		laura@kuru.co.bw	Botswana
5.Thabile Masisi	Mission Society Care	+27 11 8502817/2924	+27 440 664	miscare@freemail.absa.co.za	South Africa
6.Rejoice Nxumalo	Ministry of Health and Social Welfare	+268 404 8443	+268 4045397	ree@africaonline.co.za	Swaziland
7.Vusie Matsebula	SWANNEPHA-Network of People living with HIV/AIDS	+268 6158890		vmatsebula@yahoo.com	Swaziland
8.Dr.Okinedo Patrick	Mavalane Hospital	+258 82 876895	+258 1303602	okinedop@hotmail.com	Mozambique
9. Trooritha Z. Jod	Evangelical Lutheran Church Program(ELCAP)	+264 81 2842395 +264 61 231135	+264 61 231135	whrko-ekap@inway.na	Namibia
10. Eliezer Hamburee	Namibia National AIDS Service Organisations(NANASO)	+264 61 261122	+264 61 261778	e.hamburee@nanaso.com	Namibia
11.Botsoa Thabane	District Social Worker, Ministry of Health				Lesotho
12.Mamoliboea Tau	Public Health Nurse, Ministry of Health	+266 22 501 795	+266 22 501 399	dhmtberaa@leo.co.ls	Lesotho
13.Khotso Mahomo	District Health Inspector-Ministry of Health	+266 22501 795	+266 5886 2893	kmmahomo@yahoo.com	Lesotho
14.Mario Samora Macabi	Nkulunkulu Association	+258 82 313285 +258 01 97 0356	+258 01 470356	nkulunku@zebra.aem.mz	Mozambique
15.Simoes Jose Chaca	Mavalane General Hospital	+258 82 896248	+258 13 14128	tchakasimoes@yahoo.com.br	Mozambique
16.Moselane Ngwenya	Lesotho-Durham Link	+266 22 501219		idlink@leo.ls	Lesotho
17.Kemi Williams	DFID, Southern Africa	+27 12 43 12112		k-williams@dfid.gov.uk	South Africa
18.George Murumba	NZAid, South Africa	+27 12 342 8656		nzhc@global.co.za	South Africa
19.Darren Gough	Barnabas Trust	+27 84 45164405			South Africa
20.Philile Lobese	Barnabas Trust	+27 83 7156644	041 58 52273	lobese@eject.co.za	South Africa
21.Perneille Hensen	DW SHAPE,OVC, Swaziland	+268 6182674		mamaph@mail.dk	Swaziland
22.Dr. Mandla Duma	Ministry of Health				South Africa

Names of participants	ORGANISATION	TELEPHONE	FAX	EMAIL	COUNTRY
Skillshare staff:	Country Offices				
23. Garden Hengua	Namibia	+264 61255966	+264461248 811	garden.hengua@skillshare.org	
24. Kwezi Mbonini	Botswana	+267 3952284	+267 3957784	khwezi.mbonini@skillshare.org	Botswana
25. Senelisiwe Ntshangase	Swaziland	+268 4043476	+268 4043128	senelisiwe.ntshangase@skillshare.org	Swaziland
26. Elias Tsosane	Lesotho			elias.tsosane@skillshare.org	Lesotho
27. Dennis Lane	South Africa	+27 3625116/1131	+27 12 3621834	dennis.lane@skillshare.org	South Africa
28. Elijah Adera	Regional Programme	+27 3625116/1131	+27 12 3621834	elijah.adera@skillshare.org	South Africa
29. Linda Siamanjime	Regional Programme	+27 3625116/1131	+27 12 3621834	lindams2000@yahoo.com	South Africa
30. K.T Montshiwa	Baylor COE, Botswana	+267 3190083	+267 3190079	Kt@baylorbotswana.org.bw	Botswana
31. Dr. Dion	Facilitator	+27 76126 6787		Dionnor@webmail.co.za	South Africa



Postnet Suite No. 429
Private Bag X15
Menlo Park 0102, Hatfield
Pretoria

South Africa

Tel: + 27 12 362 5116
Fax: + 27 12 362 1834

Registered Charity No. 802576
A company limited by guarantee
No. 2447107

www.skillshare.org

Report compiled by Elijah Adera
Dennis Lane
Abbe Fawcett