



Zimbabwe

Program Summary

Zimbabwe

Africare: Adolescent Reproductive Health Project; AIDS Action Clubs In Schools

Africare, a Zimbabwean NGO, established its AIDS Action Clubs Program in collaboration with the District Education Office in 2000. The clubs target youth aged 10 to 24 years in both primary and secondary schools. The program started in 26 schools in the Bindura and Mount Darwin districts (Mashonaland Central Province) and has since expanded to work in 61 schools: 16 in Bindura, 10 in Mount Darwin, 10 in Makoni South, 10 in Makoni North, and 15 in urban Harare.

The goal of the program is to contribute toward a reduction in the transmission of HIV/AIDS through effectively reaching adolescents with reproductive health information and promoting positive attitudes and behavior. The project has two main components: AIDS Action Clubs, which involve peer education, life skills training, and awareness of child abuse, and income generation activities to promote self-sufficiency.

So far, the program has reached 25,200 in-school and 10,000 out-of-school youth at an estimated cost of US\$8.89 per youth per year. Of the 16 UNAIDS benchmarks for effective programs, the program was found to have successfully met 9 and partially met 5, and 2 were not applicable.

Africare: Adolescent Reproductive Health Project; AIDS Action Clubs in Schools

PART A: THE PROGRAM

Program Rationale and History

The Zimbabwean Ministry of Education, Sport and Culture called for the participation of other sectors involved in youth AIDS education to help confront the HIV/AIDS problem. Africare, a Zimbabwean nongovernmental organization (NGO), was already conducting adolescent sexual and reproductive health (ASRH) programs in Bindura and Mount Darwin districts. Africare decided to respond to the government plea by expanding its programs to include HIV/AIDS education.

In June 2000, Africare carried out a needs assessment to examine the factors influencing youth's sexual behavior and their attitudes toward sex. Based on the findings of the needs assessment, school-based AIDS Action Clubs and income-generating programs were established in 2000. They were established in 26 schools (17 primary and 9 secondary schools) and targeted more than 20,000 in-school children and adolescents. In the AIDS Action Clubs, peer educators were responsible for establishing a variety of ways of conveying messages to young people about their sexual health. Toward the end of 2000, a further 34 clubs were established.

Income generating activities were implemented to help children develop practical skills and encourage them to become self-reliant in the future. To take part in income-generating activities, a child or adolescent has to become a member of an AIDS Action

Because of the major gaps between knowledge and behavior change even among the adult population in Zimbabwe, the program is making efforts to focus on teaching skills that will encourage behavior change, such as skills to negotiate, assertiveness, and the provision of role models.

Program officer

Club. Most children were very interested in income-generating activities, so this was a good way of encouraging them to join the clubs and learn about AIDS.

To ensure community support for the clubs and income-generating activities, sensitization meetings were held with community leaders such as chiefs, counselors, and youth leaders. The

To illustrate “real life situations,” educational stories of how people indulge in high-risk sexual behavior, get infected, and end up sick are taught to the club members to ensure that the youths understand the history of the disease from infection to death.

Program coordinator

leaders agreed to endorse the clubs, giving them legitimacy within the community. Furthermore, the youth community development groups (YCDGs; community-based groups formed by youths and/or traditional leaders for social or economic reasons) agreed to help in the maintenance of the income-generating activities.

An evaluation was carried out by an independent consultant at the end of 2000. The evaluation showed a decrease in risky behaviors and vulnerability to HIV/AIDS among the targeted youth. As a consequence of these findings, the program is hoping to expand to other districts but is awaiting further funding.

Please see figure 1 for a time line of major program events.

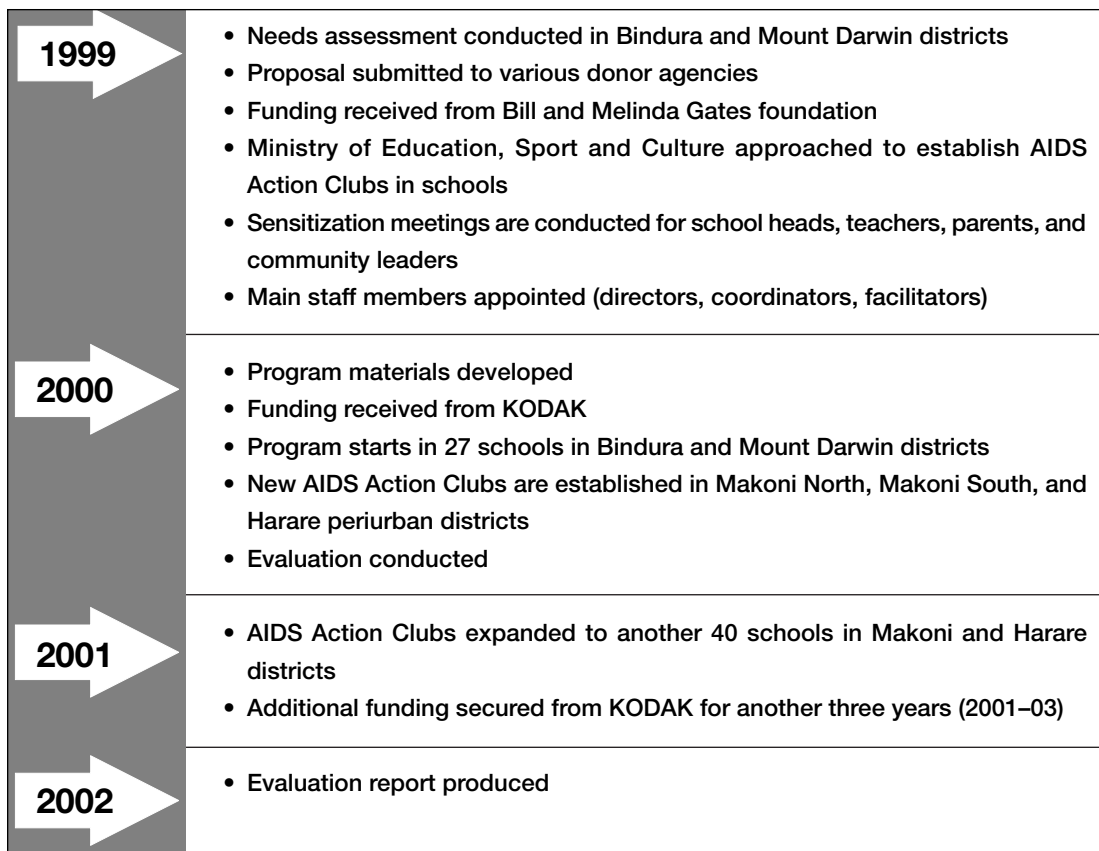


Figure 1. Time Line of Major Program Events

Program Overview

Aim

The aims of the program are to effectively reach 10- to 24-year-old youths in Bindura, Mount Darwin, Makoni, and Harare districts with sexual and reproductive health (SRH) information and promote positive attitudes and behaviors toward sex. The program also aims to teach youth practical skills to generate income and become self-sufficient.

Objectives

According to the program manager, the program objectives are to

- instill in-depth knowledge and promote positive attitudes about HIV/AIDS and sexually transmitted diseases (STDs) among youth,
- equip youth with life skills to enable them to make informed choices on SRH,
- facilitate young people's access to SRH services,
- empower youth with self-reliant skills through business development skills training and income-generating activities,
- enhance leadership qualities and interpersonal communication skills among the youth, and
- establish and strengthen links with relevant organizations, ministries, and other key stakeholders.

Collaboration occurs among schools through activities that are often coordinated through the District Education Offices, such as quizzes and other interschool competitions.

Program coordinator

Target Groups

Primary Target Group

The primary target group is 10,500 in-school and out-of-school youth aged between 10 and 24 years in Bindura and Mount Darwin districts of Mashonaland Central province, Makoni North and South districts in Manicaland province, and urban Harare.

Secondary Target Groups

The secondary target groups are

- teachers, who are trained to work as supervisors (patrons and matrons) of the AIDS Action Clubs;
- parents, who are encouraged to improve parent-child communication, especially on issues concerning SRH; and
- children in difficult circumstances — for example, orphans and other vulnerable children, who are offered support and assistance with school fees, food, and clothing from funds raised from income-generating projects.

Site

For in-school youth, the AIDS Action Clubs and the income-generating activities take place in schools. For out-of-school youth, the club activities take place in community halls and other venues available to them. The income-generating projects take place at growth points (a business center in a district designated by the government for further development) and other business centers.

The program also maintains links between the community and health centers.

Program Length

Club membership is open to any person younger than 24 years. The youth are free to continue in the program as long as they wish. Because the program has been running only for two years, the average length of stay is difficult to determine. However, no youth has yet dropped out of the program voluntarily. If a club member transfers to another school, he or she is encouraged to join a club if the new school has one.

Program Goals

According to the program coordinator, all of these goals are actually equally important because they are complementary — one cannot work without the other. However, the main focus of the program is behavior change; motivation for abstinence and delaying the age of first sexual experience are also emphasized. Behavior change is perceived as the cornerstone that will result in the achievement of all other goals. Through behavior change, the youth will be able to avoid contracting STDs and will also respect their rights and the rights of other young people.

Approaches

Club Approaches

- Behavior change,
- peer education,
- sexuality and HIV/AIDS education,
- moral behavior and social values,
- respecting individual rights,
- building self-esteem and self-efficacy,
- life enhancement skills,
- HIV/AIDS counseling,
- SRH, and
- communication skills.

Community Approaches

- Communication skills,
- moral behavior,
- HIV/AIDS counseling, and
- income-generating projects.

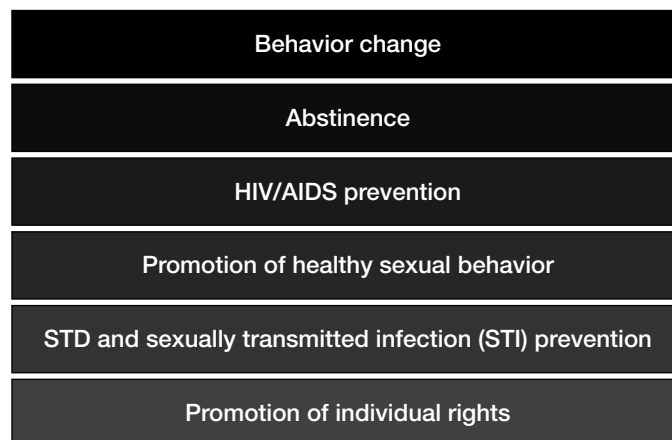


Figure 2. Program Goals Ranked in Increasing Importance by the Program Coordinator

The program emphasizes peer education and life skills training. Peer education is a critical approach because young people are thought to be the most effective mediators in influencing group norms in relation to HIV/AIDS in their own community. Life skills training equips youth with useful skills, such as communication, decisionmaking, managing emotions, assertiveness, and self-esteem building. They are also taught how to manage peer pressure, as well as relationship skills and creating awareness on HIV/AIDS, not only within the school but also in the community.

Educating patrons, matrons and school heads in parent-child communication and counseling skills is seen as important in making children's and adolescents' environment more youth-friendly.

Income-generating projects not only empower youth economically, but also enable them to distribute HIV/AIDS information. For example, when a person comes for a service, the youth use this opportunity to distribute leaflets on HIV/AIDS.

Using peers has helped to sanction behavior among the children. For example, girls now avoid situations where they will be at risk of abuse by elders or teachers by only running errands to teachers' houses in pairs or small groups. As role models, the peers have helped instill a sense of responsibility, and this has resulted in behavior change.

Program coordinator

Activities

The major activities carried out in the program are listed in figure 3.

It is crucial in all activities that the youth work out what their own problems are, why they have them, and come up with their own solutions. Group discussions are the primary means of considering topical issues that emerge from drama and role plays.

The program coordinator said that drama and role plays were very popular, and research has shown them to be effective tools. In addition, music was found to be very effective because song and dance are used in African culture to mobilize and inform people. Lectures were the least effective and least popular method of disseminating information because young people found them boring. It was unclear, however, which of these activities are actually most effective in promoting positive behavior change.

Components

The program consists of two main components:

1. AIDS Action Clubs and
2. income-generating activities.

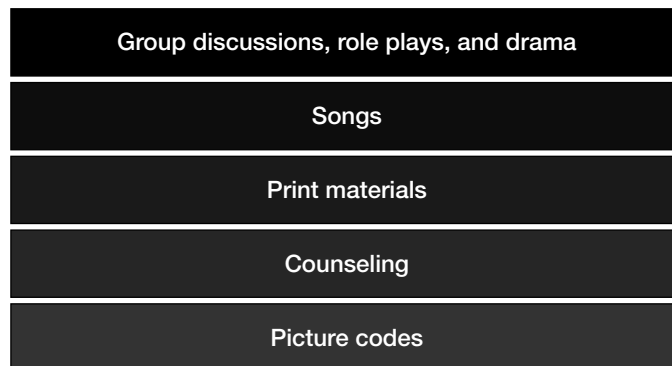


Figure 3. Activities Ranked in Increasing Frequency of Use

AIDS Action Clubs

Each club has approximately 30 members who meet once a week, either at school (for the in-school youth) or at the income-generating site or community hall (for the out-of-school youth).

The club sessions last one to two hours for in-school youth, and as long as it takes to fully discuss a topic (usually a whole morning or afternoon) for out-of-school youth.

When a boy comes to collect his shoes, we put a message in the shoe. He has no choice but to notice and read it. By so doing, we reach many youth who do not want to attend our peer education sessions.

The clubs are organized by patrons and matrons, but it is the peer educators who decide which topics to discuss and what activities to use.

Any youth who is suffering from sexual abuse can receive one-to-one counseling from the trained patrons and matrons or from the trained program officer. With the young person's permission, he or she can also be referred to youth-friendly centers and get help with legal procedures.

Peer educator

Peer educators. The peer educators are members of the club. During the weekly meetings, drama, songs, and poems are performed. Practice in

how to approach a person to discuss HIV/AIDS issues and child abuse, and how to use the different materials and role plays, occupies a lot of program time. The rest of the time is spent learning about HIV/AIDS, planning income-generating activities, and discussing experiences from recent peer education sessions with other students or community members.

Peer educators are responsible for club activities, as well as

- conducting one-to-one and group peer education sessions with both members and nonmembers (other youth in the school) of the clubs;
- distributing educational materials to their peers;
- developing messages for use during drama and role plays that they conduct for non-club members and the community; and
- conducting community outreach, such as door-to-door visits. (This involves visiting sick people and conducting prayers for them; offering financial support, such as paying school fees, to orphans; and encouraging other youth to join the club.)

Group sessions with girls only are also conducted as a way of building assertiveness skills and as preparation for mixed group discussions.

Case Study

Lilian, aged 13, is a member of the Chiweshe Primary School AIDS Action Club. Today the club is going to meet and discuss child abuse. Lilian has been chosen to take the role of the abused child. She is going to act with Molly, who will take the role of the mother, and Sando, who will play the uncle who abused Lilian.

In the play, Lilian appears unusually quiet to her mother, and when her mother asks what the problem is, she begins to cry. Her Uncle Sando, after hearing this, comes near so that Lilian will be afraid to say anything. Molly, however, takes her daughter to her bedroom, where, after some probing, Lilian tells her what has happened.

After the play, the children analyze the story with the help of the patron or matron.

Lizy, who is also a member of the club, says that the story helped her to identify the behavior of an abused child and what should be done to persuade her to talk. She also said that she is going to share the story with her friends and parents so that they are able to identify child abuse victims.

Patrons and matrons. There are usually two or three patrons or matrons per club (depending on the size of the school). Their major roles are to supervise the AIDS Action Club activities

and support the members in their work. It is also the patrons' and matrons' job to look out for and identify signs of possible abuse and offer help in this situation. The patrons and matrons also encourage other teachers to join the clubs.

Once every quarter, patrons and matrons from different schools meet with each other and the Africare staff to share ideas and discuss problems.

AIDS action committee. The AIDS action committee, which comprises parents, peer educators, patrons, and matrons is responsible for planning the club's activities, coordinating these activities, and reviewing the progress of income-generating projects.

Income-Generating Activities

There are 21 income-generating projects in schools and 8 projects for out-of-school youth. Membership is open to youth aged between 10 and 24 years. The in-school youth work with patrons and matrons in the management of the income-generating projects, and the out-of-school youth work with traditional leaders involved in the project and with the Africare program officer.

The projects are used as a way of targeting community members with SRH education when they come to buy the products. For example, AIDS education leaflets are placed in repaired shoes.

The activities currently being implemented include carpentry, shoemaking and shoe repair, dressmaking, entertainment, poultry rearing, and oil pressing. Entertainment (particularly games) is a central component of the program activities, because the young people must enjoy themselves if they are to remain motivated.

Part of the profits is reinvested in income generation, and the rest is used for HIV/AIDS activities and providing support to the community through contributing toward school fees, uniforms, and food for orphans and other vulnerable children. A small percentage is given to out-of-school youth as an allowance.

PART B: IMPLEMENTING THE PROGRAM

Needs Assessment

The needs assessment consisted of three parts:

1. a baseline study to determine what youth know about SRH and examine their attitudes and behavior, as well as discover what problems they were facing at the individual and family levels;
2. identification of existing community-based initiatives that can be strengthened to educate, counsel, and support children, adolescents, and young adults in SRH; and
3. determination of youth interest in income-generating projects and their market feasibility.
 - The baseline survey was carried out by a team of professionals from Africare over one month.

- Information was collected on knowledge related to HIV/AIDS and STDs/STIs, attitudes toward relationships and sex, and sexual behavior.
- Teachers and pupils were targeted in schools, and parents and community members were targeted in community halls.
- The information was collected through focus group discussions and individual questionnaires.
- In total, 230 people (teachers, youth, parents, and community members) participated.

The major findings showed that youth faced many problems, including STDs and HIV/AIDS, drug and alcohol abuse, unwanted pregnancies, sexual abuse, prostitution, and unemployment.

Most youths lacked the capacity for assertiveness in decision-making on issues related to health and sexuality.

Needs assessment

The majority of youth had their first sexual encounter between the ages of 9 and 15. They indulged in sex as a form of experiment and often without any form of protection, even though awareness of HIV/AIDS, how to catch it, and how to avoid it was almost universal. Most youth also reported the unavailability of youth-friendly services where they could learn about family planning.

The breakdown in the family support system was reported to have left a gap of who should provide advice to the youth as they grow up. It was evident that the media, such as radio, television, and newspapers, had become the main source of information for the youth. Parents also reported that their children were not listening to them.

However, since the sample sizes used were small, it is difficult to draw any strong conclusions. Please see appendix 3 of this chapter for more details.

The findings from the baseline survey and the information collected from the district health officer gave a good understanding of the SRH needs of the target population(s).

Program Materials

Africare used the results of the needs assessment to produce a number of materials for use in the AIDS Action Clubs, including training manuals, leaflets, and posters. The training manuals took about four months to design, develop, and distribute. Africare consulted with a number of organizations involved in peer education and youth projects in preparing these manuals.

The youth were involved in the design and production of the other materials. Information, education, and communication officers from the Ministry of Health and Child Welfare also edited these materials before they were produced and widely disseminated.

All the materials were developed in such a way that the topics are not only relevant but have sequence, progression, and continuity of messages. They are written in English.

Staff Training Materials

All of the staff training materials are used to train both the patrons and matrons and the peer educators. The *Child Sexual Abuse Manual* is also used to train school heads and teachers how to identify a child suffering from abuse.

The HIV/AIDS Education and Communication Manual

The HIV/AIDS Education and Communication Manual gives steps and guidelines on how to conduct peer education training for adolescents. The manual covers these topics:

- What is HIV/AIDS?
- Does HIV/AIDS exist?
- Beliefs concerning HIV/AIDS.
- How is HIV transmitted?

- STDs.
- Signs and symptoms of HIV and AIDS.
- HIV testing.
- Prevention of HIV.
- Cultural aspects of sex and marriage.

The manual also looks at the impact of HIV/AIDS at the individual, family, and community levels, and teaches counseling and communication skills.

The manual also shows how different methods, such as drama, role play, and group discussions, can be used to teach about HIV/AIDS. Although it does not specifically target different age groups, it can be adapted to the target group. The program's messages have been consistent and revolve around abstinence and safer sex.

Copies of this manual are available. Please see Available Materials in part D of this chapter.

The Child Sexual Abuse Manual

The Child Sexual Abuse Manual is a guide on how to deal with issues of child sexual abuse, including counseling, how to identify an abused child, how the family can respond to sexual abuse, treatment strategy, and therapy. For more information, please see appendix 4 to this chapter.

Copies of this manual are available. Please see Available Materials in part D of this chapter.

Today, the aunties who used to teach our children are no longer. As a mother, I cannot teach my child about sex. That is taboo.

Also, I do not trust the aunt anymore and therefore would not approve her teaching my child.

Parent

The Community Business Manual

The Community Business Manual gives a simple description of how to manage an income-generating project. It is used by both the patrons and those who participate in the income-generating projects.

The manual is divided into chapters that cover how to come up with an idea and determine its feasibility, business organization, production and operation, marketing and distribution, finances and bookkeeping, and sustaining and growing a community business.

For more details, please see appendix 4 of this chapter. Copies of this manual are available. Please see Available Materials in part D of this chapter.

Additional Materials

Posters and Leaflets

Africare has produced leaflets and posters in both English and local languages so that they can be understood by the greatest number of communities. Each poster or leaflet takes between two and three months to produce. The message is first discussed with the youth, then refined, edited, and printed.

Posters and leaflets used in clubs. Posters used in the clubs explain what is meant by the abbreviations HIV and AIDS. They also help to explain the immune system, how HIV infection damages it, and the types of illness that result from this damage.

Posters and leaflets used in the community. Posters promote HIV/AIDS awareness and also encourage adults to provide a youth-friendly environment and promote dialogue. They are posted in schools, halls, and shops. A leaflet entitled "Africare" describes the organization's activities, mission, and projects.

All of these materials are available. Please see Available Materials in part D of this chapter.

Staff Selection and Training

Peer Educators

- Young people join the clubs voluntarily. An average club will have about 30 members.
- They are trained by the patrons or matrons for one week using the same methods and materials used for training the patrons and matrons.
- Critically, they are taught the skills needed for healthy growth and development. They also learn skills to communicate with their peers and provide them with information on HIV/AIDS.
- At the end of the training session, participants are given a community work assignment for them to practice what they have learned.
- Quarterly refresher sessions are conducted by the Africare project officer with assistance from patrons and matrons.

Patrons and Matrons

- Patrons and matrons are volunteer teachers who are trained by professionals from Africare. There are one male and one female teacher in each club.
- The patrons and matrons are trained for five days in
 - peer education, which covers information on HIV/AIDS, and how to develop life skills;
 - how to run an AIDS Action Club; and
 - project management.
- Patrons and matrons are also trained by Africare professionals for a further five days in basic counseling skills so that they are able to deal with any problems that youth may face, particularly sexual abuse.
- Every three months, patrons and matrons attend refresher courses, which last for three days and are conducted by officers from Africare.

Head Teachers

- Head teachers are trained in counseling by the Africare project officer for 10 days.
- They are also trained in basic information on HIV/AIDS by the Africare project officer.

Parent Representatives

- Parent representatives are selected at School Development Association meetings, according to their interest in HIV/AIDS issues and their ability to understand the issues.
- They are trained in counseling by Africare for three days. This training includes parent-child communication.

Setting Up the Program

Setting Up an AIDS Action Club

- A needs assessment is conducted to determine the community's needs in terms of HIV/AIDS prevention. The community's knowledge, attitudes, and practices in relation to HIV/AIDS are examined. Other organizations implementing HIV/AIDS prevention programs are sourced for potential collaboration.
- The Africare team approaches the Ministry of Education, Sport and Culture officials in the district and province to explain the proposed program and gain support. They also present the results of the needs assessment to the officials.
- Sensitization meetings are conducted with school heads, teachers, community leaders, and parents.

- Schools are approached by Africare. Clubs are set up in schools wishing to participate.
- In participating schools, a committee is formed of patrons (one male and one female), children (usually two girls and two boys, selected on the basis of their understanding of HIV/AIDS issues and their leadership qualities), and a parent representative. The role of the committee is to coordinate the activities of the club, plan and implement HIV/AIDS awareness activities in both schools and the community, promote networking with the community members, and manage the income-generation projects. The committee also conducts meetings to review progress made by the club and promote participatory problem identification and solving.
- Teachers are trained as patrons, and club members are trained as peer educators (see above).
- The Africare project officer in the district keeps in close contact with the patrons and youth.

Setting Up an Income-Generating Project

- A workshop among club members is conducted to determine their interest in income-generating projects and what projects they would like to be involved in.
- A market survey is conducted to assess the potential of the projects.
- Youth select the projects they are interested in.
- Club members form a committee to oversee the running of the projects. The committee is made up of the Africare project officer and club members (who take the positions of chairperson, treasurer, secretary, deputy chairperson, and three committee members, to make them feel ownership of the program). Each project has a subcommittee that meets with the main committee once a month to report on activities.
- A constitution is drafted by the youth, with support from the Africare project officer. The constitution sets out the roles of the committee members, how the projects should be run, how the money should be used, and disciplinary procedures.
- Youth are trained in project management.
- The committee plans how the revenue from the income-generating projects is used.

Program Resources

The organization has a number of videos and posters, as well as a newsletter, which are kept by the project officer and also within Africare's offices. These are supplied to clubs on demand. Other materials come from the local government health clinic, the Ministry of Health and Child Welfare, and other organizations that produce such materials.

The youth of today do not respect elders. They think we do not know anything.

Village elder

Advocacy

Government

Before the start of the program in 1999, consultative meetings were conducted with government agencies that included Ministries of Education, Sport and Culture; Health and Child Welfare; and Public Service, Labour and Social Welfare. They agreed to give Africare their support, which helps to legitimize the program within the community. In addition, they allow school facilities and various community venues to be used for holding club meetings, talks, and program events, as well as allowing teachers to use some of their time for these activities. The Ministry of Health and Child Welfare also provides backup support through clinics and helps distribute materials and other supplies.

At the district level, regular meetings are held with the District AIDS Action Committee (DAAC), the District Education Office (DEO), and the District Social Welfare Office, who all collaborate with Africare. These meetings keep them informed of Africare's program.

Community

Community leaders and parents were consulted extensively in the development of the program content. Committees have also been established to represent the community, the parents, the school, and the youth to ensure that what happens in the program is in line with their thinking. Meetings are held three to four times per year, but this varies depending on availability.

It is also acknowledged that sustainability of the program depends on the support of the school leadership. Hence, regular meetings are held with school heads to discuss club activities and listen to the school heads' point of view.

Program Finances

So far, 25,200 in-school children and 10,000 out-of-school children have been targeted. Currently, an average of 1,200 pupils per school have been trained as peer educators.

The program received US\$537,000 from the Bill and Melinda Gates Foundation in its first year and US\$89,090 from Kodak in the second year. Out of these funds, 50,000 Zimbabwean dollars (ZD) are used for each of eight out-of-school income-generating projects (ZD400,000).

A breakdown of funds was not available, but the funds are mainly used for training, development of materials, consultancies, and salaries. The estimated cost per child is US\$8.89 per year. (This was obtained by dividing the sum of US\$537,000 plus US\$89,090 by 35,200, the number of children reached, and then dividing this by the two years the program has been running.)

PART C: ASSESSMENT AND LESSONS LEARNED

Challenges and Solutions

Program Officer

Time

Peer educators are not given enough time to carry out their work or discuss all their problems. Because most schools in the program are in rural areas, most of the young people's time is taken up by doing chores at home, holding jobs, and traveling the long distance to and from school, so sessions are staggered over long periods.

Teachers

Teachers' interest in and support for the initiatives need to be maintained. One solution is for the Ministry of Education, Sport and Culture to make HIV/AIDS education in schools mandatory and examinable and provide resources to support teachers.

Monitoring and Evaluation

It is important to make sure the program changes with the needs of the target group. Periodic needs assessments are conducted by the Africare project officer through regular contacts with other program officers, the community at large, and the DAAC. However, the program would benefit from scientifically conducted monitoring and evaluation.

Empowering Children

Through peer education, the youth learn leaderships skills, responsibility, and interpersonal communication. However, it is crucial that the peer educators practice what they preach, yet in some cases this does not happen. Ways of getting around this problem are needed.

Condom Use

Despite the knowledge that some in-school youth are already indulging in risky sexual behavior, the decision to exclude condom promotion was reached as a matter of policy by the Ministry of Education, Sport and Culture; the schools; and the parents because it was seen as morally unacceptable and a sign of permissiveness. People's attitudes toward condom use need to be changed.

Sustainability

More lobbying for policy support, and for stakeholder and community involvement, is required if the initiatives are to be sustained. Furthermore, all these groups need to be involved in the planning and implementation stages if the program is to be sustainable.

Youth Involvement

Youth should be involved in the development of the program because they relate to, identify with, and respond better to messages they have some ownership of rather than those that are imposed on them. There should also be a special focus on skills building and empowerment because this is likely to be more effective in fostering positive attitudes and behaviors. Girls need to be targeted in a sensitive manner, and their participation in particular should be encouraged.

Targeting Young Children

Children should be targeted as early as possible because the younger children are the most enthusiastic and responsive in the clubs.

Materials

There is great demand from schools and the community for SRH materials. These could be obtained from other NGOs.

Orphans

There has been an increase in the number of orphans and child-headed households. The program needs to network with the government and NGOs that deal with orphans and refer orphaned club members to these organizations.

Poverty

The unstable political situation is leading to further poverty, which fuels the spread of HIV. The harsh economic environment the country is going through means the youth are also facing problems getting a market for their goods and services. Therefore, the income-generating projects should be strengthened.

Peer Educators

- Teachers need more counseling skills.
- Parents need training in parent-child communication to help improve their relationships.
- Clinics need training in how to be supportive and youth-friendly. This is particularly true for the clinics that treat sexually abused children seeking help and counseling.
- Condoms should be made more accessible.
- More needs to be done in terms of school, parent, and community support for and awareness of children who are being abused. For example, a help line could be set up or staff could be better trained in abuse issues.
- Better managers with business expertise are needed to make a success of the income-generating projects.

Evaluation

Toward the end of 2000, an evaluation was carried out by an independent consultant to determine whether Africare had met its objectives, whether the program has had an impact, and whether there had been an improvement in health outcomes. Africare staff, community members, school heads and teachers, and youths either participated in focus group discussions or were given questionnaires.

The evaluation found that the clubs have had a positive impact. The results showed that although the problems identified in the needs assessment (prostitution, unwanted pregnancy, drug abuse, STIs, poverty, and unemployment) were still there, they had been worse before the clubs started; and the clubs were directly responsible for this change. The clubs had also managed to bring about increased health-seeking behavior among the youth. For more information, please see appendix 5 to this chapter.

UNAIDS Benchmarks

	Benchmark	Attainment	Comments
1	Recognizes the child/youth as a learner who already knows, feels, and can do in relation to healthy development and HIV/AIDS-related prevention.	✓	Youth consultative workshops are a critical part of the program, and youth are also involved in the committee that runs the clubs. The youth participate in most aspects of the program, such as peer education, role plays, drama, and program planning.
2	Focuses on risks that are most common to the learning group and that responses are appropriate and targeted to the age group.	Partially fulfilled	Currently, messages target everyone in the age group 10 to 24 years old. There is therefore a need to produce materials for the primary school children who have different needs from secondary and out-of-school youth.

	Benchmark	Attainment	Comments
3	Includes not only knowledge but also attitudes and skills needed for prevention.	Partially fulfilled	The program teaches children new skills for prevention, such as assertiveness and communication. It also empowers them economically through income-generating projects.
4	Understands the impact of relationships on behavior change and reinforces positive social values.	✓	Community involvement in the program ensures that social values are maintained.
5	Is based on analysis of learners' needs and a broader situation assessment.	✓	A needs assessment was done before the inception of the program. Also, a workshop to come up with messages was conducted before the materials were produced.
6	Has training and continuous support of teachers and other service providers.	✓	Teachers who become patrons are trained in peer education and counseling. Refresher courses are held every three months to ensure that the teachers are kept up-to-date on the latest developments in HIV/AIDS.
7	Uses multiple and participatory learning activities and strategies.	✓	The program uses a wide variety of activities, including drama, role plays, peer education, and lectures.
8	Involves the wider community.	✓	The community has been involved in the planning and development of the program. Close contact is kept with them to ensure that the program will continue to be accepted and sustainable, even after donor assistance ends.
9	Ensures sequence, progression, and continuity of messages.	Partially fulfilled	The materials are not age specific, so the message does not increase in complexity as the youth grow up. However, the materials all emphasize abstinence, which shows a consistency of messages.
10	Is placed in an appropriate context in the school curriculum.	Not applicable	Although the clubs are not part of the school curriculum, they have been set up to reach as many youth as possible in an appropriate context.
11	Lasts a sufficient time to meet program goals and objectives.	✓	The program has been running for three years and is going to be extended for another two years. This is probably sufficient time for the program to show results.

	Benchmark	Attainment	Comments
12	Is coordinated with a wider school health promotion program.	Not applicable	The AIDS Action Clubs use the life skills program implemented by the Ministry of Education, Sport and Culture.
13	Contains factually correct and consistent messages.	✓	Before any materials were produced by Africare, they were circulated to experts in the Ministry of Education, Sport and Culture and in the Ministry of Health to ensure that the messages are correct, appropriate, and consistent.
14	Has established political support through intense advocacy to overcome barriers and go to scale.	✓	Africa had held a number of workshops with government, political, and community leaders to ensure that they understand and approve of the program. Advocacy activities are continuing with quarterly meetings being held with community leaders.
15	Portrays human sexuality as a healthy and normal part of life, and is not derogatory against gender, race, ethnicity, or sexual orientation.	Partially fulfilled	The program attempts to include everyone.
16	Includes monitoring and evaluation.	Partially fulfilled	Monitoring activities are carried out every month. An evaluation of the program was conducted in February 2002.

PART D: ADDITIONAL INFORMATION

Organizations and Contacts

Africare is a private, nonprofit organization dedicated to improving the quality of life in rural Africa through the development of water resources, increased food production and processing, delivery of health services, and sustainable small-enterprise development.

Further information on Africare can be obtained from

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E-mail: Africare@mweb.co.zw

Contributors to the Report

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Edited by Helen Baños Smith.

We appreciate the help of the following members of Africare in providing much of the information in this report:

Mrs. Ruth Mufute — Country representative, Africare
Ms. C. D. Chipere — HIV/AIDS program coordinator

Available Materials

For information on how to obtain these materials, please see color insert in this report.

Child Sexual Abuse Manual
(order number: Africare01)

Community Business Manual
(order number: Africare02)

“Baseline Survey”
(order number: Africare03)

“Final Evaluation Report”
(order number: Africare04)

Africare Zimbabwe pamphlet
(order number: Africare05)

Adolescent reproductive health project newsletter
(order number: Africare06)

Poster: “Empowering Youth to Celebrate Life”
(order number: Africare07)

Poster: “Equal Opportunities”
(order number: Africare08)

APPENDIX 1. AFRICARE PROGRAM ROLES

Main Program Staff Roles

HIV/AIDS Program Coordinator

Coordinates the program at the national level and provides technical support to the project officer, school heads, patrons and matrons.

Project Officer

- Coordinates the program at the district level,
- provides technical support to patrons and matrons in running the AIDS Action Clubs,
- trains school heads, patrons and matrons in counseling,
- trains patrons and matrons as trainers of peer educators,
- conducts refresher courses for patrons and matrons,
- provides support to the out-of-school youth in running income-generating projects, and
- initiates networking activities with other NGOs.

School Heads

- Act as advisers to the AIDS Action Clubs
- promotes AIDS Action Clubs at community outreach activities.

Patrons and Matrons

- Train AIDS Action Club members as peer educators,
- ensure that club members meet weekly,
- ensure that income-generating projects are run smoothly, and
- participate in the parent, youth, patron and matron committee activities.

Peer Educators

- Are responsible for the day-to-day running of the clubs,
- provide peer education sessions to other youth, and
- function as role models for peers.

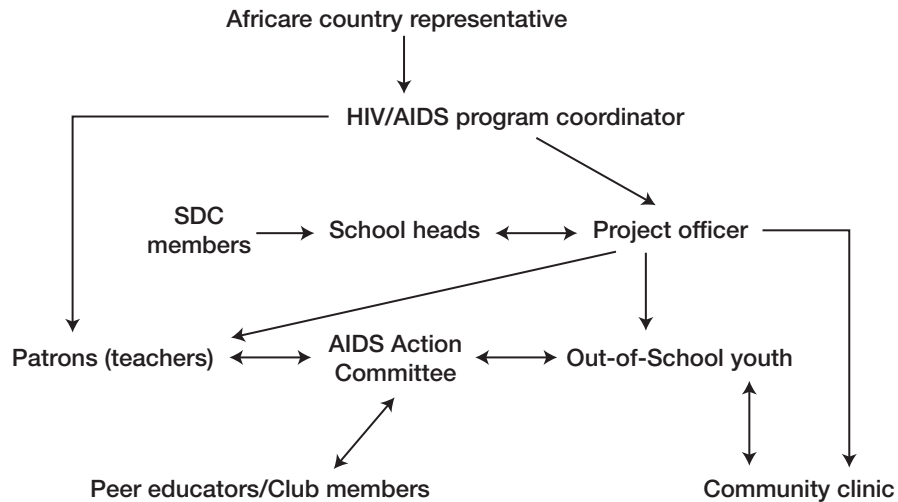


Figure A.1. NGOs: Regional and District Education Offices

APPENDIX 2. STAFF DATA

	Number of staff	Position/title	Gender
Full-time and paid	1	Program coordinator	Female
	1	Program officer	Female
Volunteer staff, other than peer educators (receiving allowances/incentives)	52	Patrons	26 Males and 26 Females

APPENDIX 3. NEEDS ASSESSMENT

Please note that because the sample sizes are very small, it is difficult to draw any strong conclusions.

Activity	Secondary school		Out of school	
	Number	%	Number	%
At youth center	9	10.1	5	6.8
Reading novels	47	52.2	—	—
Socializing with friends	19	22.1	6	—
Growth points	—	—	15	20.3
Nothing	—	—	24	32.4
Working	—	—	14	18.9
Others	14	15.6	190	13.5
Total	89	100	254	100

Have you ever had sex?	Secondary school		Out of school	
	Number	%	Number	%
Yes	11	12.4	47	63.5
No	78	87.6	27	36.5
Total	89	100	74	100

Age group (years)	Adolescent category			
	Secondary school		Out-of-school	
	Number	%	Number	%
Younger than 10	5	50	0	0
11–15	3	30	5	11
16–19	2	20	25	54
20 and older	—	—	16	35
Total	10	100	46	100

	Adolescent category			
	Secondary school		Out-of-school	
	Number	%	Number	%
Yes	4	40	30	63.8
No	3	30	5	10.6
It just happened	3	30	12	25.5
Total	10	100	47	100

Reason	Adolescent category			
	Secondary school		Out of school	
	Number	%	Number	%
Forced	1	10	—	—
Experimenting	7	70	10	21.3
It just happened	1	10	10	21.3
Pleasure	1	10	4	8.5
Show love	—	—	11	23.4
Wanted a baby	—	—	12	25.5
Total	10	100	47	100

	Primary school	Secondary school	Out-of-school
Yes	97.8	100	100
No	2.2	—	—
Total	100	100	100

Reason	Adolescent category					
	Primary school		Secondary school		Out-of-school	
	Number	%	Number	%	Number	%
Friends	24	52.2	41	46	39	54.2
Grandparent/uncle/aunt	9	19.6	—	—	6	8.3
Parent	2	4.3	5	6	3	4.2
Teacher	—	—	16	18	8	11.1
Peer educator	—	—	14	16	—	—
Health worker	—	—	12	14	7	9.7
Partner	—	—	—	—	6	8.3
Other	11	23.9	1	1	3	4.2
Total	46	100	89	100	72	100

Percentage distribution (rank)	
Teacher	33.0
Aunt/uncle	27.0
Parent	20.2
Grandparent	18.0

	Percentage distribution	
	Secondary school	Out-of-school
Sex education	41.3	32.4
Counseling	15.0	—
Projects	31.3	62.2
Recreational facilities	6.3	6.8
Workshops	—	12.2
Other	6.3	8.1

APPENDIX 4. PROGRAM MATERIALS

Child Sexual Abuse Manual

Chapter 1. Background Information

- Definitions of sexual abuse
- The extent of child abuse
- Factors associated with child abuse
- Indicators of sexual abuse
- Mediators in the effects of sexual abuse
- The family's response to sexual abuse
- The context in which the child lives
- A multisectoral approach to child abuse

Chapter 2. Counseling Skills and Treatment Strategies

- How children communicate
- How children communicate about sexual abuse
- Structuring the counseling environment
- Interviewing skills
- Obstacles in interviewing children
- Counseling skills
- A model of counseling
- Play therapy
- Use of the playroom
- Use of questions
- Assessment versus counseling
- Working with the family
- Working with groups
- Preventing revictimization of the child

Chapter 3. Issues for the Therapist

- Burnout
- Listening to stories of abuse
- The effects of your attitudes and values

The Community Business Manual

Chapter 1. Introduction

Chapter 2. Business Idea Formation

- Idea generation
- Idea evaluation
- Market research

- Resource inventory
- Choosing your business
- Applying for assistance from Africare

Chapter 3. Organizational Structure

- Organizational structure definitions

Chapter 4. Production and Operations

- Steps to create an operational plan
- Improving production and operations

Chapter 5. Marketing

- Examine the market
- Define the market
- The 4 Ps: product, price, placement, promotion
- Customers
- Competition
- Distribution/sales plan
- Advertising: word of mouth, print, events/shows

Chapter 6. Finances and Bookkeeping

- Finances
- Planning and bookkeeping
- Books: receipt book, order book, cash book, purchases book, sales book, debtors book, creditors book, stock book, asset book

Chapter 7. Sustaining and Growing Your Community Business

- Making business decisions using your books
- Understanding fixed and variable costs for your product
- Important concepts for managing your growing business
- Deciding on the uses of your profits
- Paying back the Africare loan
- Growing your business
- Reinvesting money in your local community and AIDS Action Clubs

Chapter 8. Contacting Africare

APPENDIX 5. PROGRAM EVALUATION

The main changes were

- Less denial and increasing discussion about the issues of HIV/AIDS, with high community turnout at club events.
- Increasing number of youth seeking information from the members of the AIDS Action Clubs.
- Increased number of youth referred to other service providers, including the youth-friendly services.
- Reduction in number of sexual partners among both males and females.
- Self-reported abstinence and delay of onset of sexual activity.
- Fewer secondary school boy–primary school girl couples are occurring.
- Teachers have noticed a declining rate of early marriage, previously prevalent among high school girls.
- Decline in teenage pregnancy.
- One secondary school reported its highest retention rate of girls after the first two years of secondary schooling, which they solely attributed to AIDS Action Club activities.
- At the individual level, the young involved in AIDS Action Clubs have become more confident and assertive as their knowledge of SRH and interaction with the community have increased.
- Increased support from parents and leaders in the form of praise, donations (e.g., of land), and endorsement of AIDS Action Clubs–related activities.
- More compassionate treatment of people living with HIV/AIDS.
- Stronger community solidarity: Social pressure may eventually help to create new norms by discouraging behavior that is perceived as increasing risk of HIV infection.

