

Partnerships and Networking in Africa: Strengthening Community Solutions to HIV and AIDS



**CORE Initiative
September 2006**



Support for this communication is provided by the Global Bureau of Health, U.S. Agency for International Development (USAID), under the terms of the CORE Initiative Award No. GPH-A-00-03-00001-00. The CORE Initiative is a USAID-funded global program designed to support an inspired, effective, and inclusive response to the causes and consequences of HIV/AIDS by strengthening the capacity of community- and faith-based groups worldwide. Leading this initiative is CARE in partnership with the International Center for Research on Women (ICRW), International HIV/AIDS Alliance, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) and World Council of Churches (WCC). The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

Table of Contents

An Overview: Partnerships and Networking in Africa	1
The CORE Initiative’s Experience Utilizing Innovative Approaches to Respond to HIV in Africa	1
I. Using Local Skills and Indigenous Resources to Address HIV	3
<i>The Kisumu Medical Education Trust (KMET)</i>	3
<i>Wahanda Women Development Group in Oyugis, Kenya</i>	4
<i>TSAMACHI Network in Malawi</i>	6
II. Enhancing the Participation of Children in HIV Issues	6
<i>HACI Grantees—Northern Uganda</i>	6
<i>The Gulu Community Based Management Network (GCBMN)</i>	7
<i>SURFACE Uganda</i>	9
<i>The Network of Development Consultants Uganda</i>	10
<i>Dyere Tek</i>	10
<i>Grassroots Women Association for Development</i>	10
<i>Laroo Child and Family Programme</i>	11
<i>Kangai Integrated Community Development Initiative</i>	12
<i>Aber Ler Youth Association</i>	12
<i>Par Pi Anyim</i>	12
<i>National Council of Women Living with HIV/AIDS (NACWLA)</i>	13
III. Promoting VCT through Community Advocacy Efforts.....	14
<i>KADNORHA in Uganda</i>	14
<i>People of Purpose (POP) Project</i>	15
<i>AIDS Control Programme-Diocese of Kigezi</i>	16
<i>All Saints Youth Group</i>	16
<i>Buhara AIDS Control Program</i>	17
<i>Butare Bakyara Tukore</i>	17
<i>Hamurwa Abakazi Tweyombekyo Association</i>	17
<i>Kariyanga Parish Fighters of AIDS Project</i>	17
<i>Kamwezi Women’s Effort to Save the Orphans and Youth from HIV/AIDS</i>	18
<i>Kitanga Health Centre III</i>	18
<i>Mubanga Women Development Association</i>	19
<i>Rugarama Health Centre IV</i>	19
<i>Rushoroza Community Based Health Care</i>	19
IV. Expanding the Faith-Based Response through Networks.....	19
<i>ANERELA</i>	19

Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AJWS	American Jewish World Service
ARV	Anti-retroviral treatment
BCC	Behavior change communication
CBO	Community-based organization
CBOs/FBOs	Community- and faith-based organizations
CORE Initiative	Communities Responding to the HIV/AIDS Epidemic
FBO	Faith-based organization
GBV	Gender-based violence
HACI	Hope for the African Child Initiative
HBC	Home-based care
HIV	Human Immunodeficiency Virus
IEC	Information, education, communication
IDP	Internally displaced person(s)
IGA	Income-generating activity
NGO	Non-governmental organization
OVC	Orphans and other vulnerable children
PLHA	Person/people living with HIV and AIDS
TB	Tuberculosis
VCT	Voluntary counseling and testing

An Overview: Partnerships and Networking in Africa

The CORE Initiative's Experience Utilizing Innovative Approaches to Respond to HIV in Africa

Faith-based and community-based organizations (FBOs/CBOs) in Africa often do not have the capacity to implement integrated and expansive development programming, which are needed to deal with complex and multidimensional problems facing the continent, including HIV and AIDS. Moreover, African civil society organizations are almost entirely dependent upon external funding. As a consequence, FBOs and CBO organizational structure tends to lack the internal mechanisms and capacities for self-propelled growth and sustainability. Yet, locally provided care by CBOs/FBOs --- much of it supplied by volunteers --- is a crucial source of support, not only for those affected by HIV/AIDS and their families, but also for public health services increasingly struggling to cope with the demand on their resources.

Instead of spending resources on establishing new organizations to manage HIV/AIDS, it is more sustainable to make use of existing community organizations and encourage them to regard HIV/AIDS as an integral part of their development work. The small grant ---coupled with technical assistance and capacity building support --- is what CBOs/FBOs needed to successfully design, implement, and manage HIV/AIDS programs.

Community involvement is vital to successfully raise HIV/AIDS awareness and reduce stigma, as well as to promote behavior change. The CORE Initiative uses a coordinated and multi-sectoral strategy to support an inspired, effective, and inclusive response to HIV/AIDS in Africa. In particular, the CORE Initiative supports and provides assistance to: increase access to resources for CBOs/FBOs; enhance organizational and technical capacity of CBOs/FBOs; increase and strengthen networking; and support advocacy and the exchange of information. The approach of the CORE Initiative places communities in the driver's seat, encouraging government institutions and other service providers to be demand-responsive, while building capacities, and creating an enabling environment through technical support and formation of partnerships and supportive networks.

Activities implemented through CORE Initiative grants programs in Africa have proven that local efforts have far reaching impact, mobilizing thousands throughout the continent. Interventions included:

- Conducting training for the faith-based community on HIV/AIDS awareness and stigma reduction
- Carrying out training sessions for local decision makers and community leaders on HIV/AIDS for development of their own community strategic plans to mitigate HIV/AIDS
- Supporting home visits and VCT services including emphasizing the importance of youth friendly services
- Training religious leaders and community members on home-based care and stigma
- Engaging community leaders, religious leaders, and local policy makers in community and capacity building

- Training community health workers in necessary skills to support clients
- Providing water filters for families affected by HIV
- Utilizing a livelihoods approach to respond to HIV in rural communities
- Training to encourage a compassionate approach to respond to HIV.

Developing Local Partnerships

- CORE Initiative grantees have established partnerships to share lessons learned and ideas.
- Although many small grantees have not been re-funded, they continue to work together with other CORE Initiative grantees, sharing skills, resources, and materials to address HIV in their communities.
- CORE Initiative small grantees in Lesotho, Malawi, Northern and Western Uganda, and Kenya have established networks that have been registered or are in the process of being registered.

The heart of the CORE Initiative's approach includes making the shift from providing capacity building support on a project level or activity basis to promoting more sustainable projects by providing organizational and technical support to grantees, support that enables interventions to be more sustainable and helps build community capacities to assess risks and barriers to prevention. Communities are then empowered to develop local solutions and action plans.

Lessons learned from the implementation of the CORE Initiative small grants program in Africa demonstrate that grantees have gone on to make enormous impact in their communities. Grantees recognize that community relations and participation are not a one time event but rather an on-going process of good will, dialogue, and necessary negotiations that must become a pervasive aspect of internalized organizational culture. Thus, organizations have made social entrepreneurship (through micro-credits, revolving loans, merry-go-round schemes, training, and nutrition programs) a vital component of the implementation of small grants programs in their respective communities.

Through support from the CORE Initiative, grantees have also developed key capacity skills in coordination and networking with other organizations and individuals working toward addressing issues in their respective communities. CORE Initiative grantees in Gulu District of Uganda organized together a World AIDS Day event, emphasizing children's rights in responding to HIV. In the Lira District of Uganda grantees formed an alliance, the Mid North Integrated Development Action Group, in order to strengthen advocacy efforts and continue implementation of activities beyond the grant cycle. In the Kabale District of Uganda, grantees formed an association, Kabale District Network of Organizations Responding to HIV and AIDS (KADNORHA), because they realized that a coordinated strategy is the most effective way to reach many members of the community, especially when resources are limited. In Kenya, CORE Initiative small grantees had monthly meetings and capacity building sessions while they were grantees. They now continue to meet regularly to exchange ideas and transfer skills. In Lesotho, grantees have been networking on advocating for the development of national home-based care guidelines. In Malawi, grantees have been

partnering for a livelihoods response and meet regularly to attend training sessions. They are also networking to promote advocacy on positive living and VCT. Networking with other CBOs/FBOs operating in the same area provides an opportunity for indigenous organizations to achieve integrated responses to address the complex challenges faced in mitigating the impact of HIV.

During lessons learned workshops, CORE Initiative grantees identified the continued need to enhance capacity and skills to respond to the growing needs of the epidemic. They also recognized they needed more training to create a more supportive environment for PLHA to disclose their status and seek services available within the community. Shortages of supplies, including testing kits, home based care kits, and treatment often make it difficult for grantees to carry out their work. Lack of resources, especially for transport, also poses a challenge. Despite the challenges they face, grantees recognize that there are many opportunities, and they continue to seek them to continue carrying out their work.

I. Using Local Skills and Indigenous Resources to Address HIV

The Kisumu Medical Education Trust (KMET)

The Kisumu Medical Education Trust (KMET) has been promoting health and education in Kenya for 11 years. KMET was established by five doctors who had a vision to promote innovative public health programs as the basis of holistic community development. KMET soon recognized that there were serious gaps in the provision of education at the primary and secondary level which also needed to be addressed. KMET's work has been enhanced by the research they have conducted, enabling them to feed lessons learned in partnering with local communities into their programming.

In utilizing a more holistic approach to respond to HIV, KMET has become a vital community resource as it introduced new approaches and provided integrated services. Through support from the CORE Initiative, KMET has been able to train community health workers, who return to their communities and serve not only as health workers but also as social entrepreneurs, counselors, and civic activists.

KMET recognizes that they face many challenges in effectively mitigating the impact of AIDS in resource constrained environments and so they network with several institutions, including government, to deliver a complete range of services. While in some areas the government provides services, including ARV, free of charge, these services are out of reach of many clients because they cannot afford transport costs to access services. Community health workers work in difficult conditions and must overcome obstacles — including some cultural beliefs and practices, gender inequity, and worsening food crisis — which often interfere with their ability to effectively respond to HIV in the communities they serve. Despite these challenges, KMET does its best to ensure activities benefit members of the community. Through on-going networking, KMET ensures that opportunities for expansion of activities and impact are maximized.

KMET is well-organized and addresses reproductive health and nutrition needs of the communities they serve through several approaches. A nutrition project uses locally available ingredients to make immune boosting porridge. A nutri care center and clinic, along with the community HBC program, is serviced by several community health workers. The KMET clinics are able to offer health services to people within the communities and a clinic at Nyamasaria market is a self-sustained project. At the nutri care center and clinic, clients can purchase immune boosting porridge, join a support group, and take an HIV test. The clinic also has a small pharmacy for drugs and serves as a training site for community health workers and TB ambassadors. KMET also pioneered post-miscarriage care training at the national and regional levels within Kenya using the pyramidal model, which demonstrates the respective roles of health providers at all levels. Health teams from several countries on the continent and donor partners have since visited this highly successful replicable model initiated by KMET,

The many programs KMET has implemented include:

- Providing management training for hospital workers on opportunistic infections
- Addressing household food security through promoting savings and loans funds, enhancing knowledge on growing nutritious indigenous foods, and exploring ways microfinance activities complement home-based care
- Assisting service providers with expansion of services
- Promoting youth-friendly reproductive health services
- Training community TB ambassadors
- Providing advocacy on post-abortion care

which set up their HBC program in 2002. Since then the HBC program has expanded from providing psychosocial support and care for PLHA to include clinical care, counseling, and social support for patients with other types of medical conditions.

Networking is a critical component of the success of KMET programs. Sustainability is enhanced through building capacity of providers to deliver quality service through partnering with institutions within the community. Through American Jewish World Service (AJWS),

which supported networking and training programs for CORE Initiative grantees in Western Kenya, KMET has attended trainings with other CORE Initiative grantees. They have also provided training and technical support to CORE Initiative grantees on nutrition.

Wahanda Women Development Group in Oyugis, Kenya

Wahanda Women Development Group (WWDG), which operates in the Kamuma sub location of Kasipul division in Rachonyo district, Kenya, was founded in 1999 in response to the socio-economic conditions that women in the region faced. WWDG is committed to raising the profile and increasing participation of women in socio-economic development. WWDG's HIV/AIDS programs focus on providing prevention education and care and support to widows and orphans in the community.

“Today I am a happy man because we have been able to bring hope and restore hope to many widows and orphans. This is worth celebrating! But this is cut short since we still have a large number of orphans and widows needing support in our neighborhood...Our project focus was priority-based because it has enabled us to pay school fees for six orphans, initiate strong HIV/AIDS prevention campaigns, initiate a micro-credit scheme for volunteers and also expand home-based care for widows and orphans.”

---Collins Opallah, Project Assistant, Wahanda

WWDG’s CORE Initiative small grant activities focused on empowerment of youth and women against HIV/AIDS. Through the grant, WWDG was able to get much needed supplies and equipment --- including sewing machines, a grinding mill, a refrigerator, and desktop computers. Specifically, WWDG has conducted four workshops to train group members on livelihoods skills, basic computer skills, and HBC. They have also begun production of nutria-meal (*uji bora* and *odongo her*)

which is used to feed orphans and PLHA within the community. Funding from their small grant has also made it possible for WWDG to cover transport costs, making easier the visits to orphans in schools and homes of PLHA to provide nutria-meals.

WWDG utilized a livelihoods approach to respond to HIV in their community and grant activities have benefited over 430 members within the community, including 84 members of WWDG, 118 women, 121 orphans, 72 vulnerable children, and 20 disadvantaged men. WWDG was able to provide assistance to improve production in dairy, horticulture, and crop produce and to introduce much needed and appropriate food processing and preservation techniques. Through the training they received along with other CORE Initiative grantees, WWDG has enhanced record keeping capabilities and computer skills of members and orphans.

WWDG also grows and distributes produce to widows and orphans in their program. The project remains sustainable because WWDG is able to sell surplus produce. The profits are used to carry out and expand activities and shared with members who serve as community HBC volunteers. The WWDG integrated agro-based project, started through the CORE Initiative funded small grants program, “...continues to contribute to food security in

“The contacts established between AJWS partners in Kenya are of great assistance to us. Last year Kिलili Self-Help Project sent us a student on attachment from Manor House Agricultural Training Center who greatly helped us to improve our agricultural production.”

---Member of WWDG

Kamuma Community; it is a living testimony that food insecurity can be addressed using grassroots solutions.”¹ WWDG activities are well recognized by the local council, which has sent many groups to WWDG to learn about their activities and interventions. “WWDG policy is to intensify institutional collaboration in addressing common problems and challenges; it is for this reason [they collaborate] with all organizations funded by AJWS in Kenya, and we also share information with local women groups in Rachuonyo district.”²

With the funding WWDG received for two years from

¹ Quoted from “The Project Progress Final Report on Activities funded by AJWS/CORE Initiative from October 2004-August 2005,” Wahanda Women Development Group, Collins Opallah, Project Assistant.

² Ibid.

the CORE Initiative, WWDG has scaled up activities while maintaining their mandate and identity. Trainings and exchange sessions with other CORE Initiative grantees improved WWDG's capacity to cope with challenges it faces in mitigating the impact of HIV.

WWDG actively promotes and benefits from networking. WWDG has been able to work with various government ministries to address malnutrition by sharing information it receives from implementing activities. The nutria-care program was developed following networking and exchanging sessions with other CORE Initiative-funded AJWS grantees. Through networking and exchange, WWDG has benefited from learning shared by CORE Initiative grantees, including learning about sports and social activities from another CORE Initiative grantee, Carolina for Kibera.

TSAMACHI Network in Malawi

Representatives from ten CBOs in Malawi launched a new network designed to build community competency in responding to HIV/AIDS. The goal of the network, TSAMACHI, is to improve the health status of community members by sharing information, building relationships with other organizations, and by advocating on behalf of those infected or affected by HIV and AIDS. The CBOs that make up TSAMACHI work together to secure funding and create opportunities for cooperation which are complementary, collaborative, and which also help to strengthen their individual organizations.

The ten CBOs are current or previous recipients of small grants from the CORE Initiative. All of the organizations are working to mainstream HIV/AIDS messages in their primary functions. The network was launched after a CORE Initiative capacity-building workshop which allowed the CBOs to improve their skills in networking and advocacy. Prior to launching the network, the grantees also worked together to research community-level HIV/AIDS resources for compilation into a resource package. After compiling all of the resources that were identified, each organization customized the resource package to meet its organizational needs. Organizations will use the resource packages, which include stickers, calendars, books, and fact sheets to disseminate HIV and AIDS information in their communities.

II. Enhancing the Participation of Children in HIV Issues

HACI Grantees—Northern Uganda

In Northern Uganda, the CORE Initiative provided support to the Hope for the African Child Initiative (HACI) to scale up successful practices and interventions that involve orphans and vulnerable children, their parents, guardians, and teachers. The focus is on reducing the impact of HIV/AIDS on orphans and vulnerable children and improving the quality of their lives. As part of the activities, training and capacity building support were provided to staff at the HACI Office to enhance skills in grants management. In Gulu, Lira, and Katakwi districts, 26 CBOs/FBOs received small grants and capacity building support

to scale up successful interventions throughout the grants cycle. Training in monitoring, evaluation, and reporting was included among the many topics covered in these capacity building sessions. Through their interventions, the 26 grantees reached over 6,100 beneficiaries in the three districts. Among beneficiaries reached, 3,162 orphans and vulnerable children received socio-economic and psychosocial assistance, education, and child protection support and services from grantees.

The operating environment where grantees implemented activities is a unique one. In Northern Uganda internal conflict between the Government of Uganda and the Lord's Resistance Army (LRA) has gone on for over 20 years. Most people are internally displaced, and many have been injured, raped, or murdered as a result of the war. OVC, already vulnerable because of the loss of parents, also face rampant poverty, insecurity, and armed conflict. As a result the children are in a state of hopelessness. In these circumstances, the need for concerted community response becomes not just a necessity but an obligation. In addition, it also poses challenges in identifying the most vulnerable children for services since some children living with their parents and/or relatives experience abuse, deprivation, and exploitation. Often HIV/AIDS programs do not target rural-based primary school children and, in the absence of HIV/AIDS intervention programs targeting them, the situation for orphans will worsen, especially in resource constrained conflict areas like northern Uganda.

Small grant activities promoted and enhanced the participation of children in HIV/AIDS issues, which affect their families and communities, and enabled direct contact with OVC who are heading households. These interventions also led to stigma reduction, by influencing the way members of the community treat OVC. Interventions also influenced community attitudes towards the rights of the child and the impact of HIV/AIDS on children. Finally, activities imparted knowledge and skills that OVC ought to have in order to cope with the challenges and demands of being young leaders in their families and communities. Many interventions included equipping OVC with skills to generate income.

Grantees interacted on an individual basis and shared ideas and information on a range of issues from ensuring sustainability to providing counseling skills. However, during World AIDS Day, all nine of the grantees in the Gulu District came together to share experiences in advocating for children's rights in response to HIV. In the Lira district, grantees formed an alliance and are currently in the process of registering locally. They feel that by working as an alliance they can maximize their efforts --- using all resources available while avoiding duplication of efforts. They can also apply for larger amounts of funding so they can scale up programs and have more impact. Lessons learned from implementing CORE Initiative small grants in northern Uganda demonstrate that advocating for community commitment to the protection of children's rights to ensure their care and support in the communities where they live positively affects the outcome of child-targeted interventions.

The Gulu Community Based Management Network (GCBMN)

The Gulu Community Based Management Network (GCBMN) is a CBO founded in 1998 with the aim to increase OVC household incomes and improve the health and education

status among OVC. GCBMN implements activities in three sub counties in the Gulu district of Uganda. GCBMN began when the current project coordinator attended a training session on village savings and loans and micro credit in Canada. Upon his return to Uganda, he initiated the program, focusing on a community-centered and participatory approach to respond directly to the challenges that orphans face in enrolling in school. Members of the GCBMN board include a teacher and former micro-credit officers. Among the first intervention outreach programs GCBMN carried out was mobilization and sensitization of the community. By working at the grassroots level and including community members in the process, GCBMN has been able to make a real impact on the ground. “When you go to these sub-counties and ask about our organization, the people will tell you what we are doing on the grounds. And within the schools, we are told this is a unique Initiative, supporting orphans in the school.”³

GCBMN addresses sustainability through entrepreneurship --- guardians of OVC are trained

We had one girl, who had been living with her sister and grandmother. We provided basic information on HIV/AIDS and also how one can be affected both positively and negatively. She gave testimony, out of sadness and hearing the horrors that she learned from what was taught. She decided to speak out and continue educating herself. For example if someone harms you or someone tries to rape her, she would report it. It's encouraging that a 13 year old was willing to give a testimony but also was able to bring back and learn a lot from the training. It demonstrated that the message could be taken even further.

--- From GCBMN Lessons Learned Report

on income generating activities and savings and credit. As a result it is not only the OVC who are beneficiaries of the program but also their guardians, who are involved in savings and credit. Although the savings and credit is formalized, it is common in the villages and encourages cooperation, sharing, and division of labor. “Today a group of us will go and work in someone’s garden and help and tomorrow that person will be in a better position to assist others. We tell the beneficiaries that we are not doing anything new, but our activities are meant to complement your programs and broaden the

impact and so don’t abandon what other projects you are currently working on with other NGOs and donors (i.e. CARE, World Vision). The savings and credit was established for the purpose of not leaving the orphans and vulnerable children behind and not letting them suffer in the future.”⁴ GCBMN stresses that ensuring sustainability is the only way to reduce vulnerability.

GCBMN raises awareness about community responsibility towards OVC --- as many were abused or forced into child labor. Now communities recognize their responsibility to support them. GCBMN also conducts life skills courses for OVC. Apart from the savings and credit program to sustain clients, GCBMN also provides household support to orphans and vulnerable children and their families. In order to do this, GCBMN networks and coordinates activities within the community at the grassroots level. They work closely with

³ Quote from Gulu Community Based Management Network member during a site visit to document lessons learnt from CORE Initiative Staff.

⁴ Ibid.

people who deal with child rights and responsibility, including government departments such as the department of health, and with umbrella organizations for NGOs. GCBMN has cooperated with the Department of Veterinary Services in Gulu to encourage transfer of livestock to friends and family. GCBMN promotes giving and sharing as it benefits everyone, and encourages beneficiaries to do the same by saying, “Give and it will come back to you.” The grant from the CORE Initiative provided GCBMN with good experience on enhancing organizational capacity and effective programming. Despite the fact that the funding was spread thin on the ground because GCBMN works with so many OVC, many members of the community benefited from their interventions. GCBMN designed interventions that targeted 300, but when it came to registration they ended up supporting 415 OVC.

GCBMN provides paralegal skills and training mostly with referrals and mediations. Our customs among the Acholi people is that when the husband dies, there's the issue of inheritance and the family almost likes taking all, this was put up by their late son and they want all of it and no widow should claim any right. We are telling you that according to customs you are not repossessing properties but you are supposed to support the women to ensure that you maintain what the son in law left behind. Where we can't help we refer to the legal community and legal aid and if the harassment persists then legal aid takes them to court for redress so that the person affecting widow or orphans faces legal undertakings. It has been worst for widows who are living positively with AIDS---this one is already sick, she's going to die, often viewed [as] the one who killed our brother, and that is when cases are referred to legal aid. In the villages when you are having such cases you have the people around and it is done under the chairmanship of the local council and local committee member. In the process they also learn such a person has the right to also stay here. Who knows who was infected first and the woman may be a victim. It is getting to the community because they realize if it was done in other cases they would not have suffered.

---From GCBMN during Lessons Learned Visit

SURFACE Uganda

SURFACE Uganda mitigates the impact of HIV/AIDS by developing the social and economic capacities of communities and families affected. SURFACE Uganda believes that when communities and families achieve sufficient income, food, and nutritional securities, they are then able to support those infected or affected by HIV/AIDS and other devastating conditions. As part of their small grants activities they were able to train community members on income generation activities. These activities generate income to pay for school fees of orphans, provide medical treatment, purchase school uniforms and scholastic materials, and improve nutrition. Orphans and vulnerable children are able to receive training on life skills and the community is more aware of the HIV/AIDS- related stigma.

The Network of Development Consultants Uganda

The Network of Development Consultants Uganda (NEDCO Uganda) is a CBO which focuses on community and rural development, HIV/AIDS, sustainable agriculture, and vulnerable group support in Lira, Dokolo, and Amolatar, Uganda. NEDCO interactions with other CORE Initiative grantees have "...helped our efforts a lot in terms of sharing ideas, networking, advocacy and lobbying, and avoiding duplication of work." NEDCO along with the seven other CORE Initiative grantees in the Lira District have formed an alliance, the Mid North Integrated Development Action Group, of which NEDCO is the coordinating center and interim chairperson. Through the Mid North Integrated Development Action Group, the grantees have continued to interact with each other on financial and capacity building trainings. In Lira, stigma continues to prevent people from seeking testing and disclosing their status so members of the Mid North Integrated Development Action Group also work on stigma reduction activities together.

Dyere Tek

Dyere Tek, a People Living with HIV/AIDS Association, developed posters in Luo and disseminated them to the community and other CORE Initiative grantees. Dyere Tek was started in 1994 at a time when very few people disclosed their status after being tested and the only place to test was in Kampala. When Dyere Tek began they had 25 members; now the organization has well over 1,500 members. Members of Dyere Tek have received training on positive living and improving household incomes from ACCORD Gulu. Members work in the community and within internally displaced persons camps providing information on prevention and empowerment. Dyere Tek has a revolving loan program for members to undertake income generating activities (IGA) and programs to provide care and support to OVC. Dyere Tek believes that the IGAs are an essential part of stigma reduction activities because they promote positive living, empower individuals, and enable those affected to interact with others in the community. Dyere Tek has networking and exchange meetings regularly with other CORE Initiative grantees in Gulu district. They received support from NACWLA to develop memory books for OVC and from GCBMN on micro-financing.

Grassroots Women Association for Development

Grassroots Women Association for Development (GWAD), an indigenous NGO, started in 1998 and registered in 2002 under the Uganda National Board. GWAD's vision is to reduce poverty among the vulnerable of the grassroots community, especially women and children. GWAD's mission is to uplift and build the capacity of grassroots women, especially to enable them to respond to the needs of the community and households socially, economically and politically. Currently, GWAD is operating in 10 sub-counties of Gulu district with the hope to expand to other parts of the Acholi sub-region as resources allow. In the communities in which GWAD operates, knowledge about HIV/AIDS is still low. Many people still believe one is affected due to immoral behavior. Those that do disclose

tend to disclose their status at very late stage when they are already seriously ill. Conditions in northern Uganda, the conflict and life in the IDP camps, exacerbates the spread of HIV -- - making soldiers, internally displaced, and mobile populations more vulnerable, especially if they are not sensitized, or do not care about death since day in and day out their lives are in danger. In addition, gender-based violence (GBV) is rampant in the IDP camps, further increasing vulnerability to HIV.

GWAD implemented projects in the four sub-counties of Laruo, Koro, Ongailo and Parco for the CORE Initiative small grants program. While coordination with the beneficiaries is difficult due to insecurity and lack of transport, GWAD has been able to successfully sustain interventions with several of the families supported through the CORE Initiative grant and funds generated from IGAs. A total of 150 OVC benefited directly (and over 600 indirectly) from the CORE Initiative small grants activities that GWAD implemented. Since resources are limited, GWAD identifies orphans and families who are affected and not supported by other NGOs as their clients. GWAD advocates for the rights of OVC, especially those affected by HIV. GWAD also provides information to vulnerable groups who are often excluded in HIV programming, including the elderly and the disabled. GWAD believes it is important to work with those who are excluded as there are many misconceptions about their sexual relations and community members may believe these groups are not meant to have sex. Meanwhile the elderly are often left raising grandchildren, some of whom may be HIV positive, with little or no information on how to provide care or prevent them from being infected. In many cases parents who are still alive find it difficult to take their children for testing and talk to their children about HIV.

Laruo Child and Family Programme

Laruo Child and Family Programme supported families affected by HIV as part of their grant activities. Those affected received training on micro-finance management and vocational skills. The IGAs carried out by beneficiaries have been receiving high yields. Members begin with an initial investment of 80,000 USH and are able to then earn as much as 200,000 USH, allowing women to provide for their children and support their basic needs. Since there are so many affected families, there is great interest by everyone involved in the community to continue the program so more people can be reached. Laruo Child and Family

One of our clients is a 16 year who has lost both her parents when she was 14. When she sought social services, she was tested without her knowledge or consent. She tested positive and her brother [was] informed of her status. We were able to assist her through our training programs on positive living, basic life skills, and IGAs. Since our interventions, her health has improved dramatically. She has now re-enrolled in school and receives support for school fees. The young girl now speaks openly to other youth in the community, encouraging positive living and testing.

---From Laruo Child and Family Program

Programme also carried out community awareness sessions in collaboration with the district and provided training on basic elements of guidance and counseling.

Kangai Integrated Community Development Initiative

One of the OVC we worked with had a parent who was bed ridden. Through our programs we were able to donate a heifer and provide support for his children. Since the parent had nothing to give his child, he was relieved to know that when he passed his children would have something and would also have support. The parent was referred to a clinic where he could receive treatment and has now recovered.

---From Kangai Integrated Community Development

Kangai Integrated Community Development Initiative provides support to OVC in the community, the first intervention of its kind in the sub-county, as there are only two CBOs in the sub-county. Within the sub-county there is a population of 24,327 people, with five parishes within the sub-county. Community

leaders assisted Kangai Integrated Community Development Initiative with identifying OVC and sensitizing their plight within the community. Interventions from the small grant restored hope to OVC. Many OVC did not have information on ARVs, HIV, or the capacity to develop life skills. Prior to community sensitization campaigns, OVC faced stigma and discrimination. Kangai Integrated Community Development Initiative is networking with other organizations, including CORE Initiative grantees in the Lira District, on training and awareness campaigns. They also network so they can refer clients for services they cannot provide.

Aber Ler Youth Association

Aber Ler Youth Association assists OVC by providing training in vocational skills, including brick laying, tailoring and sewing, and woodworking. They provided training and awareness sessions for 52 OVC on psychosocial support and counseling. In addition, Aber Ler Youth Association supports advocacy for children's rights and integrate this into all aspects of their HIV programming. Aber Ler Youth Association provides HBC materials for community members, scholastic materials, and school fees for OVC. Aber Ler Youth Association works closely with community leaders and elders to implement their services and to identify OVC who need support. Through training sessions and interactions with other CORE Initiative grantees they have enhanced their capacity to manage, monitor, and report on activities they implement.

Par Pi Anyim

Par Pi Anyim realized that their support gives OVC a sense of empowerment when they implemented their program. Par Pi Anyim works specifically with female OVC as they are particularly vulnerable. "Many OVC would not have a future were it not for this program. And at least they have something to live for today and tomorrow."⁵ Par Pi Anyim provides

⁵ Par Pi Anyim Member

psychosocial counseling, information on child rights, training on vocational skills, and information on abstinence and fidelity as a prevention method. Youth who have benefited from this program now have basic life and vocational skills. Some OVC trained by Par Pi Anyim are employed by the local textile industry. With the income they now earn the OVC can pay school fees and some are even able to send funds to parents in IDP camps. Par Pi Anyim believes that networking is a critical component of sustaining activities, and they actively work with the National Council of Women Living with HIV/AIDS (NACWLA) and other youth associations. Once a month Par Pi Anyim invites local leaders and foster parents to attend sessions, which enables them to interact and share lessons and experiences. They also provide information and training on a variety of issues from HIV prevention to basics of home based care to sensitization information on child rights.

National Council of Women Living with HIV/AIDS (NACWLA)

National Council of Women Living with HIV/AIDS (NACWLA) was founded by HIV positive women in Uganda following an International HIV/AIDS Conference in Amsterdam. In 1995, Christine Atiem attended a National AIDS Conference in Uganda and decided to found a branch of NACWLA in Lira. NACWLA's mission in Lira is to unite women living with HIV/AIDS so they could support each other and also speak as a unified voice to mitigate HIV. Membership, begun with 17 women living with HIV/AIDS, is now over 950 women. NACWLA currently supports over 3,095 OVC in Lira.

Cissy Akite, a 16 year- old orphan supported by NACWLA, received training on life skills and coping with HIV. She now has skills in tailoring and sewing and often her colleagues come to her to seek advice on HIV prevention and living in an affected household. With the income she receives from her tailoring she is also able to support three of her siblings.

Cissy Akite was interviewed during a Lessons Learned Site Visit to NACWLA

NACWLA provides counseling and referral services, as well as conducting HBC visits and providing HBC kits. As part of their grant activities they trained OVC on life skills and psychosocial support. In addition, they provided training to community members on home-based care. NACWLA regularly networks with other CORE Initiative grantees in both Lira and Gula, providing support to create memory books and psychosocial counseling. They also toured with OVC beneficiaries and received training on IGAs from CORE Initiative grantees. Many grantees said they received technical assistance from NACWLA on positive living. Since NACWLA integrates OVC in their services and training, they are also able to get

support from OVC in ensuring clients adhere to their treatment: children often assist parents by reminding them to take their medication.

III. Promoting VCT through Community Advocacy Efforts

KADNORHA in Uganda

In the Kabale District of Uganda, eight FBOs and seven CBOs that received small grants from the CORE Initiative have been able to reach over 95,000 members of the community. The grantees received funding to promote VCT.

Kabale District is one of the most densely populated areas in Uganda. While implementing their activities, grantees realized that a coordinated strategy is the most effective way to reach many members of the community since resources are limited. The CORE Initiative grantees

A woman lost her husband and shortly after he died his second wife passed away. After their deaths, the woman came to Rubanda PHC to seek testing after our CBO came to sensitize her community on HIV and AIDS. The results of her tests were positive, and she came and disclosed this to us. Since our chair person was a trained counselor, she started to counsel the woman and advised her on what to do next. The woman asked to join our CBO and is now working with us and even acting in drama shows. She also gives testimonies to the community and many community members have gone on to seek VCT as a result of her testimonies.

-- Mrs. Ruayereza Teddy, Rubanda PHC

formed an association, the Kabale District Network of Organizations Responding to HIV and AIDS (KADNORHA) which includes representatives from all grantees.

The CORE Initiative grantees had benefited from interacting during their training sessions and believe that they could have more impact and improve upon their efforts if they continue to work together as an association.

Together KADNORHA members have developed a five year strategic plan for the association. The strategy

places emphasis on organizational capacity building and learning, in addition to a focused advocacy agenda for the association. KADNORHA's constitution was adopted in June 2005 and has since been disseminated not only to all the members, but also to district authorities, religious leaders, and other key stakeholders in Kabale.

KADNORHA meets at a minimum on a monthly basis but more often if there are activities to be implemented. Despite an end to funding from the CORE Initiative, KADNORHA continues to thrive and grantees continue to scale up activities. As an association, they have been promoting VCT among youth by providing information on radio, at schools with drama groups, through post test clubs, and at service centers. They are able to measure if their message is effective because the service centers ask clients how they came to learn about the facility when they come to get tested. KADNORHA has received funding from TASO and also support from churches. The grantees share IEC materials and equipment. Some grantees have trained peer counselors and drama groups. When they conduct an educational campaign in the community they are able to work together as a team and respond to the many needs of the target population. Their collaborative efforts have worked in sharing services across sub-counties as well.

Priority Areas for Intervention Identified by KADNORHA

- Increase and enhance preventative measures/interventions (cultural practices, education and sensitization, behavior change communication)
- Enhance access to treatment and other HIV services (drugs are available at health facilities, free testing and HIV services, malaria kits)
- Support affected OVC-especially child-headed households, widows, and widowers,
- Promote IGAs
- Encourage parents to talk to youth about prevention, AIDS, reproductive health issues, etc.
- Sensitize the community on HIV/AIDS through drama shows
- Provide youth with skills and/or activities for generating income and encourage youth to participate in self-help projects.
- Discourage early marriage (parents seeking dowries, youth looking for a means of support)
- Identify sponsors to provide support to poor/vulnerable households
- Give support to orphans and AIDS clients
- Promote youth friendly VCT services (through music, drama in communities)
- Enhance access to VCT services by increasing the number of testing sites and equipping them with testing kits and supplies
- Promote BCC messages for the youth on HIV prevention
- Treat opportunistic infections of HIV patients
- Address transport needs of service providers
- Sensitize youth on early marriages and teen pregnancy

People of Purpose (POP) Project

People of Purpose (POP) Project, an FBO, promoted adolescent counseling and testing. They began with a process of reviewing services offered to youth and carried out focus group meetings with youth (both in and out of school) to assess how services were being utilized and how youth were treated at the centers. POP conducted a series of sensitization activities, including a radio program on the Voice of Kigezi for 12 months, and they hosted talk shows and commercials on local radio. POP had dialogue meetings with parents and youth and conducted community outreach sessions. Through support from the CORE Initiative, POP has had 52 broadcast shows, 92 commercials, referred over 200 youth for testing, and reached over 6,500 people through community outreach sessions. Following the radio broadcast shows they received an average of 10 calls per show, receiving over 500 calls in 11 months. POP also gained technical expertise on proposal writing, reporting, financial management, communication skills, and mobilization skills. As a church-based organization

POP has a unique approach to their talk shows and through their programming they are able to reach a wide-ranging audience within the church to provide support for their campaigns.

AIDS Control Programme-Diocese of Kigezi

The AIDS Control Programme (ACP) was started in 1991 as a means of addressing the many challenges of HIV/AIDS. The ACP was implemented by the Diocese of Kigezi through its network of churches in order to reach communities at the grassroots level. It has worked for the development and promotion of social services. As part of their small grants activities, ACP conducted mobilization campaigns in churches, schools, at sports events, and local councils. They carried out sensitization programs using music and drama clubs in schools and churches. ACP also promotes VCT services. Through their efforts, awareness about HIV/AIDS is widespread and VCT services are available within the community. Since receiving their grant they have been able to set up three VCT centers and train peer educators for drama and sports groups. HIV/AIDS activities are also more integrated within the various diocesan departments.

All Saints Youth Group

The All Saints Youth Group began in 2000 under a program to carry out HIV outreach in schools and churches. The organization's mission is to ensure better livelihoods for the entire community through spiritual, education, and moral support, as well as social and economic development with emphasis on the adolescents and people affected by and infected with HIV/AIDS. The All Saints Youth Group conducted sensitization campaigns through music, dance, and drama groups. They also carried out sports outreach programs and galas, showed films, held educational talks, and conducted home visitations as part of their grant activities. Initially, The All Saints Youth Group's area of coverage was limited to schools and churches within the municipality that could be reached by foot. Since receiving the grant, The All Saints Youth Group has scaled up its activities and increased the area of coverage. Participating in the KADNORA network with other CORE Initiative grantees has enabled All Saints Youth Group to share several views and develop ideas on how sustainability can be achieved. "There is a great need to continuously interact in order to increase on the stature of group cohesion as one organ to spearhead our ideas as one common and concrete voice"⁶.

More support is needed in networking to source funds, raise awareness, and give technical backstopping. Drama, music, and dance events benefit those who attend the shows--whether old or young. HIV campaigns using drama, music, and dance have helped members of the All Saints Youth Group acquire drama skills. The All Saints Youth Group has participated in provincial and national HIV/AIDS campaign competitions and won the national competition. As a result of winning the competition they were able to reach wider audiences and their programs have been video-taped and distributed. The key beneficiaries of the All Saints Youth Group are the youth and their parents and guardians.

⁶ Quote from Member of All Saints Youth Group who participated in the Lessons Learned workshop.

Buhara AIDS Control Program

The Buhara AIDS Control Program began in 1998 as a small church-based organization under the license of the diocese of Kabale. As part of the small grant activities they provided training for counselors, established drama and post test clubs, and trained peer educators from seven parishes. Those trained conducted sensitization programs in schools and health education talks within the community. Through their interventions more people sought VCT services and enrolled in post test club and drama groups. The Buhara AIDS Control Program also established support groups for people living with HIV.

Butare Bakyara Tukore

Butare Bakyara Tukore trained peer parents to sensitize youth on VCT and sensitized youth on VCT services through music, dance, and drama as part of their grant activities. Since starting their interventions, the number of youth who have accessed VCT services has increased. Parents now also have skills to teach youth about VCT and HIV prevention. Youth have gained confidence to seek information about HIV and AIDS and available services.

Hamurwa Abakazi Tweyombekyo Association

Hamurwa Abakazi Tweyombekyo Association was established in 2000 and provides services in the Hamurwa sub-county of Kabale district. Hamurwa Abakazi Tweyombekyo Association's grant activities are focused on increasing awareness on the promotion of youth VCT activities. Hamurwa Abakazi Tweyombekyo Association trained youth peer educators to promote VCT, conducted drama shows in six parishes promoting VCT, provided HBC training for affected families, and trained peer parents and peer parent educators as part of their interventions. Since implementing activities, more members of the community are willing to seek VCT services and there is greater acceptance of PLHA. Family members are now able to provide HBC with support through HBC teams.

Karujanga Parish Fighters of AIDS Project

Karujanga Parish Fighters of AIDS Project operates in the Rubaya sub-county of Kabale District. Karujanga Parish Fighters of AIDS Project's mission is to sensitize the community about HIV/AIDS; help orphans in schools with scholastic materials; and help those in need in the community. With funding from the CORE Initiative, Karujanga Parish Fighters of AIDS Project conducted behavior change workshops for youth, trained drama groups, hosted mobilization meetings, organized VCT outreaches, held education talks, and conducted home visits. Following VCT outreach conducted by Karujanga Parish Fighters of

Lydia Micungwe was married and had eight children. Her last born child fell sick and eventually died. Then the husband also fell sick for almost 10 years and eventually also died. After the deaths of both her husband and her child, the wife suspected that they were bewitched. When sensitization activities that our organization carried out were conducted, she learned about HIV/AIDS, how one becomes infected and also about VCT. She voluntarily sought VCT services and she tested positive. Following this she realized that her husband and child died of AIDS-related complications and decided to join the drama group and give testimonies about the importance of getting tested.

--- Member of Karujanga Parish Fighters of AIDS Project during Kabale Lessons Learnt Workshon.

AIDS Project, over 350 people sought testing. Several parish members openly disclosed their status and shared personal testimonies after testing positive.

Kamwezi Women's Effort to Save the Orphans and Youth from HIV/AIDS

Kamwezi Women's Effort to Save the Orphans and Youth from HIV/AIDS (KAWESO) began as a revolving fund group in Kayebe Village in the Kabale District of Uganda. When some members of KAWESO passed away due to AIDS-related complications, members decided to support their children. They found many other orphans in the sub-county and the group decided to support other orphans in need as well. They received a grant from the CORE Initiative to carry out sensitization campaigns in the community, raise awareness about HIV/AIDS among adolescents, and promote VCT. They trained community counseling aides, held educational talks about HIV/AIDS, and provided scholastic materials for OVC. KAWESO also provides support to families on property rights and coping with illness. After training 24 community counseling aides, they went to schools and churches to give educational talks about HIV/AIDS. Attendees of educational talks included 969 youths and 367 adults. Out of those sensitized, 57 youth went to VCT and were given referral letters to enable them to use the services at Kamwezi.

Kitanga Health Centre III

Kitanga Health Centre III first began implementing HIV/AIDS programs in 2004. Since receiving their small grant from the CORE Initiative, they have established voluntary counseling and testing at Kitanga Health Centre, conducted awareness sessions on HIV/AIDS through drama and film shows, held behavior change workshops about HIV and AIDS, conducted home visits, and provided support to PLHA on accessing services. As a result of their interventions more parents talk to their children about HIV and many people have sought VCT services.

Muhanga Women Development Association

Muhanga Women Development Association started as a sub project in November 2002 by 20 women who felt that HIV positive people, pregnant women, families affected by HIV/AIDS, and married couples needed some assistance. Muhanga Women Development Association carried out community VCT mobilization campaigns on the radio and at local council and church meetings as part of their grant activities. They also held drama shows, education talks, and conducted home visits and training workshops within the community. Muhanga Women Development Association has seen an increase in youth accessing VCT services since they implemented activities. There is also increased awareness about HIV/AIDS within the community.

Rugarama Health Centre IV

Rugarama Health Centre IV reached 4,820 youths through music and dance awareness campaigns. As a result of their small grants activities 500 community members joined post test clubs they established, and 1,606 youth were tested at their centers. Rugarama Health Centre IV operates in the Kabale district and works as a team to offer quality services to meet the community's physical, mental, and spiritual needs.

Rushoroza Community Based Health Care

Rushoroza Community Based Health Care started in September 1986 and was registered with Uganda Community Based Health Care Association in October 1986. Rushoroza Community Based Health Care gradually expanded interventions through initiation of several community-based health care projects. Among many, the major one promoted the health status of communities through sensitization on water and sanitation, food and nutrition, antenatal care, immunization, and, in 1998, sensitization on HIV and AIDS. In 2003 Rushoroza Community Based Health Care opened a Kabale District AIDS counseling and information services network. They also started a youth group and youth post test club in the same year. Rushoroza Community Based Health Care received a CORE Initiative small grant to promote VCT services among youth, for which they trained community counseling aides, opened two counseling centers, and held community talks in schools. Many youth who have attended Rushoroza Community Based Health Care music and drama awareness sessions have sought testing and joined post test clubs.

IV. Expanding the Faith-Based Response through Networks

ANERELA

The African Network of Religious Leaders Living with or Personally Affected by HIV & AIDS (ANERELA+) is a network of religious leaders living with or personally affected by

HIV and AIDS. The network was founded in November 2002 in response to the growing realization that stigma, shame, denial and discrimination were significant barriers keeping religious leaders who were living with HIV from being able to access care and support related to HIV and AIDS. The Network reaches out to religious leaders of all faiths. ANERELA+ now numbers 1,572 members of many faiths from 23 countries in Africa. Its country networks include: SANERELA+ (South Africa), KENERELA+ (Kenya), UNERELA+ (Uganda), RWANERELA+ (Rwanda), MANERELA+ (Malawi), TANERELA+ (Tanzania), ZANERELA+, (Zambia), CONERELA+ (DRC), NINERELA+ (Nigeria), and ZINERELA+ (Zimbabwe).

Its members with their unique experience of living with HIV and AIDS are resources in terms of assisting all faith communities, NGOs, CBOs and governments to deal proactively with stigma, shame, denial, discrimination, inaction and misaction. They are sources of accurate and comprehensive information in the response to HIV and AIDS, and agents of attitude and programmatic change in congregations, communities, countries and continents for up-scaled prevention, care, treatment and impact mitigation.

ANERELA+ continues to address the following issues:

1. Despite the massive investment in prevention and treatment programs we still have not managed to contain new HIV infections (*Numbers of new infections still far outstrip number of people being put on treatment*);
2. Many people are coming far too late to access HIV related services for treatments to be truly effective and to meaningfully impact prevention;
3. Many more are dying on the waiting lists to access ART (*Available drugs and health infrastructure cannot cope with current numbers let alone allow for expansion of services*);
4. 90-95% of people living with HIV (PLWH) do not know that they are HIV+ (*Thus they continue to expose themselves, their loved ones and unborn children to risk of infection*);
5. Focusing exclusively on individual behavior change without similar focus on community, national and global behavior change;
6. Promoting a sense of false security among those who know themselves to be sexually faithful or abstinent (*as HIV has other routes of transmission and abstinence for girls and women is usually misinterpreted as relating to vaginal penetration only*);
7. Demonizing PLWH as immoral, sexually loose and irresponsible;
8. Polarizing people in unhelpful debates on “Abstinence Only” or “Harm Reduction” debates (*not realizing that it is Combination Prevention approaches that have the most impact*);
9. Focusing only on sexual routes of transmission at the expense of all other routes of transmission that are also real and worrying.