TERMINAL EVALUATION REPORT OF ZAM198/002 AND ZAM196/003

AN EVALUATION COMMISSIONED BY: THE UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

Lusaka, Zambia

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Table of Contents

(B) ANNEXES

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to carry out this terminal evaluation.

However, the views expressed in this evaluation report are those of the Evaluation
Team and should, therefore, not be taken to be representative of the Ministry of Health,
Central Board of Health, the District Health Management Boards, Tasintha, People
Living with HIV/AIDS, UNDP or any other party. Furthermore, responsibility for any
errors of fact or misinterpretation is also that of the Evaluation Team.

List of abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BHCP	Basic Health Care Package
CBO	Community Based Organisation
CBoH	Central Board of Health
CCSA	Community Care And Support Agents
CBS	Community Based Structure
CHBC	Community Home- Based Care
CHW	Community Health Workers
CP(s)	Cooperating Partner(s)
CSW	Commercial Sex Worker
DHB	District Health Board
DHMT	District Health Management Team
DOTS	Direct Observe Treatment - Short course
FINNIDA	Finish International Development Agency.
GRZ	Government of the Republic of Zambia
HAART	Highly Active Antiretroviral Treatment
HB	Hospital Board
HBC	Home Based Care

HCHealth Centre	
HCC	Health Centre Committee
HIPC	Heavy Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
HSR	Health Sector Reform
IEC	Information, Education, and Communication
IGA	Income Generating Activities
IMR	Infant Mortality Rate
JHAM	Joint Health (pre) Appraisal
JIFR	Joint Identification and Formulation Report
ZK	Kwacha (exchange rate at the time of evaluation 3700K:1 US$).
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Rate / Ratio
MoH	Ministry of Health
MTCT	Mother to Child Transmission
NGO	Non-govern mental Organisation
NHC	Neighbourhood Health Committee
NHSP	National Health Strategic Plan (2001-2005)
NORAD	Norwegian Agency for Development
OVC	Orphans And Vulnerable Children
PHO	Provincial Health Office
PHT	Provincial Health Team
PLWA	People Living With AIDS
PHD	Provincial Health Director
PRSP	Poverty Reduction Strategy Paper.
SFH	Society for Family Health
SWAP	Sector Wide Approach

TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendant.
TOR	Terms of Reference.
UN	United Nations
UNAIDS	United Nation Joint and Co-sponsored Programme on AIDS
UNDP	United Nation Development Programme
UNICEF	United Nation Children's Fund
UNPFA	United Nations Population and Family Agency
USAID	United States Assistance For International Development
US $	United States Dollar

UTHUniversity Teaching Hospital
VCT Voluntary Counseling and Testing
WVI World Vision International
WLSA Women And Law In Southern Africa
WHO World Health Organisation
WB World Bank

EXECUTIVE SUMMARY

I Background

The major thrust of the Health Sector Reform is to strengthen district health systems to provide a defined set of cost effective basic health services. This requires decentralisation of financial and administrative powers to district level and through their boards active involvement of the communities to participate in the decision making process.

In order to strengthen the multisectoral and multidimensional response to HIV/ AIDS epidemic in Zambia, the Government has established the national HIV /AIDS /STD /TB council. The council is tasked with formulating, reviewing policies and coordinating HIV /AIDS/ STD/TB activities to ensure effective monitoring and evaluation of programmes and activities.

(a) The main objective of the project Community oriented prevention, care and support -ZAM/98/002, is to develop sustainable and replicable models of community oriented HIV/AIDS prevention care and support system including income generation and food security initiatives with special emphasis on gender issues.

(b) The main objectives of project to support NGO activities for the prevention and control of HIV/AIDS -ZAM/96/003,are:

(i) Tasintha

- To develop skills training and income generation activities for women and girls in need in order to empower them towards making a positive living.
- To motivate those engaged in prostitution towards changed behaviours and life styles.

(ii) **Objectives of NZP+**

The main objective of NZP+ is to improve the quality of life of people with HIV/AIDS through the formation and strengthening of support groups of people with HIV/AIDS

specifically, the organization has the mandate to:

- Protect and promote the rights, interests and responsibility of people with HIV/AIDS
- **Help reduce stigma attached to HIV/AIDS and people with HIVIAIDS through the narration of personal experiences of people living with HIV/AIDS**

Expected output:

Expected output of the evaluation was to learn and document experiences highlighting:

1) The capacity of different institutions involved in UNDP supported programmes
2) Expectations and desires of different stakeholders involved in the community
Home Based care and vulnerable groups interventions and programmes 3) Provide different possible scenarios for institutionalisation of
Lessons learned from the project and replication, as well as
Provide follow-up activities to make these scenarios a
reality for Possible up scaling the process.

2. Key Findings:

2.1 Project ZAM/98/002 Community oriented prevention, care and support (I) Devastating effects of HIV/AIDS on the Zambian community

The evaluation team observed that the devastating effects of HIV/AIDS are felt at all levels of the community. In all the project sites visited, the community openly expressed great concerns about the negative effects of HIV/AIDS especially on young peoples' lives and community's capacity to develop. The growing number of orphans due to HIV/AIDS is one of the major burdens HIV/AIDS places on the society and women particularly given the high poverty levels. The UNDP HIV/AIDS project is therefore, responding to real community felt problem.

(II) IEC Material

The evaluation team observed that all stakeholders recognise that IEC is a backbone for the successful implementation of HBC programmes. This

recognition is translated into various IEC strategies and activities such as drama groups, group discussions and development of IEC materials. However, it was observed that in general there was a shortage of IEC materials, both in local languages and English.

Behavior - Change

Another observation is that the project is reported to make a positive impact in increasing knowledge and promoting positive behaviors such as use of condoms especially among the youth and breaking the silence about HIV/AIDS in the general community. However, it was difficult for the evaluation team to document this accurately because there was no baseline data and the monitoring and evaluation aspect of the project is very weak.

(III) Resource mobilisatoin and income generating activities

Resources are available primarily from two sources, internally and externally. Resource mobilization is principally aimed at increasing the net resources (i.e. cash, in-kind, technical etc.) effectively available and appropriately used to fight HIV/AIDS epidemic. During the site visits, the evaluation team observed a critical shortage of all kinds of resources.
It was further observed that HBC programmes' activities could not be sustained in the absence of viable IGAs. All the sites visited had initiated various IGAs and were at various stages of implementation. Generally, the IGAs components of HBC programme are not performing well due to lack of project management, knowledge

and skills to identify, design and effectively manage IGAs and inadequate
resources.

Poverty

The evaluation team observed that poverty is widespread and deeply rooted in all the project sites. This exacerbates the situation of HIV/ AIDS. The Home Based Care groups visited recognize the synergistic relationship between HIV/AIDS and poverty. Therefore, the UNDP and other stakeholders' support to both HIV/AIDS and PRSP should be cognizant of this fact and poverty reduction strategies should be integral part of HIV/AIDS strategies.

Systems Development.

The evaluation team observed that, the UNDPHIV/AIDS support to HBC did not focus much on systems development. The departure of the IUNV IEC specialist at CBOH had created a vacuum at the national

level as there was no counterpart to under study him. Further, the project did not succeed in establishing formal linkages between various levels of care (especially the higher levels). **IUNVs/NUNVs**

During the site visits, the evaluation team observed that in addition to financial support UNDP renders to the project sites, it has seconded both international and national UNVs. The UNVs were stationed at all five project sites. It was the view of the evaluation team that UNVs intended objective have been met (detail UNVs evaluation - 2000). However, the team's concern was the limited number of UNVs and their limited competencies in IEC, IGAs and Advocacy largely due to inadequate training.

Project coverage

The evaluation team observed that whilst the stakeholders acknowledged the contribution of UNDP HIV/AIDS supported project on the prevention, care and support activities in the community, the coverage of the project activities is limited to the immediate HC catchment areas thereby benefiting, a small population of the community.

Community Participation

Generally community problems are resolved through either community development technical approach (prescriptive), which has not done well in the past, or the spontaneous community involvement (consultative). The evaluation team

observed some elements of both top down and bottom-up approaches. In some of the sites visited, volunteers were sacrificing personal facilities, such as bicycles to perform home-based care activities. This is a clear demonstration of ownership, commitment and willingness to participate on a voluntary basis. **Constraints**

The evaluation team observed the following weaknesses:

- Both the community and DHMT still perceived the project to be

designed by UNDP Lusaka

- A general shortage of IEC materials especially in local languages in most of the project sites visited
- The UNDP HIV/AIDS support to HBC did not focus much on system development but more on service delivery.
- The documentation aspects especially monitoring and evaluation was lacking
- The coverage of the project activities is limited to the immediate HC catchment areas thereby benefiting a small population of the community
- The project is skewed towards top-down approache rather than bottom-up

Summary Recommendations

Consistence with key findings on the general results of the project highlighted at item 3 above, the following recommendations are made: **Scaling-up of UNDP HIVIAIDS CHBC**

In view of the devastating effects of HIV/AIDS felt at all levels of the community, it is strongly recommended that UNDP HIV/AIDS community oriented prevention care and support project is strengthened and scaled up.

IEC Material

It is recommended that development of IEC materials be given priority and that related innovative strategies to facilitate utilization and evaluation of the impact of IEC materials at community level need to be identified and developed. **Focus on C HBC**

The evaluation team recommends that UNDP continue to focus its support on home based care intervention as it has a clear comparative advantage by targeting its resources on critical preventive, care and support activities. It is further recommended that UNDP and CID should continue to support IGAs as a means of empowering the community to support household care communities and that future IGAs interventions should address these identified constraints.

Project design

It is recommended that in the reformulation cycle for the next project phase , there shall be a project re-orientation to prepare all the stakeholders, through interacti ve workshops on re-defining the roles and responsibilities of DHMT and re conceptualization of the project to reflect the concerns observed in the first phase.

9

Poverty

UNDP and other stakeholders should continue supporting both the National HIV/AIDS Strategic Framework and PRSP taking cognizance that poverty reduction strategies are an integral part of HIV/AIDS strategies. **Systems Development.**

It is recommended that, future project formulation should invest more in system development to facilitate sustainability of programmes and services. **IUNVs/NUN Vs**

The team made the following four key recommendations:

- The UNVs support programme should be continued
- Recruitment of national UNVs should be preferred to international UNVs
- Widen their scope in terms of competencies in relation to their professional training.
- Consideration should be made to increase their numbers in all supported site **areas.**

Project coverage

To increase coverage and adequately respond to this HIV/AIDS national crisis, close collaboration among co-operating partners through the National Strategic Framework should be reinforced.

Community Participation

It is recommended that community stakeholders at various levels (church, school, section and village) are fully and actively involved in the planning and implementation processes of the community home based care activities

Lessons learnt

- It is almost impossible to run a community home based care

programme without viable IGAs to support it. In order to strengthen community home based care activities, it is important to train community volunteers in various aspects of HIV/AIDS, home based care skills and business management in general. In addition, appropriate business ventures with potential to grow should be identified.

- Communities are not homogeneous, therefore, it should not be

Assumed that a community oriented prevention, care and support project, which is

successful in one given area, will automatically be successful in another

area if replicated.

- It is important to ensure that accountability and transparence

Is strictly adhered to in the management and operation of the home based care

groups as these principles enhance and promote community

participation in the home based care activities.

- The DHMT members should be prepared to engage with

Communities on equal partnership, bearing in mind that to help does not

necessarily mean taking over the responsibility of the communities.

Poverty seems to be to a larger extent mindset phenomena. Therefore, strategies for poverty reduction should include working on the mindset.

2.2. Support to NGO activities for the prevention and control of HIV/AIDS (a) Tasintha

Design

During the design process, the project made an assumption that the main reason that drives individuals into sex work is the need for money. Based on this assumption, skills training were viewed as the most appropriate approach for addressing sex workers need for money. However, current skills training is not adequate to generate meaningfully returns in monetary terms to sustain sex workers preferred high style of life as a result they fall back to sex work. **Key findings**

The UNDP support to Tasintha was mainly aimed at building

capacity to enable the project undertake skills training in various IGAs. Though indicators to **asses** the impact of UNDP support were not identified, the evaluation team concluded that the UNPD support has contributed to building the training capacity of Tasintha through the purchase of block making, knitting and tailoring machines which are still functioning. The support from UNDP has benefited sex workers through knowledge and skills empowerment.

Other positive results include that reformed sex workers are now leading positive lives and accepted in their comminutes. For example seven of the reformed sex workers interviewed during this evaluation reported that they were happily married and are respected in their communities. Approaches empowering sex workers with knowledge and skills to prevent HIV/AIDS/STIs are more appropriate than approaches focusing on inappropriate and not profit-making IGAs. Lack of financial rewards, act as a push back factor to the streets as some of reformed sex workers relapse and return to sex work for more money because the current IGAs they are engaged in are not profitable.

Constraints

! Reformed sex workers not empowered to negotiate and use condoms in marriage.

! The project lacks adequate funding especially for community outreach activities (i.e., peer-education and follow-up activities) and continuation of IGAs. At the time of the evaluation, most IGAs were suspended due to lack of materials and resources. In addition the project was not actively recruiting new sex workers.

The last time the project recruited SWS was in 1998.

Monitoring and Evaluation of the project focus on funding not on project services and impact.

Summary recommendations

- The project is providing a commendable service. It needs to be

supported in order for it to meet and strengthen its services and expand its activities beyond Lusaka. Specifically, the project needs resources for outreach activities, recruit new sex workers and assist reformed sex workers to start own business. At the time of this evaluation the reformed sex workers were not actively engaged, as there were no materials for IGAs.

- The project needs to strengthen its advocacy component because usually sex workers are projected negatively. For example, sex workers are usually arrested while their clients (males) go free. There is therefore, a need to lobby for the integration of sex workers in the society and to remove the stigma.
- There is a need to reassess the IGAs component of the project in order to identity appropriate ventures with potential to grow at generate Adequate funds, which will make a positive difference and impact on targeted groups.
- The high drop out rate among peer-educators calls for innovative interventions to keep peer-educators motivated and committed for the purpose they are trained for.
- Like in other related areas (i.e., family planning) sex worker interventions should actively involve men because sexuality involves two partners (usually male and females). Particularly those men have more control in sexual and reproductive health matters.

Lessons learnt

- Sex has become more sophisticated. A decade ago, sex workers were largely girls who have never been to formal school. However, lack of employment opportunities on the market and high poverty levels limit the options of school leavers. As a result about 75% of girls currently involved in sex work especially at nightspots have completed secondary education. This calls for new approaches to deal with sex workers especially in HIV/AIDS prevention and care.
- Sex workers life style is expensive and requires more money. For example sex work requires high mobility as a result sex workers rely on hired transport (taxis) and in general sex workers prefer an easy life, so they do not have time for home making i.e. cooking, they would rather buy ready prepared fish and chips. To maintain this life style, sex workers find that current IGAs are not profitable and this has a negative impact on their life patterns, as they tend to go back to the street where they can make more money easily. The challenge for this project is to find innovative IGAs with potential to grow and make profit.
- Limitations attached to some donor funds at times result in identification of in appropriate IGAs. For example, in general sex workers prefer trading but most donor funds cannot support this

activity and Inadequate and inconsistent flow of funds makes it difficult to scale up and follow-up activities out of Lusaka funds at times off mark.

(b) Network for People Living with HIV/AIDS-NZP+
Key findings:

1) The evaluation team has been able to establish that the implementation of NZP+'s main activities has been consistent with the initial organization plan and schedule. For instance, the following planned activities have been implemented at the time of the evaluation: Mobilization of people living with HIV/AIDS to establish a forum for sharing information, Dissemination of information: A book on "Food for People Living with HIV/ AIDS in order to help them live qualitative lives; Training of role models to disseminate information on prevention/control of HIV/AIDS has been done.
2) The Organization has developed a cadre of well-trained and dedicated support groups through capacity-building workshops in leadership skills, and formation and strengthening of support groups in all regions of the country. These support groups are seen as rays of hope in the fight against HIV/AIDS as they indicate that community and Voluntary initiatives can work with financial and technical assistance from relevant stakeholders. Discussions with project staff revealed that people have had a positive relationship with the support groups. This was said to be having a good effect on the dedication of the groups

Constraints:

Although the organization has the mandate of enhancing the economic empowerment of people living with HIV/AIDS through Income Generating Activities, this objective has not been realised mainly because of inconsistent and erratic funding as well as inadequate training for most PLWAs in business management.

Recommedations

1. To ensure sustainability of the NGO, UNDP and other stakeholders should work towards building its capacity to

address other development issues such as IGAs and involvement in agriculture and sustainability in addition to HIV/ AIDS. Currently, the organization has not successfully integrated development needs and HIV - Specific issues

2. In addressing the issue of sustainability of support groups, human resource management should be emphasized. This may include issues such as proper implementation of IGAs to sustain support group members, provision of periodic training and education.

3 Although decentralization of NZP+ activities to provincial and district levels should be encouraged and enhanced, this should be gradual and accompanied by training to increase
capabilities at lower levels.

Conclusition:

(a) ZAM/98/002 -Community Oriented Prevention Care And Support Project The evaluation team observes that to a certain extent, the project achieved its objective in terms of developing sustainable and replicable models of community oriented HIV/AIDS prevention care and support system including Gas and food security
initiatives with special emphasizes gender issues.

(b) Support to NGO activities for the prevention and control of HIV/AIDS),Tasintha and Network for People Living with HIV/ AIDS-NZP.

Similary, despite constraints observed by the evaluation team, it is the teams view that both sub components of this project successfully achieved their main objectives.

i

However, despite these modest successes, the evaluation team wishes to
encourage UNDP in general terms to continue developing its

partnerships with

other stakeholders. This partnership could be enhanced through;

UNDP strengthening its partnership with other UN agencies the Bretton Woods Institutions through UNAIDS co-sponsors and bi-lateral country programme cooperation.

(ii). Strengthening the capacity of the National HIV/AIDS Council in its mandate to formulate and coordinate all HIV activities in the country.

(iii). UNDP choice either to focus on system development or service delivery. This is a real dilemma, which many development agencies experience in the face of the magnitude of HIV/AIDS in Zambia.

(iv). A deliberate move away from technical approach (top-down-prescriptive) in solving community problems towards the community involvement/participation approach (bottom-up-consultative) which is sustainable

(v). Since poverty exacerbates the spread of HIV and that the HBC, taking cognizance of this relationship, there are opportunities to fight the spread of HIV/AIDS through the poverty reduction paper (PRS

1. HEALTH SECTOR POLICY AND INSTITUTION ENVIRONMENT

Background:

Poor health indicators, a highly centralized and inefficient health care system was among the reasons for Zambia to initiate Health Sector Reforms in the early nineties. The newly elected Government in 1991 accelerated progress. The reform movement adopted the vision **"To provide Zambians with equity of access to cost-effective, quality health care as close to the family as possible".** The major thrust of the reform

was to strengthen district health systems to provide a defined set of cost effective basic health services. This required decentralisation of financial and administrative powers to district level and through their boards active involvement of the communities to participate in the decision making process. The Ministry of Health defined six levels of service delivery, namely; the household, the community, health post, health center, the district, the provincial/general hospital, and the central hospital, including UTH, at which the cost effective health care package was to be delivered.

In order to strengthen the multisectoral and multidimensional response, the government has established the national HIV /AIDS /STD /TB council. The council has representation from a cross section of society such as government, NGOs, private sector, religious organizations, youth, traditional leaders and people living with HIV /AIDS.

The council is tasked with formulating and reviewing policies and coordinating HIV /AIDS/ STD/TB activities to ensure effective monitoring and evaluation of programmes and activities. The council reports to the committee of cabinet ministers on HIV/AIDS.

The community has also responded to the crisis by developing various initiatives and infrastructure aimed at mitigating the impact of the scourge on the family and society. This is being done through programmes such as home-based care, orphan support, income-generation and community support groups for both the infected and affected.

Two strategies support such responses:

1. Community mobilization to build ownership of the problem and its solutions. 2. Support from various government sectors, UN agencies, bilateral, to provide services and/or support system development.

It was against this institutional environment that the UNDP supported HIV/AIDS project was implemented.

At the national level, the project falls under the Ministry of Health (MOH) and is implemented by the Central Board of Health (CBoH). The

Director of Planning at the MOH and the Director of Public Health and Research at CBoH are overall supervisors.

At the regional level, it is under the Regional Health Office while at the district level, the project falls under the District Health Management Teams (DHMTs). At the community level, the project is under the urban and rural health centers.

The UNDP HIV/AIDS community home based care activities are coordinated by NUNVs and facilitated by the Neighbourhood Health Committees (NHCs) Community Health Workers (CHWs) and Community Health.

2. OBJECTIVES OF THE PROJECTS.

1.Project: Community oriented HIV/AIDS prevention, care and support (ZAM/98/002).

Main Objective:

To develop sustainable and replicable models of community oriented HIV/AIDS

prevention care and support system including income generation and food security initiatives with special emphasis on gender issues.

Specific Objectives:

Objective 1: To strengthen community and home based care and support for people with HIV/AIDS and their families in the target communities.

Objective 2: **To strengthen community information, education and** Communication in HIV/AIDS care and prevention and assisting the development of appropriate behavioural change strategies at district level.

Objective 3: **To identify community needs and resources for community Mobilization, income generating activities and food supplementation Objective 4:** To strengthen national level capacity to support a community Oriented IEC and behaviour change response to HIV/AIDS.

Objective 5: To document and share project successes and failures to assist

Other districts in the surrounding areas develop similar projects. **Design of the Project**

The overall strategy for the UNDP HIV/AIDS project is anchored on the Home Based Community Oriented Approach, involving the community. However, the people interviewed at both DHMT and community level perceived the project to be designed by UNDP, Lusaka. The DHMT, HC staff and the community got involved at the implementation stage.

2. Supports To NGO Activities For The Prevention And Control Of HIV/AIDS (ZAM/96/003).

Specific Objectives:

2.1 Tasintha

- To develop skills training and income generation activities for women and girls in need in order to empower them towards making a positive living.
- To motivate those engaged in prostitution towards changed behaviours and life styles.
- To try and address health issues of female sex workers in relation to HIV/AIDS.
- To disseminate information on HIV/AIDS to sex workers and their customers among the public and make them aware of the dangers of prostitutions as a trade and promote safer sex.
- To organize counseling and provide health care services and advice to sex workers in need.
- To create awareness among policy makers, youth leaders, teachers and the general public about the situation and needs of women and girls.
- To educate young girls about positive sexual behaviour.
- To raise funds and other resources for such activities.

2.2 Network of People Living with HIV /Al DS(NZP+)

The main objective of NZP+ is to improve the quality of life of people with HIV/AIDS through the formation and strengthening of support groups of people with HIV/AIDS specifically, the organization has the mandate to: a. Protect and promote the rights, interests and responsibility of people with HIV/AIDS

b. Help reduce stigma attached to HIV/AIDS and people with HIV/AIDS through the narration of personal experiences of people living with HIV/AIDS

c. Form and strengthen support groups of people living with HIV/AIDS

d. Contribute to AIDS prevention and mitigation efforts

e. Facilitate the involvement and representation of people living with HIV/AIDS.

3. TERMS OF REFERENCE

To provide lessons learnt of the institutional environment in which the UNDP supported HIV/AIDS support projects in Zambia operated, and based on the experiences map out possible scenarios for future support.

The specific issues to be considered are:

3.1 Examine the present institutional environment and its constraints related to UNDP's support to HIV/AIDS at district and national level

3.2 Assess the willingness and readiness of the community and vulnerable groups to improve the situation as a replicable and sustainable model of Home based Care and NGO support to HIV/AIDS

3.3 Provide recommendations beyond the programme life and assess facts that have a bearing on these types of programmes

3.4 Outline a few possible and realistic scenarios that can be implemented with the support of various stakeholders within the community

3.5 Find out the status and strategies of various ministries and partners pending policies that will have a bearing on work at the local level in the community and in working with NGOs

3.6To conduct wide consultations in the community with a view to elaborating recommendations on Zambia' long term care prevention and support strategies for individuals and communities living with HIV/AIDS and in supporting vulnerable groups

3.7 Assess the situation and effectiveness of the United Nations Volunteers and provide recommendations as to how these should be sustained in the competitive market

EXPECTED OUTPUTS

The output of the consultancy will be a lesson learnt report highlighting:

1. Evaluate the capacity of different institutions involved in the UNDP HIV/AIDS supported programmes
2. Describe the expectations and desires of different stakeholders involved in the Community Home Based Care and vulnerable groups interventions and programmes
3. Provide different possible scenarios for institutionalizing of lessons learnt from the programme and replication as well as provide follow up activities to make these scenarios a reality for possible up scaling the process

4 METHODOLOGY AND LIMITATIONS

(a) Methodology

The evaluation of the Community - oriented prevention, care and

support project, and or the prevention support to NGO activities and control of HIV/AIDS was based mainly on qualitative methods of data collection. These include the following:

a. Review of the documents relating to the programme and to implementation of the UNDP support. The document reviewed include the mid - term assessment report; terminal evaluation of ZAM/91/003: the UNV technical support to strengthen Community oriented prevention, care and support programmes, UNDP report on " UNDP responds to HIV/AIDS in Zambia (1991 - 2001)"; Tasintha and NZP+ terminal reports; and project records at the implementation sites.

b. Focus Group Discussions, in - depth interviews and key informant interviews with major stakeholders and programme beneficiaries. The stakeholders include government officials (Ministry of Health, Central Board of Health, Provincial Directors of Health in implementation sites, and Programme Staff at DHMT, Tasintha, NZPT, Donors and members of support groups.

(b) Limitations

1. Due to limitation of time, the evaluation team was unable to observe support groups when providing Support to affected people through Community - Based Home Care. As a result, the team was limited in its ability to assess the effectiveness of the prevention programmes.
2. It has not been possible to conduct a comprehensive impact assessment because of the non - availability of baseline data in the project sites visited.

5. PROJECT: COMMUNITY ORIENTED PREVENTION, CARE AND SUPPORT **(ZAM/98/002).**

5.1 Lessons Learnt and expected output (a)

Lessons learnt

(i) It is almost impossible to run a community home based care programme without viable IGAs to support it. In order to strengthen community home based care activities, it is also important to train community volunteers in various aspects of HIV/AIDS, home based care skills and business management

in general.

(ii) It is important for collaborating partners to assist the community home based care volunteers develop 'monitoring indicators' for assessing the project impact. Apart from assessing the project impact, such indicators will be useful in capturing necessary information needed for future scaling up of the UNDP HIV/AIDS project.

(iii) It is important to carry out the needs assessment exercise in the Target community before introducing any community oriented prevention care and support activity as the exercise enhances participation and evokes the spirit of community ownership of the project.

(iv) Communities are not homogeneous, therefore, it should not be assumed that a community oriented prevention, care and support project, which is successful in one given area, will automatically be successful in another area if replicated.

(v) It is important to ensure that accountability and transparence Is strictly adhered to in the management and operation of the homebased care groups as these principles enhance and promote community participation in the home based care activities.

(vi)The DHMT members should be prepared to engage with Communities on equal partnership, bearing in mind that to help does not necessarily mean taking over the responsibility of the communities.

(vii) Poverty seems to be to a larger extent mind phenomena. Therefore, strategies for poverty reduction should include working on the mindset.

(Viii) Although the UNDP HIV/AIDS supported project operates within

The DHMT auspices, the DHMT has not been actively involved in the supervision of the project staff at HC and community level. This is attributed to poor integration of UNDP HIV/AIDS supported

projects into the DHMT plan of action during the first phase of the project.

(ix) The project is addressing a felt problem but perceptions that the Project is conceived and initiated by UNDP, not by the DHMT has a slow effect on the ownership process and negates sustainability of the project.

(x) Lack of transport affects mobility of project staff and supervisory activities. Heavy reliance on 4 wheel drive vehicles is not cost effective and sustainable especially given the high poverty levels in the district and the country in general.

(b) Expected output:

The output of the consultancy was to learn and document experiences highlighting:

(I) The capacity of different institutions involved in UNDP supported programmes:

a) UNVS,

Two sites had one IUNVS each. NUNVs capacity to engage with various CBC groups is limited in terms of their numbers, competences and coverage. During the site visits the evaluation team observed that on the average each of the five sites had three National UNVs and that competences to deal with complex community problems were limited. Their coverage was limited because of lack of adequate transport and other logistics and materials ie IEC materials.

b) Community

The major constraint observed by the evaluation team was that of low education by the majority of team members. This constrains them to fully comprehend and critically analyze the dynamics of community mobilization and participation. Furthermore, they lacked technical knowledge to manage for example IGAs and advocacy issues. High poverty levels in the community undermine capacity to mobilize resources for the project and to create time to participate in community activities because people are busy with survival issues.

c) DHMT

The districts are still in a transitional period of viewing HIV/AIDS as a medical problem as opposed to a social problem. They are also constrained by lack of adequate knowledge in social sciences to engage

with the communities on equal partnership. This is compounded by lack of resources (transport and shortage of personnel) and logistics.

d) HCs,

Health centers have the potential to be the focal point in the fight against HIV/AIDS. But they lack adequate infrastructure, competences and logistics.

d) National/provincial

The National level has not been technically involved in the implementation of this project. For example the agenda for IEC was left at the district level and organizational structures below it but not at the provincial or national levels.

e) UNDP

UNDP has limited capacity to fight HIV/AIDS on its own. Therefore, it needs to continue its collaborative efforts with the bilaterals, MOH/ CBoH, NGOs and other UN agencies such as WFP, UNAIDS, WHO, UNICEF etc.

2) Expectations and desires of different stakeholders involved in the community Home Based care and vulnerable groups interventions and programmes

Expectations vary from one level to another. Therefore, the evaluation team observed as follows:

a) UNVS

The expectation of the UNVs is that UNDP will continue the implementation of the project and that it will provide adequate logistical support.

b) Community

The expectation of the communities visited is that the UNDP will continue the implementation of the project and that there will be no delays in the funding of activities. Further more, consideration of payment of allowances to CBC group members will be given attention.

c) HCs

The HCs expect the project to continue and that more HBC groups and resources be made available. Further, more logistics to consolidate and scale up the project will be provided.

d) DHMT

The DHMT expects that the project will be continued and that the coverage will be increased. Further more, additional resources and logistics will be made available. In addition, DHMTs expects increased involvement in the planning, designing and decision making process.

e) National/provincial

At the national and provincial levels, the expectation is that they will be more involved in the design and implementation of project.

f) UNDP

HIV/AIDS is a major problem, which requires concerted effort from all stakeholders. Therefore, the expectation of UNDP is to involve all stakeholders in the implementation of the project.

3) Provide different possible scenarios for institutionalisations of Lessons learned from the project and replication, as well as Provide follow-up activities to make these scenarios a reality for Possible up scaling the process.

The possible scenarios for institutionalizations of lessons learned from the project and replication are reflected in the concluding section of the report. However, the provision of follow-up activities to make these scenarios a reality for possible scaling up are contained in the section dealing with key findings and recommendations.

5.2 Key Findings and Recommendations

The key findings and recommendations of this evaluation report are presented by objectives. In addition, general crosscutting issues and recommendations are also discussed and presented in the same manner.

Objective 1:

To strengthen community home based care and support for people living with HIV/AIDS and their families in target communities

The evaluation team observed that the devastating effects of HIV/AIDS are felt at all levels of the community. In all the project sites visited, the community openly expressed great concerns about the negative effects of HIV/AIDS especially on young peoples' lives and community's capacity to develop. For example, the growing number of orphans due to HIV/AIDS is one of the major burdens HIV/AIDS

places on the society and women particularly given the high poverty levels. The UNDP HIV/AIDS project is therefore, responding to real community felt problems. In view of this, it is strongly recommended that UNDP HIV/AIDS community oriented prevention care and support project is strengthened and scaled up.

Objective 2:

To strengthen community information, education and communication in HIV/AIDS care and prevention and assisting the development of appropriate behavioural change strategies at district level

The evaluation team observed that all stakeholders recognize that IEC is a backbone for the successful implementation of HBC programmes. This recognition is translated into various IEC strategies and activities such as drama groups, group discussions and development of IEC materials. However, it was observed that in general there was a shortage of IEC materials, both in local languages and English. It is recommended that development of IEC materials be given priority and that related innovative strategies to facilitate utilization and evaluation of the impact of IEC materials at community level need to be identified and developed. **Objective 3:**

To identify community needs and resources for community mobilisation, income

generating activities and food supplementation

Resources are available primarily from two sources, internally and externally. Resource mobilization is principally aimed at increasing the net resources (i.e. cash, in-kind, technical etc.) effectively available and appropriately used to fight HIV/AIDS epidemic.

During the site visits, the evaluation team observed a critical shortage of all kinds of resources.

It was further observed that HBC programmes' activities could not be sustained in the absence of viable IGAs. All the sites visited had initiated various IGAs and were at various stages of implementation. Generally, the IGAs components of HBC programme are not performing well due to lack of project management, knowledge and skills to identify, design and effectively manage IGAs and inadequate resources.

The evaluation team recommends that UNDP continue to focus its support on home based care intervention as it has a clear comparative advantage by targeting its resources on critical preventive, care and support activities. It is further recommended that UNDP and CP should continue to support IGAs as a means of empowering the community to support household care communities and that future IGAs interventions should address these identified constraints.

Objective 4:

To strengthen national level capacity to support a community oriented IEC and behaviour change response to HIV/AIDS

Although the a national IUNV IEC Specialist attached to the National Programme developed IEC material in conjunction with CBOH, there was no skills transfer at national level

A consequence of this is that there was generally a shortage of IEC materials in most of the sites visited and this was affecting the volunteers' effectiveness in their home

based care activities. However, to cope with this situation, volunteers in some of the project sites were developing IEC materials in partnership with other stakeholders.

The evaluation team recommends that aspects of IEC materials developed at the community level (as the case is at Livingstone and Mansa project sites) can be improved on and subsequently incorporated at the national level thereby strengthening the national IEC capacity.

Objective 5:

To document and share project successes and failures to assist other districts in the surrounding areas develop similar projects

Documentation is important to capture both failures and successes. What is even more important is to document failures so that others can learn from them. The evaluation team observed in the project sites visited that the documentation aspect especially monitoring and evaluation was lacking. Due to lack of documentation, it was difficult for the evaluation team to establish the progress (or lack of it) especially without baseline data before UNDP HIV/AIDS community oriented care and support project was established.

In view of this, it is recommended that periodic/mid - term reviews, should be carried out within the framework of health management information system (HMIS) of the CBoH.

General Findings and Recommendations

Design of the Project

The overall strategy for the UNDP HIV/AIDS project is anchored on the Home Based Community Oriented Approach, involving the community. However, the people interviewed at both DHMT and community level perceived the project to be designed by UNDP, Lusaka. The DHMT, HC staff and the community got involved at the implementation stage.

It is recommended that there be a project re-orientation to prepare all the stake holders, through interactive workshops on re-defining the roles and responsibilities of

DHMT
and re-conceptualization of the project to reflect the concerns observed in the first
phase.

Poverty

Poverty is widespread and deeply rooted in all the project sites. This exacerbates the situation of HIV/AIDS. The Home Based Care groups visited recognize the synergistic
relationship between HIV/AIDS and poverty. Therefore, the UNDID and other stakeholders' support to both HIV/AIDS and PRSP should be cognizant of this fact and
poverty reduction strategies should be integral part of HIV/AIDS strategies. Systems Development.

The evaluation team observed that, the UNDPHIV/AIDS support to HBC did not focus
much on systems development. The departure of the IUNV IEC specialist at CB OH
had created a vacuum at the national level as there was no counterpart to unde r study
him. Further, the project did not succeed in establishing formal linkages betwe en
various levels of care (especially the higher levels). It is therefore, recommende d that,
future project should invest more into system development to facilitate sustain ability of
programs and services.

IUNVs/NUN Vs

During the site visits, the evaluation team observed that in addition to financial support
UNDP renders to the project sites, it has seconded both international and national
UNVs. The UNVs were stationed at all five project sites. It was the view of the
evaluation team that UNVs intended objective have been met (detail UNVs evaluation -
2000). However, the team's concern was the limited number of UNVs and their limited
competencies in IEC, IGAs and Advocacy largely due to inadequate training.

The team therefore, made the following four key recommendations:

- The UNVs support programme should be continued
- Recruitment of national UNVs should be preferred to international

UNVs

- Widen their scope in terms of competencies in relation to their professional training.
- Consideration should be made to increase their numbers in all supported site **areas.**

Project coverage

The evaluation team observed that whilst the stakeholders acknowledged the contribution of UNDID HIV/AIDS supported project on the prevention, care and support activities in the community, the coverage of the project activities is limited to the immediate HC catchment areas thereby benefiting, a small population of the community.

To increase coverage and adequately respond to this national crisis, close collaboration among co-operating partners through the National Strategic Framework should be reinforced.

Community Participation

Generally community problems are resolved through community development technical approach (prescriptive), which has not done well in the past. Therefore, the alternative is spontaneous community involvement (consultative). The evaluation team observed some elements of both top down and bottom-up approaches. In some of the sites visited, volunteers were sacrificing personal facilities, such as bicycles to perform home-based care activities. This is a clear demonstration of ownership, commitment and willingness to participate on a voluntary basis.

It is recommended that community stakeholders at various levels (church, school, section and village) are fully and actively involved in the planning and implementation processes of the community home based care activities.

6. PROJECT: SUPPORT TO NGO ACTIVITIES FOR THE PREVENTION AND CONTROL Of HIV/AIDS (ZAM/96/003).

NETWORK FOR PEOPLE LIVING WITH HIV/AIDS (

NZP+) 1.**Organization Description**

Network for People Living with HIV/AIDS (NZP+) was established in Lusaka in 1996 as the Zambian Branch of the Network of Africa people living with HIV/AIDS, which was conceptualized, by two young people living with HIV while attending a UNDP sponsored capacity building workshop in Sally Portugal, Senegal, 1993. The two young people, David Chipanta from Zambia and Michael Nganga from Kenya, felt isolated and unsupported in their countries and that networking across borders could help build solidarity and confidence among people living with HIV/AIDS in Africa.

NZP+ was established to improve the quality of life of people with HIV/AIDS by actively pursuing three issues, which are communication, support, and representation of people with HIV/ AIDS in issues affecting them.

Objectives of NZP+

The main objective of NZP+ is to improve the quality of life of people with HIV/AIDS through the formation and strengthening of support groups of people with HIV/AIDS specifically, the organization has the mandate to: f. protect and promote the rights, interests and responsibility of people with HIV/AIDS

g. Help reduce stigma attached to HIV/AIDS and people with HIV/AIDS through the narration of personal experiences of people living with HIV/AIDS

h. Form and strengthen support groups of people living with HIV/AIDS

i. Contribute to AIDS prevention and mitigation efforts

j. Facilitate the involvement and representation of people living with HIV/AIDS.

KEY FINDINGS

The results are categorised according to the organization's objectives.

Objective 1: To initiate and support innovative strategies to ensure that

PLWA Participate in AIDS Care and Prevention

NZP+ has since its formation played a major role in encouraging many people living with HIV/AIDS to come out and be part of the response against AIDS. In all the provinces of Zambia, there are now people with HIV/AIDS who are willing to tell their personal experiences and get involved in HIV prevention. Through outreach programmes, PLWAs in all the nine provinces are sharing their personal experiences in workplaces, schools, and churches. NZP+ has also over the years held monthly AIDS debates on different, topics to bring people who don't usually talk about AIDS to discuss the issue. As a result, many people are freely talking about AIDS. Some of the results of this are the increase in the number of support groups of PWLAs formed country wide, and the rise in the number of people seeking VCT services due to the reduction in the stigma associated with HIV/AIDS. Since its formation in 1996 the number of PLWAs who are members of NZP+ has risen from 28 to 4,000 countrywide. A quarterly newsletter is being produced to disseminate information relating to care and support, treatment, experiences and lessons learnt in HIV/AIDS management.

Brochures and posters on people living with HIV/AIDS have also been produced. For instance, NZP+ has produced ten thousand copies of booklets on "Food For People Living with HIV/AIDS" in English and 7 local languages with support from UNDP. Most of the brochures and posters are aimed at normalizing the attitudes that people have towards Pleas.

Objective 2: To Facilitate Formation of Country Networks and Support Groups of PLWAs

Since its inception, NZP+ has facilitated the formation of country networks

and support groups of PLWA in the country. Provincial groups have also been formed to improve coordination and communication with PLWA. At the same time, progress has been made in ensuring that at least one person living with HIV/AIDS sits on the District Health Task Forces to ensure that the plight of PLWA in Zambia is raised. The NZA+ is also represented in the National HIV/AIDS Council.

Objective 3: To Lobby Commitment to Protect the basic human rights

Of everyone including PLWA

NZP+ has lobbied and continues to advocate for issues affecting people with HIV/AIDS through high profiled local and international events such as the World AIDS Day, candle light Memorial and Mobilization of International Conference on AIDS and STDs in Africa (ICASA) and its Annual General Conference. Specific meetings with relevant
authorities on particular matters have been held. The organization has also organized the 1st Annual General Conference for PLWAs, which has been followed up with nine provincial workshops to all provinces of Zambia. It has also been offering specialization presentations on positive living and personal experience of living with HIV Infection.

NZP+ has also established the HIV/AIDS human rights Referral Centre. The centre was established to help people who have been victimised as a result of their HIV status. It screens cases and makes referrals to appropriate services for legal redress and social services. It is possible to go directly to one of the legal service organizations. However, the referral centre helps to ensure an appropriate service response by screening clients and referring them to organizations that have agreed to handle cases of discrimination. These organizations include the National Legal Aid Clinic for Women, YWCA, Women and Law in Southern Africa (WLSA), Legal Resources Foundation, KARA Counseling Training Trust, YMCA,

and Victim Support Unit. All these organizations offer free legal assistance. Plans are underway to include the Law Association of Zambia (LAZ) in this network.

NZP+ has also been developing the capacity of support groups of people affected by HIV/AIDS to improve their welfare through self-help measures and mobilization of resources. Some of the groups have been assisted to develop skills in proposal development and linked to donors. For instance, in year 2000, 30 individuals in groups of 10 were supported with training in "starting your business". **LESSONS LEARNT**

1. The organization fits into the Zambian HIV/AIDS policy framework because it focuses on People Living with HIV/AIDS as an ideal peer group to act as role models in the prevention and control of HIV/ AIDS. It also falls within the mandate of UNDP, which emphasizes prevention, and control of HIV/AIDS as an

effective strategy of assisting member states in achieving sustainable Human Development. The project is also being represented at provincial and district levels and this is consistent with the decentralization process within the Ministry of Health whose main emphasis is the delegation of health service management to the district level.

2. **Apart from assistance from UNDP, the NGO fits well into other sources of external support because it allows for other donors to contribute to its program activities. For instance, HIVOS contributes to meeting administrative and workshop costs; USAID has contributed US$38,000 for various expenses while the FUTURES GROUP International has been funding the Human Rights Centre. Thus, UNDP has played a key role in ensuring sustainability of the organization after pulling out through linking it to other Donors. Some of the Donors have contributed to capacity building of the NGO through training in various skills. For instance, in the Year 2000, with support from UNAIDS 30 PLWAs were trained in business management. Thus, UNDP has been helpful in**

conceiving the organization, which accentuates collaboration and coordination in which different donors, and other stakeholders contribute to the successful implementation of the project. This has been made possible by the comparative advantage of UNDP as it has a well-established network with other donors and government ministries.

3. **Although the organization has the mandate of enhancing the economic empowerment of people living with HIV/AIDS through Income Generating Activities, this objective has not been realised mainly because of inconsistent and erratic funding as well as inadequate training for most PLWAs in business management.**
4. **The Organization has developed a cadre of well-trained and dedicated support groups through capacity-building workshops in leadership skills, and formation and strengthening of support groups in all regions of the country. These support groups are seen as rays of hope in the fight against HIV/AIDS as they indicate that community and Voluntary initiatives can work with financial and technical assistance from relevant stakeholders. Discussions with project staff revealed**

that people have had a positive relationship with the support groups. This was said to be having a good effect on the dedication of the groups.

5. The evaluation team has been able to establish that the implementation of NZP+'s main activities has been consistent with the initial organization plan and schedule. For instance, the following planned activities have been implemented at the time of the evaluation: Mobilization of people living with HIV/AIDS to establish a forum for sharing information, Dissemination of information: A book on "Food for People Living with HIV/AIDS in order to help them live qualitative lives; Training of role models to disseminate information on prevention/control of HIV/AIDS has been done.

What remains to be done is to enhance and expand the activities. **RECOMMENDATIONS**

3. To ensure sustainability of the NGO, UNDP and other stakeholders should work towards building its capacity to address other development issues such as IGAs and involvement in agriculture and sustainability in addition to HIV/ AIDS.
4. With technical assistance from UNDP, NZP+ should carry out periodic needs assessments for people living with HIV/AIDS, their families, their caregivers and the community in general.
5. In addressing the issue of sustainability of support groups, human resource management should be emphasized. This may include issues such as proper implementation of IGAs to sustain support group members, provision of periodic training and education.
4. **Although decentralization of NZP+ activities to provincial and district levels should be encouraged and enhanced, this should be gradual and accompanied by training to increase capabilities at lower levels.**

TASINTHA PROJECT

Background.

TASINTHA is a grass root non-governmental organization (NGO) established in 1992. The overall objective is to promote positive living through promotion of alternative behavior and living patterns. The primary targets of the project are women and children sex workers. Currently, project activities are in six districts (Lusaka, Chingola,

Mpika, Mpulungu and Nakonde. However, project activities are more established in Lusaka.

To meet its objectives, the project is engaged in four broad activities.

- Advocacy and resource mobilization;
- STIs/HIV/AIDS awareness;

•Health support and counseling and
- Income generating activities (IGAs).

UNDP support was mainly to build capacity for training in IGAs. Advocacy and resource mobilization.

Tasintha is funded by various donors and well wishers (Table 1). UNDP supported Tasintha for the period 1996 - 1998. The support was mainly for capacity building such as purchase of equipment needed for training in IGAs. The UNDID funds were also used for operational costs such as staff salaries, telephone and fuel. The evaluation team observed that the advocacy component of the project is not developed.

During UNDPs support, the organization had a number of advocacy and awareness programmes, e.g. sharing of personal experiences on TV and their transformation (kusintha after skills training with Tasintha.

Sources and Pur ose of Fundin for TASINTHA Pro ect 1992-2001

Donor	Amount (US$ and ZK)		**Purpose**
FINIDA		ZK 800,000 + ZK 1,500,000	Income Generating Activities
USAID	US $10,000.00		Skills Training Equipment
Christian Council of Zambia and Lutheran World Federation		ZK 3,000,000	Health Schemes at UTH
UNICEF	Not Costed		Salaries, Furniture and Equipment
World Council of Churches	US$ 5,000.00		Administrative Costs
South African Mission			Drama group training

HIVOS Zimbabwe	DM 350,000.00		Capital and recurrent costs
WHO	Not Costed		Condoms and other health accessories inter-schools
WHO - National AIDS Program		ZK 3,000,000	Inter-school to debate workshops on the youth and HIV/AIDS
World Food Program	Not costed		Food rations
UNDID **(1996-1998)**	US $ 303,920.00		-Capacity building / Training -HIV/AIDS awareness workshops / Study tours Project management costs -Operational costs, telephone, fuel, salaries and travel -Purchase of income generating activities (block-making, knitting and tailoring machines)
Finish Embassy (December 1996)	ZK 2,597,402.60		-Income generating activities (sisal, knitting) -Drama -Peer education -Pre-school and literacy
Netherlands Embassy	ZK 412,000,000.00 ZK 6,749,000.00 **ZK 29,289,473** (January 1997)		-Business management training -Research, education and HIV/AIDS awareness
NORAD	ZK 42,000,000.00		-Contribution towards purchase of TASINTHA Training Centre

WHO (September 1999)	ZK 13,000,000.00		Home basic care
Project from rental of building and sale of product.	Not costed		Running costs of the center

HIV/AIDS Awareness.

The main strategy used in the awareness campaign focused on recruitmen t of sex workers (women and children) from the streets and nightspots. About 7,00 0 sex workers have been recruited since 1992 and of these about 20% have reformed. Once sex workers are recruited they receive group and individualized counseling about various aspects of HIV/AIDS such as transmission, prevention, condom us

e and family planning.

Though no systematic impact evaluation has been conducted, the project is reported to be making a positive impact. It is increasing knowledge about HIV/AIDS and life saving skills among sex workers. In addition, sex workers are adopting positive behaviors i.e., going public; starting own income generating ventures e.t.c. Going public has benefited the community especially considering that one sex worker has several clients (sexual partners).

Success stories have also been observed, for example, in 1997, concerned parents of a 13 year old girl involved in sex work, approached Tasintha for assistance. They reported that their daughter ran away from school while in grade 9 and she was involved in prostitution, stealing, sleeping away from home for several nights as a resulting from peer pressure. After counseling by the project nurse, the girl apologized to her parents and went back to school. She is now in grade 12 and appreciates what the project has done for her and she maintains a personal relationship with the project nurse.

Other success stories include reformed sex workers who are now productive in various industries, one is running a tailoring shop at city market in Lusaka and two girls work as auto mechanics in Lusaka and South Africa.

Health Support

Increasing knowledge alone is not adequate to bring about desired behavioral changes and life styles. Consequently, health support and income generating activities complement the efforts towards HIV/AIDS awareness and are integral parts of the TASINTHA strategy aimed at reforming sex workers. Health support mainly involves screening and treatment for STIs and counseling for HIV/AIDS as well as referral services for higher level treatment and testing for HIV/AIDS at Kalingalinga

HC and
KARA counseling respectively. To facilitate effective quality treatment of S
TIs, the
project established a health center at its premises. This was particularly im
portant
because sex workers including those interviewed during this review reporte
d that the
regular health care system is not friendly to the special position and needs
of sex
workers.
Major obstacle to receiving care from regular health facilities is the require
ment to bring
sexual partners in order to get treatment. This is a major challenge for sex
workers
who have multiple sexual workers whom they may know very little about.
Another
obstacle to receiving care at regular health facilities is lack of privacy; often
sex workers
who seek care at public health facilities are received with hostility and
ridicule.
36

Because of these problems sex workers resorted to ineffective self-
prescribed and/or
traditional remedies. Establishment of health facility at the centers address
es these
problems and facilitates effective treatment of STIs. The health centers
facility provides
free drugs for STIs and other minor ailments, referral service, family
planning and
antenatal services.
Because of the negative experiences sex workers were experiencing at ` regular' health
facilities, the health care support through health center services is meeting
the sex
workers needs for health services and has a positive impact of reducing th
e prevalence
of STIs among sex workers. For example, now only few sex workers get
pregnant. In
1997, 28 new antenatal cases were recorded compared to only 5 cases in
the year
2000. This may suggest that sex workers are adopting positive behaviors
such as
condom use and family planning. And the health center has opened its
doors to the

general community removing the stigma attached to HIV/AIDS. **Income Generating Activities.**

Provision of skills is envisioned as an empowering process to prevent sex workers from going back to sex work. Knowledge and skills learnt through this project are used to develop and support careers among sex workers in various areas namely, block making, poultry development, tailoring, knitting, production of sisal products, bakery, auto-mechanic, textile design (tie and dye batik) and saloon (hairdressing). This evaluation revealed that while IGAs have a key role in empowering sex workers to earn a living and have alternative life styles. Current IGAs are not appropriate and are not profitable.

This realization has prompted the project to cut down on some IGAs such as tie and die batik and hair saloon. This will allow focusing on viable projects such as block making and poultry business. Because IGAs are not profit making to match the high demand for money by sex workers, the project has realized that the best approach is to give sex workers knowledge and skills to prevent STIs and HIV/AIDS so that they can prevent themselves from STIs/HIV/AIDS. However, due to lack of funds, most IGAs activities were not operating at the time of the evaluation **Linking Prevention and Care.**

In its initial stages, TASINTHA targeted sex workers with the objectives of increasing their knowledge about HIV/AIDS, promoting safer sex, treatment of STIs and economic empowerment. Over time the project has realized that the narrow approach targeting sex workers, excluding the community they live in and their clients cannot bring about long term desired behavioral changes. This realization resulted in the development of community outreach program targeting the community, school going children and sex workers' clients. Community education strategies through drama and peer-education

are used to link prevention and care.
With support from German Technical Support to Zambia (GTZ), TASINTHA trained 32
peer-educators focusing on STIs/HIV/AIDS prevention and condom use as well as
psycho -social counseling for children especially those who were sexually abused.
Peer educators carry out community education through drama and individual/group
discussions. The peer education approach has the potential to bring about desired
changes because practicing sex workers identify with reformed sex workers.
However, out of the 32 peer-educators trained, only 10 are still active and this number
is not adequate to meet the identified need. Few could not continue with the peer

education activities due to ill health while five died. The majority drops out due to lack
of financial incentives.
Another activity, linking HIV/AIDS prevention and care target school going children at both primary and secondary level. The primary objective of this program is to empower children with knowledge and skills and to give them options to prevent STIs/HIV/AIDS. More so because the project observed that school dropouts at all levels especially girls
enter sex work due to lack of alternatives and put themselves at risk of HIV/AIDS. **Results.**

The UNDP support to Tasintha was mainly aimed at building capacity to enable the
project undertake skills training in various IGAs. Though indicators to asses the impact
of UNDP support were not identified, the evaluation team concluded that the UNPD
support has contributed to building the training capacity of Tasintha through the
purchase of block making, knitting and tailoring machines which are still functioning.
The support from UNDP has benefited sex workers through knowledge and skills
empowerment.
Other positive results include that reformed sex workers are now leading positive lives

and accepted in their communities. For example seven of the reformed sex workers interviewed during this evaluation reported that they were happily married and are respected in their communities.

Approaches empowering sex workers with knowledge and skills to prevent STIs/HIV/AIDS are more appropriate than approaches focusing on inappropriate and not profit-making IGAs. Lack of financial rewards, act as a push back factor to the streets as some of reformed sex workers relapse and return to sex work for more money because the current IGAs they are engaged in are not profitable.

Reformed sex workers not empowered to negotiate and use condoms in marriage. Five reformed sex workers interviewed during this evaluation were not using condoms in marriage they cited difficulties in convincing their spouses to use condoms,

! The project lacks adequate funding especially for community outreach activities (i.e., peer-education and follow-up activities) and continuation of IGAs. At the time of the evaluation, most IGAs were suspended due to lack of materials and resources. In addition the project was not actively recruiting new sex workers. The last time the project recruited SWS was in 1997.

! Monitoring and Evaluation of the project focus on funding not on project services and impact.

Lessons Learnt

Sex has become more sophisticated. A decade ago, sex workers were largely girls who have never been to formal school. However, lack of employment opportunities on the market and high poverty levels limit the options of school leavers. As a result about 75% of girls currently involved in sex work especially at nightspots have completed

secondary education. This calls for new approaches to deal with sex workers especially in HIV/AIDS prevention and care.

Strategies targeting sex workers without involving their Community cannot be
successful. Future sex worker interventions in HIV/AIDS need to target sex workers in
the context of their socio - economic environment, taking cognisance of their clients
and social networks.
Sex workers life style is expensive and requires more money. For example sex work
requires high mobility as a result sex workers rely on hired transport (taxis) and in
general sex worker s prefer an easy life, so they do not have time for hom e making
i.e. cooking, they would rather buy ready prepared fish and chips. To maintain this life
style, sex workers find that current IGAs are not profitable and this has a n egative
impact on their life patterns, as they tend to go back to the street where they can make
more money easily. The challenge for this project is to find innovative IGAs with
potential to grow a make profit.
Limitations attached to some donor funds at times result in identification of in
appropriate IGAs. For example, in general sex workers prefer trading but most donor
funds cannot support this activity and Inadequate and inconsistent flow of funds makes
it difficult to scale up and follow-up activities out of Lusaka.
The project has no adequate plan to assist reformed sex workers transform the
knowledge and skills acquired through
training in IGAs. **Recommendations.**

- The project is providing a commendable service. It needs to be supported in order for it to meet and strengthen its services and expand its activities beyond Lusaka. Specifically, the project needs resources for outreach activities, recruit new sex workers and assist reformed sex workers to start own business. At the time of this evaluation the reformed sex workers were not actively engaged, as there were no materials for IGAs.
- The project needs to strengthen its advocacy component because usually sex workers are projected negatively. For example, sex workers are usually arrested while their clients (males) go free. There is therefore a need to lobby for the integration of sex workers in the

society and to remove the stigma.

- There is a need to reassess the IGAs component of the project in order to identity appropriate ventures with potential to grow and generate Adequate funds, which will make a positive difference and impact on targeted groups.
- The high drop out rate among peer-educators calls for innovative interventions to keep peer-educators motivated and committed to the purpose they are trained for.
- Like in other related areas (i.e., family planning) sex worker interventions should actively involve men because sexuality involves two partners (usually male and females). Particularly those men have more control in sexual and reproductive health matters.

CONCLUSION

(a). Specific issues

The evaluation team observes that to a certain extent, ZAM/98/002 - Community Oriented Prevention Care And Support Project, has achieved its objective in terms of developing sustainable and replicable models of community oriented HIV/AIDS

prevention care and support system including IGAs and food security initiatives with special emphasizes on gender issues.

However, the following weaknesses were observed:

- Both the community and DHMT still perceived the project to be designed by UNDP Lusaka
- A general shortage of EC materials especially in local languages in most of the project sites visited
- The UNDID HIV/AIDS support to HBC did not focus much on system development but more on service delivery.
- The documentation aspects especially monitoring and evaluation was lacking
- The coverage of the project activities is limited to the immediate HC catchment areas thereby benefiting a small population of the community
- The project is skewed towards top-down approached rather than bottom-up

(b). **Possible realistic scenarios for institutionalizing lessons learnt**

Since HIV requires multi-sectoral and multidimensional response, the evaluation

team

draws the following scenarios for institutionalizing the lessons learnt:

(i). UNDP strengthening its partnership with other UN agencies the Bretton Woods

Institutions through UNAIDS co-sponsors and bi-lateral country programme cooperation.

(ii). Strengthening the capacity of the National HIV/AIDS Council in its mandate to formulate and coordinate all HIV activities in the country.

(iii). UNDP choice either to focus on system development or service delivery. This is a real dilemma, which many development agencies experience in the face of the magnitude of HIV/AIDS in Zambia.

(iv). A deliberate move away from technical approach (top-down-prescriptive) in solving community problems towards the community involvement/participation approach (bottom-up- consultative) which is sustainable

(v). Since poverty exacerbates the spread of HIV and that the HBC, which we vested, take cognizant of this relationship, there are opportunities to fight the spread of HIV/AIDS through the poverty reduction paper (PRSP)