

Office of Health and HIV/AIDS, Africare

Youth empowerment and support (YES!) project

A Southern Africa experience

**YES! to positive health-seeking behavior
YES! to high levels of self-esteem
YES! to the ABC approach
YES! for an AIDS-free life**

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Youth empowerment and support (YES!) project: a Southern Africa experience

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ABSTRACT

Africa has the world's youngest population, with the youth constituting 33% of the total population. Sub-Saharan Africa is home to 70% of young people living with HIV/AIDS and 90% of the AIDS orphans in the world. Vulnerability to HIV/AIDS is compounded by gender and age, making young people and women in particular more likely to contract the virus than others. The age distribution of HIV infection in Africa is skewed towards younger females, with infection rates among teenage girls five times higher than teenage boys in some countries. The Youth Empowerment and Support (YES!) Project was designed to prevent the spread of HIV/AIDS and expand risk reduction choices among the most vulnerable youth from 15 to 24 years in Malawi, Zambia and South Africa. The objectives of the project were to: (1) support the adoption of HIV/AIDS prevention best practices by 30 youth CBI; (2) Increase by 50% the utilization by youth of HIV/AIDS prevention services in target areas; and (3) Build greater community capacity and support for youth-sensitive policies and services. The project was evaluated by an independent consultant, Dr. Edward Green at the end of the two-year project period. The purpose of the final evaluation was to measure the impact of YES! on the 30 CBIs that participated in the project. The qualitative evaluation methodology included a desk review of project documents (periodic reports, monitoring tools, best practices, etc.) visits to each country to interview at least five CBIs and participating stakeholders.

Major findings: the YES! model is low-cost, low-tech, culturally appropriate, sustainable, and to a great extent, non-dependent on outside technical assistance; YES! serves as a good example of projects targeting the general population. It puts the emphasis on primary prevention rather than on risk reduction only, and it accomplished this through the same interpersonal, face-to-face information, education and communication (IEC) or behavior change communication (BCC) strategies that has been used successfully in Uganda; YES! takes dramas to villages and schools and depicts the key behaviors the place youth and others at risk in dramas; and it tries to influence group norms by fostering community dialogue and highlighting dangerous realities, for example, teachers who seduce or entice their students.

YES! to positive health seeking behavior

YES! to high levels of self-esteem

YES! to the ABC approach

YES! for an AIDS free life

HIV/AIDS IN SOUTHERN AFRICA

Africa has the world's youngest population, with youth constituting 33% of the total population. Unfortunately this young population is being affected and infected by HIV/AIDS at an increasingly alarming rate. Sub-Saharan Africa is home to 70% of young people living with HIV/AIDS and 90% of the AIDS orphans. Vulnerability to HIV/AIDS is compounded by gender and age, with infection rates among teenage girls exponentially higher than teenage boys in some African countries. For instance, among Zambian youth between the age of 15 and 19, 16% of girls and only 1% of boys are HIV-positive¹.

Recent national behavioral surveys by DHS, PSI, LoveLife, Capetown University, etc are showing that more males and females 15-19 are delaying sex, or practicing "secondary virginity" (e.g., 55% of South African youth, 64% of Zambian youth). And most of those who are sexually active are reporting only one sex partner in the past year. Although this data is contested, it emphasizes the need for risk avoidance and risk reduction messages that target not only high risk youth but the general youth population as well.

Risk avoidance messages encourage youth to avoid risk all together by abstaining from sex and can be targeted towards youth who have never had sex or youth practicing "secondary virginity". Alternatively, risk reduction messages encourage sexually active youth to use condoms 100% of the time and practice fidelity to reduce their chances of contracting HIV/AIDS when sexually active². The risk reduction fidelity messages are especially important in Africa given the cultural acceptance of multiple long-term concurrent sexual relationships. Studies comparing epidemics in populations that practice monogamy versus multiple long-term concurrent relationships have shown that the latter can result in an epidemic up to ten times larger than in monogamous populations³.

Although mass media Information, Education and Communication (IEC) is often the method of choice when targeting the general population, there is now ample evidence that interpersonal, face-to-face education or behavior change communication (BCC) from locally respected sources may be required to actually motivate behavior change. Knowledge alone does not always motivate action, especially in youth. Issues regarding HIV/AIDS need to be personalized and not just memorized sexual facts. In Uganda "Open social networks" where people talked about HIV/AIDS and often knew someone who was infected or affect is credited with promoting widespread behavior change⁴. Furthermore, youth need to be provided with skills to communicate their concerns or desires during a sexual encounter⁵, because without these skills, youth's knowledge cannot be put to good use. The Community

¹ Mane, Purnima & McCauley, Ann. "Impact of sexually transmitted infections including AIDS on adolescents: a global perspective" <http://www.who.int/reproductive-health/publications/towards_adulthood/22.pdf >

² Green, Edward C. et al. "Evidence that demands action: Comparing risk avoidance and risk reduction strategies for HIV prevention." Medical Institute for sexual health

³ Halperin, Daniel T & Helen Epstein. (2004) "Concurrent sexual partnerships help to explain Africa's high HIV prevalence: implications for prevention." The Lancet. Volume 364.

⁴ Stonehurner and Low-Beer (2004). "Population-Level HIV Declines and Behavioral Risk Avoidance in Uganda." Science. April 2004, Volume 304.

⁵ James S, SP Reddy, M Taylor & CC Jinaghai. (2004). "Young people, HIV/AIDS/STIs and sexuality in South Africa: the gap between awareness and behavior." Acta Paediatrica. Volume 93.

Youth empowerment and support (YES!) project: a Southern Africa experience ▪ 2

Based Initiatives (CBIs) supported by Africare are in fact engaging in the kind of IEC, BCC and interpersonal education that was successful in Uganda.

YES!

The Youth Empowerment and Support (YES!) Project was designed to prevent the spread of HIV/AIDS and expand risk reduction and risk avoidance choices among youth from 15 to 24 years in Malawi, Zambia and South Africa. Begun in May 2002, YES! works with Community Based Initiatives (CBIs) in remote, underserved areas of Malawi, South Africa and Zambia. YES! represents Phase II of the Adolescent Reproductive Health Initiative (AHRI) that was carried out in Malawi, South Africa, Zambia and Zimbabwe between 1999 and 2002. Both projects are sponsored by the Melinda and Bill Gates Foundation.

As a continuation of AHRI, Africare in conjunction with local AIDS and youth councils in South Africa, Zambia and Malawi choose 30 CBIs (10 per country), from the original 150 CBIs involved in AHRA, to participate in the YES! project. The CBIs were chosen based on previous work and interest in HIV/AIDS and community support to ensure that their work was well respected by community leaders and elders- the CBI's local source for advice, mentoring and problem solving. YES! program acknowledges that most vulnerable youth never access clinics to receive services, so YES! aimed to complement and extend work done in health facilities within the community.

Through these CBIs, the YES! project aimed to increase youth's utilization of HIV/AIDS prevention services by 50% in the target areas, and build capacity and support for youth policies and services in the community. In order to achieve this, the youth-friendly services movement was launched to equip providers with techniques and approaches for offering youth-friendly services⁶. The YES! project also worked to promote and strengthen community norms that support HIV/AIDS prevention through interpersonal communication and local networks. YES! therefore recognizes the need to take a two-fold approach to ensuring that youth are motivated to change their behavior and protect themselves from HIV/AIDS.

CBIs in Malawi and Zambia had two activities. They spent one or two days a week on HIV/AIDS education and outreach activities and two or three days a week on income generating activities (IGA). CBIs in South Africa did not have an IGA component. Consequently, the activities of these CBIs were not sustained. The YES! project complemented what large, well-financed groups like PSI and LoveLife are doing with high-risk population, by targeting youth in the general population. CBIs used a comprehensive, balanced ABC (Abstain, Be faithful, or use a Condom) strategy to address HIV/AIDS through education and outreach programs, including interactive drama and skits, small group sessions, music, poetry, individual counseling, debates and "talk shows". IGAs, such as pig

⁶ Some regard training health care providers in youth-friendly approaches as a "magic bullet" to better services for youth. Others argue that the most vulnerable youth never pass the threshold of clinics to receive services. Therefore, Africare will work with CBIs to encourage utilization of existing youth friendly services and demand services where they do not already exist.

Youth empowerment and support (YES!) project: a Southern Africa experience ▪ 3

or chicken raising, or charging for dramatic presentations were used to motivate and sustain CBIs, as well as finance their HIV/AIDS activities.

The AIDS education, outreach and BCC activities were broken down into three categories, one-on-one activities, small groups of less than 15 people and mass events. Monthly reports from CBIs listed which topics, including VCT, dangers of early pregnancy, empowering girls, general HIV/AIDS awareness, family planning, debates on topics such as condom use; care and support of PLWHAs; and promotion of and discussion about youth friendly health services were discussed during each CBI activity.

EVALUATION METHODOLOGY

As part of the Yes! project evaluation, five CBIs per country were visited. Individual interviews and focus groups were conducted with CBI members, stakeholders and beneficiaries. The CBIs visited were chosen from a convenience sample due to time restraints and the remoteness of some CBI.

FINDINGS

Finding 1: The ABC approach is replicable and accepted outside of Uganda

There is a bitter debate going on globally over whether or not “the Uganda ABC model” can be replicated elsewhere in Africa. These small community-based initiatives supported by Africare are already replicating the Uganda model. In short, what can be found in this remote northeast corner of Zambia is a situation much like that found in the villages of Uganda by the early 1990s: open discussion about AIDS and sexual behavior, fear arousal translating into internalized risk perception, a clear and consistent message about how to avoid AIDS, community mobilization, stigma reduction, care and support of those infected and affected; and a good deal of face-to-face, interpersonal AIDS education with use of drama, music, and song.

Finding 2: CBIs lead by example

Part of the behavior change strategy of most CBI is to attract by example, that is, to serve as positive role models for youth. This means that in their personal lives, CBI members must practice what they preach. They do not get drunk, smoke marijuana, associate with rowdy or tough people, and do not go places where the behaviors they are warning fellow youth about are likely to take place. Members who are caught partaking in these activities are put on probation or expelled from the group according to the membership rules of the CBI. This not only gives CBIs a positive reputation among elders in the community, but also makes it possible for girls to participate because their parents and guardians are less suspicious of the group’s activities. If more time were available for evaluation research, it might be found that role modeling could have a measurable impact on youth norms regarding sexual

Youth empowerment and support (YES!) project: a Southern Africa experience ▪ 4

behavior (the age at which to begin sex, respect for a girl/woman's right to say no to unwanted sex and teasing boys about being virgins).

Finding 3: IGAs motivate CBIs and promote self-sustainability

IGA components provide crucial incentives for CBI members to engage in AIDS education in the first place, and some of the profits from IGAs are used to conduct AIDS education. IGAs are important way to attract and keep good people, motivate them to help others with AIDS prevention, and perform social services such as AIDS orphan care and home based care of people living with HIV/AIDS in remote areas. Yet, perhaps surprisingly, almost all South African CBIs interviewed are doing AIDS education and appeared to be doing a good job. They are engaged in fairly high levels of outreach activities, although they are constantly losing members to outside employment, especially CBIs located in or near towns and cities where more lucrative employment opportunities are found. Therefore, without the IGA component, lack of funding and motivated members, there is a risk that CBIs will not provide HIV/AIDS education and outreach services.

Some CBI interviewed felt that a lot was expected from them, but they had received little help beyond training. One group commented on YES! training in financial management, saying "The training was quite useful for us, but it was theoretical, since we don't in fact have any finances" (April 20, 2004 National Albinism Society CBI Interview). Only a very small proportion of project funds reached the immediate beneficiaries, the CBI members, enabling them to reach the ultimate beneficiaries in the wider communities. Every CBI interviewed claimed that with a little money for transportation, or with additional bicycles, they could have done more field visits and reached many more people in the respective catchment areas.

Finding 4: Training built the capacity of CBIs

CBI members benefited from a core package of training in HIV/AIDS prevention, organizational development and management, and financial management. There were several crosscutting themes that frame the core package of training, including gender, youth leadership development and meeting the needs of highly vulnerable groups. All training was supplemented with hands-on technical assistance and supported by Africare staff and other CBIs/NGOs.

Selected CBI members attended semi-annual training sessions. These members were provided with sequenced, step-by-step training tied to specific action plans, to build upon what they already know and have achieved. During capacity building activities, each CBI prepared a detailed strategic work plan, along with goals and objectives. Furthermore, on a quarterly basis, CBIs received information packets based upon state of the art information and essential readings to help facilitate achievement of objectives. Follow-up workshops focused on relevant skills to institutionalize monitoring, evaluation, documentation, quality assurance and reporting systems.

Finding 5: CBI exchange allows cross-fertilization of ideas

CBIs documents and shared best practices and lessons learned from experiences in implementing programming through exchange visits that provided the basis for peer-to-peer learning. These exchange visits were universally popular, and project staff felt that this

Youth empowerment and support (YES!) project: a Southern Africa experience ▪ 5

was one of the things that motivated youth to join CBI and to participate in YES! It seems that stimulation and cross-fertilization of ideas occurred during these visits, both in HIV/AIDS activities including ways to influence sexual behavior through novel BCC approaches, and in potential IGA opportunities.

DISCUSSION

The single most important finding from YES! is that there is a viable model of AIDS prevention that seems replicable elsewhere in Africa and beyond. The model is low-cost, low-tech, culturally appropriate, self-sustainable through IGAs and to a great extent non-dependent on outside technical assistance or commodities, except for condom supply (and condom use is not the only behavior promoted). Furthermore, this model especially when combined with life skills and livelihood training, successfully targets youth, who are the future of Africa. When youth are provided information and skills they feel empowered to make healthy life choices and plan for their future.

In future projects it may be beneficial to provide bigger grants to CBIs during the first couple of years of the project to help them get their IGA started and cover some of the transportation costs to undertake AIDS activities in a wider catchment area. Once IGAs were firmly established this income would be used to cover transportation costs and in the final years of the project the grants would be discontinued to ensure self-sustainability through the IGA. CBIs would continue to be monitored and trained to build capacity during the final years of the project and ensure quality management of activities and finances once the project has ended. A little money can go a long way when it goes through CBI like those supported under YES! Very modest inputs lead to considerable culturally appropriate HIV/AIDS outreach and education.

The project also highlighted the need for research relating to role modeling and its affects on perceived norms and acceptable behavior. Youth can be impressionable and this may be an easy tool to use in changing their behavior. If it is found that role modeling is effective, it can be used by community leaders to address a wider range of issues, including sexual abuse, incest and even immunizations and educating girls.

CONCLUSION

The YES! project has shown that CBIs are willing and able to become involved in HIV/AIDS education and outreach. They provide an already established and motivated membership base that due to their similar age can more easily relate to the target group. With adequate training and support, CBIs can become self-sustaining entities. CBIs report that they are encountering less denial within their communities on HIV/AIDS and that there is stronger support “to create new (behavioral) norms” which will reduce the risk of HIV infection.

Youth empowerment and support (YES!) project: a Southern Africa experience ▪ 6

Africare's work on HIV/AIDS education and IGA for youth in Zambia continues. As a member of the consortium implementing the Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS) Project, Africare has taken the lead on life skills and livelihood training for youth, as well as abstinence and behavioral change activities. During the first year of activities more than 400 youth organizations were identified for life skills and livelihood training. Africare has partnered with three organizations to provide abstinence and behavior change communications and has already reached 39,000 youth age 5 to 24. Youth trained by the RAPIDS program have been elected to serve on local committees, conducted research in their communities and have been involved in identifying OVC in need of services. Africare is currently looking to replicate this program in other African countries including Botswana.

RECOMMENDATIONS

Youth CBI need more support to develop monitoring and evaluation (M&E) systems that help them monitor progress, improve programs, and report to donors. CBIs need to be trained to complete baseline knowledge, attitude and practice (KAP) surveys and then systematic monitoring of impact indicators. Specifically, the capacity of CBIs to collect and analyze data needs to be increased and their efforts need to be linked with local and national surveillance systems. This will help build community health information systems that will allow CBIs to follow trends in risky behavior and infection rates and tailor their activities to meet this demand.

Incorporating Africare's innovative Service Corps Volunteer (SCV) program would benefit the CBIs and community. The motto of the program is "Africans helping Africans" and focuses on matching Africans as volunteers within their communities. SCVs would monitor the CBIs and provide training and support to CBI members, especially in financial management and M&E. This arrangement would help ensure sustainability once the project ended with local oversight and M&E procedures put in place. SCV participation would also increase community mobilization and support for the project.

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