HIV prevention can be fun! Successful projects start with people’s interests and concerns and encourage their participation.

HIV prevention – keys to success

What makes an HIV prevention project successful? Clearly, different approaches and activities are appropriate for different groups, but successful projects have elements in common. For example, they start with the interests and concerns of the groups that they are trying to reach, and involve those groups in the design and implementation of the project.

This issue of AIDS Action summarises the principles of successful projects and looks at some projects that have put these principles into practice. In Tanzania, people in about 1,000 communities have become more involved in HIV prevention with the support of a district AIDS team that has helped them identify their priorities. In northern Thailand, communities have developed more positive attitudes to people affected by HIV by identifying sources of support within their own community.

A key issue for HIV projects is how to work with groups that are most at risk, who are often discriminated against by wider society, without stigmatising them further. This issue highlights a project in which Brazilians of African descent, who have not been reached by HIV prevention campaigns, are spreading messages about HIV within their own community through activities based on their culture and religion. In Costa Rica, young drug users are starting to face up to HIV with the support of a project that recognises their need to develop solidarity with each other.

Once your project has begun, how do you keep it going? This issue also contains tips on how to sustain a successful project, including activities for identifying the factors that enable a project to continue.

It is often hard to keep talking about HIV prevention in the face of other pressures on people’s lives. However, as the examples in this issue show, it is possible for people to act together to reduce the risk of HIV.

Contents

2 What works best?
3 More than a health issue
4 Community support
5 Overcoming prejudice
6 Building on success
7 Clinical update: diarrhoea

AHRTAG has a new name: Healthlink. The new name (launched on 26 March 1998) highlights the organisation’s focus on health and describes its way of working: linking information and health workers, linking partners, linking policy and practice.
What works best?

After more than 15 years of HIV prevention activities, we have a clearer idea of what is likely to work well.

The best HIV prevention programmes use a combination of 'persuasion' and 'enablement'. Persuasion means giving people accurate information and motivating them to protect their health. This includes encouraging people who are at low risk from HIV not to change their behaviour.

Enablement means making it easier for people to put knowledge about protecting their health into practice. It includes making condoms easily available and making health services accessible and supportive. It means changing laws and policies, so that people at risk, such as young people, sex workers and injecting drug users, can be easier to reach.

### Successful strategies

A review of HIV prevention programmes worldwide shows that the most successful programmes:

- involve the community
- build partnership and trust between people
- involve people with HIV in all stages
- develop the skills and knowledge of the community
- create an open and accepting environment
- involve other sectors as well as health (multisectoral)
- win support from people in power
- are carefully planned and evaluated
- recognise that even well planned approaches sometimes fail.

Successful programmes have several components, which together make up a good prevention package:

- **Information** about HIV transmission activities to encourage people to assess risky behaviours
- **Training** in communicating about sex and drug-related issues
- **Access** to resources such as condoms and appropriate health services.

### People's concerns

HIV prevention is rarely a person's only concern. It is important to:

- begin with people's own interests and needs
- involve people in the design and implementation of the project
- recognise the realities that people face in their daily lives
- focus on the sexual health of men as well as women
- examine the positive aspects of sexual health, including pleasure and enjoyment, as well as problems such as unwanted pregnancy and sexually transmitted infections
- link sexual health to people's broader concerns.

**Young people** are often targeted with HIV prevention messages by adults. It is especially important to begin with their interests, encourage their participation, and link HIV issues into broader concerns, such as relationships, families and plans for the future.

**Injecting drug users** are at risk of HIV from both sex and sharing injecting equipment. HIV prevention strategies also include:

- stopping injecting drugs, which may mean switching to non-injected drugs (this is the safest option)
- using sterile needles and syringes, and not sharing them (safe if done every time)
- cleaning equipment between use (safe but difficult to do properly).

There is evidence that drug injectors can and will change their behaviour to reduce HIV-related risks.

**Sex workers and men who have sex with other men** Sex work and sex between men are highly stigmatised and illegal in some countries. For these reasons, these groups can be difficult to reach. The best way may be through community-based outreach workers or peer educators.

### Essential evaluation

Evaluation is essential to the success of HIV prevention programmes. Evaluation can provide useful feedback for developing the project. Many projects are not evaluated because of pressure on time and resources. However, evaluation need not be expensive or time consuming if the aims and activities of the project are properly thought out and written down before the project begins.

**New opportunities**

New technologies are continually becoming available. Vaginal microbicides, which kill HIV and other sexually transmitted infections, are being developed. In some countries, the female condom is becoming more available and affordable, providing more choice, especially for women whose partners are reluctant to take responsibility for sexual and reproductive health.

**Sources:**


Success in HIV prevention — some strategies and approaches (see page 8).

Peter Aggleton, Director, Thomas Coram Research Unit, Institute of Education, 27/28 Woburn Square, London WC 1 H 0AA, UK.
More than a health issue

A district AIDS-Action team is strengthening HIV prevention and care programmes in a rural district of Tanzania.

Magu is a rural district of Tanzania which borders Lake Victoria and is crossed by a major truck route. About one in 20 adults is HIV positive. Sexually transmitted diseases are common.

In 1995, the Tanzania Netherlands Support Project on AIDS (TANESA) organised a three-day workshop for members of the district primary health care (PHC) committee to review the district HIV/AIDS programme. Committee members included staff from health, community development, education, water and fisheries sectors and the district planning office. Local NGOs and churches were also invited.

Participants found that the HIV programme had not been working well, because it had been difficult for the committee to meet. Sector heads were often not available for meetings. The PHC structure at community level was also weak, because it relied mainly on the health sector.

So the workshop decided to set up a multisectoral ‘AIDS-Action’ team, consisting of the district planning officer (chair); district AIDS control coordinator, who is from the health sector (secretary); and representatives of the planning, health, development, culture and education sectors and NGOs. The aims of the team are to:

- represent relevant sectors and NGOs
- plan and coordinate all AIDS-related activities at district level
- mobilise resources for HIV/AIDS prevention activities at district level
- meet quarterly and report to the district PHC committee.

The new arrangement works much better. The secretary of the AIDS-Action team liaises directly with heads of departments of the various sectors. The district planning officer, as chair, provides a strong link with the district council, since he also plans council meetings and proposes the council budget.

The team’s main contact with the local community is through the social services committees (part of the village government, responsible for water, education and health). These committees run activities such as local drama groups and contribute in cash or kind to HIV prevention campaigns.

Supporting councillors
District councillors have often found it difficult to know how to spend their limited budget. The AIDS-Action team has helped to identify priorities by organising a ‘mapping’ programme to identify areas of high HIV risk. The team asked separate groups of men and women, including young people, to draw a map of their community, showing places where they felt at risk of getting HIV. This was done in about 1,000 communities. The maps were used to start discussions about the problems people faced when trying to avoid risky behaviour.

Problems and proposed solutions were discussed with the whole community, using the local drama groups. The mapping groups then proposed actions for change, which they discussed with community leaders. These included by-laws to regulate opening hours of bars, video shows and dances, and restricting petty trading to daylight hours. Punishment for forced sex has been increased. Condom distribution has been improved.

Because of its link with the district council, the AIDS-Action team has succeeded in mobilising 3 per cent of the district council budget for HIV prevention programmes. Magu is the first district council in Tanzania to make such a contribution.

Change is slow
The team has had some problems, such as delayed transfer of funds from the district council. The team had to lobby the councillors and show them the mapping plans to get the funds transferred. They also needed to develop the confidence of the village social services committees to become involved in HIV prevention.

District HIV programme officers need to keep in close contact with village communities to keep up people’s enthusiasm for the programme. Exchange visits between villages, organised by the programme officers, have helped to do this.

The programme is being evaluated in one ward of the district. Early results suggest a noticeable reduction in the number of partners of both men and women, although condom use does not appear to have increased.

Dick Schapink, Dr Ng’weshemi, Betty Chiduo, Deus Mayunga, Venance Nyonyo, TANESA, PO Box 434, Mwanza, Tanzania.
Community support

Village communities in northern Thailand have identified resources that they can use to support people affected by HIV.

Nearly half the people affected by HIV in Thailand live in the north. Poverty is high and communities have little understanding of how to support families affected by HIV.

In 1993, CARE International in Thailand started a project to improve people’s understanding of HIV issues, and support families affected by HIV. Improving the care of people with HIV can also help to make HIV prevention more effective.

The Living with AIDS project covers over 140 villages. It is based on two concepts — ‘comprehensive care’ and the ‘continuum of care’. Comprehensive care means setting up systems to provide families with medical, psychological and economic support. Continuum of care means ensuring continued care, by strengthening links within families affected by HIV, and between family members, health services and others within and outside the local community.

Identifying resources
When the project began, most people did not know how to use local resources that could support families affected by HIV. They did not regard the community itself as a resource, but often looked to outside programmes.

CARE uses a participatory process of ‘resource mapping’ to identify local resources that are available but not being used. CARE staff and village volunteers — about four people in each village who have been selected and trained by local health centre staff — organise a session with local leaders and others who are interested in helping families affected by HIV. These may include affected families themselves, although they are not identified as such.

The session starts with a discussion about the health situation in the village. The discussion inevitably leads to HIV and how the community is coping. Members of the group then draw a map of the village. They discuss people and organisations from whom medical, psychological and economic support may be sought for HIV-affected families. They draw these on the map. Resources may include:
- medical support (including home-based care) — district hospital, village primary health care centre, traditional healer, places to obtain herbal medicines, village volunteers, local drug store, Buddhist monks, family members
- psychological support — religious institutions, teachers, local groups of people with HIV, respected people in the village, health centre staff, district doctor, family, neighbours
- economic support — existing groups such as sewing groups or farmers, village heads, local employers, village revolving funds, provincial public welfare office, relatives, schools, projects that provide assistance for children or occupational support (such as grants or revolving funds, technical advice or marketing support).

The groups are asked three questions about each resource:
- Is it being used?
- If not, what is preventing it from being used?
- If it is, how can it be made more useful?

Making plans
The discussions may take several sessions to complete, depending how interested the group is and how detailed the discussions are. In villages with a group of people with HIV, separate discussions are held with this group.

By the last session, the group is more aware of the needs of affected families and the potential role of the community in helping to meet those needs. The discussions lead to action plans to make better use of the resources.

Results of the discussions are entered onto the map or listed on newsprint paper kept in the village. The maps and lists are reviewed from time to time to see whether use of local resources has improved.

After the mapping exercise, the community’s awareness of sources of support, and ways in which the community itself can help affected families, has grown significantly, particularly among families with HIV-positive members. Greater awareness has also led to positive attitudes to families affected by HIV.

Prom boon Panitchpakdi, CARE International in Thailand, 185-187 Phaholyothin Soi II, Phaholyothin Road, Bangkok 10-100, Thailand.
The project tests materials with young people to ensure the message is right.

Overcoming prejudice

Project Arayé is one of the first HIV prevention projects in Brazil to work specifically with the Afro-Brazilian community.

Brazil's population includes a high proportion of people of African descent. Racism exists but is commonly denied. Most Afro-Brazilians live in poor areas, with poor health care services, sanitation, schools and transport. Afro-Brazilians are more affected by HIV than the population as a whole, as HIV is linked to poverty.

Project Arayé ('to be alive') was started in 1996 to tackle issues of race and HIV. It recognises that Afro-Brazilians contribute to the country's culture, but do not benefit from their contribution. It is staffed by Afro-Brazilians with a knowledge of health issues and Afro-Brazilian culture. They include an Afro-Reggae percussionist, a youth worker from a shanty town, and a priest who is also a community health worker.

A key challenge has been to overcome denial of HIV and encourage Afro-Brazilians to recognise that HIV affects them. Community leaders are supported to link sexual health and HIV with other health concerns that affect Afro-Brazilians, such as sickle cell anaemia, diabetes and leprosy. Leaders range from religious leaders to rap musicians, artists and people respected by their peer group – often the most rebellious and anti-establishment people.

The project builds on religious and cultural traditions. Activities include visits to samba dance schools, Umbanda and Candomblé temples (the two main Afro-Brazilian religions) and street youth groups, to provide information about HIV.

A project newsletter is distributed to Afro-Brazilians who may not be aware of HIV. A health education campaign, using positive images of Afro-Brazilians, is run in magazines read by Afro-Brazilians.

Project Arayé has developed some useful links. A local hip-hop group has asked it to work with them on HIV prevention. Religious leaders are looking at herbal remedies for treating HIV infections and alternatives to razors for ritual cutting, and have started showing solidarity with HIV-positive people by giving them spiritual and practical support.

Jose Marmo da Silva, Jacinto Corrêa, Veriano Terto, ABIA, Av. Rio Branco 43/22, Centro, 20090-003 Rio de Janeiro RJ, Brazil.

Building solidarity

In a poor part of San José, Costa Rica, young men who have been rejected by society are learning how to build trust.

El Salon is a centre where, each night, 20-40 young men gather. These are the 'sharks' of the street, rejected by their family and friends. They are on drugs and rely on stealing and sex work to pay for them.

Inside El Salon, the young men settle into a routine of washing their clothes and taking a shower. Board games, puzzles and other entertainment fill their time, but they are wary of each other. There have often been disputes.

After eight months, however, there is a growing feeling of belonging among the more regular visitors. El Salon may be beginning to be seen as a place that cares. The project can now turn more attention to HIV prevention.

A common fear is 'dying alone, with no one to care for me'. El Salon has started to introduce the idea of making a friend or two, just in case, who would take care of you if you became sick. To gain a friend, you have to treat someone as you would like to be treated. This can be a struggle for those who have been rejected.

El Salon does not have the answers, but at least provides opportunities.

Antonio Bustamante, El Salon, Apartado 102 42, San José - 1000, Costa Rica.
Building on success

AIDS Action looks at how small projects can grow bigger.

Most groups involved in HIV prevention start small. Expanding can be difficult. Here are some practical tips:

Work with the people in most need without stigmatising them
Groups that are clear about what makes people vulnerable to HIV, and who the most vulnerable people are, are most likely to succeed.

Identify the problem clearly
Many groups believe that, if they can change people’s views, people will change their behaviour. However, people’s behaviour depends on other factors too. For example, people may sell sex because they need the money, even though they know it can be risky.

Use participatory methodologies
Find out the views and needs of the people you are working with, and draw up plans with them. A non-governmental organisation (NGO) in Bangladesh started a treatment centre for drug users. After a while they asked drug users whether the centre met their needs. They found that no women used the centre, although some drug users were women. The women were unwilling to go to a centre that was for drug users. So the NGO changed the centre to a health centre serving the whole community.

Gain support from the community
People who feel that a project will benefit them will be more willing to support it. After some time, the NGO’s support for the health centre became unnecessary. The centre is now supported by the local community through fundraising activities such as musical events and donations of daily newspapers made available in the centre.

Build on what you do best
A Bangladeshi NGO which ran a successful HIV prevention project with truck drivers was tempted to spread the work across a wider area. They first reviewed the project and identified several weaknesses—they were not reaching women, nor were they reaching the truckers’ friends, families or other contacts, such as hotel staff. The NGO is now looking to involve more of these people, rather than spread to other areas.

Establish your group
Established groups are in a better position to expand. Try to obtain legal status as a registered charity or recognised group. Keep records of meetings and activities. Have a system of financial control, even if this is simply keeping money in a safe box and recording payments in and out.

Form local partnerships
Develop partnerships with other NGOs, local government departments and community groups. An organisation in the Philippines invited a range of local community groups to its annual meeting. Some HIV prevention groups were worried about attending. However, by attending they formed some useful partnerships. During World AIDS Day, for example, the Rotary Clubs participated in HIV prevention activities which previously the HIV groups had been running on their own.

With thanks to Mrs Kabita Begum, HASAB, Bangladesh and Arturo Cristobal, PHANSuP, Philippines.

What does a project need?
In a group, brainstorm the elements that enable a project to keep going. Ask people to write three elements on three pieces of paper. They might include:
- community participation in planning the project
- recognition by the community that there is a need for the project
- range of funding sources
- competent staff
- budget that the community can raise
- gradual growth of the project
- well planned activities with enough time to carry them out
- collaboration with other agencies.

Divide the group into three smaller groups. Ask each group to consider one category. Ask them to spend half an hour thinking about what your organisation needs to do in this category to enable it to develop.

Who should you work with?
Thinking about who is affected by your project can lead to useful local partnerships.

Put a large sheet of paper on the wall. Write your group’s name in the middle and draw a circle round it. Draw two wider circles around the circle, labelled ‘community’ and ‘external audiences’.

Ask the group to brainstorm which groups they should be working with (such as mothers, local shopkeepers, national AIDS programme staff, donors and religious organisations). Write them in the appropriate circles. You could also rank how important these partners are.
Diarrhoea is a common problem for people with HIV/AIDS. AIDS Action outlines ways to prevent and treat it.

Diarrhoea is the passage of loose stools three or more times a day. Persistent diarrhoea (lasting more than two weeks) is more common in people who have advanced HIV disease than in those who do not. For many it is a major problem.

The main dangers of diarrhoea are dehydration and malnutrition. People with HIV-related diarrhoea can become malnourished and lose weight quickly, mainly because they do not eat well because of poor appetite. Also, because weight loss ('slim') is associated with HIV, a person with diarrhoea may be assumed to have HIV, and be stigmatised.

**Preventing diarrhoea**

Good hygiene and nutrition are the best ways to prevent diarrhoea. Drunking boiled water is best, but is often not practical. Washing hands frequently with soap is more practical. Other strategies are to: store food under a cover; wash eating and cooking utensils; wash raw fruit and vegetables; dispose of waste properly; keep anything dirty, such as soiled bedding, out of reach of children.

To prevent and treat diarrhoea, people with HIV need nutritious food that is easy to digest (see box: ‘Eating well’).

**Treating diarrhoea**

Common causes of persistent diarrhoea in developing countries include protozoas (microscopic organisms) such as cryptosporidia, isospora and microsporida. Other causes include bacteria such as shigella, and probably viruses. The HIV virus might cause diarrhoea, although there is no conclusive evidence.

The cause of HIV-related diarrhoea varies from one area to another, and is often quite localised. It is useful to identify common causes in an area, and draw up treatment guidelines for the area. Ideally, these should cover the major causes, so that people need not be investigated individually.

**Eating well**

People with diarrhoea need plenty to drink and plenty of easily digestible, bulky foods containing a lot of nutrients and calories. Make foods easier to digest by cooking them well or mashing them. Encourage people with low appetites to eat small amounts often.

Take plenty of:
- water, soups and diluted juices
- cereal (such as rice) with beans, meat or fish; oil can be added to increase energy
- yoghurt, eggs, bananas
- other bulky or juicy foods such as potatoes, water melon, barley, paw-paw, rice water, millet or sorghum porridge, steamed fruit.

**Avoid:**
- high-fibre foods such as whole grain cereals, or fruit and vegetable peel
- sugary foods or drinks, such as commercial soft drinks, which can worsen diarrhoea (and provoke thrush)
- raw foods, cold foods, acidic fruit such as oranges
- irritating foods such as pepper

The right psychology

In my part of the world, AIDS is viewed as a curse. Because of this, people with HIV are isolated. They are afraid to expose their illness by going for tests or to workshops organised by health workers. The major tool needed to make HIV prevention work is essentially tolerance, patience and the right psychological approach. It is better for a health worker to start talking about the advantages of safer sex, treatment and preventive measures than about the destructive tendencies of AIDS. The church can help to make HIV prevention successful by including education about AIDS awareness and in sermons.

Society should be further educated about seeing AIDS as a disease and not a curse. Then people with HIV would be free to disclose their ailment without fear of retribution.

Kingsley Chiwuike Ukaoha, 18 Okundaye Street, New Benin, Benin City, Edo State, Nigeria.

Success in HIV prevention – some strategies and approaches provides an overview of research into HIV prevention with different groups (gay men, young people, etc) and gives sources of further information. £6.95 from AVERT, 11-13 Denne Parade, Horsham RH12 1JQ, UK.

Project design for program managers: conducting a workshop on planning community-based projects is a training manual for trainers of project managers in NGOs and government ministries. It provides guidelines for a five-day workshop on planning, implementing and managing projects. It contains participatory teaching and training tools, handouts and ideas for activities. US$15 (plus postage and packing) in English, French and Spanish from CEDPA, 1717 Massachusetts Ave NO, Suite 200, Washington DC 20036, USA.

HIV/AIDS and development documents how HIV affects people and communities, and suggests strategies for NGOs. It is accompanied by the video, Mashayabhuque: AIDS hits everyone. It can be used in workshops with an accompanying worksheet. R199/US$40 from the Film Resource Unit, PO Box 11065, Johannesburg 2000, South Africa.

UNAIDS publications

UNAIDS is producing a ‘Best practice collection’ which includes Technical updates (key issues for technical and professional audiences), Points of view (less technical, for journalists), and Key materials (essential reading produced by UN or other organisations). Materials already available include:

Technical updates on: blood safety, community mobilisation, prisons, refugees, men who have sex with men, schools, counselling/testing, mother-to-child transmission, microbicides.

Points of view on: blood safety, prisons, refugees, tuberculosis, gender and HIV/AIDS, female condom.

Key materials on: refugees, schools, counselling/testing, impact of HIV/AIDS on children and families, sexually transmitted diseases, children and youth, human rights.

Free (single copies only) from UNAIDS Information Centre, CH-1211 Geneva 27, Switzerland. E-mail: unaid@unaids.org

NEW! A common cause and Youth-to-youth (Strategies for Hope series, nos. 12 & 13) document how community-based initiatives in four African countries are helping young people to make better informed decisions about their sexual behaviour. £3.25 each (free for organisations in sub-Saharan Africa unable to pay in foreign currency) from TALC, PO Box 49, St Albans, Herts AL1 STX, UK.

AIDS Action provides a forum for the exchange of information about care and prevention issues concerning AIDS, HIV and sexually transmitted infections.

The international English edition is published four times a year by Healthlink (formerly AHRTAG) in the UK.

An electronic text edition is available in some developing countries via Satellite’s computer network, HealthNet.

Contact: hnet@usa.healthnet.org
Together with six regional editions, AIDS Action has a worldwide circulation of 160,000.

Publishing partners

English Asia-Pacific: HAIN, The Philippines; English Southern Africa: SANASO Secretariat, Zimbabwe; French: ENDA, Senegal; Portuguese for Brazil: ABIA, Brazil; Portuguese for Africa: consultants based at University Eduardo Mondlane, Mozambique; Spanish: Colectivo Sol, Mexico.

Managing editor Neil Druce
Commissioning editor Silin Long
Executive editor Celia Till
Design and production Ingrid Emsden

Editorial advisory group

Calle Almedal Dr Frits Parwati Merati
Kathy Attawell Dr Chandra Pouli
Dr Nina Castillo Dr Arletty Pinel
Caradang Dr Susana Ray
Nancy Fee Dr Eric van Praag
Susie Foster Dr Eric van Praag
Peter Gordon Rakesh Rajani
Dr Sami Kilabala Kate Thomson
Dr Ute Kupper

Healthlink’s AIDS and Sexual Health Programme is supported by CAFOD, Charity Projects, Christian Aid, DHI/JPS, Finnish Government, HIVOS, ICSO, Memisa Medicus Mundi, Misereor, Norwegian Red Cross, Oxfam, Save the Children Fund, SIDA.

Reproducing articles

Healthlink encourages the reproduction of articles for non-profit uses. Please clearly credit AIDS Action/Healthlink as the source and send us a copy of the reprinted article.

ISSN 0953-0096
Printed by Russell Press, Nottingham.

SUBSCRIPTION DETAILS

To receive AIDS Action please write with details about your work to:
Healthlink
Farringdon Point
29-33 Farringdon Road
London EC1M 3JB, UK.
Telephone +44 171 242 0606
Fax +44 171 242 0041
E-mail info@healthlink.org.uk
http://www.healthlink.org.uk
Registered charity no. 274260

Annual subscription charges

Free: readers in developing countries and students from developing countries £6/US$12 Other students £12/US$24 Institutions elsewhere £24/US$48 Discount available on bulk orders.

Healthlink (formerly AHRTAG) aims to promote policies and practices in health which are appropriate, sustainable and cost-effective. Healthlink provides information on health and disability issues in developing countries, and provides technical support and training to partner organisations.

Caring with confidence: practical information for health workers who prevent and treat HIV infection in young children covers HIV transmission and prevention, diagnosis, caring for children with HIV, treatment of common illnesses, and supporting families caring for children with HIV. It is intended for health workers, educators, NGOs and those working with community organisations, who are involved with HIV prevention and with the management and care of young children with HIV and AIDS. Free to indigenous organisations in developing countries (£10/US$20 elsewhere) from Healthlink (formerly AHRTAG).