

The programme must maintain sustained effort and involve the target audience in the design of effective messages.

The success of an Antiretroviral (ARV) therapy programme in Brazil in providing treatment to substantial members of PLHA has been attributed to high levels of political support and adoption of country wide policies.

An important factor on generating political commitment was the presence and activities of vocal and well organised NGOs and political activities.



STRATEGIES FOR SUSTAINING COMMUNITY INVOLVEMENT

Committed, knowledgeable and credible leadership is important for retaining community interest over time.

Youth groups have played a pivotal role in HIV/AIDS activities including helping orphans and communicating HIV prevention messages and can do more if given resources.

Communities where means generating activities have worked have strong village AIDS coordinators, leadership, the involvement of the village head in the activity and labour donated by community members.

Engaging community members to carry out HIV prevention activities for groups at high risk has been problematic because of the stigma associated with prostitution and promoting condoms.

Involving PLHA. Does it make a difference?

Findings from Burkina Faso suggest

that stigma, discrimination and lack of counselling and testing are a major problem in getting PLHA effectively getting involved in community projects.

Practical approaches have been suggested to overcome this, such as targeted self help discussion groups.

Getting PLHA in NGO and other activities may help in reducing fears and anxieties of potential clients and should be encouraged.

Recent evidence also suggest that for some NGOs etc, involving community members who are living with HIV or who are affected by the disease as family members or close friends of PLHA contributes to their ability to broaden the coverage, quality and range of services they can offer.

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Viewed in the framework of human rights, it is clearly the right of communities to participate in the design, implementation and evaluation of interventions designed to affect their own well being.

Communities should be the main beneficiaries of health and development programmes but are also the frontline in prevention, care and support efforts

Community involvement and participation is both a process toward an end and an outcome in itself.

This is particularly true when it comes to marginalized and underprivileged groups, who often do not have any voice in matters that affect their lives.

In PMTCT programmes, when programs solicit the opinions of community members and seek to reduce the stigma of HIV/AIDS by educating citizens, women's access to and willingness to seek help can be greatly enhanced.

Benefits of reducing MTCT maybe overshadowed by personal values, beliefs and community norms regarding HIV.

Peer educators who have first hand knowledge of HIV can educate women about their options and organize community and support groups. One technique to involve communities is the participatory technique to promote open discussion of HIV/AIDS that has been successfully used in educating community members on ways to minimize the risk of becoming infected with HIV.

Guidelines to increase community involvement in HIV programmes.

1. First explore community norms and values in advance of implementing programmes. This could use surveys, focus group discussions and interviews.
2. Provide partners with information, education services and support. Partners, family and community members have been found to strongly influence women's choices about voluntary counselling and testing and infant feeding. Care must be taken to respect the privacy of individuals.
3. Government involvement is important. Community based groups can only produce certain services but governments and NGOs must provide help and support.

Use of Peer Educators (PE)

It is necessary not only to peer educators just to impart information about HIV/AIDS but they must also foster and sustain behavior change in their intended audience.

There should be more than health talks by PEs but the intended audience must also be involved in reflection and discussion such as street theatre, group problem solving and radio call-in shows.

PEs must also think strategically about understanding complimentary services and activities that could be linked with ongoing health and developmental efforts.

Use of PEs is generally considered inexpensive as they are volunteers but costs are involved in training, support, supervision and equipment for PEs.

There has to be some form of incentive for PEs either in modest salary or non-cash rewards like bicycles, t-shirts, etc.

Support mechanisms to address stress and burnout in PEs and also involving them in some decision making is important in retaining them and providing a good quality peer educator programme.

There is also an important and not so fully explored role for the PE who is PLHA to help with care and support of HIV infected and affected persons.

In some situations PEs may not have the clout to influence behaviour change in their peers due to power, status or rank issues and this may limit the effectiveness of peer educators.

Networking of peer educators is important for support and training and this could include electronic networking or other means.

Overcoming Stigma and Discrimination.

HIV thrives in an atmosphere of silence and secrecy. The stigma, real or feared, of HIV/AIDS often is a barrier to HIV prevention programmes.

Concerns about discrimination and lack of confidentiality may reduce uptake of HIV testing and treatment programmes.

Programmes that involve PLHA, media campaigns, educational interventions in schools, worksites etc, can help reduce stigma. Involvement of affected groups e.g., Commercial Sex Workers Workers (CSWs) is also important.

Communication for Behaviour Change

Positive and sustained impacts on attitudes, social norms and behaviour change are best achieved through programmes that use a mix of communication activities and interventions at both the individual and community levels.

Interpersonal communication e.g., peer educators, counselling, small group discussions reach fewer people but have greater impact. Other interventions e.g. street theatre or community mobilization reach broader audiences. Print media can also reach large audiences.

Information education and communication programmes for HIV/AIDS are most effective when they work with key political, religious and community leaders, addressing sensitive issues and changing community norms.