



Rights, Responsibilities and Respect

Action for social development foundation

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Project title; safe love – safe life community project

Submitted to chemonics international

Date of submission; August 1, 2011, 2011

PROJECT PROPOSAL SUMMARY SHEET

CONTACT DETAILS

Project Title: safe love – safe life community project

Project Period: Six months

Target areas: Kawambwa and Samfya districts

Total funds requested: ZMK 481,541,400.00

Proposal submitted to: Chemonics International

Proposal submitted by: Action for Social Development Foundation

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Applicant's legal status: Non Governmental Organization

Project Leaders' name: Arnold kunda

Title Chief Executive Officer

Date of Submission: August 5th, 2011

1.1 Introduction

Zambia is one of the Sub-Saharan African countries worst affected by the HIV and AIDS pandemic. Estimates put the prevalence rate at about 16 percent among the 15 to 49 years age group and about 1 million Zambians infected with HIV, of which over 200,000 are in need of anti-retroviral therapy (ART). About 8 percent of boys and 17 percent of girls aged 15 to 24 are living with HIV and 40 percent of infants born to HIV infected parents are HIV infected. The human toll of AIDS is a tragic reality being experienced by families, communities and the nation at large. There is no aspect of life that has not directly or indirectly been negatively influenced by the AIDS epidemic. AIDS has become one of the major causes of illness and death among the young and middle aged Zambians, depriving households and society of a critical human resource base and thereby reversing the social and economic gains the country is striving to attain. Further, the feminization of AIDS means that young women are 4 times at greater risk of contracting HIV than young men. These are key factors in influencing the reasons for engaging in sexual activity and how much power one has in determining the nature and frequency of sexual activity.

1.1.2 Background Information of Samfya and Kawambwa districts

Demography

Kawambwa has a total population of 103,760 persons [50,367 male and 50,393 female] and it has an annual 2 percent growth rate being the lowest in the province. [CSO 2000]. The district has Two [2] main geographical features namely the valley [along the Luapula River altitude ranging 900 – 1000 m above sea level] and the plateau [area around the Muchinga escapement attitude ranging 1,200 - 1,500 m above sea level].

Luapula River the biggest river in the province stretches through the district [30km between Munushi to Mbereshi]. Other rivers being namely: Mbereshi, Lufubu, Ngona and Munushi. Other notable water bodies being namely: waterfalls, streams and lagoons.

Samfya district is located in the south-east of Luapula province (11 30" south, 30 East). Approximately two thirds of the district surface is covered by wetlands such as lakes, swamps, rivers and dambos. The district is situated at about 1,100m above sea level. According to the 2000 Samfya district has a total population of 163 609 (de jure with an annual growth rate of 3.1%.

The common feature of the two districts is that, the livelihood features of the people is dependant on fishing in Samfya and along the Luapula valley and they are unable to access HIV & AIDS information and its related services as fishermen shift on the landing sites daily and on a seasonal basis .

1. Brief profile of the Organization

Action for social development foundation was formed April 1993 by two Zambian citizens, mansa district health office and mansa municipal council as a response to the desperate plight adolescents and young persons of HIV and AIDS in the Mansa area, and the inability of the

communities to provide counseling and psychological support to teen agers between the ages of 10 to 24 year old. Action for Social Development Foundation is registered as a non-profit NGO with the Registrar of Societies, Zambia, and Registration number ORS/102/46/247.

Mission statement: "To contribute towards the fight of HIV/AIDS, poverty, social injustice, maternal and child mortality in mansa district through economical Empowerment, community participation and education. "

Organizational objectives

5.1 Providing young people with accurate sexual and reproductive adolescent health Information and access to services, through the promotion of safe and responsible sexual behavior and prevention of mother to child transmission of HIV & AIDS

5.2 To contribute towards the advancement of gender equality and equity of women human rights and children and prevention of gender based related violence

Experience of Working in the Community

I. BEHAVIOUR CHANGE AND COMMUNICATION

The goal and objectives of action for social development foundation has accomplished by four programs, which incorporate behavior change and communication.

Specific objectives include to:

- Enhance acceptability and impact of services and programmes through increased utilization of HIV and SRH services, including family planning;
- Increased access to SRH and HIV services
- Increased use of methods that provide dual protection against unintended pregnancy and sexually transmitted infections (STIs) including HIV; promotion for increased uptake of HIV and including other sexually transmitted infections testing and counseling services among men and youth

Past community experience

- The organisation has a strong working relationship with the Ministry of Health through the Office of District Director of Health in Mansa; this relationship has facilitated the organization's work in some of the rural health centers
- In 2001 the organisation trained 20 Peer Educators who reached over 1,500 young people with HIV/AIDS messages, referring 300 youths for VCT services and In 2005 with support of from Zambia Prevention, Care and Treatment (ZPCT) through international HIV/AIDS alliance (IHAA), the organisation trained 50 community based agents in community mobilization skills in areas of Voluntary Counseling and Testing (VCT), Prevention of mother to child transmission (PMTCT) and Anti Retro Viral therapy (ART). 4,894 people were reached with VCT messages, 2,137 people reached with PMTCT information and 3,607 people reached with ART messages.

HIV Prevention

- Life Skills Manual, a manual compiled by United States Peace Corps from material created by World Health Organization, UNESCO, and UNICEF for use with African youth was duplicated. And 11 Life Skills Education Clubs were given technical support to trained peer educators in HIV prevention. The peer educators and adult mentors provided age appropriate information to 4,665 youth (2,513 males and 2,152 females) regarding HIV transmission and AB prevention, as well as other life skills topics such as peer pressure, good decision making

skills, identification of traditional and cultural issues leading to transmission of HIV, and assertive behavior.

- **Prevention of mother to child transmission and youth friendly health services** 300 male community leaders and 6020 males were reached with information with information and education on PMTCT in matanda, kalyongo, Muwanguni and Buntungwa health catchment area. In addition the organisation employed several strategies where the community were reached with information on PMTCT among locals in places where men congregate such as bars, football fields, taxi stands and 9 discussion/support groups for men were created and Provision of community based couple counseling through trained community counselors were conducted .800 couples were counseled, 442 women were referred for family planning services in their respective health facilities. With the support from the national AIDS network, 20 youth peer counselors were trained to provide counseling and support services to the peers so as to contribute to increased utilization of PMTCT services and other sexual and reproductive health services through the MCH clinics and youth friendly health corners at Buntungwa and Muchinka teen centre. As the result, 2500 young persons were reached and 322 were referred for family planning services, 50 for male circumcision and 18 for the treatment of sexually transmitted infections.

2.0. Rationale

2.1 Problem statement

Multiple and concurrent sexual partnerships, low condom use ,and alcohol misuse contributing towards increased rate of HIV infection rate among the reproductive age group in fishing communities

2.2 Problem analysis

- AIDS related illness and mortality have become devastatingly high among fishing communities. These considerable rates place fisher folks among a group more indentified as being at high risk. Prevalence rates for the many working in fishing communities are also high given that women living and working in the same communities share the same environment and are often linked through sexual networks. The rapid research of key research drivers that was carried out by the national AIDS council and UNFPA indicates that a number of issues militating against behavior change and the key drivers of HIV transmission includes having multiple and concurrent partners ,irregular and inconsistent usage of condoms ,acceptance of gender based violence ,low uptake of HIV testing and knowing of HIV status and excessive use of alcohol and drug abuse (may 2007)further more ,ZDHS (2007/8) indicated that MCPs is a fairly common practices in the region to both men and women ,though culturally ,it is more acceptable for men than women .
- Girls and women are vulnerable to infection because of biological factors, which include easier male–female transmission, especially in younger women, and the fact that STIs (which facilitate HIV infection) tend to be less symptomatic (and less treated) in women. Girls and women are more likely to be trafficked and become SWs. The illegality of sex work in Zambia means SWs cannot easily insist clients use condoms, despite targets of

100% use in the new Strategy. Refusal are even common and. Condoms are unpopular in the target project areas, even among youth. They are perceived as reducing sensation and are considered symbols of immorality for anyone who carries them

- In most fishing communities ,women fish traders and fishermen are linked both occupationally and sexually through the so called 'sex for fish ' transactions where informal contracts between fishermen selling to female traders including the exchange of sexual services instead of or supplementary to ,the exchange of money . Further more the subordinate economical and social position of women in these communities increases their vulnerability. Vulnerability to HIV and AIDS stems from complex, interdependent causes that may include the mobility of many fisher folk, the time fishers and fish traders spend away from home, their access to daily cash income in an overall context of poverty and vulnerability, their demographic profile (they are often young and sexually active) and the ready availability of commercial sex in many fishing ports. Also significant are cultural factors related to fishing as a high-risk, low-status and uncomfortable occupation, which lead to high-risk sexual behavior practices (multiple and concurrent partners (MCPs) and low condom usage. Many of these causes make fisher folk not only vulnerable to HIV and AIDS but also more likely to miss out on access to prevention, treatment and care. Exposure to water-borne diseases and to malaria, along with poor sanitation and limited access to medical care, also combine to increase susceptibility to infection. These proximate risk factors are all related to underlying poverty, insecurity and marginalization affecting both women and men in many fishing communities. The proportion of people Infected with HIV in fishing community and the impacts of AIDS-related morbidity and mortality in that community, will depend on the extent to which the above factors occur and on how they combine to increase vulnerability.
- The Zambia demographic Health survey (2007/8) showed that condom use in marriage rarely exceeds 4 % despite condom programming efforts. Reasons for low condom use in long term primary relationships are that partners comes to trust each other over the time and condom use is associated with the distrust . Over 50 % believes that a condom reduces pleasure. Female condoms are often not accessible, expensive and unpopular.
- While girls and women do face certain risks related to HIV, the overwhelming number of infections in Zambia is among boys and men. As elsewhere (Courtenay 2000), concepts of masculinity promote risk-taking and discourage self-care. Males are more likely to use alcohol, which largely explains the disparity in infections. Moreover, males are clients of SWs, and often do not use condoms with casual partners or with wives. Unemployed young men spend more time outside the home with friends and make easier targets for alcohol misuse, as well as for pressure from peers, which many lack the skills to resist. Unemployed young women spend most of their time at home, largely to do housework, but also because parents give them less freedom; therefore, they are less likely to engage in risky behavior. Alcohol use is fishing camps and among both traders and youths (in and out of school youths) is very extensive. Anecdotal evidence points to the fact that alcohol can be harmful and it has implicated in many risky behaviors that has contributed to the increase in the spread of HIV. alcohol has contributed towards increased gender based violence in homes ,including incest and child abuse and sexual abuse of girls ; in promoting commercial sex , transactional sex and cross generational and sexual transaction between girls and young women and

older men ; in the low or non condom use ,unwanted pregnancies , sexually transmitted infections and lack of adherence to ART. In addition, it has contributing factor to illnesses, accidents, marriage breakup as well as economical destitution.

Project design

3.1. Goals and objectives of proposed project

Goal; To contribute to the reduction rate of new HIV infections and the impact of HIV/AIDS among the population living in fishing camps and transit routes of samfya ,Kawambwa and mansa district ,

Behavioural Strategically objective

Purpose

Increase adoption of safer sexual behavior (abstinence, monogamy, stigma reduction, cross-generational sex) through a broad-based communications initiative tailored to specific groups

Project Objectives

Objective 1.

To identify and train 50 community groups facilitators in HIV prevention using safe love campaign resources and messages and other evidence based HIV prevention communications strategies by January 2012 in samfya and Kawambwa districts

Objective 2

To establish and work with 150 community groups(**of not more than 15 members**) to increase perception of personal risks and to change negative societal attitudes towards key HIV prevention measures using safe love campaign resources and messages in fishing communities of mansa and Kawambwa districts by the end January,2012 .

Objective 3.

To contribute towards increased information and support among 2250 targeted population with direct evidence based individuals and or small group level HIV prevention communications by the end of January 2012

Objective 4

Conduct project monitoring and evaluation by the end of January, 2012

Proposed Activities

Objective 1.

To identify and train 50 community groups BCC facilitators in HIV prevention using safe love campaign resources and messages and other evidence based HIV prevention communications strategies by January 2012 in samfya and Kawambwa districts

- 1.1 Conduct formative baseline situation analysis
- 1.2 Organize a one day meeting dissemination workshop to present the results of the formative research with 60 community gate keepers, Village AIDS task forces (VATF) community task forces, traders and boat owners on the project theme for one day (one meeting in Kawambwa and one in samfya district)
- 1.3 Hold five meetings with Community AIDS Taskforce and Village AIDS task forces in Kawambwa and samfya to identify community facilitators for one day
- 1.4 Reproduce 150 safe love campaign and bridges of hope manuals

- 1.5 train **50** group facilitators in HIV prevention using the Safe Love campaign resources and messages and other evidence-based HIV prevention communication for five days (25 from Kawambwa and 25 from samfya)
- 1.6 Provide staff and behavior change providers with all the job aids they need to guide them in counseling clients on MCPs, condom usage, to increase awareness, identification of barriers and misconceptions and to assist them in developing concrete but realistic actions to begin the process of change.

Objective 2

To establish and work with 150 community groups(of not more than 15 members) to increase perception of personal risks and to change negative societal attitudes towards key HIV prevention measures using safe love campaign resources and messages in fishing communities of mansa and Kawambwa districts by the end January,2012 .

- 2.1 conduct consultative community meetings to facilitate the formation of community groups /strengthen existing community groups in the targeted project areas (each group to consist of 15 persons)

2.2 *Engage the trained 50 community BCC facilitators to conduct groups education and support meetings with 150 groups :*

The trained community facilitators will mobilize the targeted groups to participate in sensitization and education meetings. The education meetings will be held at the truck-stops and fishing landing centre's targeting fisher folk, surrounding communities and all other groups that interact with the truck drivers and fisher folk including commercial sex workers, fishmongers, beer sellers and traders. The trained community facilitators will be engaged on a part time basis to provide the comprehensive prevention package using safe love package. It is envisaged that the community educators will hold 2 meetings every month for each group. In addition, each facilitator is expected to facilitate three groups in a specified community .A detailed plan of the community meetings will be developed by the facilitators using safe love campaign package and in taking into account the local environment at each site.

2.3 *Conduct World AIDS Day events at market places and fishing sites.*

The organization will collaborate with the community AIDS task force (**CATFs**) and District AIDS taskforce (**DATF**) in target communities. The community groups living in these fishing communities, fishing folk and fish traders will be mobilized for a one-off major awareness campaign aimed at fostering safe sexual behavior among these target groups. The campaign will be organized in all the 10 fishing sites and 3 major markets

Abstinence

- 2.4 Conduct education meetings /discussions with in and out of school youths to promote 'delaying onset of sexual activity' among 13-19 year old males and females in fishing communities targeting youths in schools in 30 schools /community groups using safe love package and bridges of hope package .
- 2.5 Conduct 20 community outreach programs targeted at 13-19 year old male and females in fishing market places on issues related to abstinence and condom usage using safe love package and evidence based manuals

- 2.6 Conduct 14 adult education programs to increase risk perception among 15 to 49 year old and promote partner reduction voluntary counseling and testing condom usage as a prevention strategy in all the selected areas

Be Faithful

- 2.7 Conduct four "Mr. Faithful" community outreach meetings in fishing camps and communities to promote fidelity within marriage targeting 60 adult groups
- 2.8 Train /orient 60 representatives of community groups to conduct "Mr. Faithful" programs in their respective communities.
- 2.9 Develop, re-produce and distribute IEC material related to "being faithful" as an important prevention strategy for married and cohabiting couples **Cross generation sex**
- 2.10 Produce drama video series and radio drama series on for motivating positive behavior change among men ,women and youths on partner reduction ,couple testing to prevent mother to child transmission and community mobilization for increased utilization of VCT and PMTCT services targeting 1,500 people .

Objective 3.

To contribute towards increased information and support among 2250 targeted population with direct evidence based individuals and or small group level HIV prevention communications by the end of January 2012

Male condoms

- 3.1 Conduct 10 "Mr. Smart" community outreach initiatives on gender based Violence ,alcohol and HIV prevention rural fishing communities of mansa and Kawambwa districts
- 3.2 Hold 4 meetings with 120 persons for one day to promote "Mr. Smart initiative" on correct and consistent condom use and condom negotiation skills.

Referral system

- 3.1 Enhance referral system (referral registration book, referral forms) between selected service providers and the district health office and other service providers.
- 3.2 Conduct road shows with PLAs to encourage public disclosures at community level and to stimulate uptake of Testing & Counseling in fishing community's areas.

Objective 4

Conduct project monitoring and evaluation by the end of January, 2012

- 4.1 Conduct event impact assessment for "Be faithful" IPC program
- 4.2 Conduct event impact assessment for "Mr. Smart" IPC program
- 4.3 Conduct feasibility study to identify distribution channels for female condoms & develop consumer profile for product positioning
- 4.4 Conduct formative research on regional inter-generation campaign
- 4.5 Conduct monthly supervisory and quarterly meetings with key stakeholders

The project scope

The Project will be implemented at the national level and in 15 selected wards of samfya and Kawambwa districts and main fish marketing places of mansa districts for the period of six months .The project will be implemented by the Action for Social Development Foundation the Project is composed of four components which together form an integrated, interlinked program of activities to reduce HIV–infection risk among fishermen and traders along the

fishing camps of Lake Bangweulu, along Luapula River and at the fish marketing places through BCC programs.

At the policy level the project has designed a program of advocacy activities to raise awareness and influence decision making of leaders at community levels such as the District task force (DATF), community AIDS task forces (CATF), Village AIDS task force (VATF), traditional gate keepers and schools in the targeted areas in relation to HIV prevention program among the sexually active population in the age range of 15 to 49 years old.

The AfSDF Team will utilize the safe love package and bridges of hope package to increase fishing communities adoption of safer sexual behaviors and to reduce stigma; provision of accurate information on and create informed demand for available HIV services, including testing and counseling services and other HIV products and services such as PMTCT & ART .

Behavior Change Communications

BCC activities will reinforce accurate knowledge of HIV/AIDS issues while (1) addressing complex individual and societal barriers to the adoption of safer sexual behavior and (2) dispelling myths and misconceptions that generally foster stigma and discrimination. AfSDF BCC approach will include a mix of mass media and interpersonal communications. (To maximize the use of project resources, PSI will adapt already developed regional campaigns to address cross-cutting issues in HIV prevention.) In collaboration with DATF with the capacity to implement communication. The organization will build up existing community structures to develop community outreach programs rather than build parallel structures, thereby ensuring the incorporation of local knowledge into campaign development and fostering a sense of local ownership. Through these partnerships, AfSDF will build local capacity by providing technical inputs to implement research-driven BCC campaigns BCC will address the individual, societal, and contextual behaviors and norms that encourage and drive risky behaviors.

The activities intends to increase risk perception associated with early sexual debut, establish inspirational values for delaying sexual activity and to inform parents and youth about health issues, provide guidance to youth in resisting the pressures identified in the mass media campaign, and maintain continued community dialogue to sustain safe behavior and increased awareness against intergeneration sex as undesirable among young women. Partner reduction can reduce the rate at which the HIV epidemic progresses and that fidelity to one life-time partner can considerably reduce the rate of transmission. The results will guide the design and development of an effective communication campaign that will address individual and societal barriers to partner reduction.

Implementation and management

The organization structure is as follows

The organizational structure of ASDF foundation is as follows. At the top there is a board that provides policy and direction to the foundation. The organization has also the management that makes up of eight persons. In regard to this project, the following personnel will be involved.

Key Personnel

Chief Executive officer; Arnold kunda (60 percent). The Chief executive officer would provide overall leadership, management, and vision to the Project. Mr. Arnold kunda is currently the chief executive officer). He joined Action for social Development Foundation team in January

2000 and is coordinating the current HIV/AIDS prevention and behavior change communication program. As he currently lives and works in Mansa, Mr. Arnold kunda would be able to direct the field transition activities from day one. Mr. Arnold kunda has over 16 years of NGO management experience in youth activities , designing, implementing, and evaluating programs that have focused on HIV/AIDS health education , safe water supply/sanitation, and reproductive health. He holds a diploma in business management and administration, monitoring and evaluation and critical management systems throughout his career, Mr. Arnold kunda has excelled in forging strong working relationships with community structures and government structures. He currently serves as the animator of a diverse network of community groups, and several levels of government involved in the implementation the HIV/AIDS Prevention and Behavior Change programs in respective communities.

Samuel mwewa - community mobilization liaison officer (100 percent).

The officer shall be responsible towards the Development of BCC strategy and sub specific IEC materials, one to one counseling, community counseling and family counseling.

The community mobilization liaison would work and collaborate closely with the HIV Services providers. Her primary role would be that of a focal point between action for social development foundation and member organizations and communities. She would also provide technical guidance to and maintain uniform standards for all proposed counseling and testing and social care support interventions. Mr. Samuel mwewa has a certificate in counseling with further trainings in paediatric health and community mobilization and counseling and testing

Mr. Andrew sitima program officer –community health (100 percent).

Lead the field team, Field visit, awareness generation and field counseling, Development of work plan, Organizing advocacy meeting, Organizing AV programme, influencers meeting, BCC events etc and Conducting GD & FGD

Development of List of target area, Rapport building, listing and meeting with local community stakeholders /community groups of the target area, Identification of peer volunteers, stakeholders, condom outlets, Facilitating the process of capacity building community BCC facilitators

Mr Sitima holds a grade 12 certificate, rural development and rural participatory appraisal with further trainings in community mobilization in ART, VCT, PMTCT & palliative care.

Mr. Samuel Yombwe (50 percent) Monitoring & Evaluation officer

Monitoring and supervision of Community BCC facilitator , Meeting with Community BCC facilitators once a month ,Responsible for weekly report writing, record keeping and MIS, Maintaining the stocks (condom, IEC, etc)and Recording feedback from the community.

Assist in monitoring of timely and consistent data collection and reporting

Supervise all data entry and maintain a project data base and timely reporting and tracking of project targets in accordance

Mr Yombwe has a certificate in monitoring and evaluation with a diploma in accounts

Mrs. Edah kalumba –finance officer

Ensure that the financial system runs properly in order to process financial information and generate accurate reports.

Ensure that internal controls are enhanced and maintained at an acceptable level, Manage risks affecting the organizations assets and make sure risks are maintained at a lower level.

Ensure that financial policies, procedures and donor compliance requirements are adhered to expected standards

Ensure that internal and external financial reports are prepared and disseminated within deadlines Ensure there is enough cash on hand and vendors are paid promptly

Responsible for all aspects of cash management including:

Monitoring receivables, billing staff and collection of debt and managing pre-payments.

Edah is a diploma holder in business management and administration, human resource management and certificate in business management and business studies.

Mr. Jericho mushibwe-youth reproductive officer -50 percent of time

Serve as technical expertise in the area of coordinating youth counseling services and sporting activities

Serve as a contact person in the area of youths counseling

Provide leadership and oversight of project supporting youth education and counseling services interventions and ensure that they are of high quality.

Organize , prepare and conduct trainings

Maggie mwaba –assistant administrative officer -60 percent of the time

The officer will spend 50% of the time towards the project

- Logistics arrangement
- Distribution of notices
- Filing and management of records

Clear description of the operational areas

The action will be implemented in fishing camps of samfya districts (chisanka, iyongolo, kapata, lubwe, luapula valley in Kawambwa district and at mansa markets (senama, maiteneke, chilyapa and down markets in luapula province

Target groups for prevention

- The primary target audience for this campaign will be people of reproductive age (15-49 years of age) in relationships (married, cohabiting, intermittent partnerships, cross-generational). The secondary target audience will include young people, individuals, peer networks and families.
- Transient and mobile partners of fish traders

Proposed project outputs/outcome

Outputs

- Situational analysis conducted in the targeted communities and information obtained on knowledge ,attitude and practices in the target areas
- Dissemination workshops with the key stakeholders conducted in both Kawambwa , mansa and samfya districts conducted

- Safe love package and bridges of hope package reproduced and utilized by both the facilitators and community/youth /women groups established
- 50 community BCC facilitators trained in safe love campaign resources and other evidence based communication strategies
- 150 community groups formed and or previous groups strengthened
- Trained community BCC facilitators engaged and providing education and support meetings
- Increased collaboration with the DATF ,CATF
- World AIDS celebration conducted in fishing communities
- Meetings conducted with in and out of school youths to promote delayed onset of sexual activity in 30 schools in the target areas
- Condom use promoted among youths and adults and partners reduction messages
- Mr. faithful outreach meetings conducted in fishing camps and 60 adult groups reached with information on fidelity and multiple partners reduction
- IEC materials aimed at couple ,cohabiting partners and youths reproduced or developed
- Mr. smart community outreach activities on gender based violence ,alcohol and hiv prevention conducted
- Community meetings to promote Mr. smart initiative on correct and consistent condoms use conducted
- Referrals system facilitated for other services among the target groups to stimulate increased uptake for VCT,PMTCT and other HIV services

Expected Outcomes

- Increased **opportunity** for target populations to adopt safer sexual behaviors through accurate and persuasive information
- Increased **ability** for target populations to adopt safer sexual behaviors through accurate and persuasive information
- Increased **motivation** for target populations to adopt safer sexual behaviors
- Increased **opportunity** for target populations to adopt safer sexual behaviors through increased use of HIV products and services
- Increased **ability** for target populations to adopt safer sexual behaviors through increased use of HIV products and services

- Increased **motivation** for target populations to adopt safer sexual behaviors through increased use of HIV products and services
- Increasing personal risk perception at the community level, of contracting HIV from unprotected sex, especially with multiple and concurrent partners.
- Increasing community knowledge on and use of both male and female condoms. This will include but not be limited to raising awareness on where to access and purchase condoms, and their proper use.
- Enhancing skills at the community and family level to discuss condom use.
- Increasing awareness at the community level on the importance of HIV couple counseling and testing during pregnancy and where health care services for prevention of mother-to-child transmission are provided

Financial management

In order to implement the Project under the AfSDF has come up with the strong planning, financial, monitoring and reporting systems to ensure that they are able to Manage all the Project activities. The will assign sufficient staff to work in the areas of project management and accounting. The organization has put in place necessarily financial management systems. Whenever funds are received, a receipt is generated and sent to the funder to acknowledge receipt of funds. A board meeting is called and the general project concept is discussed and the work plan agreed. Furthermore the funds are banked in the specific dedicated donor account in the organisation name to facilitate tracing of donor funds and the organisation. They are two panels in of signatories for the account and these includes two members of the management in one panel and the board in the other panel.

When an activity is to be implemented, the implementing officer raises the memo where he indicates the purpose for the requested funds and attaches the budget with the minutes. Then the memo is sent to the programs for verification and to the chief executive officer for authorization and sent to the accounts to prepare a voucher. When the request is in line with budget line, the voucher is raised by the accountant and sent to programs manager for verification and then to the chief executive officer for approval. Upon approval, the accountant raises a cheque and attaches a voucher and the person in receipt of the cheque signs on the voucher to acknowledge receipt.

The implementing person is required to retire the imprest and a report within 72 hours after the completion of the activity on verifiable headed receipts and any remaining cash to the accountant. Financial reports are updated daily, weekly, monthly, quarterly and on annual basis and they are submitted to the board for discussion during their meetings and to compare the agreed activities and the resources spent.

A) Community Level:

• Net working

The Foundation will work with various partners to ensure that knowledge and skills levels to foster behavioral change among young people. Amongst those that the Foundation will work with are, local leaders including Department of Youths Development, chiefs, local Councilors, prominent business men, opinion makers, teachers, nurses and church leaders in the community. The project will sensitize them on the role of the project and will encourage them

to add their influential voice in the community calling for access to the service that will be provided at the health facility in the area. It is hoped that the leaders in the community will not only talk of HIV/AIDS but will also provide critical information about treatment of HIV/AIDS and will encourage women ,men and youths to practice healthy sexual behaviors and harmful sexual practices.

- **Community structures**

The Foundation will utilize its strategic position in the community to work through the existing structures such as community AIDS taskforce (CATF) village AIDS taskforces (VATF) ,neighborhood health committees ,women ,youth and men groups to reach out to a large number of men ,women ,youths general communities. The Foundation will identify and work with already existing structures so that we do not re-invent the wheel and to ensure that the project is sustainable at grass roots level.

- **Programme staff and community volunteer skills capacity development**

The skills capacity development of our programme staffs and community volunteers is key for successful project planning, implementation, monitoring and evaluation. In view of the above, the Programme manager will be holding weekly meetings with programme staff to facilitate continuous information sharing and integration while for the community volunteers it shall be every third week of each month. This will also call for greater involvement of programme staffs and community volunteers in HIV/AIDS skills trainings.

- **Awareness raising and communication activities**

Information dissemination through public awareness campaign coupled with drama (theater) performances and participatory/interactive methodologies including Focus Group Discussions (FGD) and Youth Friendly Corner will be used. Drama performances will be used in the dissemination of VCT information, to reach out to a wider mixture of youths, while FGD will be used to reach specific vulnerable youths e.g. sex workers and youths living with HIV / AIDS. IEC materials bearing behavior change and prevention messages will be distributed along side all the awareness raising strategies and at different forums such as World AIDS Day, Youth day, Traditional ceremonies and at Schools. KAP will use two of its members who are openly living positively with HIV to spearhead campaign and formation of youths support group.

B) Clinic/school and the centre:

The organization will work closely with the DHMT and hospital at all levels of planning, implementation, monitoring and evaluation smooth referral systems to ensure no stigma and discrimination.

- **Demand creation**

ASDF will put in place clear referral system to be used in referring clients to the service provider facilities and vice versa. Follow up visit will be made to confirm if service was given or not.

6. Beneficiaries and Community Involvement

Men ,women and children (particularly girl) in the reproductive age groups

The target group for the prevention will be communities living in the fishing communities of Luapula River (Kawambwa district) and Samfya district. men ,youths and women with special needs such as prostitutes and young girls engaging in transactional sex, young girls and older

men engaging in cross –generational sex and transient and mobile populations . Since .the primary target group such as intergenerational and transactional sexual relationships for young women, the group is also interlinked to their issues such as older men, teachers, church leaders; traditional leaders will be also involved in the project implementation

Behavior change agents

Behavioral change agents will act as a link between the Foundation and the target groups in raising awareness, identification of barriers, misconceptions, addressing of concerns and providing support. Their role will be to help the target group to access information on HIV and AIDS ,identify social context of sexual relations includes emotional ,psychological ,cultural and gender factors which impends rational choice making as well as preparing them for risk reduction .

5.0. Monitoring and Evaluation

Overall responsibility for Monitoring and Evaluation (M&E) will rest with the monitoring and evaluation officer. A monitoring matrix to track inputs, outputs and outcomes, with intermediate and key performance indicators, will be developed. Outcomes and outputs will be monitored during project implementation using data compiled by the M&E and generated by the project as well as other sources to evaluate progress. Likewise, M&E will keep track of agreed indicators on a regular basis as specified in the monitoring matrix. A monitoring and evaluation plan is provided in the logical frame work matrix. M&E will be carried out concurrently with project execution. The reports will contain adequate information to enable the management team to discuss project performance and fulfillment of benchmarks and to propose and adopt adjustments to the project design.

The following key M&E activities will be undertaken:

Project Inception Workshop (IW) will be held within the first month of project start up with all community stakeholders. The IW is crucial to building ownership for the project results and to plan the first year annual work plan.

Monthly Progress Report: monthly Progress Report (MPR) shall be prepared by the Project officer, and shared with all stakeholders. The MPR will be include progress against set goals, objectives and targets, lessons learned, risk management and detailed financial disbursements.

End of the project report: The project will undergo an independent final Evaluation (MTE) at the evaluation will determine progress made toward the achievement of outcomes and will identify corrective actions if needed. It will focus on the effectiveness, efficiency and timeliness of project implementation; will highlight issues requiring decisions and actions; and will present initial lessons learned about project design, implementation and management. The findings of this review will be incorporated in a midterm report.

Documentation and Lessons Learned/Knowledge Management

Information dissemination will be held during quarterly stakeholders meetings. 30 stakeholders will be invited and these will include the victim support unit, drug enforcement commission, faith based organisations, civil society organisations, chiefs and the council. The organisation will share a variety of materials such as the survey report, quarterly reports, and other programmatic reports including a video documentary. In overall, the dissemination meetings will our organisation to share best practices, challenges and success during the implementation period.

SUSTAINABILITY

The involvement of the youth in the planning, implementation and monitoring of the project forms a cardinal part of the sustainability part, as they will view the project as theirs. Secondly, integration of project in the community and strengthening of and working within the established structures such as community AIDS taskforce ,District AIDS taskforce and community groups will enable it to be more sustainable.

Annex 2 monitoring plan

Objectives/Outputs	Indicators	Means of Verification	Targets
Objective 1. To identify and train 50 community groups facilitators in HIV prevention using safe love campaign resources and messages and other evidence based HIV prevention communications strategies by January 2012 in samfya and Kawambwa districts			
1.1 Conduct a baseline situational analysis and discussions	No. of completed baseline survey (kap)	Survey report available	Chisanka ,lubwe , mansa markets and mwasabombwe areas of samfya ,mansa and Kawambwa districts
1.3 Organize a one day meeting dissemination workshop to present the results of the formative research with 60 community gate keepers, Village AIDS task forces (VATF) community task forces, traders and boat owners on the project theme for one day (one meeting in Kawambwa and one in samfya district)	<ul style="list-style-type: none"> • Number of community meetings conducted trained • Number of people reached 	Attendance registers Meeting reports Activity tracking register	Selected communities in samfya ,mansa and Kawambwa districts 60 key stake holders – clergy .DATF ,CATF ,teachers ,traders ,fishermen and community gate keepers 30 males 30 female
1.4 Hold five meetings with Community AIDS Taskforce and Village AIDS task forces in	<ul style="list-style-type: none"> • Number of community meetings conducted trained • Number of people reached 	Attendance registers	meetings conducted 5 CATF in samfya

Kawambwa and samfya to identify community facilitators for one day		Meeting reports Activity tracking register List of selected community facilitators approve by CATFs	,Kawambwa and mansa districts
1.5 Reproduce 150 safe love campaign and bridges of hope manuals	No. of safe love package reproduced and distributed No. of bridges of hope package reproduced and distributed	Safe love campaign manual Bridges of hope manuals	150 safe love package reproduced 70 t shirts produced for the community BCC facilitators
1.6 train 50 group facilitators in HIV prevention using the Safe Love campaign resources and messages and other evidence-based HIV prevention communication for five days (25 from Kawambwa and 25 from samfya)	no. of community based BCC facilitators trained	Training reports Attendance registers	50 community BCC facilitators 25 males 25 female

1.7 Provide staff and behavior change providers with all the job aids they need to guide them in counseling clients on MCPs, condom usage, to increase awareness, identification of barriers and misconceptions and to assist them in developing concrete but realistic actions to begin the process of change.	No and names of teaching aids provided No. of meetings conducted No. of people reached by gender and age	Teaching aids Condoms Kit bags with accessories such as a model penis ,care condoms ,male condom ,manuals and other aids for semi literate members	50 facilitators
Objective 2 To establish and work with 150 community groups(of not more than 15 members) to increase perception of personal risks and to change negative societal attitudes towards key HIV prevention measures using safe love campaign resources and messages in fishing communities of mansa and Kawambwa districts by the end January,2012 .			
2.1 conduct consultative community meetings to facilitate the formation of community groups /strengthen existing community groups in the targeted project areas (each group to consist of 15 persons)	No. of meetings conducted No. of community groups formed or strengthened No. of members by gender and age disaggregation	Attendance registers Meeting reports Activity tracking register	150 community groups 5 CATFS in samfya ,Kawambwa and mansa districts
2.2 <i>Engage the trained 50 community BCC facilitators to conduct groups education and support meetings with 150 groups :</i>	No. of facilitators engaged No. of community groups per facilitators No. of session conducted per facilitator per month using safe love package or bridges of hope	Work plans Registers Monthly reports Monitoring reports	150 community groups Five CATF in mansa , samfya and Kawambwa districts

	package		
2.3 <i>Conduct World AIDS Day events at market places and fishing sites.</i>	No. of world AIDS day events conducted and names of areas No. and names of community groups participated	World AIDS day reports	Two in fishing communities areas
Abstinence 2.4 Conduct education meetings /discussions with in and out of school youths to promote 'delaying onset of sexual activity' among 13-19 year old males and females in fishing communities targeting youths in schools in 30 schools /community groups using safe love package and bridges of hope package .	No of education sessions /discussions conducted and number of youths reached Outcome indicators Percentage increase of never married young people aged 15-24 years who have never had sex* Number of reported cases of never married young people aged 15-24 years who had sex in the previous six months (secondary abstinence) from the discussion groups Percentage/ number of men and women ages 20 to 49 years who had sex with more than one partner in the past 12 months* 4. percentage of young women aged 13-19 years having sexual relationships with older men in exchange for material compensation	Monthly Reports Questionnaires Case stories	450 young person's –in and out of school youths

	5. number /percentage of reporting concurrent sexual partnership among men aged 20 to 49 years		
2.5 Conduct 20 community outreach programs targeted at 13-24 year old male and females in fishing market places on issues related to abstinence and condom usage using safe love package and evidence based manuals	<p>Number of sexually active population (men and women) aged 20 to 49 years who know that correct and consistent condom use is one way to protect against HIV/AIDS;</p> <p>Number of sexually active population (men and women) aged 20 to 49 years who believe they are able to negotiate condom use with their regular and non-regular partners in the fishing communities</p> <p>percentage of sexually active population (men and women) aged 20 to 49 years that cite "trust" in partner as primary reason for not using condoms with their regular partner</p>	<p>Monthly reports from community BCC facilitators</p> <p>Discussions records</p> <p>Questionnaires</p> <p>Work plans /minutes</p> <p>Activity tracking registers</p>	<p>450 young persons in the age range of 13 -24 years</p> <p>20 youth groups (out of school youths)- 600 youths</p>
2.6 Conduct 14 adult education programs to increase risk perception among 15 to 49 year old and promote partner reduction voluntary counseling and testing condom usage as a prevention strategy in all the selected areas	<p>Number of sexually active population (men and women) aged 20 to 49 years who know that correct and consistent condom use is one way to protect against HIV/AIDS;</p> <p>No. of people in the age of 20-49 provided with skills on condom use negotiation to their regular and non regular sexual</p>	<p>Monthly reports from community BCC facilitators</p> <p>Discussions records</p> <p>Discussions work plans</p> <p>Minutes from the discussions</p>	2000 persons

	<p>partners.</p> <p>No. of people in the age groups of 20 -49 that will cite trust to partner as a primary reason for not using a condom to their regular partners</p> <p>No. of condoms distributed</p> <p>No. of reported cases of partner reduction</p>	<p>Attendance registers</p> <p>Condom distribution list</p> <p>Referral slips</p>	
<p>Be Faithful</p> <p>2.7 Conduct four “Mr. Faithful” community outreach meetings in fishing camps and communities to promote fidelity within marriage targeting 60 adult groups</p>	<p>No. of people in the ages of 25 to 49 years old who believe fidelity within marriage is the best prevention strategy in HIV prevention</p> <p>No. of people in the ages of 25 to 49 years old disapproving married persons or cohabiting couples having multiple partners</p> <p>No. of men aged 20 to 49 who are rejecting the practice of cross generation sex</p> <p>No. of people in the age range of 25 to 49 who reject transactional sex</p> <p>No. of groups where Mr. faithful is promoted.</p> <p>No. of couples reached with information on faithfulness</p> <p>No. of couples referred for VCT and accessed VCT services</p> <p>No. of men referred for male</p>	<p>Monthly reports from community BCC facilitators</p> <p>Discussions records</p> <p>Discussions work plans</p> <p>Minutes from the discussions</p> <p>Attendance registers</p> <p>Condom distribution list</p> <p>Referral slips</p> <p>Health centre's records</p>	<p>Male -600</p> <p><u>Female 400</u></p> <p>900 people</p> <p>Male Condoms – 5,000 pieces</p> <p>Female condoms -5,000</p> <p>300 couples</p> <p>200 males</p>

	circumcision		
2.8 Train /orient 60 representatives of community groups to conduct "Mr. Faithful" programs in their respective communities.	Number of community BCC facilitators / group members trained /oriented in Mr. faithful program in their respective communities	Training reports Attendance registers	60 persons -50 males and 10 females
2.9 Develop, re -produce and distribute IEC material related to "being faithful" as an important prevention strategy for married and cohabiting couples.	No. of iec materials reproduced and distributed aimed at married and cohabiting partners	Distribution list	Leaflets -5000 Posters -3000 T-shirts 100
2.10 Produce drama video series and radio drama series on for motivating positive behavior change among men ,women and youths on partner reduction ,couple testing to prevent mother to child transmission and community mobilization for increased utilization of VCT and PMTCT services targeting 2,250 people .	Number of drama series produced using safe love package Number of drama series aired Number of drama series used in sessions Number of persons referred to other services as the result of the drama sessions No. of follow up calls after the drama series	Recorded series of the drama Referral register After show Discussion minutes	13 series targeting different audiences
Objective 3. To contribute towards increased information and support among 2250 targeted population with direct evidence based individuals and or small group level HIV prevention communications by the end of January 2012			
Male and female condoms	No. of men aged 20 to 49 reached with information on	Counseling sessions reports	900 adults

3.3 Conduct 10 "Mr. Smart & Mrs. smart " community outreach initiatives on gender based Violence ,alcohol and HIV prevention rural fishing communities of mansa and Kawambwa districts	gender based violence prevention and its effects on women health No. of persons counseled against alcohol abuse No. of persons counseled against gender based violence	Meeting reports	Male -500 Female -400
3.4 Hold 4 meetings with 120 persons for one day to promote "Mr. & Mrs. Smart initiative" on correct and consistent condom use and condom negotiation skills.	No. of persons reached with information on correct and consistent use of condoms No. of persons whose their partners approve decisions to use condoms No. of partners who believe that they shall be at risk if they don't use a condom No. of persons reached	Reports Attendance registers	120 persons
Referral system 3.3 Enhance referral system (referral registration book, referral forms) between selected service providers and the district health office and other service providers.	No. of persons referred for PMTCT/FP services No. of people accessed PMTCT/FP services No. of persons referred for male circumcision No. of people reached and accessed the services No. of people referred for VCT services	Referral registers	400
3.4 Conduct road shows with PLAs to encourage public disclosures at community level and to stimulate uptake of Testing & Counseling in fishing community's areas.	No. of shows conducted No. of people reached from the target communities	Performance reports	10 shows
Objective 4			

Conduct project monitoring and evaluation by the end of January, 2012			
4.1 Conduct event impact assessment for "Be faithful" IPC program	No. of people assessed and their views collected.	Questionnaires Reports	once
4.2 Conduct event impact assessment for "Mr. Smart" IPC program	No. of people assessed and their views collected	Questionnaires Reports	Once
4.3 Conduct feasibility study to identify distribution channels for female condoms & develop consumer profile for product positioning	No. of people assessed and their views collected	Reports Questionnaires	Once
4.4 Conduct monthly supervisory and quarterly meetings with key stakeholders	No. of people assessed and their views collected	Questionnaires Reports	Six

Annex 8: Implementation Timeline for Behavior Change Communication

Organization name ; Action for Social Development Foundation							
Project title ; safe love ; safe life community project							
Activities	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Responsible officer
Conduct a baseline situational analysis and discussions							CEO
Organize a one day meeting dissemination workshop to present the results of the formative research with 60 community gate keepers, Village AIDS task forces (VATF) community task forces, traders and boat owners on the project theme for one day (one meeting in Kawambwa and one in samfya district)							PO
Hold five meetings with Community AIDS Taskforce and Village AIDS task forces in Kawambwa and samfya to identify community facilitators for one day							CMLO
Reproduce 150 safe love campaign and bridges of hope manuals							PO
train 50 group facilitators in HIV prevention using the Safe Love campaign resources and messages and other evidence-based HIV prevention communication for five days (25 from Kawambwa and 25 from samfya)							PO
Provide staff and behavior change providers with all the job aids							CEO
conduct consultative community meetings to facilitate the formation of community groups /strengthen existing community groups in the targeted project areas (each group to consist of 15 persons)							CMLO
Engage the trained 50 community BCC facilitators to conduct groups education and support meetings with 150 groups :							ARH
Conduct World AIDS Day events at market places and fishing sites.							ARH
Abstinence Conduct education meetings /discussions with in and out of school youths to promote 'delaying onset of sexual activity' among 13-19 year old males and females in fishing communities targeting youths in schools in 30 schools /community groups using safe love package and bridges of hope package .							ARH
Conduct 20 community outreach programs targeted at 13-19 year old male and females in fishing market places on issues related to abstinence and condom usage using safe love package and evidence based manuals							ARH

Conduct 14 adult education programs to increase risk perception among 15 to 49 year old and promote partner reduction voluntary counseling and testing condom usage as a prevention strategy in all the selected areas							CMLO
Be Faithful Conduct four "Mr. Faithful" community outreach meetings in fishing camps and communities to promote fidelity within marriage targeting 60 adult groups							CMLO
Train /orient 60 representatives of community groups to conduct "Mr. Faithful" programs in their respective communities.							CMLO
Develop, re -produce and distribute IEC material related to "being faithful" as an important prevention strategy for married and cohabiting couples Cross generation sex							PO
Produce drama video series and radio drama series on for motivating positive behavior change among men ,women and youths on partner reduction ,couple testing to prevent mother to child transmission and community mobilization for increased utilization of VCT and PMTCT services targeting 3000 people							PO
Male and female condoms Conduct 10 "Mr. Smart & Mrs. smart " community outreach initiatives on gender based Violence ,alcohol and HIV prevention rural fishing communities of mansa and Kawambwa districts							ARH
Hold 4 meetings with 120 persons for one day to promote "Mr. & Mrs. Smart initiative" on correct and consistent condom use and condom negotiation skills.							CMLO
Referral system Enhance referral system (referral registration book, referral forms) between selected service providers and the district health office and other service providers.							PO
Conduct road shows with PLAs to encourage public disclosures at community level and to stimulate uptake of Testing & Counseling in fishing community's areas.							MER
Conduct event impact assessment for "Be faithful" IPC program							M&ER
Conduct event impact assessment for "Mr. Smart" IPC program							M&ER
Conduct feasibility study to identify distribution channels for female condoms & develop consumer profile for product positionning							M&ER

Conduct monthly supervisory and quarterly meetings with key stakeholders							M&ER
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