

SHARING EFFECTIVE APPROACHES: Supporting Tribal Leaders to Respond to HIV in Zambia The Story of Mbeza Chiefdom

Background & Context

In Zambia, traditional leaders have very strong influence over their people, and a strong sense of responsibility for their welfare and well-being. Chief Bright Nalubamba of Mbeza Chiefdom in Southern Zambia feels this responsibility, and lately his role as chief has come with very heavy responsibility. HIV has had a devastating impact on his once healthy and prosperous chiefdom. The HIV/AIDS epidemic has sickened and killed many of his people, leaving behind widows, widowers, and hundreds of orphans.

Chief Nalubamba is not an economist, but it is very clear to him that HIV is not just about sickness and death, it is about the very survival of his chiefdom and his people. The epidemic represents a grave developmental problem that affects the social and economic well-being of his chiefdom and his people.

Mbeza lies in the Namwala District in Zambia's Southern Province. The population of 31,000, mostly of the Ila tribe, is divided into 13 regions, each governed by a senior headman. These regions include 88 villages, led by village headpersons, and are governed through the Mbeza Rural Development Structure (MRDS). Mbeza is approachable on a deeply scarred mud road, barely passable in the rainy season. It lacks adequate schools and health



Chief Bright Nalubamba of Mbeza.

centers to meet the needs of its rural population. There are two health centers and 17 health posts within the chiefdom, but the nearest hospital is 65 kilometers away. Few voluntary counseling and testing (VCT) or antiretroviral therapy (ART) sites are available or easily accessible, and electricity and clean water are often unavailable to the large majority of the people. Livelihoods are generally supported through farming, fishing, or cattle rearing, but disease and economic necessity deplete the herds, lack of water affects the crops, and the absence of ready markets impedes the ability to sell produce.

Although the power of traditional leaders over their people has long been recognized, they have been largely overlooked as a resource in the national HIV/AIDS response. In Zambia, there are 73 tribes ruled by 286 chiefs. Chiefs are the custodians of customary law. They have the authority to amend customary laws to influence behavior and social norms. As such, they have the power to significantly influence the course of the HIV/AIDS epidemic in Zambia if respectfully engaged to help stop harmful practices and unhelpful norms that fuel the disease and increase vulnerability to it. The power of chiefs to influence behaviors such as early marriage, gender-based violence, the role of men in seeking HIV care and treatment, property-grabbing from widows and orphans, sexual cleansing after the death of a spouse, condom use, male circumcision, and the practice of multiple concurrent partnerships, makes them a powerful ally in the response to HIV.

Program Description & Activities

In 2005, the USAID-funded SHARe project began working in Mbeza as part of its mandate to strengthen the ability of coordinating structures, like the House of Chiefs and Chiefdoms, to respond to HIV/AIDS. Mbeza was selected to be one of three chiefdoms to receive enhanced technical support in mounting an effective local HIV/AIDS response, to help learn lessons for possible scale-up (the other two chiefdoms selected were Mfumbeni Chiefdom of Chief Nzamane in Eastern Zambia, and Mwewa Chiefdom of Chief Mwewa in Luapula Province). Mbeza's well-developed village governing structures and forward-looking chief made it an excellent pilot site for a coordinated chiefdom-wide response.

In collaboration with the leadership of the chiefdom, SHARe developed a multi-pronged strategy to:

- Identify chiefdom priorities through strategic planning,
- Enable traditional leadership to address HIV,
- Mobilize the community for HIV care and support, and
- Develop business skills to increase income-generating potential.

The following activities were carried out in collaboration with the Mbeza Rural Development Structure (MRDS).

♦ Identifying Chiefdom Priorities through Strategic Planning

To help Mbeza identify its development priorities and strategies, SHARe facilitated a strategic planning process in 2007. Headpersons, women, youth, nongovernmental organizations (NGOs) and faith-based organizations (FBOs), civil leaders, and government departments participated. Through a visioning exercise, the 'community' defined its vision—where did they want to go? —and their mission—how would they attain the vision? The community reached consensus on key priorities, including improved comprehensive primary health care; HIV/AIDS prevention, treatment, care, and support; education; women's empowerment; market access; and employment.

The Mbeza Strategic Development Plan 2010 – 2015, mainstreams HIV/AIDS as part of a larger development agenda for Mbeza, and includes HIV/AIDS response strategies that are aimed at enhanced community level responses. The plan represents a great milestone towards better-coordinated and managed chiefdom development

activities, including imbedded HIV/AIDS response strategies that are locally owned and therefore more sustainable. The plan identified factors that fuel HIV/AIDS and came up with strategies for handling them. These factors include:

- The impact of stigma and discrimination,
- Reluctance to access VCT and be tested for HIV,
- Cultural practices like initiation ceremonies that might promote practices and activities that facilitate HIV transmission,
- Early marriages, polygamy and sexual cleansing,
- Poverty and unemployment,
- Gender discrimination and violence, and
- Low literacy

Based on the strategic plan, the Mbeza chiefdom developed an operational plan. These plans were launched on July 20, 2010, and the MRDS can now take incremental steps to build the knowledge and skills of leaders, volunteers, and communities to form a responsive and comprehensive approach to chiefdom development and to the HIV/AIDS response.

◆ **Enabling Traditional Leadership to Address HIV**

Mbeza's leaders were primed for the role of leadership before SHARE's involvement. The chief ensured that the various royal establishment levels discussed community problems and found solutions. His goal was to build their understanding that, "the village was the source of power." SHARE clearly understood its role as a technical support partner for MRDS and built on the foundation of strong local leadership to support an

enhanced, locally-led and owned HIV/AIDS response.

SHARE designed and led a five-day course to provide leaders with the facts about HIV transmission, the drivers of the epidemic, and the barriers to behavior change. Most importantly, the course helped the participants understand their role in mobilizing and supporting the community response to HIV/AIDS. They learned how to map resources and identify service gaps, conduct surveys, and organize volunteers to plan and implement activities. Effective services were reviewed such as home-based care (HBC), VCT, and support for orphans and vulnerable children (OVC). Collaborating partners were identified, as were key stakeholders. "SHARE has given me insight into what it means to be a good leader – I now understand that I am not helpless in the face of HIV/AIDS. There are things I can do and put in place to begin to reverse the impact of the epidemic on my chiefdom," commented Chief Nalubamba, as he participated alongside his advisors, headmen and women, and community group leaders. They left the training with a mandate to gather more information about services and needed resources to develop their own HIV/AIDS response strategies with technical support from HIV/AIDS experts.

◆ **Workplace HIV/AIDS Program & Entrepreneurship Training**

Prospects for income are few in Mbeza; most people live off the land, raise cattle, goats, or chickens, and/or fish to make a living. Beyond these limited opportunities, people have little training in how to run businesses. In 2008, SHARE, through local NGO partner LEAD, took workplace HIV/AIDS programs to Mbeza using the BIZAIDS Model. This model was designed to reach the informal small-business sec-

tor with workplace HIV/AIDS programs with three interrelated components: HIV/AIDS education, business planning, and legal rights training. The premise is that healthy people can more effectively run a business and generate income to purchase goods and services. LEAD Zambia teaches workshop participants how HIV is transmitted, the importance of knowing one's status, and how to avoid opportunistic infections. During their three-week program for the chiefdom, VCT services were always nearby. Of the 1,368 people who were counseled, 111 were found to be HIV-positive and were referred to Namwala District Hospital for additional care. Couples counseling was offered and encouraged, and many couples were tested together: "I felt less anxious and very supported in being tested as a husband and wife – we got the results together which was really good for us," remarked Mary, who underwent counseling and testing (CT) for HIV with her husband.



Chief Nalubamba of Mbeza Chiefdom receives a TOT certificate after attending a three-week workplace HIV/AIDS Programs TOT workshop.

Chief Nalubamba attended the entire training, along with 662 of his subjects. Participants learned how to:

- Prepare simple budgets and manage funds,
- Use banking facilities to save for the future and for their children, and
- Practice simple record-keeping in order to know how well their businesses were doing and to use as information for planning for the future.

Redson, a village headman, was satisfied with the training. "I learned how AIDS was transmitted and got tested and got my test results," he says. "As a farmer and a tailor, I didn't know how to keep records and had no idea how each of my businesses was performing, but now I know how each of my businesses is doing. I always used to worry about what would happen to my children if I died – I am not worried anymore because I have written a will and I have provided for each of my children in my will."

Few people understood the need for planning for the future, or the legal provisions and protections that a will provides in Zambia. Training people on the need to create wills to protect even small business enterprises from collapse in case of the owner's death, and documenting who gets their personal property, helps to sustain families.

During the training, women learned for the first time that they too could make economic decisions and decisions about the disposition of their property. "I didn't know women had the right to have wills and now I do," said Mary. This new knowledge led to informed discussions, and created a new dynamic between hus-



Farmer and entrepreneur Redson Namutuba is a tailor and senior headman in his village trained by SHARe.

bands and wives. “Now my husband asks my opinion before taking action,” remarked Beatrice, “and we are teaching our children so they can take over the business if anything happens to us.” Gertrude seconded, stating, “In the past I had to obey my husband, so my sweet potatoes and ground nuts were last to be planted because they were not considered as important as his maize crop. Now men have to be fair and talk to us about how to manage family resources, and what to sell and what to keep. My husband and I are now talking about working together more-and-more as equal partners, contributing to our family’s well-being together. I like the way things are now between us after this training!”

♦ **HIV/AIDS Training for Traditional Initiation Counselors**

In Zambian culture, initiation ceremonies have been used to introduce pubescent girls to the rituals and practices surrounding sexuality and

caring for men. Parents typically do not teach their children about sexuality; this is handled in initiation ceremonies, led by older female cultural standard-bearers, whose knowledge has been handed down from generation-to-generation. These women are very highly respected and are seen as the carriers of chiefdom cultural morals, community traditions, and rituals. Girls undergoing initiation could be isolated from one week to six months—often missing school—and are taught practical as well as traditional practices related to sexuality and gender roles.

Some of these practices have the unintended consequence of increasing girls’ vulnerability to HIV, and promoting early marriage and sexual activity. As part of the effort to inform and strengthen community leaders, in 2008 SHARe introduced a program to look at the potential of using the ceremony as an opportunity for talking about safe sexual behaviors that can reduce HIV



Rita, a traditional initiator and counselor in Mbeza.

transmission, and help bring up a generation of young women who are HIV-prevention literate and savvy, and culturally and traditionally grounded.

Thirty women, most of them active traditional initiators, were chosen by their communities to participate in a five-day training to equip them with the skills and knowledge to provide counseling and guidance to teenage girls, and to act as advocates to protect women and children in their respective communities from HIV. During training, the myths and misconceptions of HIV transmission were explored and community concerns and beliefs about sexuality were discussed. Some of the topics covered included the use of medicinal herbs to dry out the vagina to enhance sexual pleasure for the man, widow inheritance, and cleansing. All of these practices are linked to increased vulnerability to HIV.

Marilyn, an initiation counselor trained by SHARe comments “It is shocking how harmful some of the traditional practices that we thought were OK are, in the era of HIV/AIDS! Now we no longer encourage experimentation.

Vaginal drying with herbs is very dangerous, and saying ‘no’ is definitely OK because it can save a girl’s life!” Rita, a traditional counselor, never asked her children where they were going during the evening hours, but now feels more confident about talking to them about sexuality and early pregnancy. “We talk to girls too late, it is better to start early and help them to develop confidence in themselves from a young age – then they can trust you and ask you for guidance when they find themselves in a potentially risky situation.” She tells women to stop using love potions or getting tattoos to attract men. “Mothers approach me to talk to their daughters who stay out late at night and want to have many sexual relationships. It will take time, but we are slowly winning – now girls who we have counseled are more careful to avoid putting themselves in a situation where they can get HIV – instead of going out till late at night they are staying home.”

The women vowed to provide education at all community forums including schools, antenatal clinics, and community gatherings. They will promote abstinence, delayed sexual debut, and being faithful, teach condom use, encourage VCT for couples, and sensitize communities on stigma and discrimination. In addition, they will work with mothers and families to make them aware of behaviors that put girls at risk, such as asking men for money and peer pressure. The initiation counselors all agree, however, that the boys need to be educated as well so that both girls and boys receive the same information and support to protect themselves from HIV, or live positively if already infected.



Coming of Age! Young girls from Mbeza Chieftdom dancing after graduating from traditional initiation.

♦ Supporting Adherence to HIV Care & Treatment

Mbeza's HIV/AIDS strategic objectives included reducing HIV transmission, ensuring adherence to antiretroviral drugs (ARVs), and redirecting risky cultural practices. Community volunteers were the vehicle for implementation. SHARE trained ART supporters for Mbeza Chiefdom to assist individuals who were linked to HIV services to adhere to their treatment, particularly those on ART.

Household visits have proven to be a successful approach to addressing adherence, and helping people stay on treatment. Using this method, Mbeza ART supporters conduct home visits and provide prevention messages to clients, families, and communities. SHARE provided supportive supervision to the ART supporters, as needed.

Jomo, an ART Supporter since 2007, visits his 20 clients monthly. He found the job challenging in the beginning. "People didn't want to disclose their status because we were strangers," he said. Initially supporters even found it difficult to find clients, but once an ART clinic opened in the chiefdom, there was a system to link clients to the volunteers. "I counseled my clients on the importance of adherence and good nutrition," he said. "I told them how to deal with side effects; now we have good relationships and are appreciated. I've even encouraged some to join support groups." Jomo keeps records to update the clinic and remind him of patient needs. "I include patient health status, side effects, nutrition, hygiene, well-being, and the status of the drug supply in my log book. Each month I share this information with the health care providers at the clinic and discuss any challenges."



Loyce - An HIV-positive ART supporter.

Jomo feels the program has also had a personal benefit. "Now I protect myself and talk to my children and my wife about prevention," he said. Other supporters echo this; they have become more comfortable talking to family members about HIV/AIDS and sexuality.

Loyce, another ART supporter, enjoys her work and being able to help others: "I love my work. At first, people were afraid to take their drugs—there was a myth that ARVs could kill. Now they are taking their medication and getting better. It does take consistent talking to encourage testing," she said. Loyce laments the fact that four of her 42 clients died, but it encouraged her to help the others survive. "Those that died either didn't adhere or waited too long to be tested even if they had symptoms." On ART herself, Loyce says the experience has changed her, "I keep to my one sexual partner because I know if I don't, I could infect others or even get re-infected."

Results & Achievements

With SHARE technical assistance the Chiefdom of Mbeza has a deeper understanding of the HIV epidemic. It has identified leaders capable of planning for and managing its effects, and has also identified local capacity and resources to begin responding effectively to the HIV/AIDS epidemic. The completion of a comprehensive development strategy that mainstreams HIV/AIDS is major achievement – it demonstrates that there is inherent wisdom even in rural communities to appropriately respond to HIV. The people of Mbeza recognize that HIV/AIDS is not an isolated health problem – it is also a developmental problem. By viewing it as such, they have the blueprint to adequately address its causes and deal with its far-reaching impact, and importantly, allocate adequate local resources for responding to the epidemic. By investing in HIV prevention today, Mbeza is investing in its development tomorrow.

Through SHARE support, Mbeza identified and prepared a cadre of volunteers to address the care of OVC, ART adherence, and ensure traditional practices are HIV-safe. Additionally, SHARE brought HIV/AIDS services, including testing and counseling, to the people. At the same time, SHARE supported capacity-building in entrepreneurship to allow people to start and manage businesses and create wills to protect their families and investments. Linkages to additional HIV care and treatment services for those who needed them were provided through helpful partnerships with the District Health Management Team (DHMT) and the District AIDS Task Force (DATF).

The Mbeza Chiefdom's model was presented for traditional leaders at a workshop organized by SHARE with the National AIDS Council (NAC) in Eastern Province in April 2009, and to the newly installed House of Chiefs in 2010. The MRDS and Mbeza Chiefdom have hosted several chiefs who have visited Mbeza to learn about their structure and approach to development and to responding to HIV/AIDS.

Lessons Learned & Recommendations

SHARE's experience working with chiefs has shown that they are ready and willing to be helpful change agents in local HIV/AIDS responses. The chiefs present a response mechanism that should be harnessed in order for Zambia to successfully halt or slow the HIV/AIDS epidemic. The Mbeza Chiefdom had the key ingredients for development:

- A strong and representative governing structure helpful to mandate and incorporate change, and ensure it is responsive to the wider needs of the community; and
- A well-respected, strategic chief who opened the door to outside assistance, new learning, and changes in customs and traditional practices; and
- A community with a sense of responsibility that was more willing to volunteer and support neighbors in need.

The objective of SHARE's technical assistance was to build on existing structures and values to ensure the agenda for development was locally owned and implemented. In this effort, the following lessons were learned:

- A comprehensive strategic plan developed with wide representation provides a consensus-driven unifying guide for development;
- Empowered and informed traditional leaders are better able to provide accurate information and make informed decisions to guide their citizens and their activities;
- The brunt of work falls on the shoulders of volunteers in resource-poor areas. They must be motivated, trained, and recognized to sustain their input, whether improving ARV adherence, assisting in counseling, or addressing young girls' need for information about sexuality and HIV prevention;
- Building business skills not only increases the likelihood of earning money, but enhances the chance for education for children, good household nutrition, and behavior change;
- Knowledge about legal rights, including documenting one's will, provides security to future generations and strengthens one's ability to settle disputes; and
- Identifying stakeholders and linking with, for example, health facilities, DATFs, people living with HIV, donors, and projects broadens resources, and enhances the community HIV/AIDS response.

The HIV epidemic is an unprecedented challenge to governments, societies, and individuals, especially in Africa. The HIV/AIDS response requires political will, and strong and visible leadership both at national level and at community level. Chief Nalubamba and the Mbeza Chiefdom provides evidence that knowledgeable traditional leaders and dedicated communities can

play an important role in changing risky behavior and practices, and helping to stop the spread of HIV/AIDS in Zambia.

There is a great need for Zambian leaders to visibly and consistently champion the fight against HIV/AIDS, particularly HIV prevention. The proof of Zambia's success in the HIV/AIDS response and its development is going to be seen in the villages through better roads, better schools and more educated people, better health facilities and healthier people, and improved household and individual resiliency to poverty. Additionally, Zambia's fight against HIV/AIDS is going to be won in the communities, village-by-village.

Traditional leaders and traditional structures are important allies in Zambia's development and in the fight against HIV/AIDS, and must be given the technical support they need to help their people and communities mount effective local responses against HIV/AIDS.

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SHARe has given me insight into what it means to be a good leader – I now understand that I am not helpless in the face of HIV/AIDS. There are things I can do and put in place to begin to reverse the impact of the epidemic on my chieftdom.

-Mbeza Chief Nalubamba

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JSI Research & Training Institute, Inc. (JSI)

44 Farnsworth Street

Boston, MA 02210

www.jsi.com